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*Journal of*

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## Editorial announcement

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### JNNP in a decade of change

1994 was a good year for our *Journal*. The numbers of subscribers rose by 3% at a time when most journal subscriptions have fallen by 12%. The number of submissions rose by 20% and we now receive over 1200 articles each year. We only have space for 300 articles and the acceptance rate will have to fall to 25%. Making sure that the increased threshold for acceptance is converted into an even higher standard of published articles is a difficult task. The editor has hitherto been helped by a panel of several hundred assessors throughout the world, and the editorial committee, deputy editor, book review editor, and a neurosurgical associate editor. This year we welcome Professor Maria Ron as neuropsychiatric associate editor.

The review series have been well received. The first series on *Neurological Emergencies* has been published in an attractive small paperback and is selling like hot cakes. The second series, on *Neurological Management*, has been edited by Professor Mark Wiles and will be published this year. We have now started a new series on *Neurological Investigations* which will also be published in book format. The reviews are all commissioned and do take up the space of original articles but we believe that they balance the journal and make it not just compulsory reading but a compulsory purchase for every clinical neurologist.

We interpret neurologist broadly to include neurosurgeon and neuropsychiatrist. If you do not have your own copy, remember that many national neurological societies have negotiated half price subscriptions for their members. We would be pleased to extend this offer to other neurological societies on request.

It is the best of times to be in neurology because of the exciting advances in understanding and treating neurological diseases. It is the worst of times for many medical institutions, as politicians prescribe new ways of managing and funding the health service in response to increasingly expensive therapeutic options and a finite budget. A particularly unpalatable pill is the proposal by the British Secretary of State for Health to close Guy's Hospital. This proposal is so unpopular that a storm of protest has spread a *Save Guy's Campaign* throughout Britain and the academic community more widely. Fortunately the campaign looks like being successful. It takes time to build standards of health care and academic excellence but only a moment to destroy them. We all have a challenging time ahead as we respond to the surrounding economic and political changes.

RAC HUGHES  
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*Harwood replies:*

Goonetilleke raises some interesting and important points about the validation of new measurement scales.

In comparing characteristics for responders with non-responders the aim is to judge the representatives of the study population. The important point is whether the characteristics are quantitatively different, not whether the difference arose by chance (which is what a p value tells you). In this case the magnitude of differences were all quite small. A response rate of 67% to a single mailed questionnaire is good. This can often be boosted to about 80% with follow up questionnaires, and to about 90% by telephone calls and personal visits. We opted to use no more than one mailing as the subjects had already been extensively surveyed for other parts of the study.

The World Health Organisation's *International Classification of Impairments, Disabilities, and Handicaps* (ICIDH) handicap dimensions were chosen by a Manchester rheumatologist, Professor Phillip Wood, on the basis of professional experience. His aim was to be able to classify disadvantage with a comprehensive yet simple schema. We adopted the classification as we believe it to have excellent face validity. Factor analysis is a technique for classifying items into a smaller number of dimensions and would not be helpful here unless we had a huge pool of items which had been judged to represent handicap that we wished to sort into groups. We have performed factor analysis on London handicap scale responses in two separate datasets (patients with stroke and patients with rheumatoid arthritis) and found only one factor to have an eigenvalue greater than one. This factor accounted for 55–60% of the variance. Labelling of factors is up to the analyst, and we suggest that this factor represents underlying handicap. Moreover, a single dominant factor is what one would require for a scale with a simple additive structure.

Disability and handicap have been defined throughout with reference to the

ICIDH. Disability is the inability to perform tasks or activities in a normal manner. Problems have arisen because these words were in use before the ICIDH attempted to clarify the consequences of chronic disease by offering precise definitions. Conceptually and in rehabilitation practice there is a distinction between the abstract ability to perform isolated tasks such as walking, dressing, or reading, and whether problems with these have an impact on everyday functioning given the usual physical environment, available help and resources, volition, culture, and so on. Thus the inability to climb stairs may or may not be handicapping depending on the requirement to climb stairs to lead a normal life.

The definitive validation of scales measuring abstract and intangible concepts such as mood or handicap is impossible. Much depends on face validity; what the scale contains and how it sets about quantification. Construct validation is merely confirmatory. A perfect correlation implies that no new information is gained by using the new scale. If a scale fails to show a relation with another measurement where one is expected, either of the scales may be invalid or the assumption of a relation may be wrong.

