- 42 Pop G, Sutherland GR, Koudstaal PJ, Sit TW, de Jong G, Roelandt JRTC. Transesophageal echocardiography in the detection of intracardiac embolic sources in patients with transient ischaemic attacks. *Stroke* 1990;21:560–5.
- 43 Jeanrenaud X, Kappenberger L. Patent foramen ovale and stroke of unknown origin. *Cerebrovasc Dis* 1991;1:184–92.
- 44 Biller J, Johnson MR, Adams HP Jr, et al. Echocardiographic evaluation of young adults with nonhaemorrhagic cerebral infarction. *Stroke* 1986;17:608–12.
- 45 Natowicz M, Kelley RI. Mendelian aetiologies of stroke. *Ann Neurol* 1987;22:175–92.
- 46 Hess DC, Krauss J, Adams RJ, Nichols FT, Zhang DI, Rountree HA. Anticardiolipin antibodies: A study of frequency in TIA and stroke. *Neurology* 1991;41:525–8.
- 47 Montalban J, Codina A, Ordi J, Vilardell M, Khamashta MA, Hughes GRV. Antiphospholipid antibodies in cerebral ischaemia. *Stroke* 1991;22:750–3.
- 48 Hart RG, Kanter MC: Haematological disorders and ischaemic stroke. A selective review. *Stroke* 1990;21:1111–21.
- 49 Chadwick D: Diagnosis of epilepsy. *Lancet* 1990;336:291–5.
- 50 MacDonell RAL, Donnan GA, Bladin PF, Berkovic SF, Wriedt CHR. The electroencephalogram and acute ischaemic stroke: distinguishing cortical from lacunar infarction. *Arch Neurol* 1988;45:520–4.
- 51 Kent KM, Rosing DR, Wewls CJ, Lipson L, Bonno R, Epstein S. Prognosis of asymptomatic or mildly symptomatic patients with coronary heart disease. *Am J Cardiol* 1982;49:1823–31.
- 52 Adams HP Jr, Kassell NF, Mazuz H. The patient with transient ischaemic attacks—Is this the time for a new therapeutic approach? *Stroke* 1984;15:371–5.
- 53 Di Pasquale GD, Andreoli A, Pinelli G, et al. Cerebral ischaemia and asymptomatic coronary artery disease: A prospective study of 83 patients. *Stroke* 1986;17:1098–101.
- 54 Rokey R, Rolak L, Harati Y, Kutka N, Verain M. Coronary artery disease in patients with cerebrovascular disease: a prospective study. *Ann Neurol* 1984;16:50–53.
- 55 Sirna S, Biller J, Skorton DJ, Seabold JE. Cardiac evaluation of the patient with stroke. *Stroke* 1990;21:14–23.

Neurological stamp

René Descartes 1596–1650

Descartes was a French mathematician, philosopher and scientist. He saw the human body purely in terms of a mechanical contrivance—“a machine made by the hand of God, incomparably better than any machine of human invention”. The mind was considered a separate entity interacting with the body via the pineal gland which was believed to be the seat of the soul. The soul was directly related to the vital mechanics of the body from which it received impressions and it was able to control certain movements. Descartes believed that the pineal and the soul existed only in humans.

He formulated optical laws for refraction, compared the eye to a *camera obscura*, and showed accommodation was due to changes in the shape of the lens. Descartes described one of the earliest concepts in neurophysiology, unconscious reflex action. In his treatise *Des passions de l'âme* (1649) he noted a feigned blow to the eyes caused a blink. In *De Homine*, published in 1662, some years after his death and considered to be the first textbook of physiology, there is a diagram of a child reflexly withdrawing its finger from a hot object.

Descartes died in Stockholm “in the land of bears, among rocks and ice”. He was invited to the court of Sweden by Queen Christina to discuss philosophy which they apparently did at 4 o'clock in the morning. France commemorated him with this stamp, in 1937, on the third centenary of the publication of his work *Discours de la Méthode*. (Stanley Gibbons No 575, Scott No 331).

LF HAAS