Matters arising


Cooper et al reply: Dr Abe is making essentially the same point as we do. In those papers that he refers to, in which the pathological findings are described, the presence of extramotor cortical pathology in motor neuron disease is confined to patients in whom dementia had been clinically evident during life. It is well recognised that a proportion of patients with motor neuron disease without clinically evident dementia will show deficits in "frontal lobe" tasks when subjected to detailed neuropsychological tests, and may also demonstrate frontal cortical hypometabolism on functional imaging. If prospective studies confirm that the extramotor frontal cortex is neuromotor deficits, then this would suggest that the observed functional deficits are secondary to disease elsewhere.

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NOTICE

World Federation of Neurosurgical Societies: awards to young neurosurgeons

The World Federation of Neurosurgical Societies will give five awards to young neurosurgeons for the best papers submitted for presentation at the Xth International Congress of Neurosurgical Surgery to be held in Amsterdam, The Netherlands on 6-11 July 1997. This will be open to all neurosurgeons born after 31 December 1961. Each award will consist of an honorarium of US $1500, a certificate, and complete waiver of registration fees along with accommodation for the Congress. The papers will be judged by a committee and must contain original, unpublished work on basic research or clinical studies related to neurosurgery.

Young neurosurgeons should submit eight copies of the manuscript (not more than 10 double spaced typewritten pages exclusive of references and tables) to:

Albert L Rhoton Jr, MD, Chairman
WFNS Young Neurosurgeons Committee, Department of Neurological Surgery, University of Florida Medical Center, PO Box 100265; 1600 SW Archer Road, Gainesville, Florida 32610-0265.

The submission should be accompanied by a supporting letter from the head of the candidate's neurosurgical department. The last date for submission is 1 October 1996.

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.


Positive motor phenomena are well known to all practising physicians—the Jacksonian fit, chorea and indeed most movement disorders are examples of such phenomena. However, fewer clinicians will be aware of negative motor phenomena, which form the core of this book, although most of us will have experience, when entering the twilight zone of lecture induced somnolence!

Perhaps the most classic examples of negative motor phenomena are asterixis and postanoxic myoclonus—both of which are characterised by periods of CNS inhibition of muscular activity. In addition there are other conditions that clearly belong under this rubric of negative motor phenomena because of this inhibitory CNS outflow, including cataplexy and sleep paralysis and atomic seizures, although other conditions discussed in this book are slightly more difficult to accommodate in this definition, for example hyperekplexia and freezing in Parkinson's disease.

This book approaches the subject of negative motor phenomena via five main sections, beginning with clinical syndromes and then moving through the possible mechanisms according to anatomical locus (cortex, brainstem, and spinal cord) before finally discussing the pharmacology and treatment of atomic seizures and myoclonus. The book then concludes with a final chapter by James Lance which is a superb précis of all these sections. Thus the book starts and finishes in the clinical domain having travelled up and down the pathways of clinical research, much of which depends on the use of magnetic stimulation and the back averaging of EEGs relative to the anatomical movement. Although this approach with these sectional topics is clearly useful, an alternative and perhaps more preferable format would have been to start with anatomy before discussing the physiology and the clinical pathology of the relevant motor systems. This approach has the merit of defining the anatomical substrate which facilitates our understanding of the normal physiology of the motor networks that ultimately underlie the CNS driven negative motor phenomena. Thus having defined the anatomy and physiology, the clinical conditions characteristic of negative motor phenomena can be discussed and the unnecessary separation of topics, as occurs in this book, can be avoided.

However, despite our reservations on the structure of the book, the content is quite outstanding, with many chapters serving to summarise complex topics with great clarity. Such examples include the chapters on the asterixis phenomena (Peter Brown) and possible spinal cord mechanisms of negative motor phenomena (Peter Ashby). These two chapters further highlight another strength of this book, namely its ability to discuss clinical neurology and experimental neuroscience in equal depth and with equal authority. Occasionally chapters end in a disappointing fashion when no summary is given whilst some are rather too speculative and others tend to be repetitive.

Overall this book is to be recommended, as it is well-written with much to excite and intrigue the neurologist as well as the neurosciences, with an interest in movement disorders. For example neurologists may be surprised to know that asterixis, whilst being seen most commonly in metabolic encephalopathies, can also be seen with focal lesions or a number of CNS sites, whilst neuroscientists may be disappointed to hear that there are at least 26 distinct reticulo spinal nuclei or subnuclei that project to the spinal cord. Finally though I come back to what I really admire about this book and that is its unashamed use of experimental data and clinical findings in a combined effort to understand not only how the CNS can be involved in a motor phenomenon, but how this is achieved or not achieved in the normal physiological situation.

