Department of Neurophysiology
S RENOWDEN
Department of Neuroradiology, Radcliffe Infirmary,
Oxford, UK
A SELLAR
DNA Laboratory, Churchill Hospital, Oxford, UK

Correspondence to: Dr MG Hanna, Department of Clinical Neurology, Institute of Neurology, Queen Square, London WC1N 3BG, UK.

- 1 Hammans SR, Sweeney MG, Hanna MG, Brockington M, Morgan-Hughes JA, Harding AE. The mitochondrial DNA transfer RNA^{Leu(UUR)} A→G⁽³²⁴³⁾ mutation: a clinical and genetic study. *Brain* 1995;118:721–34.
- 2 Ciafaloni E, Ricci E, Shanske S, et al. MELAS: clinical features, biochemistry, and molecular genetics. *Ann Neurol* 1992;31:391–398.
- 3 Moraes CT, Ciacchi F, Silvestri G, et al. Atypical clinical presentations associated with the MELAS mutation at position 3243 of human mitochondrial DNA. *Neuromuscul Disord* 1993;3:43–50.
- 4 Morgan-Hughes JA. Mitochondrial diseases. In: Engel AG, Franzini-Armstrong C, eds. *Myology*. New York: McGraw Hill 1995: 1610–60.
- 5 Goto Y, Nonaka I, Horai S. A mutation in the tRNA^{Leu(UUR)} gene associated with the MELAS subgroup of mitochondrial encephalomyopathies. *Nature* 1990;348: 651–3.
- 6 Hirano M, Ricci E, Koenigsberger MR, et al. MELAS: an original case and clinical criteria for diagnosis. *Neuromuscul Disord* 1992;2: 125–35.
- 7 Rosen I, Phillips S, Enzmann D. Magnetic resonance imaging in MELAS syndrome. *Neuroradiology* 1990;32:168–71.
- 8 Jackson MJ, Schaefer JA, Johnson MA, et al. Presentation and clinical investigation of mitochondrial respiratory chain disease: A study of 51 patients. *Brain* 1995;118:339–57.

MATTERS ARISING

Brain and spinal cord MRI in motor neuron disease

We read with interest the article by Thorpe *et al*¹ raising the question of the importance of MRI alterations as prognostic factors in motor neuron disease. In a retrospective study at our institute, we also found signal abnormalities in MRI along the pyramidal tracts in 11 of 16 patients affected by amyotrophic lateral sclerosis.² In all of them, symmetric hyperintensity in T2 weighted images were recognisable at the level of the corona radiata, in the internal capsule and the cerebral peduncles; in two of these cases signal changes were also present in the pons. When the patients with and without MRI abnormalities were compared, we failed to find prognostic factors. Age, spinal or bulbar onset, disease severity as assessed by the Norris scale,³ time interval between onset of disease and MRI investigation, duration of disease (time interval between onset and death or study closure) did not differ between the two groups of patients. Conversely, MRI signal abnormalities were associated with more pronounced upper motor neuron signs. Thus in our experience, alterations in MRI do not have a prognostic value but they simply reflect the severity of pyramidal tract degeneration. As Thorpe *et al* suggested,¹ abnormalities of MRI may be helpful in early diagnosis of motor neuron disease. However, this has to be confirmed in further studies, as neuropathological examinations have shown great variability in

the expression of the involvement of the pyramidal tracts even in the typical cases.⁴

D TESTA
F CARELLA
Division of Neurology,
National Neurological Institute "C Besta",
Milan, Italy

Correspondence to: Dr D Testa, Divisione di Neurologia, Istituto Nazionale Neurologico "C Besta", V Celoria 11, 20133, Milano, Italy.

