Conflict of intentions or inner negativism?

In a recent, fascinating article, Nishikawa et al describe their encounter with “three patients with callosal lesions who sometimes could not perform whole body actions as they intended because another intention emerged in competition with the original one.” Believing that “no specific term has yet been coined for this symptom”, they tentatively named it “conflict of intentions.”

In fact, however, this symptom was described by Bleuler in his Textbook of psychiatry, which first appeared in English translation in 1924. Bleuler termed it “inner negativism,” and noted that when “patients make an effort to start an action...a counter-impulse, or only a mere blocking appears and hinders them in its execution.” Such inner negativism could prevent “the simplest acts like eating. The spoon is arrested half way up to the mouth and must finally be put down again.”

The great service of Nishikawa et al is to demonstrate the localising value of this symptom to the corpus callosum; it would be a disservice to medical history, however, to rename it.

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References


The other hand, is a purely neuropsychological term meant to denote a particular type of callosal disconnection syndrome. We hypothesise links between psychopathological phenomena and underlying pathogenic neural mechanisms. In other words, we attempt to equate the neuropsychological term “conflict of intentions” with the purely descriptive term “inner negativism.”

We agree that the symptom described by Bleuler has much in common with that seen in our patients. Indeed, we hope that our speculations about the conflict of intentions will help to elucidate the neural mechanisms of some well-known psychiatric symptoms such as ego disturbances in schizophrenia, and ego dystonic experiences in obsessive compulsive disorders. In the future, these symptoms may be explained in terms of the dynamics among intentional, responsive, and automatic factors in brain circuits of their respective main neural substrates—that is, the left and right cerebral hemispheres and lower neural systems—which we assume to be elements for explaining general human behaviour. Until such a unifying theory is established, we think it may not be such a disservice to medical history to preserve a distinction between the developmental processes of descriptive psychiatry and neuropsychology by retaining both terms, Bleuler’s “inner negativism” and our “conflict of intentions.”

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BOOK REVIEWS

Practical psychiatry of old age, 3rd edn


It is a curious thing that old age psychiatry is such a geographically weak discipline. There are many and excellent old age psychiatrists in Australia and Norway. The UK is arguably the home of old age psychiatry and the discipline is well established in the United States. However, in most European countries, let alone further afield, old age psychiatry as a discipline either doesn’t exist or is limited in scope.

This is a shame, as amply shown by this book. The argument in favour of old age psychiatry is well presented by Watts and Curran. It is discipline that is at home with physical disease as much as what used to be called functional disorders; a discipline that is perhaps the most comfortable with multidisciplinary working; a discipline that can move in the course of a day’s clinical work from molecular genetics to psychotherapy with
denied people. *Practical psychiatry of old age,* now in its 3rd edition, brings together the many fields of our discipline. It is liberally scattered with useful and interesting case histories and the advice on management is sensible and up to date.

The book is clearly written for a trainee and non-specialist audience and deals with most subjects with a fairly light touch. The references at the end of the chapters serve as useful reading lists, including as they do both recent and historical papers. For students and for trainees this book will provide a useful revision and summary aid although trainees will need also to have hand some of the works listed. The book will appeal to those in other disciplines who may well find the book helpful to understand some of the classification and nomenclature issues of old age psychiatry.

Like the discipline itself, however, this book is very much a British affair. The sections on services have only limited international relevance and even the concept of a doctor who manages late onset psychosis, personality disorder, dementia and dementia is relatively uncommon elsewhere. The concentration on the international classification of diseases has limited application in the United States. So far as those in the UK who need an introductory text to the field of medical disorders, this book is a sensible choice. To those who have yet to appreciate the joys of being an old age psychiatrist, dip into a colleague’s copy — you may be pleasantly surprised.

Simon Lovestone

Brain Imaging in Schizophrenia, Insights and Applications

This is a succinct overview of brain imaging studies in schizophrenia and is well illustrated with scan photographs. The first two chapters cover the techniques of brain imaging and include several tables summarising information. The structural imaging chapter describes the techniques of computed tomography and MRI, and introduces the novel methods of diffusion weighted imaging and magnetisation transfer imaging. Complex topics such as the underlying principals of MRI are tackled in a fairly accessible manner. The functional brain imaging chapter covers PET, SPECT, fMRI, and MRS. The next two chapters cover the results of structural and functional imaging studies. These chapters are thought to be fully subdivided, and pages up to and including the year 2000 are cited. The brevity of the volume of course restricts the range of studies discussed, but generally the selection is good. Space also prevents areas of conflict from being fully resolved, for example into differing scan methodologies, data analysis protocols, and clinical populations. The penultimate chapter is titled “Imaging in schizophrenia,” and describes imaging studies in twin pairs and includes several tables summarising information. The final and current future applications of the various imaging techniques in the study of schizophrenia. Overall, the results presented confirm that the complexity and heterogeneity of schizophrenia makes a simple uniform underlying pathology seem unlikely. Imaging studies, with their unique ability to examine the brains of living patients, have an important role in developing our increasingly sophisticated understanding of the disorder. I would recommend this well written monograph both to academics and to clinicians wishing to keep up with this fascinating and fast evolving area.

