Book reviews

Noninvasive Measurement of Regional Cerebral Blood Flow in Man

It is more than 30 years since it became possible to measure cerebral blood flow in life in man. The first brief chapter of this book neatly outlines the developments over this period—from invasive to non-invasive methods. Recognising that the latter are now predominant in clinical practice the book passes quickly to the practical details of how these work and of normal values. There is a useful chapter on physiological and pharmacological factors, and a longish one on clinical applications.

This is a well-balanced book, usefully but not fussily illustrated with sensible line diagrams and matt black and white. There are plenty of good data about normal values, and a generous reference list for each chapter. A most useful volume, ideal for the team coming into this field and wanting a practical manual from which to start.

BRYAN JENNETT


Man shares many diseases with animals. It has been the hope that the study of inherited disorders in animals would illuminate the nature of comparable genetic disorders in man. In general, as is not perhaps unexpected, the precise correspondence between genetic disorders in animals and man is a rarity; but there can be no doubt that the study of animal mutants, particularly the large number that are available in the mouse, has provided much useful information as to disease mechanisms. Such mutants may also provide a con-


This extensive work results from the collaboration of 41 authorities in paediatric neurology, and related areas. The fact that 37 of these are from the United Kingdom and the Commonwealth gives this volume a unique viewpoint amongst currently available paediatric neurology texts. Another distinction provided by this book is that it includes several well written chapters on areas in which the average paediatrician or paediatric neurologist commonly finds himself involved, but which are somewhat tangential to paediatric neurology and therefore barely touched by other texts. They include useful chapters on otoneurology by L Fisch, on speech disorders by the editor himself, on neuroradiology by B Kendall, and on electroencephalography by PG Procopis.

Rather than reviewing this book slavishly, chapter by chapter, I decided to place it on my desk, and see how it would fare over the next week or two in providing answers to questions I had, and in giving me an overview of some of my problem patients. I soon put it to its task. There was a patient with breath-holding spells and a fairly long major motor seizure. The index referred me to the EEG in this condition, but nothing about the clinical presentation except for a comment on Lombroso and Lerman’s classification. Somehow, this subject had not been covered in Gardener-Thorpe’s chapter on the Epilepsies.

The next time I turned to the book was to check on Ounsted’s studies on psychomotor (temporal lobe) epilepsy. I was anxious to learn whether patients were hyperkinetic prior to the onset of their psychomotor seizures. To my surprise, the discussion of psychomotor epilepsy in Chapter 21 was curt—one paragraph—and there were no references for further reading. Temporal lobe epilepsy is briefly mentioned in the chapter on oto-neurology, but all in all I was dissatisfied by the book’s coverage of this topic. Next, there was a child with Moebius Syndrome who prompted me to consult the volume. The condition is mentioned in Chapter 3 (neonatal neurology) as a cause for facial weakness in the newborn. It is covered in eight lines in the chapter on neuromuscular diseases, and a reference to sensorineural hearing loss in this condition is given in the chapter on oto-neurology. All in all, this coverage too was not satisfactory. Certainly it was hardly better than that provided by standard pediatric texts.

My next reference to the book was in relation to a patient with suspected Friedreich’s ataxia. The coverage of this topic by RCF Newton, in the chapter on degenerative disease, was succinct, and well indexed. The biochemical abnormalities in pyruvate metabolism were not mentioned, but this may reflect the usual two-year lag time between the writing of the chapter and its publication. This lag time becomes more noticeable in Chapter 37 (Metabolic Disorders). Surprisingly, this chapter does not cover phenylketonuria, although its opening paragraph states that the author (L Sinclair) has classified it under disorders of intermediary metabolism. Phenylketonuria is mentioned in the chapter on Mental Handicap, but only in passing.

By now, I was becoming concerned about the text. I therefore looked for tuberose sclerosis, a topic which I expected it to cover well. I could not find it in the index. Neurofibromatosis was mentioned in the chapter on spinal dysraphism, and in the neuro-radiology chapter. There was one paragraph on Sturge-Weber disease in the chapter on cardiovascu-lar disorders, but this was without references. The topic of head injuries fared no better. The chapter was disappointing — no reference to Jennett’s classic work — none to Mealey’s.

In summary: An expensive, disappointing, disarranged volume, which fell short of my expectations.

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*J Neurol Neurosurg Psychiatry* 1980 43: 859
doi: 10.1136/jnnp.43.9.859-a

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Further information may be obtained from: Dr F Clifford Rose, Princess Margaret Migraine Clinic, Charing Cross Hospital, London W6 8RF.

Correction
The authors of the paper "Relation between benign course of multiple sclerosis and low-grade humoral immune response in cerebro-spinal fluid", Dr Stendahl-Brodin and Dr Link (Vol 43 p 102) wish to draw attention to an error in their calculations. The significance of one result was grossly overrated. The following results are obtained when correctly applying Fisher's exact test. Fourteen of the 17 patients (82%) without oligoclonal CSF IgG displayed no or slight disability after a mean duration of disease of 17 years, in contrast to 53% of the patients with oligoclonal CSF IgG after a mean duration of 13 years (p<0.05). The patients with oligoclonal CSF IgG displayed significantly higher frequencies of elevated CSF IgG index values (p<0.001), elevated kappa/lambda ratios (p<0.05), elevated CSF/serum C3 ratios (p<0.05) and elevated CSF/serum C4 ratios (p<0.05) (table 2). In contrast, abnormal blood brain barrier as determined by the CSF/serum albumin ratio, and elevated CSF IgA index values were found at similar low frequencies irrespective of the presence of oligoclonal CSF IgG.
Table 3 shows that patients with a malignant course of MS only infrequently displayed a normal CSF IgG index, in contrast to patients with the most benign course (p<0.05).