Given the vast number of scales available, new scales need careful justification. Unfortunately almost all the existing scales are either incomplete descriptors of what we want to measure or inadequate because of their metric properties. A recent MRC review of research on the health of elderly people reiterated this point.<sup>1</sup> I agree that further application will be the final arbiter of the London handicap scale's usefulness.

ROWAN HARWOOD  
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<sup>1</sup> Medical Research Council. *Topic review: The health of the UK's elderly people*. London: MRC, 1994.

**Neurological stamp: Marie François Xavier Bichat (1771–1802)**

I would like to point out some small errors of spelling and fact in *J Neurol Neurosurg Psychiatry* 1994;57:263.

The name of the gentleman whose name is associated with the guillotine is spelled Joseph Ignace Guillotin. He did not invent the guillotine but recommended its use on humanitarian grounds. He was Professor of Anatomy in Paris.

After Maastricht such minor details may be important. Your French readers may be too polite to point out such mistakes.

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## NOTICES

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**Fifth meeting of the European Neurological Society (ENS '95)**

This meeting will be held on 17–21 June 1995 in Munich, Germany (teaching courses 17–18 June, scientific programme 19–21 June). Deadline for submission of abstracts: 15 January 1995. For further information contact ENS '95, c/o AKM Congress Service, Clarastrasse 57, PO Box CH-4005 Basel. Telephone 41-61-691 51 11; fax 41-61-691 81 89.

The winter meeting of the **British Neuropsychiatric Association** will take place in the Conference Theatre London Zoo, on 20 January 1995. The subject will be *the neuropsychiatry of vascular disease*. For further information please contact Sue Garrett, Administrative Assistant BNPA, 17 Clocktower Mews, London N1 7VV, UK. Telephone/fax 071-226 5949.

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## CORRECTION

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**Chen R, Sahipaul R, Del Maestro R F, Assis L, Young G B. Initial enlargement of the opposite pupil as a false localising sign in intraparenchymal frontal haemorrhage.** *J Neurol Neurosurg Psychiatry* 1994;57:1126–1128.

During production, the fourth and fifth rows in the table (p 1127) were moved to the left. The correct table is presented here.

*Summary of clinical course*

	Day 1 2300	Day 2 0720	1500	1530	1600	1645	1800	Day 3 0800	Day 4 0800	Day 29 0800	Day 60 0800
Event	CT		Angiogram		Mannitol	CT	ET, HV, OR				
Right pupil	4 mm R	4 mm R	3 mm R	6 mm NR	6 mm NR	7 mm NR	6 mm NR	4 mm NR	4 mm R	4 mm R	3 mm R
Left pupil	4 mm R	4 mm R	3 mm R	4 mm R	4 mm R	7 mm NR	3 mm NR	2 mm MR	2 mm R	3 mm R	3 mm R
Eyelids	Normal			Right ptosis		Unable to assess			Right ptosis	Mild right ptosis	Normal
EOM	Full			Abducted right eye *					Full		
Limbs	Normal power Right hyper-reflexia			Normal power Restless		Bilateral extensor posturing		Left: semi- purposeful movement Right: extend to pain	Right hemiplegia		Mild right hemiplegia

\* Absent vertical and horizontal eye movements with oculocephalic manoeuvre. EOM = extraocular eye movements, ET = endotracheal intubation; HV = hyper-ventilation, MR = minimally reactive; NR = non-reactive; OR = operating room; R = reactive.

## BOOK REVIEWS

All titles reviewed here are available from the BMJ Bookshop, PO Box 295, London WC1H 9TE. Prices include postage in the United Kingdom and for members of the British Forces Overseas, but overseas customers should add £2 per item for postage and packing. Payment can be made by cheque in sterling drawn on a United Kingdom bank, or by credit card (Mastercard, Visa or American Express) stating card number, expiry date, and your full name.

**Forensic Psychiatry: Clinical, Legal and Ethical Issues.** Editors: J GUNN and PJ TAYLOR. Publisher: Butterworth-Heinemann, Oxford 1993. (Pp 1151; £125.00). ISBN 0-7506-0349-6.

