

The story of a selection examination and a short-lived university chair

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ABSTRACT

When the Spanish Society of Neurology was created in 1949, the organisation's founding fathers emphasised among its purposes the promotion of chairs of neurology in Spanish universities. However, it was not until 1982 that the first tenured role for a professor of neurology was created, at the Universidad de Murcia; candidates were invited to participate in a six-stage competitive examination. The first Chair of Neurology was established in 1984 at the Universidad del País Vasco. Although several other chairs and full professorships were promoted at other Spanish universities in the following years, this progress was not consolidated and the current situation of neurology positions is disheartening.

KEYWORDS

Neurology, teaching, university

Introduction

In 1982, the Universidad de Murcia held the first and only competitive selection examinations (*oposiciones*) for a tenured senior lecturer in neurology; the role was an “*a término*” position, meaning that the successful candidate would not be eligible to compete for a chair of medical pathology. The exam followed the old format, with six exercises. I have been asked on numerous occasions to tell the story of these examinations, but for one reason or another it did not seem timely. I was last asked by the History and Humanities Study Group of the Spanish Society of Neurology (SEN), and feel unable to turn down their request.

1. Background

The creation of chairs of neurology was one of the main aspirations of the SEN's founding fathers when the Society was established in 1949; this is reflected in

the purposes listed in its first statutes. I found this very striking when I read the document. For my generation of neurologists, who in the 1970s faced an uphill struggle to achieve independence from other specialties and to develop small neurology units in public hospitals, the idea of chairs of neurology seemed to belong to a distant future. The ideas and aspirations of the SEN's founders may partly be explained by the peculiar historical situation of neurology in Catalonia, and more specifically in Barcelona. It should be noted that the three founders, Luis Barraquer Ferré, Belarmino Rodríguez Arias, and Antonio Subirana, were already heads of neurology departments in the 1940s, leading teams of different sizes at Hospital de la Santa Creu i Sant Pau, the Institut Neurològic Municipal, and Hospital Sagrat Cor, respectively. However, none had any presence at the Hospital Clínic or at the University. Rodríguez Arias briefly held a tenured position during Catalonia's fleeting first period of independence under the Second Spanish

Republic, but was dismissed at the end of the Civil War. It seems likely to me that this situation motivated the decision to include the promotion of university neurology chairs among the priorities of the nascent SEN. And indeed, it took only 40 years to achieve this feat, exactly a century after Charcot's chair of diseases of the nervous system was established. This delay seems excessive, even in Spain, where we are accustomed to century-long waits.

The explanation for this delay is the inflexibility of medical degree curricula in Spain, a situation that affects all medical and surgical specialties. Numerous attempts to modify the curriculum have been subject to the cynical principle of Alphonse Karr, "plus ça change, plus c'est la même chose," or Lampedusa's famous version from *The Leopard*: "everything has to change in order for everything to stay the same." Chairs were assigned according to the classical areas of medical pathology and surgical pathology, with specialist disciplines being excluded. Between 1950 and 1970, several famous chairs of medical pathology and psychiatry publicly rejected the notion of establishing chairs of neurology in Spain, at least while they remained active and influential.

The situation began to change towards 1970, with the creation of independent universities whose medical schools, lacking teaching hospitals, had to reach agreements with public hospitals whose existing departmental structures were based to some extent on medical specialties. This enabled many young specialists to fill non-established lecturer positions, a first step into the university system.

In turn, the education minister José María Maravall brought teaching hospitals under the social security system; as a result, they also had to adopt the administrative structures and the medical and surgical specialties of the public system. Some of the recently created neurology departments were filled by internists, who were fast-tracked to qualification as neurologists. The need to give specialists official status as established lecturers gave rise to the concept of the *profesor agregado numerario a término*, a senior lecturer who could hold public servant positions for a particular specialty but could not compete for chairs of medical pathology, which were always reserved for internists.

