Journal of

NEUROLOGY NEUROSURGERY & PSYCHIATRY

VOLUME 62 · 1997

BMJ Publishing Group

Editorial announcement

The dramatic explosion of information in the neurosciences, both at a basic and clinical level, has led in its wake to the spawning of many new journals in the field, the majority specialist and a few generalist. This inevitably leads any new editor about to take over the reins of a well established journal, with its origins some 75 years ago, to consider where it stands in this changing scene. In any such appraisal there are several criteria which could be used, size of readership, quality of papers, impact factor, and so on. In terms of readership and worldwide dissemination the *Journal* has over 3300 subscribers, the majority in the United Kingdom, North America, western Europe, and Japan. As only about 500 of these are from personal subscribers it would seem that library subscriptions to the *Journal* are holding up well, despite the relative erosion of library budgets in many institutions. Because libraries themselves are often reappraising their journal subscriptions, in consultation with their users, this is good news for the *Journal*.

However, although it is encouraging to learn of the *Journal's* widespread availability, the life force of any journal is the quality and relevance of the papers submitted. Despite the increasing number of neuroscience journals, the number of papers submitted has steadily climbed to over 1300 per year, which, as befits the *Journal's* title, cover the whole range of clinical neurology, as well as significant contributions in the fields of neurosurgery and neuropsychiatry. Regrettably only a small proportion of these manuscripts is accepted.

Academic staff appraisal, certainly in the United Kingdom and North America, is increasingly based on productivity expressed in terms of grant income and the number and quality of papers published. It is not so much what you write but where it is published, who reads it, and particularly how often it is subsequently quoted. We live in an age of impact factors, citation indices, and other bibliometric measures. On this score *JNNP* is certainly maintaining its position amongst the other leading half dozen general neurological journals, with an impact factor which has steadily risen over the past 10 years. By all these measures, therefore, *JNNP* is in a very healthy position, largely due to the efforts of the outgoing editor, Richard Hughes, and his editorial team, who have maintained the high quality of original papers in the *Journal*, while generating several very popular innovations.

As always, the *Journal* welcomes papers on all aspects of clinical practice and clinical science in the field of neurology, neurosurgery, neuropsychiatry, and related disciplines. When appropriate we will attempt to expedite publication of important papers as well as commission commentaries to place particular papers in a broader context. Any journal should have its own distinctive style and we would welcome more lively debate in the *Journal's* correspondence column.

Although the main role of the *Journal* is the dissemination of new advances in the clinical neurosciences via original papers, it has an important function in the continuing medical education of its readers. This was recognised by the outgoing editor who commissioned some excellent series on such topics as *Neurological emergencies*, *Neurological investigations*, and *Neuroepidemiology*. The success of these series attests to their vital role in the *Journal*, and will continue with a series on *Neurology and Medicine*. In this educational vein we would welcome more *Lessons of the month*, and invite neuroscience centres to record and transcribe their *Clinicopathological conferences* with a view to possible publication. These are an immensely useful and popular form of continuing medical education, which take place regularly in many centres. There is no doubt that as a group of specialists clinical neurologists, neurosurgeons and neuropsychiatrists have a particular fascination for historical aspects of neuroscience and clinical neurology, and we welcome short contributions in this area—does anyone wish to reappraise one of the classic monographs for it's enduring impact on the practice of neurology?

In his valediction in the last issue Richard Hughes described the impressive number of exciting developments in clinical and basic neuroscience which took place in just the six years of his editorship, a number of which led to important changes in clinical practice. This clearly points to the difficulty we all have in keeping up to date, even more dramatically illustrated by Richard Smith, the editor of our mother journal the *British Medical Journal*, who recently described how the doubling time of the biomedical knowledge base is about 19 years.[1] This leads to the conclusion that during our professional lifetime we will witness a fourfold increase in medical knowledge, and within the field of neuroscience the explosion of knowledge will be even greater. I very much hope that *JNNP*, by publishing the highest quality papers, editorials, and reviews on as wide a range of topics as possible, will continue to be one of the major sources with which you as a reader attempt to keep pace with these exciting developments.

With my deputy editor, David Perkin, and associate editors, Maria Ron and John Pickard, we look forward to overseeing the future growth of the *Journal* so that as we move into the 21st century, it not only maintains its position amongst its peer journals, but grows and develops—but more of that another day.

