

Maffulli replies:

Dr Lederman has every reason to be puzzled that the symptoms described referred to the left forearm, as indeed the forearm kept in pronation in a violinist is the right. We apologise for the error, but the description of the possible mechanisms made it quite clear that we were considering the right forearm.

We agree that the diagnosis of posterior interosseous neuropathy is often difficult, due to the paucity of definite signs. Nevertheless, in our opinion, the patients described were indeed showing a transitory deficit of the posterior interosseous nerve, and such a diagnosis was thus justified.

NICOLA MAFFULLI
FRANCESCO MAFFULLI

Clonazepam for palatal myoclonus

We were pleased to learn Drs Bakheit and Behan¹ found clonazepam a successful remedy for palatal myoclonus, as such an outcome extends our observation reported in 1977.²

The patient we described, a 68 year old woman, had an inflammatory central nervous system disorder of unspecified type and required, with the passage of time, increasing dosages of clonazepam to 22 mg daily for optimal symptom control. It would be interesting to know which of the several morbid processes recounted by the authors as being responsible for palatal myoclonus applied in their own case. Likewise, whether suppressive effects were indeed sustained on a dosage of 1.5 mg daily.

RF GLEDHILL
*Neurosciences Department,
Rashid Hospital, Dubai,
Arab Emirates.*
CM WILES
*Department of Neurology,
University of Wales College of Medicine,
Cardiff, UK.*

Correspondence to: Dr Gledhill, Neurosciences Department, Rashid Hospital, P O Box 4545, Dubai, UAE

- 1 Bakheit AMO, Behan PO. Palatal myoclonus successfully treated with clonazepam. *J Neurol Neurosurg Psychiatry* 1990;53:806.
- 2 Gledhill RF, Wiles CM. Clozapem and bronchial myoclonus. *Ann Neurol* 1977;1:306.

Behan replies:

We have recently been able to study yet another case of palatal myoclonus which was successfully treated by clonazepam. In this, as in the case we reported, the aetiology would appear to be idiopathic, progressive degeneration of the central tegmental tract.

PETER O BEHAN

Transient hypoglossal nerve palsy and Horner's syndrome: carotid dissection

Drs Saito and Onuma reported the case of a woman with sudden onset of left sided headache and Horner's syndrome (post-ganglionic); three days later she also developed a left hypoglossal nerve palsy, but in the course of two months all these features resolved.¹ The cause could not be established, but it probably would have been if a carotid instead of a vertebral angiogram had been performed. Carotid dissection is usually associated with ipsilateral headache or neck

pain,^{2,4} and sometimes with Horner's syndrome,² hemilingual paralysis,³ or both.⁴

J VAN GIJN
*University Department of Neurology, Utrecht
P J KOUDSTAAL
University Hospital "Dijkzigt" Rotterdam,
The Netherlands*

- 1 Saito H, Onuma T. Isolated hypoglossal nerve palsy and Horner's syndrome with benign course. *J Neurol Neurosurg Psychiatry* 1991;54:282-3.
- 2 Mokri B, Sundt TM, Houser OW. Spontaneous internal carotid dissection, hemicrania, and Horner's syndrome. *Arch Neurol* 1979;36:677-80.
- 3 Goodman JM, Zink WL, Cooper DF. Hemilingual paralysis caused by spontaneous carotid artery dissection. *Arch Neurol* 1983;40:653-4.
- 4 Vanneste JAL, Davies G. Spontaneous dissection of the cervical internal carotid artery. *Clin Neurol Neurosurg* 1984;86:307-14.

Saito replies:

I am grateful for the interest and pertinent comments of Drs Van Gijn and Koudstaal on our case report. In fact, the hypoglossal nerve may be compressed by the internal carotid artery itself or aneurysms arising from it.² In our patient, contrast enhanced brain CTs, 5 mm in thickness to C-2 level, revealed round or oval lumens of the internal carotid artery and jugular vein to be well-circumscribed and symmetrical on both sides. However, the possibility of carotid dissection cannot be ruled out.

H SAITO

- 1 Olivier A, Scotti G, Melançon D. Vascular entrapment of the hypoglossal nerve in the neck. Case report. *J Neurosurg* 1977;47:472-5.
- 2 Endo M, Ohara Y, Saito H, Takase Y, Ooba M. A case of Villaret syndrome by traumatic aneurysm of the internal carotid artery. *Clin Neurol (Japanese)* 1982;18:48-50.

A case of progressive encephalomyelitis with rigidity and positive antilutamic acid dehydrogenase antibodies

The above article was published this year in the May issue of the journal (pages 449-51). Since publication, I have received a communication from Dr P De Camilli, of Yale University, who correctly points out that the title is incorrect. The word dehydrogenase should read decarboxylase, as in glutamic acid decarboxylase.

