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MATTERS ARISING

Non-vascular aetiology of lacunar syndromes

We have read with interest the paper by Anzalone and Landi¹ on non-ischæmic causes of lacunar syndromes. From 31 August 1985 to 31 October 1989, we studied prospectively our patients from the stroke clinic that included several cases of lacunar infarctions and lacunar syndromes. We have found several cases of lacunar syndromes due to non-vascular aetiology. The main cause of lacunar syndrome in our patients was neurocysticercosis.

Some of these cases have been reported elsewhere.²⁻⁵ Our series include 12 patients aged 18 to 57 years, mean 34.5 years. During the last four years 733 patients attended our stroke clinic and from these we found 114 cases with lacunar syndrome. The twelve cases due to neurocysticercosis are 8.3% of lacunar syndromes.

In two patients the lacunar syndrome (ataxic hemiparesis in both) were produced by parenchymal brain cysticercosis,² in the remaining patients the lacunar syndrome was produced by cerebral infarction (lacunar infarction). In most cases it was located in the capsular area and in only two patients was the lesion located in the subcortical area. These infarctions were associated with subarachnoid cysticerci. It has been well recognised that subarachnoid cysticerci usually induced subacute, chronic or recurrent meningitis with abnormal thickening of leptomeninges at the base of the skull and inflammatory

entrapment of blood vessels around the circle of Willis. The histopathological findings in these vessels usually include fibrosis of the media and endothelial hyperplasia and occasionally complete occlusion.

As in the series of Anzalone and Landi¹ a past history of arterial hypertension was uncommon in our series.

The lacunar syndromes in the present series included sensorimotor syndrome in five patients, pure motor hemiparesis in four and in three patients ataxic-hemiparesis. Two cases had cysticerci in brain parenchyma, suprasellar in five, one interpeduncular, one insular, one meningeal and diffuse arachnoiditis in two cases.

Cerebral angiography was performed in five patients, and evidence of vasculitis was found in three patients.

Cysticercosis is not usually considered in the differential diagnosis of lacunar syndromes, this becomes important in areas of the world where cysticercosis is endemic.

We agree with Anzalone and Landi¹ with the concept that early CT scanning must be performed in patients with lacunar syndrome, particularly if the patient is young, normotensive or resident in countries where neurocysticercosis is a frequent health problem. In the latter we would strongly recommend the routine examination of cerebrospinal fluid including immune reactions for cysticercosis.

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Crying and laughing after brain damage

We doubt that Allman's suggestion¹ will find much support, yet the problem he considers is a real one. It is not only a question of facilitating communication. An important aspect is the need for a term that, like most other medical terms, can be used in various parts of speech without recourse to cumbersome circumlocution. The indispensable need, however, is for a term that recognises the essential feature of the phenomenon, namely that it is a disorder of the mechanisms of expression of emotion, and not of emotion or affect itself. This is what is wrong with the suggestion "emotionalism".

Perhaps the solution for this problem of nomenclature demands a lateral flight of fancy. The vocabulary of medicine is predominantly Greek. On the whole, this poses no problems, indeed it helps to avoid the contamination of meaning that often attends the use of English expressions through their vernacular connotations. The traditional symbol of the expression of emotion is the ancient Greek diptych of the theatrical laughing and crying masks, known

as *prosopoeion*. This suggests *dysprosopoeia*, allowing the equally simple adjective *dysprosopoeic*. Where Sigmund Freud has trod, we surely dare to go.

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BOOK REVIEWS

Therapy of Parkinson's Disease. Neurologic Disease and Therapy Series 5). Edited by WC KOLLER AND G PAULSON (Pp 583 Illustrated; Price \$125.00 (US and Canada), \$150.00 (All other countries.) New York: Marcel Dekker Inc. 1990. ISBN 0-8247-8219-4

Having enjoyed reading and commending Koller's *Handbook of Parkinson's Disease* last year, I looked forward to learning more about therapy from this new book edited jointly with Paulson. Their preface reminds us, perhaps a little unkindly, that few of the contributing authors are old enough to remember patients with end-stage Parkinson's disease "who lay in sawdust" . . . or, those given levodopa in whom we "witnessed dramatic changes as patients in Stages III or IV became completely functional". Very true, but I am not sure we would all agree with Koller's introductory remark that "the types of therapy have dramatically increased *pari passu* . . . due in large part to the discovery of MPTP model of parkinsonism." The contents show 69 contributors in serried ranks, amongst whom are included almost all of the USA doyens as well as a selection of Europeans.