- 1 Thorpe JW, Moseley IF, Hawkes CH, MacManus DG, McDonald WI, Miller DH. Brain and spinal cord MRI in motor neuron disease. *J Neurol Neurosurg Psychiatry* 1996; 6:314–7.
- 2 Carella F, Grisoli M, Savoiardo M, Testa D. Magnetic resonance signal abnormalities along the pyramidal tracts in amyotrophic lateral sclerosis. *Ital J Neurol Sci* 1995;16: 511–5.
- 3 Norris FH Jr, Calanchini PR, Fallat RJ, Panchari S, Jewett B. The administration of guanidine in amyotrophic lateral sclerosis. *Neurology* 1974;24:721–8.
- 4 Bronwell B, Oppenheimer DR, Hughes JT. The central nervous system in motor neuron disease. *J Neurol Neurosurg Psychiatry* 1970; 33:338–57.

NOTICE

Announcement from the British Neuropsychiatry Association: 1997 summer meeting

The 1997 summer meeting of the BNPA will be held jointly with the American Neuropsychiatry Association on 20–22 July at Robinson College, Cambridge, UK. It will include half day sessions on frontosubcortical circuits and emotion/reward/violence, and the presentation of short scientific papers, posters, and single case videos by members. The winner of the 1997 BNPA Prize will be announced. Two prizes of £200 each will be given to the best paper/poster presentations by junior members. The AGM of the BNPA will be held on 21 July.

For further details of this meeting please contact Suzanne Miller, 44 Roan Street, London SE10 9JT. Telephone 0181 858 2699; fax 0181 853 4416; e-mail wight@compuserve.com.

For details of membership of the BNPA, which is open to psychiatrists, psychologists, neurologists, and those in related fields, please contact Dr Jonathan Bird, Secretary BNPA, Burden Neurological Hospital, Stoke Lane, Stapleton, Bristol BS16 1QT.

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.

Pituitary Adenomas. Edited by A M LANDOLT, M L VANCE and P L REILLY. (Pp 656; £125.00.) Published by Churchill Livingstone, Edinburgh. 1996. ISBN 0443051348.

I very much enjoyed reviewing this book which has been edited by three neurosurgeons, from Europe, the United States and Australia. It is a very complete text which covers everything that you wanted to know about pituitary adenomas and would previously have had to search widely for contemporary answers. The editors have succeeded in commissioning a wide range of expert opinion covering all related specialist areas. The chapters have been logically arranged and there are many high quality illustrations including colour plates of histological slides. This is essential to achieve adequate clarity for interpretation by the non-expert reader. Inevitably there is some repetition, but in some ways this is no bad thing as the chapters can be read in isolation.

As a surgeon I was particularly interested in the chapters covering radiology, micro surgical anatomy, the history of pituitary surgery and current surgical techniques. The contemporary surgeon largely operates via the transnasal transphenoidal approach with minimal morbidity and high rates of cure. These remarkable achievements rely very much on sophisticated pre and per operative imaging techniques and the use of the operating microscope. Following an excellent and detailed account of the trans-sphenoidal approach there are further chapters on surgical results and prognosis for the various pituitary adenomas.

Following on from surgical considerations are excellent and very readable chapters covering the medical treatment of the different endocrinopathies associated with pituitary tumours. I particularly enjoyed the chapters on the different radiotherapeutic approaches to pituitary tumours. I have never been certain about which patients can safely be spared the potential long term morbidity of this treatment. Although optic neuropathy, brain necrosis and vascular injury are the most feared complications, hypopituitarism requiring hormonal replacement therapy eventually develops in a large proportion of patients after fractionated radiotherapy. It seems increasingly clear that despite full hormone replacement therapy many patients with iatrogenic hypopituitarism have a reduced quality of life.

The clinical features, diagnosis, and management of pituitary apoplexy are covered in a single chapter. This gives sound advice to the non-specialist neurosurgeon who may be called upon to deal with these cases when they present as emergencies. I would concur with the view that the beneficial effects on neurological, visual, and endocrine functions are sound reasons for early surgical intervention by the transphenoidal approach. The improved prognosis of pituitary apoplexy that has been achieved by contemporary management is amply illustrated by the fact that all 12 patients in the first published series of apoplexy were diagnosed at necropsy.