Roger Barker


We all know that strokes are common, even those working in neurology units where they are a relative rarity. We all know that serious treatments for stroke are on the way but the cry of those looking after stroke patients is "When, oh when, is all this fancy science going to make the slightest difference to our patients?" Well, it must be agreed that the problem is considerably more difficult than finding a cure for tuberculosis, which took us a century and the clinical lessons in a pundit that cerebral infarction is a process and not an event, will bring forth clinical fruit. In the United Kingdom the big hurdle after that will be the logistics to bring the resultant

It is a pleasure to read this concise account of the clinical neurophysiology of paediatric neuromuscular disease. The authors are adult neurologists with an interest in this subject. It is a readable book, with some poignant comments including the "gestalt impression" of motor unit recruitment in infants. Variability in the ease of diagnosis is reflected upon, contrasting the difficulties encountered in the diagnosis of infantile SMA, for example, with neonatal myopathic processes. The reader is also reminded about prognostic implications.

There are nine chapters, all of which emphasise important clinical correlations, including an initial description of paediatric electromyography, an approach to the floppy infant, and investigations on the critical care unit. There are several illustrative case reports and multiple original references. I suspect this book will find itself on the shelves of many clinical neurophysiologists and those neurologists and paediatricians who are involved with these investigations.

HUGH MIDDLETON


This is an excellent volume which should be in the library of most urologists interested in this subject. The book is split into six parts which cover basic anatomy, investigative techniques and a discussion of neurological diseases in adults and paediatrics. The last section is concerned with therapy.

The basics of neurological anatomy are well covered in part 1 and there is an additional section on sexual dysfunction and infertility which is not usually found in this sort of volume. Investigative techniques are well covered and in part 3 the common causes of damage to the controlling system of the bladder are discussed in sections so that spinal cord injury has a separate section from multiple sclerosis and cauda equina injuries. This leads to repetitive style inevitably as some conditions have similar precipitating causes. The children's section covers the common causes of neuropathy in children and has a useful section on enuresis. Part 5 covered urological disorders with neurologic implications so that prostatic hypertrophy and its sometimes devastating effects on the urinary tract is well covered. The section on treatment is up to date and comprehensive.

I think that the authors are to be congratulated on producing an interesting and well written book which in fairly short, succinct chapters, covers the basics of the subject very well. References are up to date and comprehensive.

ROBERT MACFARLANE


This book is written by three acknowledged American experts in the field, each with a different background. It sets out to provide a clinical approach to the patient with muscle disease and, to a significant extent, succeeds. The book begins in a fairly conventional manner with sections on various aspects of the structure and function of normal muscle, the evaluation of patients with myopathies, and genetic evaluation. The second part of the book deals with specific myopathic disorders, classified into the traditional subgroups. The third and final portion of the book describes general strategies of clinical management and includes a chapter on muscle pain and fatigue, including short sections on fibromyalgia and chronic fatigue syndrome. Generally, the information contained within the book is up to date and there are useful sections summarising recent advances in many of the chapters.

Who should read it? It is not comprehensive enough to be a reference text but would provide ample information for any neurologist or non-specialist physician wishing to refresh their memory about a specific disease or clinical syndrome. It would serve as a good textbook containing all the information on muscle disease that would be needed by any trainee in neurology, clinical neurophysiology, rehabilitation medicine, or rheumatology. If any of the above describe your needs then I would recommend it.

TIMOTHY WALLS


This volume contains the conference proceedings of the Xth Meeting of the European Society for Stereotactic and Functional Neurosurgery (Antalya, 1994), and has been published previously as a supplement to Acta Neurochirurgica. The book can be divided into several broad headings. It begins with a series of papers on various aspects of movement disorders. A review of the pioneering work of the late Ted Hitchcock into neural transplantation is followed by articles on pallidotomy, and the place for thalamotomy in the management of disabling tremor in multiple sclerosis. A brief consideration of spasticity is then followed by the experiences of several units with image-guided frameless stereotaxis. The book then covers a diverse group of topics including the endoscopic treatment of cystic brain lesions, neurosurgery for affective disorders, and the localisation of epileptic foci. The final section on the management of pain discusses CT-guided percutaneous cordotomy and trigeminal tractotomy, several papers evaluating the role of spinal cord stimulators in the management of back and lower limb pain, concluding with consideration of some aspects of trigeminal neuralgia and central neuropathic pain.

It is inevitable with books of this kind that both the subject matter and the quality of the contributions is diverse. Whilst a number of the individual contributions are excellent, they are too short to contain anything more than a brief outline of the literature, making this very much a book for the expert rather than for those wishing to gain a broad understanding of the subject. Unfortunately there is no discussion or editorial comment after any of the papers, and the index is poor. I think that it is likely that clinicians will choose to read only selected papers from this text rather than to purchase the entire collection as a single volume.

SIMON BONIFACE

SHORT NOTICES

Readers may be interested in