The five main sections cover Assessment and measurement of symptoms and signs, Pharmacologic agents, Surgical approaches, Diet in therapy, and Other therapeutic approaches.

The result is a very useful and comprehensive survey of treatment which is up-to-date, well referenced and authoritative. Modern techniques range from apomorphine, a rebirth of stereotaxic thalamotomies, appraisal of neurotransplantation, levodopa infusions and, to be right up to the minute the DATATOP trial of selegiline and tocopherol; all are reviewed in detail.

There are however faults. In a fact laden text, good writing and thereby easy reading are just as important as in a more discursive series of essays. And here the book disappoints, despite the publisher's attractive printing format illuminated by clear illustrations and diagrams. Many contributors have careened the edifice of rational, reflective prose in favour of an almost obsessive devo-

tion to technological detail. This makes for good reference material but for boring reading. The index is appalling and *inter alia*, fails to list dyskinesia, dystonia, on-off effects, or receptors. Some can be found as sub-headings if you search for them. It is sad to find such blemishes in an otherwise useful collation, but I think UK readers at least, will prefer Gerald Stern's recent text, which though not confined to therapy, embraces all its practical issues, and is a more satisfactory work of reference.

JMS PEARCE

Some Pitfalls and Problems in Neurosurgery. Series: **Progress in Neurological Surgery, Vol. 13.** Editor: J C DE VILLIERS. (Pp 208; Price: £82.50.) Basel, Karger, 1990.

This book is the thirteenth in the series "Progress in Neurological Surgery." Unlucky for some, perhaps, but the thirteenth edition which covers transphenoidal operations, frontal and temporal basal tumours, CSF shunts, spinal intramedullary lesions, lumbar discs, and brain death, should not prove a disappointment to the editor, Dr de Villiers. "Pitfalls" are interpreted as a complication which may result from incorrect interpretation of clinical signs and investigations, or occur as a result of the operative procedure.

The first chapter is an excellent review of the problems encountered with the radiology of pituitary tumours and transphenoidal surgery. The text accurately describes the nasal complications following operation (usually omitted from other descriptions) and advises on the ways of minimising these. Surprisingly, the author fails to mention the need for steroid cover during an anaesthetic or operative procedure in these patients with potential pituitary insufficiency. There follows a rather disappointing chapter on frontal and basal tumours. The radiological examples are all based on angiography, air encephalography and early generation CT scanning. Much information with useful advice is buried within a very detailed text which makes heavy reading. Again there is no emphasis on the need for steroid cover during operation on suprasellar tumours. Shunt complications bedevil us all. A chapter on the ways of minimising these provides practical advice. Perhaps the text should have included some mention of the advantages and disadvantages of the newer variable pressure valves.

The next chapter provides helpful information on spinal intramedullary tumours, incorporating a detailed description of surgical technique. A subsequent chapter on lumbar disc prolapse is full of gems often omitted from more standard texts. Interesting text, however, inevitably contains controversy. I was surprised by an introductory sentence stating that "confirmatory tests" (i.e. confirming the clinical findings) "will be required by the majority". Surely in this day and age, all patients should undergo at least a CT scan if not myelography? Classic root signs do not necessarily result from disc protrusion at the expected level. The "out-patient" operative procedure for disc removal will also raise some eyebrows.

The final chapter on the diagnosis of cerebral death by the editor is a model of

clarity—that is all except the title. As the author himself points out, the "cerebrum" may be destroyed while the brain stem remains intact and the term "brain death" or "brain stem death" seems more appropriate.

The best way to practise surgery is to anticipate problems before they arise. In this way, complications are prevented and their effects if they occur are minimised. This book approaches the subject in a pragmatic manner. I am sure neurosurgeons at all levels, and in particular trainees, will find it valuable. It should sell well despite seeming relatively expensive for its size. Perhaps another edition along the same lines covering vascular topics should be considered in the future.

KW LINDSAY

Pain Syndromes in Neurology. Edited by HOWARD L. FIELDS. (Pp 286; Price: £39.50.) Guildford, Butterworth Scientific Ltd. ISBN 0-407-011242-2. 1989.