CHRISTOPHER KENNARD

1 Smith R. What clinical information do doctors need?: *BMJ* 1996;**313**: 1062–8.

MATTERS ARISING

Desirable properties for instruments assessing quality of life: evidence from the PDQ-39

de Boer *et al* describe the development of a Dutch instrument to measure quality of life in patients with Parkinson's disease.[1] Two important properties that such instruments need to have are not given attention in their study. Questionnaires should produce reproducible data in the sense that they yield the same results on repeated trials under the same conditions and they need to be responsive in the sense that they detect clinically significant changes over time.[2]

We developed a 39 item questionnaire—the PDQ-39—to assess health related quality of life in patients with Parkinson's disease. A sample of 223 patients were asked to complete the questionnaire on two occasions three days apart.[3] A group of 56 patients were omitted from analyses of reproducibility because they reported that their health changed over this time period. In the remaining 167 stable patients reproducibility for the eight scales of the PDQ-39 was very satisfactory when expressed as correlation coefficients: mobility 0·94, activities of daily living (ADL) 0·93, emotional well-being 0·90, stigma 0·90, social support 0·68, cognitions 0·86, communication 0·86, and bodily discomfort 0·80.

We have now examined responsiveness in a longitudinal study with assessments of 146 patients four months apart. Changes in scores for five of the eight scales show significant correlations with changes in a validated general health status measure, the SF-36,[4] ranging from 0·21, $P < 0·05$ for the ADL, scale, to 0·39, $P < 0·001$ for mobility. In other words, as patients report improvement or deterioration in general health, so these trends are reflected in changes for the PDQ-39. Such preliminary evidence of responsiveness is essential as therapeutic effects of interventions for Parkinson's disease are often small and difficult to detect. The PDQ-39 is being used in appropriate language versions in clinical trials of drugs in several countries and is a primary measure of outcome in a multicentre trial run by Professor Jarman, St Mary's Hospital Medical School, London, to evaluate the Parkinson's disease nurse specialist. By including such measures, evidence will be obtained of outcomes of concern to the patient.

RAY FITZPATRICK
CRISPIN JENKINSON
VIV PETO
Department of Public Health and Primary Care, University of Oxford
NIGEL HYMAN
RICHARD GREENHALL
Department of Neurology, Radcliffe Infirmary, Oxford

Correspondence to: Professor R Fitzpatrick, Department of Public Health and Primary Care, Nuffield College, University of Oxford, Oxford OX1 1NF, UK.

1 de Boer A, Wijker W, Speelman J, de Haes C. Quality of life in patients with Parkinson's disease: development of a questionnaire. *J Neurol Neurosurg Psychiatry* 1996;**61**: 70–4.
2 Cox D, Fitzpatrick R, Fletcher A, *et al.* Quality of life assessment: can we keep it simple? *Journal of the Royal Statistical Society* 1992; **155**:353–93.
3 Peto V, Jenkinson C, Fitzpatrick R, Greenhall R. The development and validation of a short measure of functioning and well being for individuals with Parkinson's disease. *Quality of Life Research* 1995;4:241–8.
4 Ware J, Sherbourne C. The MOS 36 item short form health survey 1: conceptual framework and item selection. *Med Care* 1992;**30**:473–83.

How far are we in understanding the cause of Parkinson's disease?

The article by Ben-Shlomo is excellent although the issue of prevalence of Parkinson's disease in the black population is only briefly mentioned.[1] We have been studying the pattern of parkinsonism in AfroCaribbean and Indian (originating from the Indian subcontinent) subjects living in London and believe parkinsonism may be commoner in these ethnic groups than previously recognised.[2] Using a door to door assessment for parkinsonism in one electoral ward in London with a high AfroCaribbean population and reviewing the case files of 150 consecutive patients attending movement disorders and general neurology clinics at King's College, Lewisham and Hammersmith Hospitals we identified 18 cases of parkinsonism in patients of AfroCaribbean and Asian origin.[3,4] 14 out of 18 (83·3%) cases have non-familial atypical parkinsonism, much higher than an expected 20%–30% in the white population. Our preliminary finding suggests that parkinsonism is probably more common than realised in the AfroCaribbean and Asian populations and these patients may be more susceptible to atypical parkinsonism. The reason for this is unclear and may reflect genetic or environmental factors as has been postulated in relation to the higher incidence of diabetes and ischaemic heart disease in migrant Asian populations in the United Kingdom. Further epidemiological studies on this issue are required.

