tendency to exclude "minor stenosis" from surgical considerations has no scientific foundation, as no "hard" data are yet available to indicate whether and which kind of carotid stenosis should be considered for endarterectomy.¹

Regarding the lower limit of accuracy for detecting carotid stenosis by CW-doppler, the 50% limit is the most commonly used criterion,²⁻⁴ as only "when the degree of stenosis of an artery is at least 50%, the flow velocity in that vessel increases and there is an increased Doppler frequency".⁵ This limit allowed us to obtain, in the preliminary study, a sensitivity of 91.6% and a specificity of 95.1%. These results are comparable to those reported in the literature, but diagnostic accuracy would have been lower had we chosen 30% as the lower limit.

We appreciate the results reported by Norris and Bornstein, but we suggest that each laboratory should develop its "normal values" on the basis of its own experience and results.

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Alcaptonuria with seizures

Sir: In 1983 Bhaskar and Neelakandan reported in this Journal on two cases of alcaptonuria associated with epileptiform discharges in the EEG, of whom one actually had manifest convulsions.¹ These were probably the first reported cases of alcaptonuria associated with seizures; recently we met with an additional case.

A 2½-year-old boy was seen by us after an attack of unconsciousness in his parents' car, lasting five minutes, after which he

remained drowsy during the next four hours. Neurological and physical examination revealed no abnormalities. His development had been completely normal, but the parents casually mentioned a curious dark cerumen and dark staining of the urine in his diapers and trousers, worsening after washing, which suggested alcaptonuria. A CT scan of the brain was normal; and EEG revealed no abnormalities. Analysis of the urine showed that it contained 27.1 mmol/l of homogentisic acid (52.1 mmol/g creatinine), which proved the diagnosis of alcaptonuria.

Fourteen days after the first attack a second identical one occurred in the morning; we were able to record an EEG one hour later, while the child still was drowsy: it showed bilateral slow waves, interpreted as a postictal phenomenon.

In addition to a protein-restricted diet valproate treatment was started, and the boy has now remained free from attacks for a year, while his EEGs have remained normal. The sodium valproate had no influence on the level of homogentisic acid in the urine.

The association of alcaptonuria and epilepsy may remain accidental; nevertheless the possibility exists that it is a further disorder of aminoacid metabolism associated with seizures.

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Book review

Concepts in Pediatric Neurosurgery
Edited by RP Humphreys. (Pp 244, \$98.25.) Basel: Karger AG, 1985.

This further publication of papers presented at an annual meeting of the American Society for Pediatric Neurosurgery is like its predecessors, well produced and covers a wide variety of topics. *Concepts* is a rather dignified word undeserved by most of the papers which report the personal experience (steadily and helpfully increasing at the hands of those who totally specialise in paediatric neurosurgery) in such matters as torticollis, craniosynostosis, vascular malformations, brain stem gliomas, and many others. Among these is the MEAN disease, a hamartomatous disorder with a favourable prognosis which, when the wealth of serious disorders in paediatric neurosurgery is considered, appears to merit to be a very poor candidate for such an acronym. However, *Concept* is the theme of excellent contributions by Chapman on early management of penetrating orbital injuries in children and Venes on the role of the orbito-sphenoid in cranio-facial dysostosis. The epithet is, above all, deserved by an excellent paper on spinal cord astrocytomas in childhood by Epstein et al. The thoughtful and courageous attack upon intramedullary tumours which most of us would not previously have thought were treatable, is here described and beautifully illustrated together with a helpful description of the pitfalls associated with such extensive surgery.

The increasingly common custom of publishing proceedings of meetings is, in my opinion, much to be deplored. Very few are produced as beautifully as this one, but in all of them there is evidence of the lack of peer review; and the individual papers would be better placed in appropriate specialist journals after being subjected to assessment, review and (often) revision. Publication in book form also leads to omission of references in many of the present indexing systems. This book is nevertheless commended to those who wish to know of progress (if not of concepts) in paediatric neurosurgery.

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