R Alexander Bantick

Parkinson's Disease in the Older Patient

This is a welcome addition to the literature. The book has been published with the help and support of the British Geriatrics Society special interest group on Parkinson's disease and the Parkinson's Disease Society of the United Kingdom. Both organisations have been at the forefront of increasing public and professional awareness of the need for a holistic approach to the care of older people with this condition. Understanding of the pathophysiology, therapeutics, and progression of the disease, as well as the impact of the disease on nurses and specialist clinics has all come to light.

There are 21 chapters, in five parts, which address topics ranging from the historical background of Parkinson's disease to its diagnosis and assessment, written by Drs MacPhee, Meara, and Forsyth. In the absence of a foolproof test for Parkinson's disease, these chapters go a long way to reminding readers of the importance of history, examination, assessment, and therapeutic challenge. The remaining parts include specific problems in Parkinson's disease, therapy and management, and research perspectives.

The chapter by Dr MacMahon on the organisation of services, concepts of management, and health economics builds on his theory of effective management of chronic disease, emphasising the importance of staging Parkinson's disease in terms of diagnosis, maintenance, and complex and palliative care. His paradigm for Parkinson's disease management is used by many geriatricians and is described it in greater detail for the benefit of a wider audience of clinicians.

There are also chapters on rehabilitation and the interdisciplinary team, the Parkinson's disease nurse specialist, complementary and alternative medicine, and of course drug therapy. The chapter by Playfer, one of the editors. The other editor, Dr Hindle, has written a beautifully argued chapter on the complexity of neuropsychiatry in this syndrome, and effective management is eloquently described by Professor Kenny and Dr Alcock. Unfortunately it is impossible to acknowledge all the authors, but no aspect of Parkinson's disease is left unchallenged. The development of a properly managed, cost-effective, and evidence based service is the underlying theme throughout the book.

Without a truly holistic approach to the care of older people with Parkinson's disease, we will continue to offer inhumane, crisis driven care for these challenging patients and their carers. “Parkinson's Disease in the Older Patient” provides the knowledge base.

Jackie Morris

Brain’s diseases of the nervous system, 11th edn

Lord Brain left us two neurological textbooks. The smaller, Brain’s *clinical neurology,* subse-
sequently revised by Sir Roger Bannister, is known affectionately as “Little Brain,” *Disease of the nervous system,* or “Big Brain,” remained a single author work until the 9th edition. By then, it had passed into the hands of Lord Walton, who brought in 12 coauthors for the 11th edition. This 11th edition has been thoroughly revised under the new leadership of Michael Donaghy, has contributions from 14 authors, all working in British institutions.

The decision to continue with relatively few contributors, all from the same country, might have laid the book open to charges of being parochial or elitist. However, the result is a volume with a cohesive style where unecessary overlap has largely been avoided and omissions are few.

Even nowadays, there is only a handful of standard neurology reference texts, so comparisons are inevitable, in particular with *Neurology in clinical practice* by Bradley et al. *Brain’s diseases* has the signal advantage over *Neurology in clinical practice* of being contained within a single volume, albeit one large enough to be placed on the shelf more efficiently than any family Bible.

The arrangement of chapters in this edition of *Brain’s diseases* is as logical as in any other major text — Lord Brain himself acknowledged in the first edition that it was impossible to give a bird’s eye view to this problem.

After an introductory section, the book is effectively a series of monographs on diseases of the cranial and peripheral nerves and muscles, then structural disease of the neuraxis, followed by epilepsy, coma, and dementia. Finally, the major pathological processes are described: vascular, demyelinating, inflammatory, degenerative, and infective.

Generally, these topics are covered with great authority, wisdom, and scholarship. So criticism of this icon of British neurology may seem unchivalrous but here are some minor quibbles. Firstly, regarding style, there is a hectoring (“Whatever else, it is important for neurologists to...” p 85) or hectoring (“Whatever else, it is important for neurologists to...” p 899).

