Matters arising

delayed-onset dystonia following perinatal anoxia probably has been underestimated in the past. Thus, 8% (5 of 40) of our patients with torsion dystonia as the only clinical abnormality, had a positive history of complicated labour, but only one patient had suffered severe asphyxia. The practical problem one faces in the other four patients is to decide whether they actually have delayed-onset dystonia or if expression of their dystonia was facilitated by perinatal anoxia. In this relatively small number of patients we have noticed the coexistence of dystonia with other abnormal movements in the form of postural tremor (three patients) ballism (two patients) and reflex or action myoclonus (three cases). The possible diagnostic importance of these findings will only be judged adequately after extensive clinical-epidemiological data about the incidence of other movement disorders in primary torsion dystonia is collected. To our knowledge such information is not yet available. For the time being in the absence of a definitive marker for torsion dystonia, the role of anoxia as an aetiological or predisposing factor in patients with pure dystonia and normal laboratory tests will be difficult to assess.

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We are grateful to Obeso and his colleagues for bringing to our attention two probable cases of delayed-onset dystonia due to perinatal anoxia. We would certainly agree that there have been a number of clear descriptions of this phenomenon prior to our report of 1980. We would also agree that the incidence of this occurrence is probably underestimated; since our original report we have seen numerous additional cases.

We strongly concur with Obeso et al that this form of dystonia can be clinically indistinguishable from idiopathic (primary) torsion dystonia. Thus, like Marsden and Harrison we believe that a diagnosis of idiopathic torsion dystonia cannot be made in the presence of a history of an abnormal birth. In the absence of markers for the primary dystonias, diagnosis can be difficult where there is some mild or questionable birth complication or development delay. Given the clinical similarity between delayed-onset and primary dystonia, it was our policy in a recent study of the clinical course of autosomal dominant torsion dystonia among non-Jews to exclude from consideration any individual within a pedigree who had a history of frank birth injury. Such an exclusion criterion is needed to insure a pure sample of primary dystonics, even within a family group.

Not only will the discovery of markers for the primary dystonias assist differentiation between these two conditions, but also the development of measures of the degree of birth asphyxia. In addition, it is possible that magnetic resonance imaging may prove useful by allowing visualisation of striatal pathology, which would be anticipated in dystonia due to perinatal asphyxia.

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References


Book reviews


Everyone involved in the care of patients with epilepsy is aware of the striking association between epilepsy and psychiatric disorder, which is most common in patients with complex partial epilepsies.

Hughlings Jackson believed that “epilepsy was the cause of insanity in 6% of the insane”. Would that things were so black and white! This book, whilst short, explores the shades of grey in some depth. It is a multi-author volume. The Editor contributes both an introductory review and a conclusion. The meat in the sandwich consists of a number of chapters, some of which represent review articles, others of which contain some original investigative data. The topics include interesting chapters on the kindling model of epilepsy which explores both the neurochemical basis, and animal behavioural changes which occur during the process. Subsequent chapters review the roles of antiepileptic drugs in psychopathology, and the associations between depression and psychosis and epilepsy. The practical problems of how to treat psychiatric disorder in patients with epilepsy are considered and perhaps the most useful chapter documents the difficulty of defining the extent to which antidepressant drugs can cause seizures. Finally the possibility that anticonvulsant drugs may have psychotropic properties is explored. A considerable amount has been written concerning the relationship between epilepsy and psychiatric disorder over recent years. This book is a useful summary of the field, but readers should not expect any clear answers to the many questions and problems they face in everyday clinical practice. One area that one was sorry to see receive little attention was the question of whether criminal, violent, or generally antisocial behaviour may occur as a sub-clinical ictal phenomenon. Clinical neurologists rarely accept this but will be well aware that many of their psychiatric colleagues seem to hold a diametrically opposed view as judged by the number of referrals of such patients who have some form of EEG abnormality!

When one accepts that no specific psychiatric disorder can be associated with epilepsy, and that biological factors, drugs
and social problems can interact in endlessly complex ways to produce psychiatric disturbance, ones sympathy has to go to the Editor in trying to offer a satisfactory chapter of conclusion to this book. One should perhaps not be disappointed that he has failed, but grateful so many basic scientists and clinicians are working in this area.

