

the others, was normal percentages of type I fibres, rather than the very high levels (90% or more seen in the other families).

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- Heytens L, Martin JJ, Van de Kelft E, Bossaert LL. In-vitro contracture tests in patients with various neuromuscular diseases. *Br J Anaesth* 1992;68:72-5.
- Brownell AKW. Malignant hyperthermia: relationship to other diseases. *Br J Anaesth* 1988;60:303-8.
- European Malignant Hyperthermia Group. A protocol for the investigation of malignant hyperpyrexia (MH) susceptibility. *Br J Anaesth* 1984;56:1267-9.
- Ellis FR, Halsall PJ, Christian AS. Clinical presentation of suspected malignant hyperthermia in 402 probands. *Anesthesia* 1990;45:38-41.
- Larach MG. Should we use muscle biopsy to diagnose malignant hyperthermia susceptibility? *Anaesthesiology* 1993;79:1-4.

MATTERS ARISING

Multiple sclerosis in the north Cambridgeshire districts of East Anglia

The north Cambridge survey is a welcome addition to the United Kingdom series of prevalence studies.¹ We agree that a multi-centre prevalence study would add to the epidemiological knowledge of multiple sclerosis. However, we cannot agree with the inclusion of "suspect cases" in their prevalence figures. As we have pointed out in a previous paper, the measurement of multiple sclerosis can be distorted by using ill defined criteria for measuring the disease.² We contend that the Poser criteria alone (which do not contain a suspect category) should be used in measuring the prevalence of multiple sclerosis. For this reason, we used only the Poser criteria in our survey of west Sussex, and deliberately did not include a suspect category.² As Poser himself says, "for the purposes of prevalence studies only the categories of clinically definite and clinically probable should be used; possible multiple sclerosis should never be included."³

Our concern is that a "suspect" category, which seemed to have been defined differently in the south Wales,⁴ Cambridge, and Southampton surveys,⁵ can lead to confusion in interpreting and comparing prevalence figures. This is because there are no clear criteria of what constitute so called "suspect" cases, and workers are free to use their own criteria. As Robertson says, the inclusion of a suspect category "introduces noise, and generally obfuscates the overall picture."⁴ We agree with this, and argue that

any cases that do not fall into the Poser criteria should be excluded from prevalence figures. To do so would introduce some clarity into what we are striving to measure. In our view, future prevalence surveys should use the Poser criteria and not include "suspect" cases.

The Cambridge team suggest that the very presence of a latitudinal gradient within the United Kingdom has only recently been questioned.¹ It is, in fact, a decade ago that Williams and McKernan made the comment "we find no convincing evidence of a latitudinal effect in the United Kingdom".⁷ A mortality study of multiple sclerosis in the United Kingdom found no gradient south of the Scottish border and discussed the possibility that the high, but diminishing, Scottish rates were artefactual.⁸ The most serious challenge to the latitudinal hypothesis appeared in a letter in the *BMJ* in which a convincing argument was presented to show that the hypothesis was inconsistent with United Kingdom data.⁹

So the challenge to Limburg's hypothesis is not recent.¹⁰ What is recent is that most researchers in the field are at last coming to realise the weakness of the data on which the hypothesis was based.

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- Robertson N, Deans J, Fraser M, Compston D. Multiple sclerosis in the north Cambridgeshire districts of East Anglia. *J Neurol Neurosurg Psychiatry* 1995;59:71-6.
- Rice-Oxley M, Williams ES, Rees JE. A prevalence survey of multiple sclerosis in Sussex. *J Neurol Neurosurg Psychiatry* 1995;58:27-30.
- Poser CM. The epidemiology of multiple sclerosis. *Ann Neurol* 1994;36(suppl 2):S180-93.
- Swingler RJ, Compston DAS. The prevalence of multiple sclerosis in south east Wales. *J Neurol Neurosurg Psychiatry* 1988;51:1520-4.
- Roberts MHW, Martin JP, McLellan DL, McIntosh-Michaelis SA, Spackman AJ. The prevalence of multiple sclerosis in the Southampton and South West Hampshire Health Authority. *J Neurol Neurosurg Psychiatry* 1991;54:55-9.
- Robertson N, Compston D. Surveying multiple sclerosis in the United Kingdom. *J Neurol Neurosurg Psychiatry* 1995;58:2-6.
- Williams ES, McKernan RO. Prevalence of multiple sclerosis in a south London borough. *BMJ* 1986;293:237-9.
- Williams ES, Jones DR, McKernan RO. Mortality rates from multiple sclerosis: geographical and temporal variations revisited. *J Neurol Neurosurg Psychiatry* 1991;54:104-9.
- Williams ES, McKernan RO. Multiple sclerosis: nature or nurture (letter). *BMJ* 1991;302:846-7.
- Limburg CC. The geographic distribution of multiple sclerosis and its estimated prevalence in the United States. *Proceedings of the Association for Research into Nervous and Mental Disease* 1950;28:15-24.

NOTICE

Announcement from the British Neuro-psychiatry Association: 1996 summer meeting

The 1996 Summer meeting will be held on 14-16 July at Robinson College,

Cambridge. It will include topics on neuro-development, language, and the presentation of short scientific papers and single case videos by members. The Association's AGM will be held on 16 July.

For further details of these meetings please contact: Sue Garratt, Administrative Assistant, BNPA, 17 Clocktower Mews, London N1 7BB. Telephone/Fax: 0171 226 5949.

For details of membership of the BNPA, which is open to medical practitioners in psychiatry, neurology, and related clinical neurosciences, please contact: Dr Jonathan Bird, Secretary BNPA, Burden Neurological Hospital, Stoke Lane, Stapleton, Bristol, BS16 1QT. Telephone: 01179 701212 ext 2925/2929 or Sue Garratt at the address given above.

CORRECTION

H M L Jansen, J van der Naalt, A H Van Zomeren, A M J Paans, L Veenma-van der Duin, J M Hew, J Pruim, J M Minderhoud, J Korff

Cobalt-55 positron emission tomography in traumatic brain injury: a pilot study. *J Neurol Neurosurg Psychiatry* 1996; 60:221-4.

In the table, p223, CT localisation of patient B is Left frontal

NA [no abnormalities]

The first sentence, left hand column p223, should read—Both Co-PET and CT showed abnormalities that were not in accordance with EEG findings

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.

Treatment of Cerebral Palsy and Motor Delay. By SOPHIE LEVITT. (Pp 341; price £19.99). Published by Blackwell Science. 1995. ISBN 0-632-03878-X.

The third edition of Sophie Levitt's excellent book will be of interest and indeed is essential reading for anyone involved in the management of the cerebral palsies, including parents. A major theme throughout the book is the importance of collaboration with parents and the detailed section on practical procedures is written with parents as well as therapists in mind. Forwards to the second