DR D J BURN
*MRC Cyclotron Unit,
Hammersmith Hospital,
London W12 0HS, UK*

A predominantly cervical form of spinal muscular atrophy

I read with interest the paper by Goutieres *et al* on the cervical form of spinal muscular atrophy.¹ Spinal muscular atrophy is the commonest neuromuscular disease affecting black children in South Africa. The clinical findings in this group of children are similar to those reported from Europe, Asia and America except in two aspects, that is, a paucity of a positive family history (only 9%) and the frequent involvement (80%) of facial muscles in the severe infantile form of the disease.²

Goutieres *et al* mention that they were not able to find cases of the cervical form of spinal muscular atrophy in the literature. We have seen three black children (two previously documented) with this form of the disease in the last 10 years. All three patients presented

with poor head control and an exclusive involvement of the upper limbs with both proximal and distal weakness. The lower limbs were normal in all three cases; reflexes were normal in two and brisk in one, whereas they were absent in the upper limbs of all three patients. The face was spared in all and fasciculation of the tongue was present in only one case. The small muscles of the hand were wasted in all three patients and there was ulnar deviation and flexion of the wrist with contractures of the long finger flexors in one patient.

M MOODLEY
*Department of Paediatrics and Child Health,
Faculty of Medicine
University of Natal
P O Box 17039
Congella, South Africa*

- 1 Goutieres F, Bogicevic D, Aicardi J. A predominantly cervical form of spinal muscular atrophy. *J Neurol Neurosurg Psychiatry* 1991;54:223-5.
- 2 Moosa A, Dawood A. Spinal muscular atrophy in African children. *Neuropediatrics* 1990;21:27-31.

BOOK REVIEWS

All titles reviewed here are available from the BMJ Bookshop, PO Box 295, London WC1H 9TE. Prices include postage in the United Kingdom and for members of the British Forces Overseas, but overseas customers should add £2 per item for postage and packing. Payment can be made by cheque in sterling drawn on a United Kingdom bank, or by credit card (Mastercard, Visa or American Express) stating card number, expiry date, and your full name.

Neurosurgical Aspects of Epilepsy.

Proceedings of the 4th Advanced Seminar in Neurosurgical Research of the European Assoc of Neurosurgical Societies. Edited by JD PICKARD, G MAIRA, CE POLKEY AND T TROJANOWSKI. (Pp 144, Price: DM 160; Subscribers to "Acta Neurochirurgica" DM 144). Wien: Springer-Verlag, 1990. ISBN 3 211 82227 5.

Surgery for the relief of focal seizures need no longer be an exclusive method for a select group of patients. It is, however, a complicated procedure and requires the establishment of centres with a multidisciplinary team of specialists. Unfortunately in many countries interest in this problem has been very low.

This book has been compiled as an effort to stimulate neurosurgeons interest. It is based on a recent symposium about the neurosurgical aspects of the treatment of epilepsy, a field which has previously been dominated by American epileptologists and surgeons. The participants were, however, exclusively European, who shared experiences to help advance newer ideas and methodologies.

The most important and controversial issues not only in epilepsy surgery but in the general treatment of intractable seizures are discussed, although sometimes rather abbreviated. This review provides the essentials of most of the controversies and problems in treating severe epilepsy.

Unfortunately there is little new information presented in this book. Most articles are

Many areas are excellently covered, comprehensive and up to date. But, there appears to be a lack of balance and far too many inaccuracies to permit any general recommendation to students of neurology.

JMS PEARCE

Spinal Stenosis. Edited by JOHN E NIXON. (Pp 401; Price: £90.00). 1991. Sevenoaks, Edward Arnold. ISBN 0-7131-4525-0.

In a beautifully written foreword Henk Verbiest a Neurosurgeon reminds the reader that it was over forty years ago that he had first emphasized the importance of Developmental Spinal Stenosis in our understanding of many of the common back pain disorders. John Nixon has called upon experts from the disciplines of Orthopaedic Surgery, Neurosurgery, Radiology, Neurophysiology and Spinal Surgery to provide a comprehensive up-to-date and carefully written account of all aspects of lumbar spinal stenosis.

In twenty concise chapters, they develop the concept of spinal stenosis from a consideration of its embryology, anatomy, pathogenesis, definition, symptomatology, diagnosis and natural history, to its medical and surgical treatment, and prognosis. Each chapter is clearly set out in an orderly and logical manner to guide the reader through its contents. The chapter on Pathogenesis by Michael Edgar was particularly informative. The author has reviewed the current theories and presents a flow chart to summarise these.

To the surgeon, the chapters on post-operative spinal stenosis and surgical techniques are most constructive and demonstrate beyond doubt that spinal surgery for whatever back pain condition should no longer be performed by the "occasional" surgeon. The techniques required, and the skill and the ability to deal with the unknown and unexpected, demand the highest level of experience and familiarity from the surgeon be he orthopaedically or neurosurgically trained. This book is strongly recommended for all who deal with back pain and in particular the Surgeon interested in Spinal Surgery.

MARTIN A NELSON

Neurotransmitters and Epilepsy. Series: Frontiers of Clinical Neuroscience, Vol. 11. Edited by R D FISHER AND J T COYLE (Pp 260; Price not indicated). 1991. New York, Wiley-Liss. ISBN 0-471-56848-1.

