Intracranial hypertension and giant arachnoid granulations

We read with great interest the article by Arjona et al \(^1\) concerning a patient with intracranial hypertension (ICH) and giant arachnoid granulations (GAG). The patient was a non-obese male without known risk factors for ICH apart from left transverse sinus hypoplasia and several GAGs in both transverse sinuses. The authors suggested that arachnoid granulations (AGs) might be responsible for ICH by obstructing the sinusal venous flow.

We would like to underline another point of view concerning such a physiological role for AGs. According to Clark,\(^3\) the AGs are absent at birth and develop in infants at the time of closure of the fontanelles. They increase in number and size with age and are commonly found in the vicinity of cortical venous entry sites into the sinuses, where there could be weaknesses in the dura mater. Thus they could be regarded as arachnoid herniations developing from intracranial CSF pulsation at higher pressure through dural defects into sinuses at lower pressure.

The role of AGs as the principal site of CSF absorption has been seriously questioned by many researchers. Greitz et al \(^4\) proposed that AGs may act as "Starling resistors" to prevent cortical venous collapse during variations in the intracranial pressure. Krisch\(^5\) proposed a volume buffering function of the intracranial CSF compartment: AGs replace the fontanelle as a rapid volume buffering structure after its closure. According to these theories, a GAG could be the result of intracranial hypertension as well as the cause of it.

Dilated AGs in the case reported by Arjona et al \(^1\) could be considered a compensatory cerebral vascular mechanism for increasing intracranial compliance in response to increased intracranial pressure. The fact that the patient had multiple GAGs bilaterally in both transverse sinuses could point to secondary enlargement of these structures due to ICH. We believe that "idiopathic intracranial hypertension" (IIH) should be the first diagnosis in this case, although this is less common in non-obese males.

King et al \(^6\) have demonstrated raised pressures in the superior sagittal sinus, with a pressure drop in the distal transverse sinuses, in the majority of patients with IIH. Interestingly, CSF removal resulted in the abolition of the functional obstruction of the distal transverse sinuses.\(^7\) They concluded that elevated venous sinus pressure is not the primary event in the patients with IIH.

The case studied by Arjona et al \(^1\) is unique because, as far as we know, there are no previous reports documenting GAGs in a patient with ICH. It illustrates the likely volume buffering and "Starling resistor" functions of AGs in such individuals. Whether the GAGs are the cause or effect of ICH is not known, and further studies are needed to improve our understanding of the possible roles of AGs in pathological conditions.

**References**


congratulated on marshalling over 200 contributing authors. They have succeeded in their objective of producing a very practically orientated approach for clinicians, but at the expense of skimping on the essential basic science; most clinicians should find the balance about right. The cost of all four volumes is £250; those wanting to buy one of the three volumes (acute, cancer, or chronic pain) will also get the generic book on practical applications and procedures thrown in (price £130–£150). Either way, this represents good value.

Together, the books represent a major addition to the pain literature and an important new resource for pain clinicians; they deserve to do well in an increasingly competitive market. The full series should find a place in all medical libraries as a work of reference. I suspect the editors will be facing the prospect of preparing a second edition before too long. This first edition is highly recommended.

J W Scadding

The handbook of memory disorders, 2nd edition


This is an altogether excellent textbook that covers the complete range of topics related to human memory disorders. The first edition was published in 1995 and was very good, although it concentrated particularly on the clinical manifestations of memory disorders and their management. The second issue is much more broad ranging and comprehensive. The first section covers theoretical topics related to memory. Notable additions have been thorough reviews of functional imaging of memory, connectionist models, and psychopharmacological aspects of memory.

The second section deals with varieties of memory disorders. There have been a number of changes of contributors, which is always healthy, and some new additions. As well as the classic syndromes of acute and permanent amnesia, there are new sections on neuropsychological impairments of both verbal and visual short term memory. There are sections dealing with the difficult issue of withdrawing life support. This deals with the various problems in a sensitive, yet thorough, manner and discusses palliation.