Overall I think that this is an excellent

text book which will be of interest to those who specialise in the management of pituitary adenomas as well as a wide range of specialists who may occasionally come into contact with these patients. I think both established consultants and trainees will enjoy this very reasonably priced contribution to the field.

ROD LAING

Handbook of Multiple Sclerosis. Second Edition; Revised and Expanded. Edited by STUART D COOK. (Pp 640; \$175.00.) Published by Marcel Dekker inc, New York. 1996. ISBN 0-8247-9726-4.

With a long list of eminent authors who have contributed a considerable amount to recent research on multiple sclerosis this book aims to provide a comprehensive update on the background of rapidly advancing research. It has a strong North American flavour with only two of the 42 authors based in other locations; this is reflected in the text and also in the interpretation of literature. One example of this is the rather egotistic idea that "Until the Canadian Collaborative Project on Genetic Susceptibility to Multiple Sclerosis is completed, the relative role of genetic and environmental factors in the causation of multiple sclerosis will remain obscure". The facts are that several groups including one in the United States are addressing this question and have since published their results which presumably were not available prior to publication of this book. The chapter by Hillbert provides a more balanced approach to genetic aspects of the disease, but one found oneself primed against further narrow interpretations early in the book.

Halfway through and I begin to warm to this tome, the classical arguments for and against the environmental contribution to disease aetiology are well researched and fluently written including the role of EAE and its contribution to the understanding of disease genesis. I soon found myself scoring the chapters and their authors and before long "the man of the match" emerged. John Prineas's review of the pathology was wonderfully eloquent and quite beautifully illustrated with some old favourites. My only beef would be that the black and white representations do not entirely do justice to the wonderful colour originals and their interpretation is slightly weakened because of this, although I am sure this was a financial decision. Another chapter worth mentioning in despatches is the review of neuroimaging in multiple sclerosis which has become so important in managing some of the clinical aspects of the disease, as a surrogate marker of disease activity and the value of new techniques and imaging sequences. I felt, however, that the edge of some of the information was dulled by the liberal use of "technospeak" which I would imagine we are all guilty of to some extent. Another minor complaint I would have is the variable citation format which seemed to switch from numbered to alphabetical intermittently and failed to provide a sense of comfort in the use of these references even by the end of the book.

Predictably one of the most controversial chapters was the presentation and interpretation of the interferon data in the treatment of multiple sclerosis. North America has wholeheartedly embraced the use of these drugs in the day to day management of multiple sclerosis. Europe and in particular the

United Kingdom has remained more circumspect. This book presents unequivocal support for the widespread use of interferon raising only questions about which type and how to manage side effects. It does not in my opinion provide an alternative view and does not address adequately the important questions of blinding and the relevance of a single point on the EDSS in those trials designed to determine an effect on the most important feature—namely, disability.

Overall this is a good read for the established features of the disease. I would, however, advise those interested in therapeutic advances to make their own interpretation of the data and to remember that this is a book which leans heavily on local practices and interpretations.

NEIL ROBERTSON

Neurological Disorders, Course and Treatment. Edited by THOMAS BRANDT, LOUIS R CAPLAN, JOHANNES DICHGANS, H CHRISTOPH DIENER and CHRISTOPHER KENNARD. (Pp 1150; \$139.95.) Published by Academic Press, California. 1996. ISBN 0-12-125830-0.

Many large textbooks of neurology, by their very nature, contain vast amounts of information, sometimes presented in a turgid style, that the practising neurologist often finds difficult to access easily. This new textbook, as its title suggests, sets out to provide a practical guide to the clinical neurologist, with the emphasis on patient management. Any textbook that attracts a wide range of distinguished authors from both sides of the Atlantic is worth serious consideration, and the acid test of this volume is the frequency with which it has been consulted in the registrar's room over the last two months, and the ease with which the required facts have been extracted.