The concept of epilepsy as a disturbance of the balance between excitatory and inhibitory influences in the central nervous system is central to our understanding of the disorder. Increased knowledge of the major neurotransmitter systems is now beginning to have a direct clinical relevance in the field of epilepsy as new drugs with specific neurotransmitter actions are reaching clinical trials and even, in the case of vigabatrin, general availability.

There have been a number of books on the subject of neurotransmitters and epilepsy but these have all been the product of symposia

with research rather than up to date reviews of the subject. This excellent multi-author volume is the product of a summer lecture series for neurosurgeons given at Woods Hole, Massachusetts. As such, it has a general relevance that is of great value.

After a rather weak chapter on clinical aspects of epilepsy subsequent excellent chapters cover the basic mechanisms of neurotransmitter-receptor interactions and then introduce the concept of second messengers and neuromodulators. After a discussion of animal models for the study of seizures and epilepsy further specific chapters deal with GABA, acetylcholine, catecholamines, glutamate and opiate peptides. There are further good chapters on neurotransmitter receptor studies using PET and the mode of action of antiepileptic drugs.

All the chapters are well written, up to date and well illustrated. Their great attraction is the succinct readable way that basic neuroscience is summarised for the clinician. One has to conclude that the average American neurosurgeon is much more familiar with the basic concepts of neurotransmitter function and pharmacology than is the average clinical neurologist in the United Kingdom! This is a superb volume that requires a place on the shelf in any clinical departmental library for the ongoing education of clinical neurologists particularly anyone professing an interest in epilepsy.

DAVID CHADWICK

Infections of the Central Nervous System Handbook of Infectious Diseases Series. By HAROLD P LAMBERT. (Pp 402; Price £60.00). Sevenoaks, Edward Arnold, 1991. ISBN 0 340 54922 X.

This book is one of a series, some dealing with individual infections, others with those affecting one particular organ system. It is edited by Professor Harold Lambert, with contributors from several specialties, including microbiology, infectious diseases and paediatrics: neurologists and neurosurgeons being in the minority. The variety of the infections which can affect the nervous system make this volume one of the broadest in the series. It has much of interest for neurologists, particularly working ones with beds for acute admissions (as opposed to paper ones with a few "cold" beds). The book is strong on historical perspective and cosmopolitan in the way that Third World experience is brought in, such as West African meningitis. It is well-referenced, indeed it is comprehensive and authoritative in a way in which the section on infections in most neurological text books cannot be.

The first half of the book deals with meningitis. There is little neurological input, thus the differential diagnosis and the place of lumbar puncture are not discussed in relation to other conditions such as subarachnoid haemorrhage. The sections on treatment are thoughtful though there is no general section on the "blind" treatment of meningitis when no organism is identified. The chapters on pneumococcal and gram negative bacterial meningitis will be of value to neurosurgeons. That on Lyme Disease is authoritative. This is also true of that on herpes simplex encephalitis though paediatricians do not expand on adult rehabilitation and outcome. HIV

infection is fully dealt with and illustrated. Spinal infection gets a separate chapter, which as with intracranial infection is described by neurosurgeons.

The omissions are minor. Tropical spastic paraplegia due to HTLV-I infection goes unmentioned. Poliomyelitis receives just a paragraph. Infections involving the peripheral nervous system, such as tetanus, botulism, leprosy and diphtheria, will presumably be in other volumes, if they make it at all. In a factual book, myalgic encephalomyelitis does not get a look in.

In conclusion this volume complements standard neurological and neurosurgical textbooks and is well worth having.

SIMON CURRIE

Amyotrophic Lateral Sclerosis and Other Motor Neuron Diseases Vol. 56. Advances in Neurology Series. Edited by LEWIS P ROWLAND. (Pp 569; Price: \$169.00). New York, Raven Press, 1991. ISBN 0 88167748 5.

This is the latest volume in the Advances in Neurology Series, and brings the story of Amyotrophic Lateral Sclerosis up to date.

The chapters on Cell Biology and Cellular Pathology endeavour to address the known characteristics and behaviour of the motor neuron in health and disease. The section on Genetics includes chapters on familial amyotrophic lateral sclerosis as well as the childhood onset spinal muscular atrophy, and considers the molecular genetic aspects. The Epidemiology is again reviewed and there are papers on aluminium-induced Motor Neuron Degeneration and Post-radiation Motor Neuron Syndromes. The section on Immunology embraces the various types of motor neuropathies and monoclonal Gammopathy, also known as plasma cell dyscrasias. A section is devoted to the consideration of viral infections and the final two papers consider the problems of clinical trials, including the all important aspect of design.

The book has a good mix of the clinical pathological and experimental laboratory detail, but the enigma remains. Researchers and general neurologists will find it a useful addition to the Series.

K J ZILKHA

SHORT NOTICE

Biological Aspects of Affective Disorders: Neuroscience Perspectives Series. Series Editor: PETER JENNER. (Pp 359; Price £40.00.) London, Academic Press, 1991. ISBN 0 12 356510 3.