Matters arising

Signal hypointensities are thought to represent increased water content due to cell loss or gliosis, for example. Whether hypointensities on T2-weighted images, as found by Rutledge et al. and in our case, strictly reflect iron deposition is still a matter of controversy. However, the finding of neostriatal hypointensities parallels pathological reports of increased iron content in this region in HD. Thus both signal hyper- and hypointensity can be explained from the underlying pathology of HD. In a case of Hallervorden-Spatz disease it has been shown in repeated MRI scans that the resulting signal intensity can change with the course of the disease. It was suggested that this reflects two subsequently and partially simultaneously developing pathological changes (neuronal degeneration versus iron deposition), each leading to opposite changes. Furthermore, signal loss on T2-weighted images is strongly dependent on magnetic field strength (all but one of Savoiardo's hypokinetic patients were studied at 0.5 Tesla). To date, this has not been studied systematically in HD.

Our findings differ from both the studies of Savoiardo and of Rutledge in that the caudate is spared and the globus pallidus shows signal abnormalities. The significance of this finding is not clear. One might expect the caudate, as the prime localization of degenerative changes to be most likely to show abnormalities. However, since the globus pallidus is the main output site of striatal structures, signal extinctions might reflect transsynaptic changes.

Recent studies suggest that the phenotype of HD depends on which subset of striatal neurons are affected. Involvement of neurons projecting to the internal pallidum seem to be the cause of rigidity. Thus not the degree, but primarily the selectivity of degeneration determines the clinical form. A different pattern of signal changes in both forms would therefore be expected, in contrast to what we found.

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I would have preferred to see a separate summary of each of the main instruments described, but as this book is written primarily for psychologists one can perhaps understand this omission. There is an excellent index and extensive referencing. The editors and contributors deserve congratulations for putting together a sound treatise which should help to put neuropsychological assessment in its proper place at the heart of clinical psychology.

FJ TYRER


This series enjoys an enviable reputation for up to date accounts of topical subjects. The Neurology of Trauma justifies this accolade. Dr Evans has collected proficient essays on major contemporary issues mainly relating to head injury; spinal injuries were dealt with in August 1991. However, whiplash injury: a favourite source of controversy to both editor and reviewer is surveyed in detail.

The selection of topics is uneven; major head injuries receive scant attention, and more importantly to the neurologist and neurosurgeon, the late sequelae, life expectancy and prospects of rehabilitation are not mentioned. Similarly, one seeks in vain for recent data about variables, risk factors and expectations for late traumatic epilepsy.

There are useful sections on the surgery of nerve and plexus injuries. A variety of movement disorders is covered, and its two editors, Goetz and Pappert, most thought to be unrelated to antecedent trauma. The approach here considers the possibility that post hoc ergo propter hoc arguments may be invalid in certain cases, and that latent disease or concealed symptoms may appear to emerge after head injury without being caused thereby. By contrast, the well- referenced descriptions of mild head injury, reflex sympathetic dystrophy, and whiplash are less critical. In a technology-ridden age it need not surprise that many measurable aberrations of nervous function are demonstrable after minor trauma, but the possibility of their being silent accompaniments rather than the cause of symptoms and disability is often overlooked, or worse, ignored.

Merskey provides a characteristically absorbing essay on psychiatric aspects, pointing out that physical illness can cause emotional disturbances which in turn can evoke hysterical conversion. Head injury can produce obsessional states, mania, organic depression as well as schizophrenic illness.

It is odd to find chapters on electric shock, mountain sickness, space travel, and an intriguing description of the neurologist as expert witness, in an excellent finale. But, well done as they are, many would prefer more information and counsel about the prognosis and management of the more severe injuries of the nervous system.

JMS PEARCE

BOOK REVIEWS


'Despite having become unfashionable in some branches of clinical psychology, assessment is not an issue that will go away'. So writes Edgar Miller early in this book and what follows is a vindication of this statement. Psychometricians are often undervalued and if they need to boost their self-esteem, a journey through this book should do wonders. It is a well-edited compilation of chapters from UK-based contributors which is fairly priced for its 450 pages. It is divided into four sections; basic principles and general issues (intelligence and laterality; assessment of major psychological functions [memory, language, frontal lobe and visuo-perceptual dysfunction, unilateral neglect, reading; specific clinical disorders [stroke, head-injured, drug abuse, dementia]); and specialised assessment, including a challenging chapter on computer-based assessment by Wilson and McMillan, which in illustrating the value of a mechanical impartial assessor for routine work is surely anticipating important developments.