Hughes and al reply:
We thank Professor Rajput for his interest and contribution to the discussion of our study. It is unclear why progressive supranuclear palsy (PSNP) comprised such a high percentage of patients clinically misdiagnosed as having Parkinson’s disease (PD) in our study, while in his series all necropsy proven cases of PSNP were recognised before death. A pure akinetic syndrome can sometimes be the only manifestation of PSNP. The Parkinson’s Disease Society Brain Bank (PDSBB) receives donor tissue from Parkinsonian patients throughout the UK. Once the brain is received in the scheme, patients are examined annually by one of 70 neurologists and geriatricians associated with the Brain Bank and information is recorded according to a standard format. Despite the use of diagnostic criteria it is clearly impossible to completely standardise diagnostic practice across such a group of assessors. The stage of disease when patients are examined is clearly important in studies of this type. The clinical diagnoses used in our present study were all made within 12 months of death, at the time of the last assessment, and during or after 1986. All patients were considered specifically to have PD rather than a less well-defined Parkinsonian syndrome.

We agree that no diagnostic criteria for PD are fool-proof and have subsequently analysed the clinical features of our cases in terms of their diagnostic value. By using selected criteria (asymmetrical onset, no atypical features, and no possible aetiology for another Parkinsonian syndrome) the proportion of PD cases identified was increased to 93%, but at the expense of excluding 32% of pathologically confirmed cases. Twelve of 100 cases of histologically confirmed PD cases examined at the PDSBB had atypical clinical features according to Brain Bank diagnostic criteria for this disease.

More than half of these cases had no other associated neuropathological findings that could account for their atypical features. These findings suggest that studies based on consultant diagnosis of Parkinson’s disease will include patients without the disease as well as excluding some who subsequently satisfy the histological criteria of PD, thus results from clinical trials and epidemiological studies may be distorted.


At the present time there is some fascinating progress in the definition and territorial demarcation of neurodegenerations causing dementia. Dissociation of features among clinicians and pathologists to identify new diseases such as corticobasal degeneration and the causes of fronto lobe degeneration, and primary progressive aphasia. In contrast, molecular genetics is tending to lump diverse phenotypes together in the prion disorders and familial Alzheimer’s disease. Real progress in other areas, notably Pick’s disease, is to some extent lacking. This condition is finding a more critical definition by the effect of erosion, because some examples of non-Pick body Pick’s disease are undoubtedly other things, such as corticobasal degeneration. The remaining chapters in the book cover the neuropathology of unusual dementias, dementia and motor neurone disease and Lewy body dementia: so that, as you might have thought, small print causes of dementia as implied by the title, nor a fully comprehensive account of these disorders, but mostly areas of real progress and new knowledge.

The introduction provides a paragraph on the clinician’s approach to a patient with dementia. This is a useful summary, to which collection, storage and analysis of genetic and pathological material could be added. Many of these diagnoses remain neuropathological ones, and their genetic implications are still uncertain. In addition, peculiar phenotypes of these neurodegenerations can mimic almost any other. Future developments should justify this encouragement to obtain a postmortem diagnosis, if not for the family, for future patients and families. Storage of DNA will provide a valuable resource for future work in new genetic studies. The chapter dedicated to an overview of neuropathology is valuable as these disorders are sufficiently uncommon to allow a critical mass of cases to be seen clinically and pathologically by any individual, and yet the pathology can be objectively compared by an experienced neuropathologist. Refreshingly, the pathology consists largely of updates, understandable for the newcomer, and extensive reviews are not included.

I found minor inaccuracies in the book, mostly reflecting very recent progress in knowledge. This speed of progress is encouraging, and until recently was not a feature of neurodegenerations. This book is well worth reading by those wanting an update or introduction to the subject; this is the kind of book that will be superseded in due course.

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neurochemistry, neuropharmacokinetics, psychopharmacology, sciences and basic psychiatry, is only the candidates is tenease information.