In a book with so much information and dealing with so many diverse topics, it is always possible to find areas that can be criticised. In an otherwise excellent section dealing with the guidelines for the clinical diagnosis of brain death, I was disappointed not to find enough emphasis on the need for the diagnosis of an irreversible cause for the brain damage.

This second edition is a book that all trainees in neurology should read and indeed all of us should have available to us when we visit patients in an intensive care unit. The difficult questions that we are increasingly asked about diagnosis and prognosis will be readily answered by this book, which I firmly and unreservedly recommend.

N Cartlidge

Neurological complications of critical illness, 2nd edition


On the morning that the request for a review of this book arrived, I had received two urgent phone calls to visit patients in our intensive care unit. One patient was stubbornly failing to awake after major surgery, and the second had apparently wakened, but was not moving very well. The cause of the problem in the first patient was the effects of prolonged sedation, and the patient eventually recovered. The second patient was a critical illness neuropathy. These are two particularly common problems in critical care medicine, and even someone not experienced in this topic would have been able to make an initial diagnosis and provide the help of the first edition of this book.

I therefore had to consider whether or not a second edition would assist us even more.

Many of the chapters have been expanded with new information and the chapters have good common sense information about diagnosis and prognosis. There are some important sections dealing with the difficult problems of the effects of drugs on a patient in the intensive care unit. I found the appropriate emphasis on the important point that drugs often have effects much longer than might be expected by their known metabolism.

What really sets this book above others dealing with similar topics are the sections dealing with prognostication. It is clear the author has carefully researched the literature in this field and particularly helpful information is contained within the section on neurological complications of cardiac disease and the chapter dealing with the outcome of acute injury to the central nervous system. The data in these chapters enable one to supplement with a chapter dealing with the difficulty issue of withdrawing life support. This deals with the various problems in a sensitive, yet thorough, manner and discusses palliation.

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R Pearce

Synaesthesia—a union of the senses


Synaesthesia occurs when an experience in one sensory modality or of a particular category (like a letter in black and white print) excites an experience in another
modalities or of another category (like a letter printed in colour). Such an inclusive definition allows many of us to lay claim to minor forms of the condition. But most of us clearly do not experience the remarkable cross-modal sensations described in Cytowic’s fascinating book. The most common variety of classical synaesthesia is “chromesthesia”, the yoking of colour sensation to the perception of numbers, letters, words (these three triggers may be written, spoken, or both), musical and other sounds, smells, temperatures, pains, or emotions. But a host of other combinations is described: Cytowic has famously described a man who tasted shapes; someone tasted tunes; another was referred for counselling when she told the assistant principal of her school—ill-advisedly—that when she kissed her boyfriend she “saw orange sherbet foam”. One was so surrounded by spatial imagery, excited by everything from the alphabet to shoe sizes, that she explained “My entire life, everything, has a place that goes all round my body.” Synaesthetic experiences have certain common features: they tend to start early in life; they have often “always been there”; they are involuntary, triggered automatically by their stimuli; and they are durable and consistent, memorable, pleasurable, and usually spatially extended.

The greatest virtue of Cytowic’s work is his conviction that “a mental world exists” and his determination to describe it with his patients’ help despite the ineffable qualities of some of their experiences. His book is, also, a treasure chest of information about a miscellany of topics that might shed light on his main subject, from eidetic imagery through Klüver’s form constants to the role of metaphor in language and perception. If some parts of the book have the air of work in progress, it is a sign of Cytowic’s huge enthusiasm for a topic his writing has revitalised.