2. Call for candidates

In this context, the forward-thinking chair of medical pathology at the Universidad de Murcia, Prof. Rafael Carmena, requested and created various tenured positions in his department (specialists in neurology, cardiology, gastroenterology, etc); the first call for candidates was for a neurologist, in 1981. By this time, Prof. Carmena had already moved to Valencia, and did not sit on the selection board. Neither was there any local candidate who could rely on the favour of the board; therefore, the competition was open to all comers.

3. Examination process

After the corresponding administrative processes, the candidates for the position were Alberto Gimeno Álava, José Manuel Martínez Lage, Francisco Morales, Hugo Liaño, and Juan José Zarranz. A sixth candidate was eliminated due to his unsuitable curriculum vitae (CV).

The selection board was chaired by the psychiatrist Prof. J.M. Morales Meseguer of the Universidad de Murcia, and also included Amador Schüller and Domingo Espinós of the Universidad Complutense de Madrid and Juan García San Miguel and Celestino Rey-Joly of the Universidad de Barcelona, all four of whom were internists.

The examination followed the traditional six-phase model, which dated back to the times of Santiago Ramón y Cajal. The exercises were as follows:

- 1) Presentation of the curriculum vitae
- 2) Presentation of a report on the subject matter (concept, teaching method, sources, and programme)
- 3) *Lección magistral* (prepared lecture)
- 4) Assigned lecture
- 5) Practical exercise
- 6) Written exercise

Without addressing the question of whether this type of competitive examination constitutes the best method of selecting university lecturers (a system bitterly criticised by Lafora¹), it remains clear that these six public exercises represented an opportunity and a challenge for candidates to display a broad range of their ability and knowledge. The first three exercises were prepared in advance, while the latter three involved an element of chance. The order in which candidates would be examined was established by lottery.

The board voted after each exercise, with candidates receiving fewer than three votes being eliminated.

The first four exercises were held in the ancient Graduation Hall and other rooms in the medical school at Universidad Complutense de Madrid. For decades, all *oposiciones* examinations were centralised and were held in the Sala de Grados; therefore, hundreds of lecturers shared the same experience of this famous hall.

Exercise one

In the slang of the *oposiciones* system, the first exercise was known as the *autobombo* or “self-inflation,” with each candidate presenting his own merits, embellishing them as much as was possible. Whoever designed the examination model had the rather brilliant idea that in order to reduce this self-aggrandisement, all the candidates should be given the opportunity to challenge the robustness or merits of one another’s achievements. This critique also had its slang name, the *trinca* or “ganging up,” and in the past had given rise to very unpleasant personal confrontations. As a result, it had been decided that the *trinca* could be foregone, subject to the agreement of all candidates; the candidates were in favour of this on the occasion in question.

All five candidates passed this exercise, the three senior candidates by unanimous verdict and the two juniors on a majority vote.

Exercise two

The second exercise, the report on the subject matter and teaching method, had been much corrupted over the years, with repetition of the same format and content. Great emphasis was placed on the importance of master lectures in teaching, and this was what the selection boards, who had undergone the same examination process, wanted to hear. As a result, previous reports, all oriented around medical pathology, were mimetic, lacking reflection on the origin, content, and methodology of specialised branches of medicine.

All the candidates addressed these reflections, albeit with differences in style and emphasis, and passed to the next exercise.

Exercise three

The master lecture consisted in the delivery of a lecture the candidate had prepared in advance. Therefore, it was

expected to be the best lecture the candidate was able to give, both in terms of background or content and in terms of form. The qualifier *master* was somewhat ambiguous: while it may seem to imply that candidates had to explain some exceptional subject with brilliant delivery, as in a keynote address, they were actually expected to deliver an ordinary lecture in masterful fashion.

Three candidates selected unusual topics from the degree in medicine (Creutzfeld-Jakob disease, cerebral mycosis, and myotonia/paramyotonia/neuromyotonia), which were not met with high praise from the members of the board. The other two candidates, on the other hand, addressed more common topics: transient ischaemic attack and acute polyradiculoneuritis. All candidates reached the next phase.