K RAY CHAUDHURI
King's College Hospital and Institute of Psychiatry, Denmark Hill, London
M RICHARDS
UCL Medical School, London
D J BROOKS
Hammersmith Hospital, London

Correspondence to: Dr K Ray Chaudhuri, University Department of Neurology, Institute of Psychiatry, 1 Windsor Walk, De Crespigny Park, Denmark Hill, London SE5 8AF, UK.

1 Ben-Shlomo Y. How far are we in understanding the cause of Parkinson's Disese? *J Neurol Neurosurg Psychiatry* 1996;**61**:4–16.
2 Richards M, Ray Chaudhuri K. Parkinson's disease in populations of African origin: a review of literature. *Neuroepidemiology* 1996; **15**:214–21.
3 Ray Chaudhuri K, Richards M, Brooks DJ. Atypical parkinsonism in AfroCaribbean and Asian populations in the UK. *Mov Disord* 1996;**11**(suppl1):534.
4 Richards M, Ray Chaudhuri K. A pilot investigation of Parkinson's disease in an AfroCaribbean migrant community in London. *J Neurol Neurosurg Psychiatry* 1996; **60**:119.

NOTICE

British Neurosurgery Research Group Meeting

The fourth British Neurosurgery Research Group Meeting will be held in Newcastle on 20–21 March 1997.

For further information contact: Professor A David Mendelow, Newcastle General Hospital, Regional Neurosciences Centre, Westgate Road, Newcastle-upon-Tyne, NE4 6BE, UK.

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.

Cancer in the Nervous System. Edited by VICTOR A LEVIN. (Pp 472; price £75·00). 1995. Published by Churchill Livingstone, Edinburgh. ISBN 0443088802.

Primary malignancies of the central nervous system are uncommon, representing only about 1% of all primary cancers. However for those involved with their management they present fascinating and often frustrating features. There has long been a need for a good reference text on these tumours. This new book, edited by a distinguished American neuro-oncologist, has gathered together a large team of coauthors from many of the main cancer centres in the United States. They have produced a volume which goes a long way to filling that need.

Multiauthorship can result in many problems. This book has avoided most of the traps by assembling teams of surgeons, neuro-oncologists, pathologists, and others who clearly get their contributions together. References are reasonably up to date with some as late as 1994. They are generally comprehensive although omission of some appropriate European references in favour of North American journals is noticeable. However, particular pleasure was given to this reviewer by the inclusion of a long quotation from an article by Hughlings Jackson on a case of midline cerebellar tumours in the *British Medical Journal* of 1871! The book is structured on the basis of site oriented chapters covering all aspects of the appropriate malignancies. In addition there

Journal of
NEUROLOGY
NEUROSURGERY
& PSYCHIATRY

Notice to contributors

SUBMISSION Please submit articles on clinical neurology, neurosurgery, or psychiatry (especially neuropsychiatry) to Professor C Kennard, Editor, *Journal of Neurology, Neurosurgery, and Psychiatry,* Charing Cross and Westminster Medical School, Charing Cross Hospital, Fulham Palace Road, London W6 8RF, UK. Telephone: 0181 846 1213; fax: 0181 846 7730; email: editor.jnnp@cxwms.ac.uk. Provide up to three key words or phrases suitable for use in an index. When possible use terms from the MeSH list of *Index Medicus*. Four copies of the manuscript and figures are required. Manuscripts should conform to the "Uniform requirements for manuscripts submitted to biomedical journals" (*BMJ* 1991;**302**:338–41). Follow the format of articles in this issue and submit your text double-spaced, on one side of the paper. Full papers and short reports should contain an abstract of not more than 300 words. For full papers, this should be structured under the headings: *Objectives, Methods, Results,* and *Conclusions*. Receipt will be acknowledged. If the paper is rejected the manuscript will be shredded after three months. Original figures will be returned if requested when the paper is submitted. The article must not duplicate material published or submitted elsewhere. The article should be accompanied by the following statement, signed by all the authors: "No work resembling the enclosed article has been published or is being submitted for publication elsewhere. We certify that we have each made a substantial contribution so as to qualify for authorship. We have disclosed all financial support for our work and other potential conflicts of interest."

Full **Papers** must present important and substantial new material. **Short Reports, Letters,** and **Clinicopathological Case Conferences** may also be submitted. Topics suitable for presentation for Short Reports include single case reports which illustrate important *new* phenomena, or reports of short, original research studies. Short reports should be restricted to about 1500 words with a minimum of references and no more than one figure and one table. Short case reports may be selected for a **Lesson of the month** series. **Neurological Pictures** occupying one journal page, following a format similar to that in this issue, and with a maximum of two authors, will be considered. Letters should be no longer than 1000 words, with a maximum of five references and no more than one illustration or table. Short letters concerning papers published in the journal will be printed under **Matters Arising**. Occasional **Reviews,** and regular **Editorials** will be solicited by the Editor and are subjected to a review process. Authors wishing to submit an editorial, or review should seek the advice of the Editor in advance.