A Zeman

Behavioral neurology, 4th edition


The fourth edition of Behavioral neurology is an update of a slim volume aimed primarily at undergraduates. In the 18 years since the previous edition, quite a lot has happened in neuroscience, neurology, and psychiatry. The new volume has therefore been considerably updated to include insights from areas such as molecular biology and brain imaging. In these areas there is a little repetition between chapters, and occasional errors of nomenclature. One surprising omission is any discussion of the large and rapidly growing area of cognitive neuroscience, which has provided valuable insights into the relationship between cognitive function and psychiatric or neurological disorders of cognition.

The content of the book is weighted somewhat towards psychiatric disease, and the selection of neurological disorders may surprise behavioural neurologists. For example, while a whole chapter is dedicated to exploring the neurobiological origins of violence, hemispatial neglect (a common and disabling disorder seen in up to two thirds of patients with acute stroke) is not mentioned at all in the text! Similarly, the pharmacologic therapy of movement disorders receives a similar space allocation to discussion of the whole of Alzheimer’s disease.

These imbalances apart, this book represents an interesting source of information for medical students and psychology students about neurological and psychiatric disorders affecting human behaviour.

G Rees

The dynamic neuron


The subject of this book, synaptic plasticity, represents one of the most exciting developments in present day molecular neurobiology. No longer is the brain considered to be hardwired, but instead is capable of rapidly responding to a variety of endogenous signals or external environmental factors that bring about complex molecular, physiological, and structural changes affecting synaptic transmission. The recognition of the truly dynamic nature of neuronal physiology is aptly highlighted in the title of the book. The author, John Smythies, has had a long and distinguished career as a neuroscientist with a particular interest in schizophrenia. In this book he has made an excellent synthesis of the enormous complexity of receptor responses and the interchange with the multiple redox reactions occurring at the synapse.

The first chapter is focused on the nature of synaptic plasticity with particular emphasis on the glutamate synapse and associated redox reactions. This provides considerable insight into these interactions and is a valuable literature resource. The book then progresses to more specialised subjects such as endocytosis and exocytosis (chapter two), and to important specialised proteins such as cell adhesion molecules and scaffold proteins (chapter three). The miscellaneous topics covered in chapter four include a discussion of the role dopamine in synaptic plasticity, but this chapter is disjointed, without a clear thread running through it. In chapter five the author extrapolates from the various reactions covered in the earlier chapters to their relevance in the pathobiology of disease, especially concentrating on schizophrenia and Alzheimer’s disease. This chapter provides a fascinating viewpoint undoubtedly reflecting the author’s unique perspective. This is followed by a brief final concluding chapter (chapter six).

This is not a textbook, nor a comprehensive review, but it is certainly a very readable insight into the complex molecular interactions occurring in synaptic plasticity and an excellent starting point to help understand a rapidly developing and important area of neuroscience.

J de Belleroche

Research and publishing in neurosurgery

Edited by Y Kanpolany. Published by Springer-Verlag Wien, New York, 2002, pp 131, Hardcover £76.00. ISBN 3-211-83821-7

The book was planned to serve as an essential handbook and comprises a collection of articles, by different authors, presented as a training course in Vienna by the chairman of the Research Committee of the EANS. The articles are wide ranging, and there are both philosophical and reflective contributions, as well as focused and detailed papers, as would be expected from such an origin. There is very good broad advice to young researchers regarding aspects of preparing for presentation, research, and publishing. There are articles that can provide a starting point for initiating research in specific areas. When covering particular areas of research and relevant facets surrounding these, some of the articles are generic and others highly specific. In many cases it appears to reflect more an area of research in which the author is involved or experienced, and these are therefore narrow. In others there is a broader perspective and, although covering a specific topic, provide a more substantive platform.

The references are detailed and strongly complement the text in most of the articles. The articles are easy to read and the structure and language are of a very good quality.

It would be of value both to neurosurgical trainees and to neurosurgeons, either becoming involved or interested in research and publishing in neurosurgery. It will serve as a very useful reference book in a departmental library. Although not providing full information, as it obviously cannot, it provides a drawing board for development or initiation of research ideas.

J Van Dellen

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R Pearce

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