Exercise four

This exercise also involved the delivery of a lecture on a subject from the programme, with the difference that the selection board chose the subject matter by lottery and the candidate had to prepare the lecture in situ. Subjects were selected by drawing three balls from a drum containing as many balls as there were subjects in each candidate’s programme; the selection board checked the names of the lectures corresponding to each ball and decided which one the candidate would prepare and deliver. The selection of subject matter by the board, combined with a highly ambitious programme containing complicated subjects, could lead to difficult moments: for instance, one candidate was assigned the subject “leukodystrophies and poliodystrophies.” Having been assigned a subject, each candidate was led to an office where he was given three hours to prepare the lecture. Candidates were allowed to use whatever material they had brought with them (eg, slides, books, lecture notes, or lesson plans), as though they were at their usual place of work.

Both in the prepared and in the assigned lecture, candidates had to demonstrate a level of teaching experience that is very difficult to improvise. All candidates passed the test and reached the next phase.

Exercise five

The fifth exercise was carried out at the neurology department of Hospital 12 de Octubre (Madrid) and lasted an entire day, ending late in the evening. By this stage of the examinations, with one or two exercises held

per day, candidates' physical and mental endurance had already been put to the test.

The practical exercise consisted of two tasks. First, candidates had to debate the clinical cases of real patients; in the second task, they had to interpret a series of complementary examinations.

The first part was somewhat complicated. The order in which candidates completed the exercise was decided by lottery; I was assigned the first turn (I had also been the last candidate to deliver his lecture in the previous exercises). Each candidate was given 30 minutes to take a clinical history and to examine the patient (also assigned randomly) in front of the selection board and the audience. Candidates then had to submit to the board a card with notes indicating their preliminary working diagnosis and treatment, then went to another room where they had several minutes to prepare for a broader discussion of the case. While the first candidate was outside, the candidates assigned turns immediately before and after him were given five to ten minutes in which they were allowed (or rather, required, as this part of the exercise was mandatory) to interview and examine the same patient. The first candidate then returned to the room to discuss the case and explain his conclusions, which could not differ greatly from the notes he had made before exiting the room, lest there be suspicion of some information leaking outside the examination room. The other two candidates then gave their reply. The exercise lasted all day, with a pause for lunch, and exposed great differences in clinical methodology, the art of anamnesis and semiology, and diagnostic reasoning, between a group of highly experienced neurologists.

In the second part of the test, late in the afternoon, candidates had to interpret the results from a series of complementary examinations, including EEG, EMG, CT, isotope angiography, and intra-arterial angiography (MRI was not yet commercially available). For each test, the candidate prepared his interpretation in writing then read this aloud to the selection board and the audience, which was very large on the day of this exercise. This interpretative task represented another test of candidates' diagnostic skill. All candidates passed to the final exercise.

Exercise six

The sixth and final task was a written exercise, held at the Hospital Clínico on the day of San Isidro, a public

holiday in Madrid. Candidates were only allowed to bring material for writing. First, the selection board chose a teaching programme from one of the five candidates by lottery, then randomly selected two lectures from the programme. Next, they checked that these lectures or similar ones were included in every candidate's programme. With this check completed, each candidate was given a stack of paper and they were shut in a room together (this exercise was known colloquially as the *encerrona* or "lock-in"); they were given a time limit of four hours to write as much content as they could remember from the selected lectures. The subjects chosen were multiple sclerosis and dementia. After the four hours had passed, the candidates handed in their exercise, which they subsequently read, verbatim, to the selection board and the audience present. The board then retired to deliberate.

4. Outcome

After what felt like a long wait for all the candidates, the board announced that it was ready to reveal the results of the vote. According to a long-standing tradition, each member of the board, following a private debate, wrote his vote on a piece of paper, which was handed to the chairman of the board, then said aloud the name of his chosen candidate. This ensured that they did not announce a name other than that written on their voting slip. To win the contest, candidates needed to receive at least 3 out of 5 votes.

