

left, with stimulation of the median (2 series of 512 addresses) and peroneal (3 series of 2048 addresses) nerves and recording sites at Erb's point, Cv₇, C₃', C₄', and L₃, T₁₂, T₆, Fpz respectively. In all cases the amplitude and shape of the SEPs as well as their latencies and peripheral and central conduction velocities (in particular along the segments: Knee-L₃; L₃-T₁₂; L₃-T₆, T₃-T₁₂) were normal. The electrophysiological findings thus indicated chronic denervation in the leg muscles, with slightly reduced motor conduction velocity probably due to loss of fast motor fibres. The completely normal sensory pathways, both distal and proximal to the dorsal ganglia and intraspinal, and the marked signs of reinnervation with fasciculation, implied an anterior horn cell lesion.

There has been controversy as to the exact location of the lesion in clinically similar cases. Some authors^{6,7} have suggested a damage to the lumbosacral plexus on the basis of retroperitoneal fibrosis on necropsy. However their patients also had marked sensory symptoms. Others⁸⁻¹⁰ have reported cases with exclusively motor signs suggesting that the probable site of damage lies either in the anterior horn cells of the lower spinal cord and/or in the lumbar and sacral motor roots. Clinically our case had bilateral exclusively motor signs and detailed electrophysiological studies demonstrated only chronic denervation and reinnervation with normal sensory pathways. In our opinion this observation confirms that isolated lower motor neuron involvement may occur after radiotherapy.

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Notice

The Volvo awards for low back pain research 1987

The Volvo Company of Göteborg, Sweden, this year sponsors three prizes, now increased to US\$7,000 each. Awards will be made competitively on the basis of scientific merit in the following three areas: (1) Clinical studies, (2) Bioengineering studies, (3) Studies in other basic science areas.

Enquiries should be addressed to Professor Alf L Nachemson, Department of Orthopaedic Surgery, Sahlgren Hospital, S-413 45 Göteborg, Sweden.

Matters arising

Phaeochromocytoma and intracranial aneurysm

Sir: I read the interesting letter by Jha and Lye published recently in your journal.¹ They indicated that they were not aware of any previous reports on an association between intracranial aneurysms and phaeochromocytomas. I would like to supplement the references in their letter with two articles in which an association between aneurysm and this tumor were discovered.^{2,3} These two references were uncovered previously while searching the literature for a chapter on conditions associated with intracranial aneurysms.⁴

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Scotland: the birthplace of surgical neurology

Sir: The temporal coincidence of two important events, the death of Dr Irving S Cooper in October 1985 and the simultaneous appearance of the fine historical review of neurosurgery by Dr Paul C Bucy,¹ has prompted the following comments. To the list of distinguished pioneers in world neurosurgery, so eloquently outlined by Dr Bucy, I wish to palmer the name of Irving Cooper. As CP Snow said, Cooper was "one of the most remarkable men alive" and "one of the great brain surgeons of the world."² He developed new techniques to alleviate positive symptoms of movement disorders without producing any negative symptoms. This was something which the experts continued to claim was an impossibility even after Cooper had demonstrated his results in