Neurogenic Intermittent Claudication

In Britain, the use of the term intermittent claudication is restricted to the symptom of ischaemic pain which occurs in the muscles of the lower limbs on exercise and is relieved by rest. In Europe and elsewhere, the term is frequently applied to any symptom in the lower limbs which occurs or is aggravated by walking. Intermittent muscular pains, loss of power, numbness, paraesthesiae, even ataxia and backache are included in this definition, and since the cause of these symptoms is usually some neurological disorder the phrase neurogenic intermittent claudication is used. This book deals with this symptom complex, and it is mainly concerned with the author's thesis that the commonest cause of neurogenic intermittent claudication is stenosis of the lumbar vertebral canal. He believes that in the majority of cases the symptoms are due to idiopathic developmental lumbar stenosis. This condition can only be diagnosed at operation by measurements of the mid-sagittal diameter of the lumbar canal which are made by a special instrument—the stenosimeter. Three varieties of the condition are recognised—pure absolute stenosis, mixed stenosis, and pure relative stenosis depending upon the diameter of the canal and whether this is uniform throughout the stenosed area or varies at different vertebral levels.

The clinical material consists of 97 patients with lumbar stenosis of whom 70 had neurogenic intermittent claudication. As well as lumbar stenosis most of the patients had additional spinal lesions such as narrowed intervertebral foramina, spondylotic ridges, or disc protrusions, and as well as neurogenic claudication most had either signs of root lesions and/or lumbago so that other diagnoses might easily have been made. A great wealth of detail regarding the patients' clinical features and their relationship to the pathological changes observed in the lumbar spine is presented in 79 tables most of which are too complicated to enable one to understand the data easily. Other forms of lumbar stenosis, congenital and acquired, and other possible causes of neurogenic intermittent claudication are mentioned, and the pathogenesis of the symptoms is fully discussed.

The book is a reprint, with additions, of a section in Vinken and Bruyn's *Handbook of Clinical Neurology* and those who are interested in this subject, particularly neurosurgeons and orthopaedic surgeons, will no doubt find the monograph format and the additional factual data more practically useful than the larger handbook.

R. L. RICHARDS


The title of this book has been chosen carefully to convey the view of the research team that the child patients they have selected for study do not suffer from a disease entity, 'autism' but from one of several syndromes which share a constellation of symptoms. Of these they give precedence to six—namely, early age of onset, profound inability to relate to other people, language retardation, ritualistic and compulsive behaviour, disturbance of motility, and abnormal responses to sensory stimuli. Seventy-eight autistic children so defined, with paired controls matched for age and sex, participated in a brief but intensive battery of investigations at the Children's Brain Research Clinic, Washington DC, whose director, Dr. Mary Coleman, is the editor of this volume.

Among several interesting findings were:
1. An increased incidence in serum antibodies to *Herpes simplex* and to toxoplasma.
2. Raised level of 5 hydroxy-indoles.
3. Elevated serum zinc.
4. Significant incidence of minor physical abnormalities.
5. Unusual dermatoglyphic patterns.

The monograph is elegantly produced, as it should be, priced $32. It is an essential reference book for the academic library.

FRED H. STONE