As for content, there are a few lapses. In particular, discussion of the pathophysiology of symptoms and signs lacks depth: Hughlings Jackson would have baulked at the definition of positive symptoms given on p 13. With a book of this size, there is some variation in quality and the chapter on vasculitis and collagen vascular disorders is weaker than the rest. Though these conditions are relatively rare, their management is important, and is frequently vexes neurologists. It is simply inadequate to dismiss their classification as unsatisfactory and end the brief discussion of this topic with the implication that they can all be lumped together anyway, as the treatment is usually immunosuppression. In the same section, lupus and the anti-phospholipid syndrome are given as examples of the difficulty of accurate subclassification. But there is one situation where there is a clear difference in treatment — that is, immunosuppression versus antiplatelet therapy and/or anticoagulation. Later in the same chapter, eosinophilia is given as a feature of Wegener’s syndrome, but there is no discussion of the treatment of this condition.

Consistent nomenclature is always a concern in large multiauthored texts. Here, there are predictable difficulties with the hereditary neuropathies and with what to call idiopathic brachial plexopathy — the author lumping for the rather antiquated “acute brachial neuritis”. It is a pity that the one disease for which the British can claim special expertise — the human
form of bovine spongiform encephalopathy—
given under two names, “variant Creutzfeldt-
Jakob disease” in the section on dementia and
“new variant Creutzfeldt-Jakob disease” in
that on infection.

The chapter on akathisia is typographical errors,
which are too many for comfort, especially in
the tables, figures, and references, giving the
impression that the book was rushed in its
final production stages. Perhaps the most
alarming was the discovery of a new cranial
nerve, the 13th, in table 1.4. Figure 8.5 shows
a retinal hamartoma, not haematoma. Figure
8.4 shows the optic fundus at an unusual angle.
Figure 11.9 is anatomically incorrect. Figures
9.29 and 9.11 are too small. The caption to figure 2.23 is incomprehensible.

Many other examples could be given.

But these are mainly minor quibbles, easily
rectified when the book is reprinted. Taken as
a whole, Big Brain is alive and well, and safe
in the hands of its new editor and his coauthors.

Lionel Ginsberg

Textbook of Clinical Neuropsychiatry

Edited by D P Moore (Pp 747, £69.50).

There is a certain logic to the system Moore
uses in his textbook of clinical neuropsychia-
try. The first half of the book essentially
consists of lists of causes of different
symptoms, signs, and syndromes. For
example lists are provided for causes of
dementia lacking distinctive features, demen-
tia associated with strokes, and dementia with
frontal lobe syndrome or with parkin-
sonism. Confronted with a patient with
dementia plus parkinsonism the reader has
quick access to conditions that need to be
covered. Or if the reader is looking for a list
of causes of catatonia he need look no further
than table 3.8. Having identified the potential
causes of the patient’s symptoms the reader
then goes to the second half of the book where
he will find up to date descriptions of the rel-
vant neuropsychiatric diagnoses.

The problem with such an approach is that
it leads to duplication. In the first half any
diagnosis has to appear as many times as
its respective causes of different symptoms
are seen. The third section is divided into
outpatient and inpatient sections. This is
undoubtedly to both neurologists and psychiatrists.

Simon Fleminger

Wolf’s Headache and Other
Head Pain, 7th edn.

Edited by S D Silberstein, R B Lipton, D J
Daelessio (Pp 625, US$99.00). Oxford Univer-

There can be few people still alive who came
under the direct influence of Harold G Wolff
before his death in 1991 (Don Daelessio being one), but his influence on the whole of
neurology has been immense and still contin-
ues. His book soon became a classic—the two
ditions have now been transformed, though perhaps some interme-
tiate editions would have avoided the factory hybrid
between the master and later developers.

“Wolf’s Headache” has now emerged as a
fully fledged multiauthor text in its own right,
with less emphasis on the master’s own experimental work. We now have a 600 page
authoritative book, written largely by Ameri-
can authors, all clearly experienced clinicians. It is comprehensive but perhaps
more manageable than its main competitors.

In the first 100 pages the classification,
anatomy, pathophysiology, genetics, and epi-
demiology of the headache syndromes is described, with dis-
cussion of imaging techniques and comorbidity
with other diseases. The core of the book
covers migraine, cluster headaches, and ten-
sion headaches, including a very comprehen-
sive review of every drug that has ever been
used to treat headache, including the obscure,
the ineffective, and the promising. This
section is also strong on the classification of
chronic headache syndromes and in discussing
analgic abuse. The third section dis-
cusses every conceivable structural cause of
headache, including the new low CSF pressure,
metabolic disease, and disorders of the
neck, eyes, teeth, nose, and blood vessels,
including all the classic citations. The final
three chapters discuss headache in children,
behavioural management, and the consulta-
tion process itself.