Much of the most severe chronic intractable pain seen in pain clinics is neuropathic rather than nociceptive pain and whereas mechanisms of pain with an intact nervous system have been extensively investigated, mechanisms of neuropathic pain are poorly understood, and have received much less attention. This book is particularly concerned with these mechanisms of neuropathic pain and with treatment, but also considers peripheral nociceptive mechanisms and cancer pain, much of which has a nociceptive basis. The editor, Fields, opens with a succinct overview of pain transmission in the normal and damaged nervous system. This is an excellent introduction for the newcomer to this subject. Raja and colleagues next consider hyperalgesia and receptor sensitisation, covering both neurophysiological and chemical aspects.

Devor and Rappaport review experimental peripheral nerve injury. Perhaps the single most important fact to emerge from all the work on peripheral nerve injury is that damage to sensory axons frequently leads to ectopic impulse generation, and this is a likely basis for at least some of the pain experienced with such lesions. Burchiel considers the effects of deafferentation and this is linked with a discussion of the place of the dorsal root entry zone lesion operation described by Nasholt. A prominent effect of deafferentation is disinhibition of central neurones with the development of chronic abnormal repetitive neuronal discharges. This explains the common failure of ablative surgery. More damage may lead to more pain. A separate chapter by Watson is devoted to post herpetic neuralgia, dealing with clinical features and treatment rather than possible underlying mechanisms of pain.

The involvement of the sympathetic nervous system in peripheral nerve injury and in the obscure reflex sympathetic dystrophy syndromes is discussed in two chapters. Roberts and Kramis consider mechanisms and offer several interesting ideas but we are far from understanding these abnormal states. Payne provides a clinical description of reflex sympathetic dystrophy and considers treatment options. The frequent total failure of treatment is under-emphasized here. Asbury surveys pain in peripheral

neuropathies, drawing attention to the different mechanisms.

In a masterly review, Tasker considers the place of surgery for pain, both of nociceptive and neuropathic type. Stimulation procedures in spinal cord and brain are also discussed and there is brief mention of spinal and intraventricular opiate installation. The literature is comprehensively reviewed and the author admits, with honesty, the influence of personal bias. The unpredictability of results and variability of success of the same procedure in different surgical hands are the two main messages which emerge here. Portenoy considers cancer pain, in which the multiplicity of possible causes and mechanisms is stressed and thus the need for careful clinical assessment. The final chapter, again by Portenoy deals with the drug treatment of chronic pain.

Neurologists and neurosurgeons will find much of interest and relevance to their clinical practice here. The authors have been well chosen and present difficult subjects clearly, and the book has the advantage of being fairly short. It should find a place in all departmental libraries. The book is not complete in its coverage; those wanting to find full accounts of pain of myelopathic, brainstem, or thalamic origin will be disappointed. These topics are only briefly considered in the chapter by Tasker. Perhaps correctly, in a book of this length, the emphasis is on the more common painful neurological conditions and this is a small criticism. Overall, the book can be highly recommended.

JW SCADDING

Plasticity and Morphology of the Central Nervous System. A Challenge for Psychiatry of the Nineties. Edited by C L CAZZULLO, E SACCHETTI, G CONTE, G INVERNIZZI AND A VITA. (Pp 256; Price: Dfl 154.00; US\$70.00; UK£40.00). Dordrecht: Kluwer Academic Publishers Group, 1990. ISBN 0-7462-0094-3

The title of this book is misleading. It is not about neuroanatomy at all, which is what one might expect. It is a heterogeneous collection of papers presented at a conference on schizophrenia in Milan in 1987. The majority of the papers are not even about schizophrenia. There is one on phenylketonuria, one on eating disorders and nine (out of 24) on affective disorders. The topics covered include the genetics of depression among the Amish population in Pennsylvania, CT scan findings in schizophrenics, the description of a new battery of psychometric tests and glucose-6-phosphate dehydrogenase deficiency in psychosis.

Altogether it is a curious mixture. Equally puzzling is why it has taken three years for the book to be published, because it is not printed but an amalgam of different type-written manuscripts, a process which I had always assumed speeded up publication. More serious, though, is the fact that some of these contributions would not have passed the refereeing process of even a moderately prestigious journal. With five editors available one might have expected a higher standard. In fact, bypassing the refereeing process is not always a bad thing. I have long believed that the reason why we rarely see papers of the quality of those written by German, French and British neurologists in the first