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Familial paroxysmal tremor: an essential tremor variant

We read the letter concerning familial paroxysmal tremor by García-Albea *et al* with considerable interest.[1] The authors describe a 24 year old man with a mild 9–10 Hz postural tremor of the upper limbs, in whom intermittent exacerbations of the tremor occur. The patient's mother (aged 50) developed essential tremor in her 40s, having previously had a similar paroxysmal arm tremor in late adolescence. The patient had four brothers, two of whom (aged 21 and 22) had mild episodic tremor. The authors knew of only three cases of paroxysmal tremor and considered their patient to have an exceptional presentation of essential tremor.[2 3]

In fact, the concept of familial paroxysmal tremor is far from new. In 1949, Critchley clearly described episodic tremor in his paper on essential (heredofamilial) tremor and cited Flatau (on page 117) for having suggested the term "intermittent tremor" in such cases.[4 5] Furthermore, Marshall reported in 1962 that in the early stages of essential tremor the amplitude increases "in an episodic fashion, against a background tremor of the same frequency but lower amplitude".[6]

The information that we obtained during our recent study of 20 families with hereditary essential tremor showed that this type of tremor *typically* begins with a feeling of shakiness "inside" which progresses to an intermittent and then persistent tremor.[7] Consequently we would consider paroxysmal tremor of the type reported by García-Albea *et al* to be characteristic of the early natural history of hereditary essential tremor rather than an unusual phenomenon, a view which John Marshall clearly held.[6]

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1 García-Albea E, Jiménez-Jiménez FJ, Ayuso-Peralta L, *et al.* Familial paroxysmal tremor: an essential tremor variant. *J Neurol Neurosurg Psychiatry* 1993;**56**:1329.
2 Hughes AJ, Lees AJ, Marsden CD. Paroxysmal dystonic head tremor. *Mov Disord* 1991;**6**:85–6.
3 Factor SA, Coni RJ, Cowger M, Rosenblum EL. Paroxysmal tremor and orofacial dyskinesia secondary to biopterin synthesis defect. *Neurology* 1991;**41**:930–2.
4 Critchley M. Observations on essential (heredofamilial) tremor. *Brain* 1949;**72**: 113–39.
5 Flatau G. Über hereditaren essentiellen Tremor. *Arch Psychiat Nervenkr* 1908;**44**: 306–40.
6 Marshall J. Observations on essential tremor. *J Neurol Neurosurg Psychiatry* 1962;**25**: 122–5.
7 Bain PG, Findley LJ, Thompson PD, *et al.* A study of hereditary essential tremor. *Brain* 1994 (in press).

García-Albea et al reply:
We thank Drs Bain and Findley for their interest in our report on "familial paroxysmal tremor".[1] Their recent study of 20 families with hereditary essential tremor showed that this tremor "typically begins with a feeling of shakiness inside which progress to an intermittent and then persistent tremor".[2] Many of the 101 patients with essential tremor evaluated in our Movement Disorders Unit reported this type of clinical course (unpublished data). In our opinion, however, the proposed "paroxysmal tremor" has a number of differences from the classic descriptions quoted by Bain *et al.*[2]

The term "intermittent tremor" suggested by Flatau[3] is defined literally in the report by Critchley[4] as follows: "Rarely there may be no trace of tremor while the patient is at mental or physical repose, but as soon as he comes under emotional tension; if he believes he is being watched; or if he concentrates his attention; or it is uncomfortably cold; or if muscular tonus is raised, tremor appears." In summary, with the term "paroxysmal" we tried to define autolimited episodes of tremor lasting from 10 to 60 minutes, that appeared *once every three to six weeks*, without any apparent precipitating factor, including anxiety.[1]

Marshall described a subclinical intermittent tremor that consisted of "short bursts of tremor of higher amplitude interspersed among the general background of physiological tremor".[5 6] The electromyographical register in our patient, showing a synchronous *9–10 Hz tremor during the episodes*, seems to be clearly different from the bursts of tremor showed in the figure of a revised chapter by Marshall.[5] Out of the episodes, the patient had neither "internal" or "external" tremor or electromyographically registered tremor. In addition, the tremor of the patient's mother *decreased with the passage of time*, although she developed, at age 48, a typical essential tremor. This is not the typical evolution of essential tremor suggested by Bain *et al.*[2]

Based upon these differences, we think that the proposition expressed in our report is valid.[1]

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1 García-Albea E, Jiménez-Jiménez FJ, Ayuso-Peralta L, *et al.* Familial paroxysmal tremor: an essential tremor variant. *J Neurol Neurosurg Psychiatry* 1993;**56**:1329.
2 Bain PG, Findley LJ, Thompson PD, *et al.* A study of hereditary essential tremor. *Brain* 1994 (in press).
3 Flatau G. Über hereditaren essentiellen Tremor. *Arch Psychiat Nervenkr* 1908;**44**: 306–40.
4 Critchley M. Observations on essential (heredofamilial) tremor. *Brain* 1949;**72**: 113–39.
5 Marshall J. Tremor. In: Vinken PJ, Bruyn GW, eds. *Diseases of the basal ganglia.* Amsterdam: North Holland, 1968:809–25.
6 Marshall J. Observations on essential tremor. *J Neurol Neurosurg Psychiatry* 1962;**25**: 122–5.

Bilateral carpel tunnel syndrome

The recent letter by Denišlič and Bajec describes a patient with bilateral tarsal tunnel syndrome.[1] A principal point made by the authors is that, to their knowledge, no other case of bilateral tarsal tunnel syndrome has yet been reported. Keck described such a patient and his 1962 paper contains excellent photographs of the same.[2] Denišlič and Bajec quote this paper but clearly did not look at it.

The rest of this letter adds nothing to what has already been described. The surgical findings, as in many of these cases, were non-specific. The authors performed epineurectomy of the nerve, a procedure of doubtful value. The authors' brief discussion of causes of posterior tibial nerve damage at the ankle does not do justice to the literature (50 papers at my latest count).[3]

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1 Denišlič M, Bajec J. Bilateral tarsal tunnel syndrome. *J Neurol Neurosurg Psychiatry* 1994;**57**:239.
2 Keck C. The tarsal-tunnel syndrome. *J Bone Jt Surg* 1962;**44A**:180–2.
3 Stewart JD. *Focal peripheral neuropathies.* 2nd edn. New York: Raven Press, 1993.

NOTICE

The Summer Meeting of the **British Neuropsychiatric Association** will take place in Manchester, UK on 25–27 September 1994. For further information, please contact Professor M A Ron, Department of Neuropsychiatry, The National Hospital, Queen Square, London WC1N 3BG. Tel: 071-837 3611; fax: 071-829 8720.

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Neurological Aspects of Substance Abuse. By JOHN C M BRUST. Publisher: Butterworth-Heinemann, Oxford 1993. (Pp 289; £65.00). ISBN 0-7506-9005-4.

Cocaine was detected in hair samples from Chilean mummies three and a half thousand years old, although "abuse" was restricted to the ruling classes. How much and how little has life changed! Professor Brust is to be congratulated for his industry in collecting together in this modest sized book a wealth of information, historical, pharmacological and neurological. The 12 chapters together boast 3715 references, 676 for opioids and 851 references for the chapter on ethanol abuse. Even the effects and side-effects of caffeine are carefully detailed. Delightful quotes preface each chapter, sometimes harshly modern ("If

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