In the first round of voting, each candidate received one vote. This result was valuable at the time, because it meant that in the event of future examinations (which, as we shall see, never came to pass), losing candidates could add to their CV that they had passed every exercise and won a vote from the selection board in previous examinations.

In the absence of a majority, a second round of votes was held, with Dr Martínez Lage and Dr Zarranz winning two votes each, and Dr Gimeno Álava receiving one. In the final round of voting, the selection board voted unanimously for Dr Zarranz.

5. Opinions and assessments

There was much discussion about these examinations among neurologists and in the field of internal medicine, both because they were the first to be held and because of the result, with the youngest candidate being selected.

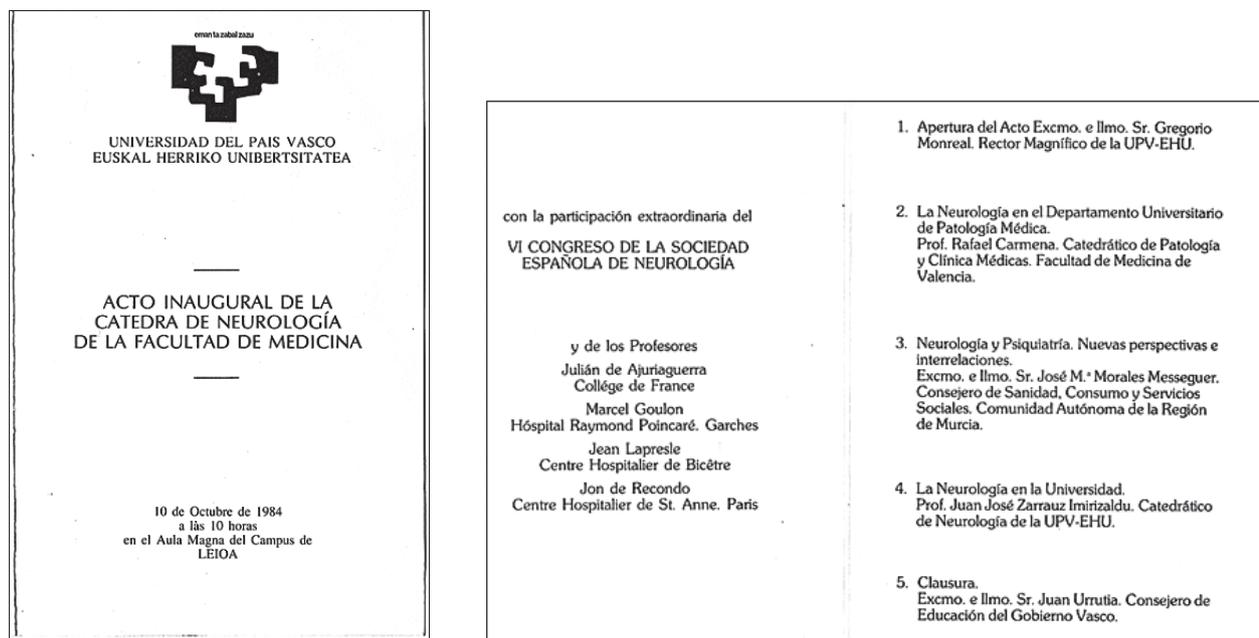


Figure 1. A) Front cover of the programme for the academic ceremony held at the Lejona campus auditorium to inaugurate the medical school's Chair of Neurology. B) Contents of the programme, showing the names of some of the participants and speakers and the titles of their speeches

All manner of comments were made, and I shall not reproduce them here. But one comment, made in writing, does merit consideration, as I consider it profoundly unjust and inaccurate (I shall not identify the author). The letter reads as follows:

Examinations were held in 1982 according to the classic six-exercise model... The role was for a *profesor agregado a término*, who would later become a chair... Nothing has been written on the subject out of an ill-placed modesty towards the protagonists. I shall not write of the process either, though I am familiar with the inner workings of these examinations... However, I summarise the affair with the (for me, enormously important) fact that a board of men with insufficient knowledge to judge the candidates failed to award the position to any of those who deserved it on account of their career and impact on neurology in Spain. This unfortunate outcome is the most likely explanation for which the legacies of the (in my opinion) distinguished unsuccessful candidates did not serve the school of university lecturers in neurology, as they did the school of residents.