Forensic psychiatry lends an added dimension to the field of psychiatry by placing the mentally disturbed person and his behaviour into a social context. The speciality also attracts a strange, and almost universal, fascination in the abnormal and extreme behaviour that mental illness can lead to. How this behaviour is viewed and dealt with by the legal system is its added attraction for some. For me, however, the legal side takes a back seat and consequently issues such as comparative surveys of medico-legal systems leave me turning the pages rapidly. The interesting and fundamental questions that general textbooks of psychiatry studiously seem to omit, and that only child psychiatry occasionally touches upon is the area where forensic psychiatry is most interesting. It is the study of how the psychological development of the person may lead to antisocial behaviour and what treatments apart from incarceration we can offer. This book, naturally, deals with these topics well and has chapters on the personality disorders, addictions and dependencies and on mental illness in general and its relationship to crime of all types. There are chapters that one is compelled to read just because of the promise implied in the title; "The psychosocial milieu of the offender", "Deception, self-deception and dissociation", "Victims and survivors", and "Ninety-five percent of crime". There are also topics that are of interest to all managing psychiatric patients, and which are often not written about in general textbooks. The chapter on dangerousness deals with assessments both at presentation and at discharge, and the chapter on managing violence must be of interest to everyone in acute psychiatry.

It transpires that 95% of crime is associated either with summary motoring offences, theft and handling and summary non-motoring offences. Psychiatrists on the other hand will deal with violent, sexual and drug offences which account for approximately 5% of recognized criminal behaviour. Within this group forensic psychiatry tries to understand, and explain, the relationship between offending and the mentally ill person. In much of our work and especially in forensic psychiatry we deal

with descriptions and predictions of behaviour. When considering behaviour, psychiatrists often do not make a distinction between explanation (a concept which is based on understanding) and description (which is little more than pattern recognition).

This book to some extent continues this tradition and in the preface the authors describe the book as a practical guide to the psychiatry of mentally abnormal offenders and other victims, and certainly the book feels and reads more like a guide for the practitioners of forensic psychiatry and less of an academic work exploring difficult ideas.

Having shown my unbridled enthusiasm for forensic psychiatry I must state a reservation about this book, it is written by a committee. Altogether 51 contributors are cited and each chapter is written by a number of authors who are acknowledged. It is clear that the chapter is then edited by the two book authors to maintain a consistent attitude and also perhaps to minimize repetition. My experience with books written by many authors is that it is often difficult to extract what is important. Each author will have his own story to tell and depending on the subject allocated to him will do it as compellingly as possible. This loss of perspective is a common feature of multi-author books. Luckily these author/editors have not fallen into this trap and by their strict, and perhaps ruthless editing have maintained a sense of proportion. This is a book I wish I had read earlier in my psychiatric career, as forensic psychiatry certainly deals with the more esoteric and perhaps more interesting aspects of aberrant behaviour, mental illness and its social consequences.

All general psychiatrists should have a book like this on their shelves, preferably well read, and because the choice in this field is limited, why not choose this one? Reflecting on the topics in this book will make us all better at understanding the offending patient and his victim and how society is prepared to deal with them.

I had in the past been fond of Russian novels, so the 1151 pages of Gunn and Taylor's book did not intimidate me. At £125, it's a lot more expensive than my copy of *Crime and Punishment*. It perhaps throws no more light on understanding the offender's mind than the novel but is a good and comprehensive handbook, which is after all what it sets out to be.

MICHAEL MAIER

**An Introduction to Neurosurgery.** Edited by BRYAN JENNETT and KENNETH W LINDSAY. (Pp 328, £35.00). 1994. Publisher: Butterworth Heinemann, Oxford. ISBN 0-7506-1580-X.

This is the 5th edition of a highly successful textbook, the first edition of which was published in 1964 in response to a 1961 editorial in the *Lancet* commenting on the delay in diagnosis and treatment of conditions requiring neurosurgery. Its intention was to "dispel the mystery" to those not directly involved in the speciality and explain the principles of diagnosis and treatment of conditions in neurosurgery practice, thus addressing the issues discussed in the editorial. The 4th edition was published in 1983 since which time significant

changes have occurred in the practice of neurosurgery. Advances in neuroradiology have had an enormous impact, new operating tools and techniques are being employed and new treatment alternatives, such as radiosurgery and endovascular techniques need to be considered when making clinical management decisions. These, and many others have been incorporated in this new edition, as well as the updating of illustrations, figures and references given in the 'further reading' sections at the conclusion of each chapter.

The authors did not intend to provide a comprehensive text with intricate surgical detail, but have provided the reader with principles of assessment, diagnosis and management of the majority of conditions encountered in neurosurgical practice. There remains an important emphasis on the clinical assessment of patients against the recent advances in diagnostic neuroradiology. The text is divided into sections devoted to the major topics of head injuries, tumours, spinal lesions, congenital conditions and functional and stereotactic neurosurgery. The management of hydrocephalus is included under the 'congenital conditions' section which I think underscores the importance and frequency with which this condition (Congenital or acquired) or the complications of its treatment are seen in neurosurgical practice and suggest it may warrant 'major topic' status.