DW CHADWICK


This is the 74th volume in the RSM International Congress and Symposium Series. It is the proceedings of a symposium held in 1983, arranged by the manufacturers of clobazam. The text is divided into two parts; the first on the psychopharmacology and anxiolytic activity and the second on the psychopharmacology and antiepileptic activity of clobazam. There are 30 contributions in all, including several by clinicians associated with the manufacturers, and a number of different aspects of the drug are covered. The standard is variable, with the usual number of papers dealing with small numbers of patients and case studies. Whether this sort of publication serves any useful function is doubtful, apart from providing a source of reference material. Ironically, the book comes out after the recent introduction of a limited list, which excludes the NHS prescription of clobazam for anxiety.

SIMON SHORVON


This book represents an attempt at dealing with a neglected area within a neglected area. There is still relatively little written about rehabilitation after head injury in general, but there is even less written in the very neglected area of paediatric head injury, despite the fact that head injury injures predominantly a young and young adult population. This book is dedicated both to the head injured children and their families, and throughout there is a welcome stress upon family, functional, educational, and vocational aspects of outcome, although purely physical and medical issues are dealt with also.

The book is sub-divided into sections, dealing broadly with medical/physical issues; family and behavioural issues; cognitive issues, and finally programme management. In each section, the authors give a comprehensive account of their own clinical experience and practice, although as is often the case in the head injury field, there is a lack of validated rehabilitation studies from which the authors may draw. In addition, there is a hint of an unwelcome polarisation of views so that the editor in one section refers to the effects of rehabilitation in terms of “patient progress, and not academic acceptability”. The ideal is to use both criteria, but the stress in the book is firmly clinical rather than operational/academic. Having said this, there is an enormous amount of extremely useful, high quality information to guide any rehabilitation specialist in the management of patients—adults as well as children. This book is not overpriced, and it will become a crucial part of the armamentarium of anyone working with head injured patients.

DN BROOKS


Among the plethora of books on stroke, this is one with a difference. It is a joint effort between two doctors, a speech therapist and a psychologist. The word “critical” in the title is the key word. The authors have assessed current practice in stroke management and found it wanting. Of medical treatment they declare, “there is not yet any specific medical treatment known to be of benefit... meanwhile, it must be realized that the use of these therapies on (randomly) selected patients probably does not benefit the individual patient”. All that can be done on this score in the authors’ view is to try to prevent complications developing.

Surprisingly the same rigour is not applied to physical and psychological treatment and to speech therapy. It is recommended speech therapy be started early, though evidence as to its value is lacking. Memory and cognitive training are likewise recommended though the evidence presented hardly provides a powerful case for their value. This being said the book is valuable in providing detailed guidance on how stroke patients should be assessed, for without reliable assessment the efficacy of therapy cannot properly be measured. Those working with stroke patients and particularly those trying to organise a service will find this book of great help.

JOHN MARSHALL

Cerebrovascular Diseases

The published proceedings of many meetings tend to be of limited interest and generally disappointing. However, the proceedings of the Princeton conference is an exception. The topics are always carefully selected and many of them represent a state of the art assessment on areas of current interest. The participants, especially those from overseas, are also carefully selected and therefore the quality of the discussion is good. This volume lives up to the previous standards. There are a number of valuable contributions. Those on the role of carotid endarterectomy are particularly worth reading. Dr Dyken’s estimate is that there are probably fifty thousand unnecessary carotid endarterectomies performed each year in the United States which means approximately one thousand four hundred deaths and ten thousand strokes, is indeed sobering. The further unsolved problems of stroke prevention and the treatment of intracerebral haemorrhage are discussed. There are sections on neurological grading scales, rheological factors in stroke, haematological approaches to stroke therapy, perinatal cerebrovascular problems and mulcular mechanisms in ischaemic brain damage including contributions on oxygen free radicles and the effects of hypoglycaemia and cerebrocidosis on ischaemic brain damage.

Every medical library should have a copy of these proceedings.

DJ THOMAS