

around the world, the topics covered range from regenerative ability in the central nervous system and cerebral reorganisation after stroke to the evidence base for therapy, the use of imaging and the use of technology in rehabilitation. Complications of stroke such as incontinence, visual impairments, balance disorders, aphasia, depression, pain, sleep disorders and cognitive problems are all dealt with separately; however, the paucity of stroke-specific studies means that it is often necessary to rely on research done in other neurological conditions. What is missing is a comprehensive review of the burden of disability following stroke. The introductory chapter on epidemiology, aetiology and avoiding recurrence perversely avoids presenting the data on the prevalence of impairments and disability in cerebrovascular disease which would put the rest of the book into context, and instead discusses issues more appropriate to a text on stroke prevention. Chapters lack a consistent framework and some, such as the one on movement disorders, are disappointing in that they fail to address the management of the eloquently described problems.

Two chapters in particular are worth highlighting because they deal with issues that are common but rarely discussed in the research literature. The chapter on sexual dysfunction brings together information that is of huge importance to patients but seldom discussed with them. From the studies quoted over half of stroke sufferers experience a deterioration in sexual performance or

satisfaction leading to discontentment, and yet where are the research studies exploring possible treatments? I was disappointed that the wisdom or otherwise of using drugs, such as sildenafil, after stroke is not even mentioned, as it is one of the questions that I am most often asked by patients when discussing post-stroke impotence. The chapter on 'Depression and fatigue after stroke' likewise covers a frequently neglected symptom, presenting fascinating data on the assessment, epidemiology and association with lesion location. There has however not been a single interventional study in this area despite it affecting up to half of all stroke victims. The final chapter by Donal O'Kelly, giving the patient's perspective, should in my opinion be read first because it contains a vivid description of what it feels like to have a stroke and puts the rest of the book into context.

Despite my few minor quibbles this book that has a great deal to recommend it. Having read it, I have come away feeling that there is an enormous amount about stroke that I didn't know, that there are a huge number of unanswered questions that need more research, and that the services my patients receive after stroke leave much to be desired.

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letters TO THE EDITOR

Please submit letters for the Editor's consideration within three weeks of receipt of the Journal. Letters should ideally be limited to 350 words, and can be submitted on disk or sent by email to: Clinicalmedicine@rcplondon.ac.uk.

International Medical Graduate Training

Editor – I read with interest the articles on improving international graduate medical education in the UK (*Clin Med* March/April 2005 pp 126–32; *Clin Med* March/April 2005 pp133–6).

Whilst I applaud the aims of the proposals and sponsorship schemes. I think it is important not to lose sight of the effect of medical migration on a country's ability to provide healthcare in both the short and long term.

The hospital I work at in Rural KwaZulu/Natal has 10 doctors to serve a population of 250,000 people. Next year five of the doctors are planning to go to the UK after finishing their compulsory year of community service. Admittedly, we will probably be sent some replacement junior doctors who will again leave and emigrate after one year of service. I doubt rural hospitals such as ours will benefit from the return of highly trained physicians who will usually situate themselves in tertiary institutions or private practice, away from the population that needs them most.

I hope the proposed schemes will be tailored to the needs of the country sending graduates for training and that there will be follow-up to ensure that trainees return home and work where they will benefit their community most.

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Rheumatoid arthritis and *Proteus*

Editor – The article by Dubey and Gaffney (*Clin Med* May/June 2005, pp 211–14) may have given the wrong impression to CME readers, as the authors describe rheumatoid arthritis (RA) as 'a disorder of unknown aetiology'.

We have used the concept of 'molecular mimicry', which in the past worked for rheumatic fever, and adapted it for the study of RA. Patients suffering from RA in England were shown to have elevated levels of antibodies to the urinary microbe, *Proteus mirabilis*.¹

Molecular mimicry has been demonstrated between the 'susceptibility sequence'