This book remains the leader in its intended market, providing a comprehensive introduction to the practice of neurosurgery to all those in the broader medical community and allied fields. It also provides an excellent introduction for those considering or beginning a career in neurosurgery.

ERIC GUAZZO

**Brain Injury Rehabilitation—Clinical Considerations.** Edited by M ALAN, J FINLAYSON, and SCOTT H GARNER. Publishers: Waverly Europe Ltd, London 1994. (Pp 437 £63.00). ISBN 0-683-03224-0.

Textbook writers must avoid being either obscure or banal although it is often possible to be both at once, for example: "An insufficiently utilised assessment procedure is that of real life observation"; or "In addition, more unemployment is associated with greater levels of neuropsychological impairment". In textbooks, the quest for comprehensiveness easily leads to vacuous remarks. Readers (especially reviewers) could well be spared, for example: "Like penetrating missile injuries, non-missile injury to the brain is also a feature common to modern society"; or "Declarative of memory has its greatest development in man". Such statements are, if anything, even more irksome when supported by references.

This multi-author textbook lacks consistency in its approach: even its title is ambiguous, since in most (but not all) references to brain injury, traumatic head injury is implied. Some chapters are apparently intended to provide compendious background scientific information. One such is a chapter on the pathobiology of traumatic brain injury, which has a very large bibliography but is quite selective in its approach, and fails to highlight the distinction between primary and secondary brain

damage which is so clearly presented in other textbooks, for example Jennett and Teasdale. Some chapters, at the other extreme, are essentially anecdotal. The author of a chapter on drug treatment states that: "only in the past year have attempts been made to set the actual practice of neuropharmacology into a modern theoretical framework, presented in a comprehensive format for clinicians who work with TBI patients", citing his own paper to support this statement. There follows a distinctly idiosyncratic, clinically based account in which psychostimulants are said to be "extremely useful", buspirone to be the treatment of choice in akathisia and amantadine in agitation.

Neuropsychological concepts are used loosely and sometimes misleadingly, for example in repeated references to procedural learning in various chapters. There is a useful chapter on family adjustment following head injury, and an interesting attempt, in another chapter, to equate the concept of handicap with community integration. However, this book fails to instantiate the clear, goal-directed, multi-disciplinary approach which it should be advocating in the rehabilitation process. One gets little idea of what actually goes on in a team meeting or in therapy. Rehabilitation is a difficult subject to write about.

CHRIS WARD

**The Physiological Basis of Rehabilitation Medicine (Second Edition).** Editors: JOHN A DOWNEY, STANLEY J MYERS, ERWIN G GONZALEZ, JAMES S LIEBERMAN. Publisher: Butterworth Heinemann, Oxford 1994. (Pp 766 £95.00). ISBN 1-56372-080-9.

This book, which had its first edition in 1971, covers many of the aspects of normal physiology which are relevant in rehabilitation medicine. By and large the chapters are authoritative, well-presented and reasonably up-to-date. Those with prior training in neurology will find the non-neurological sections most useful and vice-versa.

There is an implicit assumption that clinical practice must always be based on an understanding of normal structure and function. The traditional view is sometimes a handicap in a textbook of this sort, as it sometimes is in undergraduate medical education. For example, there is no clearly defined topic in normal function which relates to epilepsy, perhaps the reason the topic fails to get a mention in the index. Conversely, normal structure and function sometimes throw little light on pathophysiology; for example, clinicians will not learn much of practical value from the section on the structure of the basal ganglia. The sections on pathophysiology in this book sometimes seem almost to be afterthoughts, introduced (as in many undergraduate textbooks) merely to leaven the dough of normal physiology. Muscle contractures and constipation are examples of topics which are of pragmatic importance, requiring a physiological explanation and meriting much more detailed treatment in the main text; neither is mentioned in the index. In future editions, many chapters would benefit from the clinical perspective which makes some of the chapters especially useful, for example the one on energy expenditure during ambulation.

The book would also benefit greater emphasis on pharmacological principles relevant to normal function and clinical practice.

Nevertheless this book is a convenient source of information which is otherwise not easily accessible to busy clinicians.

CHRIS WARD

**Memory, Amnesia and the Hippocampal System.** Author: NEAL J COHEN and HOWARD EICHENBAUM. Publisher: The MIT Press, London 1993. (Pp 330 £40.50). ISBN 0-262-03203-1.

