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.”

Our concern is that a “suspect” category, which seemed to have been defined differently in the south west, south west,3-5 Cambridge, and Southamptom surveys,6 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 obscures the overall picture.”2 We agree with this, and argue that any cases that do not fall into the Poser criteria should be treated as 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. It is, in fact, a decade ago that Williams and McKeran made the comment “we find no convincing evidence of a latitudinal effect in the United Kingdom.”. 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.5 The most serious challenge to the latitudinal hypothesis appears in a letter in the BMJ in which a convincing argument was presented to show that the hypothesis was inconsistent with United Kingdom data.

So the challenge to Limburg’s hypothesis is not recent.1,7 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.

CORRECTION


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

REFERENCES


NOTICE

Announcement from the British Neuropsychiatry Association: 1996 summer meeting

The 1996 Summer meeting will be held on 14-16 July at Robinson College, Cambridge. It will include topics on neurodevelopment, 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, neurolgy, and related clinical neurosciences, please contact: Dr Jonathan Bird, Secretary, BNPA, Barlwood Neurological Hospital, Stoke Lane, Stapleford, B61 1QT. Telephone: 01179 701212 ext 2925/2929 or Sue Garratt at the address given above.

BOOK REVIEWS

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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
The authors of the chapters collectively represent very much those working at the forefront of their fields in regard to work on the idiopathic generalised epilepsies and as such, this collection of short papers does have a merit.

Interest in the book will largely come from people wishing to enter into this field of study from a clinical or, more likely, research perspective, who wish to get an overview of work being done at these centres of excellence in recent years and to have rapid access to coordinated information. Naturally, in a book of this type, many of the issues addressed are dealt with more extensively in research publications. I have no doubt that the book will serve a useful function in this setting. I would not, however, recommend it to the general neurologist wishing to obtain a little more information for clinical purposes about idiopathic generalised epilepsies, or for someone wishing to consult a more reference type textbook. If one accepts these natural limitations of material that arises primarily from conference proceedings, then the combined work nevertheless does represent useful material.

DAVID FISH


It is a testament to how much I enjoyed reviewing this book that I contrived to read it twice. I read it first whilst on holiday in Mull but it went missing before I put pen to paper. It was some months later (having been discovered underneath the bed of the cottage I rented) that I had the pleasure of refreshing my memory.

This book is the most recent in a series of major problems in neuroscience.Whilst numerically metabolic myopathies could hardly be termed a major problem they are a fascinating group of disorders and do present unique problems of diagnosis, investigation and management which these authors set out to address. As they themselves admit, there is a problem in knowing what to include and what to omit. After all, what are currently regarded as muscular dystrophies may turn out to be due to a defect of muscle metabolism and can fairly claim a place in this book's second edition. Amyloid myopathy and desminopathies could have been reasonably included although I concede they are on the fringes of the authors' remit.

The book opens with five chapters on clinical evaluation, electromyography, muscle biopsy, magnetic resonance spectroscopy and the normal response to exercise. I like these introductory chapters although I would have preferred a single chapter on normal muscle histology to appear here and the pathology of specific disorders to accompany the relevant myopathies later in the book. I suspect the section on magnetic resonance spectroscopy reflects the special interest of the authors—I have to admit I found it rather taxing and although a more knowledgeable reader would consume it with ease I just wonder whether it needs to be quite so detailed. A chapter on exercise is useful with a particularly good section on muscle fatigue.

The second section of the book is devoted to clinical aspects of metabolic myopathies. I would highlight the chapter on disorders of carbohydrate metabolism as particularly useful—each disorder being described under the headings of clinical features, investigation and genetics. The same format is used in the chapter on endocrine disease but not in other clinical chapters which I think is a pity. I do not think that this detracts from the quality or quantity of information provided but a consistency of style does assist the reader. I would have liked to have read more about CPT deficiency and defects of fatty acid oxidation.

The remainder of the book deals with miscellaneous myopathies, periodic paralysis and malignant hyperthermia—all are well covered. There is a final chapter on the genetics of metabolic myopathies which is extremely useful, particularly as the first 10 pages are a summary of the principles of medical genetics—an essential preamble for those of us whose education in this field was limited to the reproductive antics of Pseudotum and Drosophila melanogaster.

The book is well illustrated, has clear, uncluttered figures and a good bibliography. Despite my reservations on style and the arrangement of chapters it is an excellent, comprehensive review of the subject and I enjoyed reading it. It should particularly appeal to general neurologists and those with an interest in muscle disease.

DAVID DICK

Book reviews

SHORT NOTICES

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