Each chapter is divided into various sections: clinical aspects, natural course, principles of therapy, practical management, and treatments no longer recommended. This is a refreshingly innovative approach, and on the whole works extremely well. It is a shame that some authors have strayed from this approach, as it makes referring to individual chapters a pleasure. The chapters are generally concise and well written, and one of the features I particularly liked about this book was its division into many small chapters each covering a specific and focused area. Symptoms which neurologists commonly encounter and which are often difficult to unravel, such as tinnitus and vertigo, are covered in their own right. The section on side effects of drugs commonly used in neurology is innovative and of great use.

I found this an excellent textbook—perhaps the most useful large textbook of neurology that I have come across in the past few years. Its success stems from its emphasis on the day-to-day practicalities of patient management rather than on factual material as in other reference books. It will undoubtedly find a place on the bookshelf of many neurology departments, and the editors and authors are to be congratulated on their efforts.

SANDIP SHAUNAK

Bickerstaff's Neurological Examination in Clinical Practice. Sixth Edition. By JOHN SPILLANE. (Pp 383; £39.50.) Published by Blackwell Science Ltd, Oxford. 1996. ISBN 0-86542-909-X.

This book was first published in 1962, and is now on its sixth edition. The fact that it has reached so many editions must be a comment on its success over the past 30 years. The problem is that the recipe for success in the era when this book was first published is not necessarily a guarantee of success in the 1990s. The learning process generally, not only in medicine, is much less didactic than it used to be. Although this book has been revised several times it still exudes a dry and uninspiring aura. Despite not being able to quibble with this book's factual content, the dense text and relative lack of illustrations (particularly in the context of neuroanatomy) made this heavy going.

The author comments in his preface that this was not intended to be a comprehensive textbook of neurology or of neurological diagnosis. However, by attempting to include aspects of both of these areas, the book fails to satisfy the reader in either. One immediately thinks of textbooks which much more successfully satisfy the needs of today's neurological trainee in providing a well written, well illustrated and accessible source of information with the emphasis on understanding the anatomical basis of the facts presented. Some of these have managed to evolve since first published and to integrate areas that have transformed clinical practice such as imaging in a way that this book doesn't quite achieve.

This may have been a useful book when first published, but I think that it is unlikely to appeal greatly to today's trainees or medical students. At £39.50 it doesn't offer particularly good value to these groups.

SANDIP SHAUNAK

Operative Skull Base Surgery. Edited by MICHAEL TORRENS, OSSAMA AL-MEFTY and SHIGEAKI KOBAYASHI. (Pp 330; £125.00.) Published by Churchill Livingstone, Edinburgh. 1996. ISBN 0-443-05079-1.

Subspecialisation rolls on apace. In the august establishment where I accomplished most of my postgraduate training, the Dental Institute had so many professors that, it was regularly suggested, there was one for each tooth. Although in neurosurgery we have not yet reached the point of one professor for each neurone, it is probable that the tidal wave of subspecialisation is now unstoppable. While in many areas of the discipline the old adage of knowing more and more about less and less applies, in the case of skull base surgery the growth of the subspecialty has had its advantages as it brings together the separate disciplines of neurosurgery, otolaryngology and maxillofacial surgery. The combined expertise of these different disciplines has made tackling the formidable technical problems of lesions around the skull base much less daunting than appeared to be the case only a few years ago. This book brings together the majority of the different operative approaches to the skull base currently in use. As might be expected in a multiauthored textbook, some of the chapters and, more crucially, some of the illustrations are clearer than others, but the editors are to be congratulated for managing to impose a relative uniformity of style. The illustrations are in monochrome and this seriously impairs their comprehensibility in some cases. However, in most chapters they are relatively easy to understand, although both the illustrative