The author of this comment commits three glaring mistakes:

1) He disqualifies the selection board without any

supporting argument. The only possible argument is that the members were not neurologists, disregarding the fact that this would have been impossible, as the competition was to fill the first position for an established lecturer in neurology. The first selection board had to include somebody who was a chair according to the regulations in force, and there is no question that internists were the best option at that time. We may deduce from this criticism that had the board selected the candidate deemed most worthy by the author, he would not have questioned their competence. From my own and others' experience, I know that practising the same specialty is not a necessity to judge the CV, teaching skills, semiological or diagnostic abilities, or theoretical knowledge of an aspiring university lecturer. Over the years, I have sat on selection boards for many specialties besides neurology.

2) Secondly, he seems not to comprehend the purpose of a competitive examination. He asserts that other candidates were more deserving of the position on account of their career and influence on Spanish neurology. Indeed, one of those candidates would have won if the position had



Figure 2. Panoramic view of the presidential board at the inauguration ceremony in Lejona

been awarded according to past achievements. However, in competitive *oposiciones*, candidates' professional experience is only relevant to the first exercise. The rest is won in the remaining phases. Whatever our opinion of these examinations as a selection method, the final result depends on the exercises included in the examination, not on the candidates' CVs.

3) Finally, the conclusion that the "unfortunate" outcome was detrimental to the promotion of neurologists to university positions is unjust and untrue. Regarding my own involvement as the winner of the contest, in the following years at the Neurosciences Department of the Universidad del País Vasco I contributed to the appointment of four full professors, three *profesores agregados* (equivalent to full professors under the Basque accreditation system), and no fewer than 12 associate professors, probably more than at any other Spanish university.

The author's assertion that the school of neurology lecturers lost out from the outcome of the examinations is also untrue in the case of one of the "distinguished unsuccessful applicants," Dr Martínez Lage: no fewer than five university chairs, as well as numerous full professors from the neurology department of the Universidad de Navarra, which he directed for decades, have been accredited by the national quality assessment and accreditation agency (ANECA).

Therefore, winning a competitive examination clearly helps in the promotion of collaborators to university positions; however, losing does not prevent this, and should serve as no excuse to those who fail to do so.

6. Solitude in Espinardo

The position awarded in the selective examinations involved no associated clinical appointment an



Figure 3. Dignitaries invited to preside over the ceremony. Left to right: Luis Barraquer Bordas, José María Rivera Pomar, José Félix Martí Massó, José Manuel Martínez Lage, José María Grau Veciana

incongruity typical of Spanish universities which others besides myself (now living in Murcia) had also fallen victim to. Several other lecturers in medicine found themselves in the same position at the Murcia medical school's Espinardo campus. In addition to the lack of hospital work, my department at the medical school was characterised by an atmosphere of solitude, with numerous offices, seminar rooms, and laboratories that stood empty: no teaching or auxiliary staff, no interns, nobody; completely deserted.

In his office, the dean showed me the plans for an ambitious university hospital scheduled for construction in the near future, in which I could establish myself and my department. However, I had already experienced the failure of the Lejona teaching hospital at the Universidad del País Vasco medical school. Therefore, I decided to initiate the administrative procedures for the Universidad del País Vasco to request a chair position,

for which I would apply. I am eternally grateful to Prof. J.M. Rivera Pomar, the chair of histology and anatomical pathology, and to the Rector, Gregorio Monreal, for their assistance in this process.