This is definitely a book for the cognoscente of hippocampology. Even those with more than a passing interest in memory will find it relatively specialised and, in parts, hard going. The two authors are well known for their work in amnesia; Neal Cohen made significant contributions in the area of implicit memory (learning without awareness) in amnesic patients, while Howard Eichenbaum is well known for his work in animal learning. He has developed an important theoretical model of neuronal representation in the hippocampus. This book attempts to bring together the work relating to human amnesia unique with the animal research on learning and memory.

The central hypothesis developed in the book is that the hippocampus is critically placed for the processing and initial storage of unique time and/or space-specific memories, and furthermore that much of the data pertaining to human amnesia can be accommodated within the declarative-procedural dichotomy. This is not a particularly novel hypothesis, but it is developed in much greater length in this book than anywhere else. For neuropsychologists interested in memory and for particularly those fascinated by the role of the hippocampus, it is clearly an important book, although I could not recommend it for the general reader. The coverage of clinically important aspects of memory is particularly poor. For instance, autobiographical and other forms of remote memory get no mention, and there is extremely scanty reference to Alzheimer's disease which after all is by far the commonest cause of memory loss in clinical practice and involves the hippocampus.

JOHN HODGES

**Paediatric Neurology, Principles and Practice, Second Edition.** By KENNETH F SWAIMAN. Published by Mosby, St Louis, Missouri 1994. (Pp 1527). ISBN 0-8016-6695-3.

In his introduction Professor Swaiman bemoans his "inelastic fixation" on his subject. It has stood him in good stead. This two volume book contains 77 chapters of which he has contributed 22. His sections are well written, excellently illustrated, packed with useful tables, and although they are detailed, this is never at the expense of clarity. He has taken care to balance the material to include the commonplace as well as the rare.

The remaining chapters are the work of 52 authors, and this is the book's main failing. In parts an excess of detail makes it

hard to extract useful practical information. For example "Viral Diseases of the Nervous System" although huge, contained only a few lines on the treatment of Herpes simplex encephalitis. Elsewhere the fundamentals are thin: the chapter on absence seizures left me wondering what an absence seizure was! It is hard to maintain consistency in a multi-author book, but vital if it is to work.

I found this a difficult book to negotiate. It is divided into four sections "Clinical Evaluation", "Laboratory Evaluation", "Disease Characteristics and Categories", and "Pediatric Neurologic Diseases". The order of their contents defies logic.

The first two sections are clear enough (and mainly written by Swaiman). The third was I assume, designed as the equivalent of Victor and Adams' "Cardinal Manifestations of Neurologic Disease". But what is a chapter on "Oxidative Metabolism Disorders" doing in this section? Why is it separated from the chapter on Reyes syndrome by 900 pages? What sensible book can have the chapter on headache a volume away from the chapter on migraine? "Pediatric Neurologic diseases" starts with a huge section on the principles of Genetics—hardly a disease! "Normal Muscle" (a disease?) is followed by three unrelated chapters before getting round to muscle pathologies.

It is a shame that a book containing such a wealth of information should be so muddled in its presentation. Reorganised, I might have considered paying the £180 for it but as it is I shall plump for Aicardi at £95. And there's only one author!

REBECCA AYLWARD

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## SHORT NOTICES

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Readers may be interested in: **Dopamine Receptors and Transporters. Pharmacology, Structure and Function.** Edited by Hyman b Niznik. (Pp 677 \$195.00.) Published by Marcel Dekker Inc, New York 1994. ISBN 0-8247-9158-4.

**Schizophrenia and Related Syndromes.** By P J McKenna. (Pp 417 £50.00.) Published by Oxford University Press, Oxford 1994. ISBN 0-19-261780-X (hbk).

**Anticonvulsants in Psychiatry.** Edited by Kjell Modigh, Ole Herman Robak and Per Vestergaard. (Pp 163 £26.50.) Published by Wrightson Biomedical Publishing Ltd, Petersfield 1994. ISBN 1-871816-25-4.

**Human Cross-Sectional Anatomy. (Pocket atlas of body sections and CT images).** By Harold Ellis, Bari Logan and Adrian Dixon. (Pp 180 £15.95.) Published by Butterworth Heinemann, Oxford 1994. ISBN 0-7506-2028.

**Hunter's Diseases of Occupations: 8th Edition.** Edited by PAB Raffle, PH Adams, PJ Baxter and WR Lee. (Pp 804 £145.00.) Published by Edward Arnold, London 1994. ISBN 0-340-55173-9.