



Book Review

Raymond Adams: A Life of Mind and Muscle. By Robert Laurenó. Oxford Univ. Press, New York, 2009. 198 pp. \$55. ISBN-13: 978-0-1953-7908-2

Raymond Adams was the dominant figure in American neurology for almost half a century. Robert Laurenó's wonderful biography makes it clear that whether judged by clinical skill, clarity of writing, impact as a teacher and mentor, scientific and descriptive contributions, innovation in clinical practice combined with teaching and study (e.g., the development of the clinicopathological conference), or development and broadening of the field of neurology (to include child neurology, vascular neurology, myology, metabolic disease, and a substantial segment of what had been relegated to psychiatry), Adams was the leading figure in the creation and maturation of the field of Neurology as we know it today. Although the facts of his life are well known, born in poverty, educated in Oregon and at Duke, committed initially to psychiatry, and then to neurology in Boston, self-taught on the basis of his rich experience in neuropathology, builder and leader of the Neurology Service at Massachusetts General Hospital, and teacher of many of the next generation of leaders, the fabric of his life and the nature of the weave that supported his accomplishments are clarified in this book. For that reason alone, it is worth reading by those interested in leadership, drive, and the real skills required to create.

Although much could be written about the book and Adams' story, several points might be of particular interest to readers of this journal. First, Adams was a keen observer and incorporated his understanding of behavioral disorders into his broader concept of neurological disease. His rejection of psychoanalysis early in his career, along with his skill in measurement of integrated brain function gained as an undergraduate studying psychology, allowed him to think biologically about disturbances of consciousness, perception, intellect, memory, emotion, affect, and initiative. Even the name of this journal, *Epilepsy & Behavior*, emphasizes the importance of relating structural and functional diseases of the brain to behavioral disorders, and epileptologists are currently challenged with relating neurological disease to their patients' behavioral symptoms. Second, Adams used the word *orient* or *orienting* to refer to his wish to develop a structured approach to thinking about specific disease entities. Once oriented, usually on the basis of the

neuropathology, it was possible to see the relationship between seemingly diverse conditions, for example, the chronic meningitides and their evolution as in syphilis, or the occurrence of hemorrhage distal to embolic stroke. In each of these cases, Adams was able to draw a diagram depicting the important relationships. This approach, of developing an organizing strategy to relate diverse conditions, is one that arguably came late in the field of epilepsy. Whereas epileptologists now think in terms of focal versus generalized and idiopathic versus symptomatic, in the broader medical community there is still significant confusion about these simple classification schemes. And regardless of progress in seizure classification, we have some distance to go to achieve a satisfactory understanding of the relationship between identified epilepsy genes, recognizable pathological findings, and seizures. It is therefore a shame that epilepsy is perhaps the largest lacune in Adams' intellectual legacy. In fact given the importance of seizures and epilepsy among the categories of neurological disease, the absence of the word *epilepsy* in Laurenó's book is striking and peculiar. One wonders if the relative lack of autopsy material from patients whose primary disease was epilepsy was in part a basis for Adams' relative lack of interest in the disease entity.

In the spirit of full disclosure, I came to know Dr. Adams when I came to MGH. He had retired some years earlier, but nonetheless he still attended Grand Rounds regularly and often had a pointed comment or question. At Grand Rounds I once presented a case of intractable infantile-onset epilepsy operated for a large cortical dysplasia in the frontal lobe. Dr. Adams seemed to suddenly take notice when I showed the pathology, and he launched into a comment about the relationship between balloon cells, tuberous sclerosis (which the patient ultimately proved to have), and hyperexcitability. He later told me he was very pleased that we were finally paying attention to the pathology of epilepsy, something apparently he, and in his view others, had not previously thought much about. I suspect that if he had, the epilepsy community would have benefited tremendously from his orienting approach.

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