After two academic years at Murcia, where as the only established lecturer I also directed the medical pathology department, I undertook another bureaucratic process (another report, another selection board, another competitive examination) to take the chair of neurology at the Universidad del País Vasco in 1984.

7. Inauguration ceremony at the auditorium of the Lejona campus

The same year, the National Congress of the SEN was held in San Sebastián. Dr J.F. Martí Massó, who was organising the congress, kindly allowed attendees to travel to Bilbao for a day to participate in the academic ceremony at



Figure 4. Personalities invited to preside over the ceremony. Left to right: Pedro Salisachs, Jean Laprèsle, Jon de Recondo, Maurice Goulon

Lejona. I thought it was very fitting that, in accordance with the wishes of the original founders of the SEN, the Society's congress should be involved in the inauguration of the first chair of neurology in Spain (Figure 1 A and B). The authorities present at the ceremony were Juan Urrutia, the Minister for Education of the Basque regional government; Dr Juan J. Goirienea de Gandarias, the Deputy Minister for Health of the Basque regional government; Ramón Cisterna, the Dean of the Faculty of Medicine; and Prof. Gregorio Monreal, the Rector of the university. The presidential board (Figure 2) included various distinguished neurologists, including the aforementioned Dr J.F. Martí Massó; the then president of the SEN Dr. J.M. Grau Veciana; and Dr J.M. Martínez Lage and Dr L. Barraquer Bordas, my instructors at the Universidad de Navarra (Figure 3). I also invited other colleagues who had been important in my career, including Prof. J.M. Rivera Pomar; my most important

mentor and friend from my years in Paris, Dr P. Salisachs; and my "patrons" at the hospitals of Garches and Bicêtre, Prof. Maurice Goulon and Prof. Jean Lepresle (Figure 4). I invited two important exiled Basque neurologists, Dr Jon de Recondo (in France), who kindly attended the ceremony, and Julian de Ajuriaguerra (initially in France, and later in Switzerland), who was unable to attend for health reasons. The subjects of the speeches were as follows: "Neurology in university medical pathology departments" (Prof. R. Carmena [Figure 5a]); "Neurology and psychiatry: new perspectives and interrelations" (Prof. J.M. Morales Meseguer [Figure 5b], who by then was Murcia's regional minister for health, consumer affairs, and social services); and my own speech "Neurology in university" (Figure 5c), which was later published in the journal *Neurología*.²

The central ideas of my speech were what I considered to be the "identifying signs" of neurology: 1) the



Figure 5. Speakers at the ceremony: a) Rafael Carmena, b) José María Morales Meseguer

clinical method of neurology, born decades earlier than technological instruments, as an immutable method for assessing the nervous system in healthy and sick people; 2) neurology as one of the natural sciences of sick people and minds; 3) the integration of the nervous system as a whole; 4) the educational value of neurology in the training of general physicians due to the proximity with patients, dialogue, etc; and 5) a call to collaborate with and contribute to other medical disciplines at the clinical level. I made no professional arguments, although many issues warranted comment.

8. The university reform law and subsequent legislation

My speech at Lejona started as follows:

A university chair is a public institution serving a collective; for this reason I did not want the beginning of the neurology chair's activities to go unnoticed. This is the reason for the ceremony held

today, with the distinguished presence of numerous authorities and figures who graciously accepted my invitation and whom I would firstly like to thank for attending.²

What I wanted to express was that rather than the promotion of one person to the chair, what we were truly celebrating was the fact that the Universidad del País Vasco had created a chair, an institution that would live on; that though I would be the first to hold the position, I would be followed by others, as had been the case in other universities of Europe and America, both public and private. Alas, this did not come to pass, and the chair became a position for an associate lecturer after my retirement.