Although the book succeeds because it is given this exemplary medical-legal practice in the United Kingdom and elsewhere. I would advise any young neurologist to read this book thoroughly before entering the fascinating, stimulating and at times, perilous, field of civil litigation. 

**Michael Maier**


In a scholarly and eminently readable work Michael J Aminoff relates the history of Brown-Séquard, the compulsive traveller and eccentric, whose genius and scientific ingenuity have been sadly neglected. Brown-Séquard should be remembered for his inexorable energies which led him into many dark holes of physiology and into the recesses of neurological mystery.

Born in 1817 in Mauri, his father was a Philadelphia sea captain, Charles Edward Brown, who travelled to Mauritius and married Henriette Charlotte Perrine Séquard. He experimented on cold blooded vertebrates and mammals, sectioning half of the spinal cord and showing that sensation was lost on the opposite side, but retained or even increased on the same side—the Brown-Séquard syndrome. He also provided an early account of spontaneous cerebellar haemorrhage.

Living in squash conditions with his experimental animals in a small apartment, he worked long hours, eating badly and drinking vast quantities of coffee. On Broca’s recommendation he sailed for America. Always a traveller, he taught midwifery, French, and jurisprudence in Philadelphia, later in New York.

In Mauritius in 1854, treating epidemic cholera, the story is told that he swallowed the vomitus of his patients to test the efficacy of his remedies. He also experimented on himself, so large a dose of laudanum that he almost perished.

Aminoff tells of his return to neurology in Paris in 1855. Between animal experiments he studied epilepsy and introduced bromide (the first effective anti-epileptic drug) as instigated by Locock the English physician in 1857. In 1850 he journeyed to England, giving a series of lectures and was appointed at the National Hospital for the Paralysed and Epileptic, Queen Square in 1859, where Hughlings Jackson became his pupil.

He began to prosper, and his formidable skills were recognised with the awards of the FRCP, FRS in 1860, and the Goulstonian lecture in 1861. Darwin sought his acclaim for his Origin of the Species. After further illustrious chapters, he was finally settled in Paris taking Claude Bernard’s Chair at the Collège de France.

He extracted guineapig testicular fluid which he claimed rejuvenated and prolonged life—‘Méthode Séquardienne’. Exaggerated by the press this was ridiculed; but, along with his demonstration of a humoral factor derived from the suprarenal glands which he had shown to be necessary for survival, he had proved the existence of ‘internal secretions’, the forerunner of endocrinology.

In this exemplary model of medical biography, Aminoff has provided a sensitive and just account of this underrated scholar-physician and his work.

**JMS Pearce**


This is the second edition of a book first published in 1984, a time when the interest in geriatric psychopharmacology was just beginning. A second edition to reflect changes in clinical practice over the last 8 years is appropriate.

This is a multi-author book by 19 distinguished contributors all of whom work in the USA. The aim has been to produce a book for the practising clinician but also to provide an extensive monograph for the families enquiring more deeply. The editors should be congratulated for the evenness of style and the authors for the surprisingly relaxed prose. I enjoyed reading it.

There are three sections. The first is a general introduction including drug side-effects and compliance; the second is a section on ageing and neurotransmitters, pharmacokinetics and pharmacodynamics. The last reviews treatment of behaviour disorders, mania, anxiety, sleep disorders and dementia. There is also a useful appendix on drug interactions. At the end of six of the chapters there are helpful clinical vignettes. An interesting example was the treatment of a frail lady of 104 years with depression (successful and still alive at 105 at the time of press).

Few books written about the elderly seem to be written with much appreciation of specific problems compared to other age groups. This book succeeds because it is written with such insight, is clinically orientated and well referenced and the approach is sensible and balanced. I have only minor criticisms: for example perhaps the approach to the cardiac toxicity of the heterocyclic antidepressants is overemphasized.

Thoroughly recommended to clinicians caring for the elderly.

**JGC Cox**