- of pseudothrombophlebitis in an alcoholic, J Rheumatol 1987;14:831-4.
- of pseudothromoophicotts in an alcoholic. J Relumatol 1967;14:851-4.
 9 Shulman LE. Diffuse fasciitis with hypergammaglobulinaemia and eosinophilia: a new syndrome? J Rheumatol 1974;1:46-54.
 10 Glasberg MR. Eosinophilic myositis: an expression of L-tryptophan toxicity. J Neurol Sci 1990;98(suppl):177.
 11 Deighton CM. Eosinophilia myalgia syndrome. BMJ 1990;301:611.
 12 Smith BE Data Bull Bull myalgia syndrome. In the sociophilia myalgia.

- Smith BE, Dyck PJ. Peripheral neuropathy in the eosinophilia-myalgia syndrome associated with L-tryptophan ingestion. Neurology 1990;40:
- 13 Arahata K, Engel AG. Monoclonal antibody analysis of mononuclear cells in myopathies. I. Quantitation of subsets according to diagnosis and sites of accumulation and demonstrations and counts of muscle fibers invaded by
- T-cells. Ann Neurol 1984;16:198-208.

 14 Arahata K, Engel AG. Monoclonal antibody analysis of mononuclear cells in

- Aranata K, Engel AG. Monoclonal antibody analysis of mononuclear cells in myopathies. III. Immunoelectron microscopy aspects of cell-mediated muscle fiber injury. Ann Neurol 1986;19:112-5.
 Carpenter S, Karpati G. The major inflammatory myopathies of unknown cause. Pathology Annual 1981;16:205.
 Emslie-Smith AM, Engel AG. Microvascular changes in early and advanced dermatomyositis: a quantitative study. Ann Neurol 1990;27:343-56.
 Whitaker JN, Engel WK. Vascular deposits of immunoglobulin and complement in idiopathic inflammatory myopathy. New Engl J Med 1972:286:333-8 1972;**286**:333-8.
- 18 De Visser M, Emslie-Smith AM, Engel AG. Early ultrastructural alterations in adult dermatomyositis. Capillary abnormalities precede other structural changes in muscle. *J Neurol Sci* 1989;**94**:181–92.
- 19 Engel AG, Arahata K. Mononuclear cells in myopathies: quantitation of functionally distinct subsets, recognition of antigen-specific cell-mediated cytotoxicity in some diseases, and implications for the pathogenesis of the different inflammatory myopathies. Human Pathology 1986;17:704-21.

- Lotz BP, Engel AG, Nishino H, Stevens JC, Litchy WJ. Inclusion body myositis. Brain 1989;112:727-47.
- myositis. Brain 1989;112:727-47.

 21 Chou SM. Inclusion body myositis: a chronic persistent mumps myositis? Human Pathology 1986;17:765-77.

 22 Nishino H, Engel AG, Rima BK. Inclusion body myositis: the mumps virus hypothesis. Ann Neurol 1989;25:260-4.
- nypotnesis. Ann Neurol 1989;25:200-4.

 23 Hohlfeld R, Engel AG. Inclusion body myositis: functional and phenotypic properties of T cells isolated from muscle. J Neurol Sci 1990; 98(suppl):109.

 24 Chou SM. Viral myositis. In: Mastaglia FL, ed. Inflammatory diseases of muscle. Oxford: Blackwell, 1988:125-53.

 25 Walton JN. Therapeutic trials: myositis. J Neurol Sci 1990;98(suppl):3.

 26 Bunch TW. Prednisone and azarbionrine for polymyositis: long-term

- Walton JN. Therapeutic trials: myositis. J Neurol Sci 1990;96(suppi): 5.
 Bunch TW. Prednisone and azathioprine for polymyositis: long-term follow-up. Arthritis Rheum 1981;24:45-8.
 Sarnat HB. Juvenile dermatomyositis. In: Mastaglia FL, ed. Inflammatory diseases of muscle. Oxford: Blackwell, 1988:71-86.
 Rosenberg NL, Ringel SP. Adult polymyositis and dermatomyositis. In: Mastaglia FL, ed. Inflammatory diseases of muscle. Oxford: Blackwell, 1988:87-106. 1988:87-106.
- 29 Grezard O, Lebranchu Y, Birmele B, Sharobeem R, Nivet H, Bagros P.
- Cyclosporin-induced muscular toxicity. Lancet 1990;335:177.

 30 Engel AG, Emslie-Smith AM. Inflammatory myopathies. Current Opinion

- 30 Engel AG, Emsite-Smith AM. Inflammatory myopathies. Current Opinion Neurol Neurosurg 1989;2:695-9.
 31 Engel WK, Lichter AS, Galdi AP. Polymyositis: remarkable response to total body irradiation. Lancet 1981;i:658.
 32 Cherin P, Herson S, Wechsler B, et al. Intravenous immunoglobulin for polymyositis and dermatomyositis. Lancet 1990;335:116.
 33 Bennington JL, Dau PC. Patients with polymyositis and dermatomyositis who undergo plasmapheresis therapy. Pathologic findings. Arch Neurol 1981;38:553-60.

Neurological stamp

CLAUDIUS GALEN 131-201 AD

After studying at the best medical schools of the time, Galen returned initially to his native city, Pergamon and was physician to the gladiators. There he would have had ample opportunity to observe the effects of acute injuries to the head and spine. Galen, who did not leave any good accounts of clinical cases, only miraculous cures, had an answer for every problem. His dogmatism and infallibility persisted for 14 centuries until Vesalius (1514-64). Observations on the anatomy of animals were transferred to the human anatomy but he lamented the prejudice which prevented dissection of the human body. Neurology was the best feature of his anatomical work. Most of the gross structures of the brain were classified by him. He knew of seven pairs of cranial nerves and of the cervical, brachial and lumbar sacral plexuses. The sympathetic ganglia were described as reinforcers of the nerves. His myology was based mainly on the study of the barbary ape. He understood the difference between origin and insertion, and was aware of most muscles and their functions.

Among his brilliant experiments were the demonstrations of the function of the laryngeal nerves, the motor and sensory functions of the spinal nerve roots, and the effect of transverse incision and hemisection of the spinal cord. He knew hydrophobia followed the bite of a mad dog and sometimes maniacal attacks supervened. Galen showed that arteries contained blood and not air and was close to discovering the circulation of the blood. He was the founder of experimental physiology. This Hungarian stamp issued in 1989 is one of a "Pioneers of Medicine" series.