This is an outstanding book; little of signifi-
cance is omitted, and yet one is not over-
whelmed with details. No doubt with the trainee
entering the field in mind, it is particularly good when reviewing the litera-
ture, though some authors do occasionally
lapse into unacceptably unstructured and unindexed papers. It will prove to be a useful refere-
text for more senior neurologists confronted
with a difficult patient, both for diagnostic
and therapeutic options, though these are
perhaps more from an American viewpoint.

Richard Peatfield

Multiple sclerosis: Tissue
destruction and repair

Edited by L Kappos, K Johnson, J Kesslering,
and E W Radu (Pp 350, £65.00). Published by

The Martin Dunitz imprint produces high
quality books with catchy titles often built
around European congresses of neurology.

Brain disease: therapeutic strategies and repair emerged from the European Neurology
Society meeting in Jerusalem (2000). Multiple sclero-
sis: tissue destruction and repair is the proceed-
ging of the joint meeting of the ECTRIMS (European and American Commit-
tees for Treatment and Research in Multiple Sclerosis) held in Basel in 1999. Looked at
critically, neither book is much about repair.

Here, the 116 contributors, edited by a team from Switzerland and Balti-
more, write on central nervous system-tissue-
immune interactions; in vivo assessment of tissue destruction and its consequences; mul-
tiple sclerosis fatigue; new immunological
concepts and their therapeutic consequences;
treatment of relapse; modern concepts of therapeutic immunosuppression; and an up-
date on therapeutic trials. Many of the usual
suspects are rounded up: magnetic resonance
surrogates for various histological compo-
nents of the disease process in multiple sclerosis; markers of demyelination in body
fluids; treatment effects of interferon beta and
its mechanisms of action; and strategies for
transplantation in multiple sclerosis. Some
authors take up old matters: the use of steroids in acute episodes; and disease modi-
ifying effects of non-specific immunosuppress-
sants. But there are also some new or emerg-
ing stories: inflammation and neuronal activity; interactions between immu-

Finally, there are typographical errors,
for established practitioners. It will be of inter-
est to both neurologists and psychiatrists.

Kathina Dedman

Current management in child
neurology, 2nd edn

Edited by Bernard L Maria (Pp 562,
US$74.95). Published by BC Decker Inc,

Management includes assessment, diagnosis,
and treatment. What emerges therefore is a
book on clinical paediatric neurology—not a
book on treatment in paediatric neurology.
It is divided into outpatient and inpatient
conditions and priority within these areas is
apportioned by incidence. The top four out-
patient neurological conditions presenting to
paediatricians in Florida are attention deficit
hyperactivity disorder (ADHD), seizures and
epilepsy, developmental delay, and headache.
The top four discharge diagnoses from hospi-
tal on the other hand are entervation meningi-
tis, epilepsy, hyperkinetic syndrome (which
the authors explain by the presence of comor-
bid conditions requiring hospital treatment),
and concussion.

The aim of this book is to provide “primary
care physicians, neurologists and house staff
with factual information on how to treat chil-
dren with the most common disorders of the
nervous system”.

There are some surprising omissions in-
cluding spinal dysraphism. Movement disor-
ders generally get short shrift. Of the 550

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pages, cerebral palsy gets five (biomechanics gets five lines, prevention of secondary deformity is ignored), although there are a further eight on spasticity. There is nothing on chorea or dystonic syndromes—the latter omission is particularly surprising in view of the treatment implications.

In these days of economic scrutiny the evidence base for treatment recommendations should be referenced but is not for cerebral palsy, language disorders, or learning disability.

One hundred and nine authors contributed to this book. That so many have been induced to contribute may be because few provide more than seven pages. Thus, the most extensively treated topic is that of epilepsy with 86 pages from 13 separate authors. This leads to redundancy (treatment with antiepileptic drugs in most chapters but especially those on first choice antiepileptic drugs and recurrent seizures) and surprising omissions. A diagnostic approach to Lennox-Gastaut syndrome and progressive myoclonic epilepsies would have been useful. Nowhere are the implications of the genetics of familial epilepsies described. Genetic counselling generally is mentioned only in the chapters on neurofibromatosis and tuberous sclerosis. The concept of channelopathies is absent throughout.

The target audience for this book see a lot of physicians will find useful—particularly, for example, the chapters on the economics of the health care system in the United States and advice on practice business management. Nevertheless, I think that this book sits uneasily between the needs of the general paediatrician and the needs of the neurologist. For the former there is more information—or not enough in a useable form—than is useful and for the latter the text is just not up to the standard already provided elsewhere. With the book is provided a CD-ROM, which has the text plus links to child neurology websites and the National Library of Medicine. Those who purchase this book are advised to avail themselves fully of these facilities.

Richard O Robinson

**CORRECTIONS**


Apomorphine as an alternative to sildenafil in Parkinson's disease

J D O'Sullivan

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