The first and most important circumstance preventing the continuity of a chair of neurology was the law for university reform, which stipulated the creation of "areas of knowledge," to be linked to university departments,



Figure 5. Speakers at the ceremony: c) Juan José Zarranz

D. EMILIO LAMO DE ESPINOSA Y MICHELS DE CHAMPOURCIN, DIRECTOR GENERAL DE ENSEÑANZA UNIVERSITARIA, POR DELEGACION DEL EXCMO. SR. MINISTRO DE EDUCACION Y CIENCIA,

POR CUANTO, por Orden de esta fecha, he tenido a bien NOMBRAR a D. JUAN JOSE ZARRANZ IMIRIZALDU, en virtud de concurso de acceso, Catedrático de "NEUROLOGIA" de la Facultad de MEDICINA DE BILBAO de la Universidad del PAIS VASCO, con los emolumentos que según liquidación reglamentaria-le correspondan, de acuerdo con la Ley 31/1.965, de 4 de mayo y Real Decreto-Ley 22/1.977, de 30 de marzo, sobre retribuciones de los Funcionarios de la Administración Civil del Estado y demás disposiciones complementarias.

Figure 6. Title certifying the appointment of J.J. Zarranz as Chair of Neurology

which were allowed to fill vacancies for professors with complete autonomy. The more conservative elements were able to ensure the creation of a single area of knowledge for medicine, with the corresponding professors forming a single department of medicine. My prized appointment to the Chair of Neurology (Figure 6) eventually proved to be not only unique, but also truly fleeting. After the law was passed, all vacancies at departments of medicine involved the appointment of a full professor or chair of medicine, even if the candidate's CV and competences belonged to a specialty.

While this situation was not ideal, a considerable number of neurologists were appointed as full professors or chairs (32 and 14, respectively, if I am not mistaken). However, the current situation is disheartening, and only three chairs and nine full professors remain active. Responsibility for this disaster may be apportioned among many departments at medical schools that continue not to want specialists; some autonomous communities that refuse to replace state public servants; and the Spanish government, whose economic policy prevents the replacement of retired academics.

It is not difficult to imagine some of the main negative consequences of this situation. Firstly, it represents a backward step in the significance of a university chair, which goes beyond merely giving practical or theoretical instruction, which many associate lecturers are perfectly capable of doing. Chairs and full professors must also participate in the various bodies regulating university life and at other levels of teaching (masters and doctoral programmes), supervise doctoral theses, and develop research programmes with competitive projects. Many neurologists have distinguished themselves in these activities but have not received the well-deserved reward of accreditation or appointment to chairs or full professorships. The second, more corrosive consequence of the current situation of higher education arises from this. Given these circumstances, there is very little incentive for young neurologists to forge a career in teaching and research, which practically becomes a non-recoverable investment when future prospects are so limited.

9. Unsolved issues: *quo vadis*, Spanish academia?

The Spanish university system has no end of problems: overcrowding, funding shortages, a proliferation of centres that merely issue worthless academic titles, the politicisation of objectives and directives, academic nepotism, etc. In addition to these issues, the degree in medicine is also affected by problems pertaining to the hospitals that now boast of their denomination as university hospitals, despite not having a legal status that would make it possible to compatibilise and acknowledge teaching and research as essential aims in addition to care. However, these and other questions are beyond the scope of this short article. With regard to the more specific question of neurologists' and other clinicians' access to and stability in university teaching roles, there is a need to reform the degree in medicine in order that

it better represents the current reality of specialties and hospital and non-hospital services. This structure should be stable, with the possibility to fill vacancies opening due to retirement or other reasons, such as dismissal due to failure to meet objectives. This option, with competition between the best candidates, would encourage young professionals to become involved in teaching and research, following a career path that would enable them to be accredited and compete for professorships. I am aware of the administrative and economic complexities associated with this proposal; however, I see no other way to improve the lot of neurology in Spanish academia.

Dedication

This article is dedicated to Professor Fernando Reinoso, who was Chair of Anatomy, my doctoral thesis

adviser, and my most valued tutor as I prepared for the examinations described in this article; my mentor throughout his long university career, he was an authority of modern neuroscience in Spain.

Conflict of interests

No funding was received for the article and the author has no conflicts of interest to declare.

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