AUTHORSHIP All authors must have participated sufficiently in the work to take public responsibility for the content (see *BMJ* 1991;**302**:339). Authors must have made substantial contributions to the conception and design of the study, analysis and interpretation of the data and to the writing of the article. They must all approve the final version. Data collection, acquisition of funding, and supervision of a research group are not adequate justification for authorship. Conversely authorship should not be withheld from colleagues who have made substantial contributions.

ETHICS Ethical considerations will be taken into account in the assessment of papers (see the Medical Research Council's publications on the ethics of human experimentation, and the World Medical Association's code of ethics, known as the Declaration of Helsinki (see *BMJ* 1964;2:177)).

CONFIDENTIALITY **Consent must be obtained from the patient** (or if the patient has died, from relatives) to publish *any* information that might alone or in combination identify a patient, whether living or dead, adult or child. However, such details as are given should not be falsified.

ABBREVIATIONS Measurements should be expressed in SI units (see *BMJ* 1991;**302**:338–41. *SI unit conversion guide* 1992; Boston: New England Journal of Medicine). For recognised abbreviations see *Units, Symbols, and Abbreviations*, Fifth Edition 1994, edited by DN Baron, Royal Society of Medicine: London.

FIGURES These should be prepared to a high standard suitable for publication. Photographs should be submitted on glossy paper, unmounted, with magnification bars when appropriate. We will make a charge towards the cost of colour figures. Do not insert figures in the text, but mark the back with the figure number and name of the first author. Submit legends for figures on a separate sheet.

TABLES Each *Table* should be on a separate sheet with a title at the top. Vertical lines will not be printed and usually there are only three horizontal lines in each table.

REFERENCES should be in the Vancouver style as in this issue. They should appear in the text by number only in the order in which they occur and should be listed on a separate sheet in the same order. Punctuation must be correct and journal titles should be in full or abbreviated in accordance with the *Index Medicus*. Thus:

1 Millikan CH, Eaton LH. Clinical evaluation of ACTH and cortisone in myasthenia gravis. *Neurology* 1951;1: 145-52.
2 Penn AS. Immunological features of myasthenia gravis. In: Aguayo AJ, Karpati G, eds. *Topics in nerve and muscle research.* Amsterdam: *Excerpta Medica* 1975:123-32.
3 Coers C, Woolf AL. *The innervation of muscle. A biopsy study.* Oxford: Blackwell, 1951:16-24.

A reference to unpublished work should not appear in the list but work "in press" may be included provided the name of the journal appears. The author is responsible for the accuracy of references.

REPRINTS Reprints are available at cost if they are ordered when the proof is returned.

CORRECTIONS other than printer's errors may be charged to the author.

NOTICE TO ADVERTISERS Applications for advertisement space and rates should be addressed to the Advertisement Manager, JOURNAL OF NEUROLOGY, NEUROSURGERY, AND PSYCHIATRY, BMJ Publishing Group, BMA House, Tavistock Square, London WC1H 9JR.

Periodicals postage paid at Rahway NJ. Postmaster: send address changes to Journal of Neurology, Neurosurgery, and Psychiatry c/o Mercury Airfreight International Ltd. Inc., 2323 Randolph Avenue, Avenel, NJ 07001, USA. ISSN 0022-3050.

NOTICE TO SUBSCRIBERS Journal of Neurology, Neurosurgery, and Psychiatry is published monthly. The annual subscription rates are £225.00; USA $350.00. Orders should be sent to The Subscription Manager, Journal of Neurology, Neurosurgery, and Psychiatry, BMJ Publishing Group, BMA House, Tavistock Square, London WC1H 9JR. Orders can also be placed with any leading subscription agent or bookseller. (For the convenience of readers in the USA subscription orders with or without payment may also be sent to British Medical Journal, PO Box 408, Franklin, MA 02038, USA.) All enquiries regarding air mail rates and single copies already published should be addressed to the Publisher in London.

Subscriptions may be paid by Access, Visa, or American Express credit cards.

Published by BMJ Publishing Group, and printed in England by Thanet Press Limited, Margate, Kent