*Intraoperative Monitoring of Evoked Potentials* is clearly presented but could be seen as not very relevent to the intensive care situation, and *Intra-operative Monitoring of Extracranial Vascular Surgery* likewise. This volume is hardly likely to become a standard text for the management and monitoring of neurosurgical patients in the intensive care unit.

G BROCKLEHURST

**TRH and Spinocerebellar Degeneration.** Edited by Itsuro Sobue. (Pp 268; $74.00.) Amsterdam: Elsevier Press, 1986.

The attempts to identify an effective therapy for ataxia which have been made in the last decade or so do not add up to a tremendous success story. Impressive results from one centre, regrettably infrequently obtained from a well designed double blind trial, have rarely been confirmed in another.

The rationale for many of the proposed therapies for ataxia, particularly cholinergic compounds, is rather tenuous. Superficially it is difficult to see why thyrotropin releasing hormone (TRH) should confer any benefit on ataxic patients. TRH was first shown to improve ataxia in an ataxic mouse mutant (rolling mouse Nagoya) in 1977. Noradrenaline is present in abnormally high concentrations in the cerebellum and brainstem of these mice, and TRH accelerates noradrenaline turnover in the brain. It is known that there are noradrenergic afferents projecting to the mammalian cerebellar cortex, although their function is unclear. A recent observation which is possibly important, but not stressed in this volume, is that TRH appears to play a role in regulating GABA receptors in the cerebellum; GABA is the major neurotransmitter of Purkinje, basket and Golgi cells.

In this book, Sobue and many contributors from Japan describe the effects of TRH and TRH analogues, administered parenterally and orally, on patients with a variety of degenerative ataxic disorders. There is an extensive introductory section describing the distribution, metabolism, and function of TRH in the nervous system and elsewhere, two chapters on the pharmacokinetics of TRH, and further chapters on the effects of TRH on various mouse models of ataxia. A useful summary of what is known about neurotransmitters and cerebellar function is provided by Kanazawa. Yoshida and Nakanishi review various clinical and other methods of evaluating disability in ataxic patients. Overall the Japanese experience, based on either open or controlled trials, suggests that administration of TRH or its analogue DN-1417 increases stability of stance and gait and improves dysarthria in patients with degenerative ataxias. This book provides a useful starting point for anyone hoping to confirm these results in further trials.

ANITA HARDING

**Learning Disabilities and Postural Control.** By Reuven Kohen-Raz. (Pp 255; $48.00.) London: Freund Publishing House Ltd, 1987.

By learning difficulties the author means reading difficulties, and the book is an attempt to correlate these with unsteadiness as measured by ataxiametry in schoolchildren. It is maintained that there is a close correlation between unsteadiness, measured accurately, and learning difficulty, though the author admits that half of those with reading problems are not unsteady (these being the ones who are culturally disadvantaged as opposed to those who have what is often termed minimal brain damage). It is of course well known that many children with reading problems are clumsy, but the reverse is not always true.

In the text, such words as organismic, contentwise, tetraataxiametric and meta-analytical serve as a warning that one is being steered into the muddy water of neuropsychological educational theory: while a probability factor of 0·000001, derived by an obscure statistical method from combined studies of only 329 children in three different countries, heightens one's scepticism.

This book is likely to cause confusion in the minds of the ignorant, who will be unduly impressed by its scientific tone, anatomical diagrams of the cerebellum, and incomprehensible tables. But it has its uses in that it provides references to a number of approaches to reading problems (other than teaching the rules of grammar), and a good summary in Chapter 9 of current methods of sensorimotor training. The fact of the matter is that many children with learning difficulties do profit from physical and psychological stimulation in one form or another; and of course all exercises in the field of gravity involve postural control.

J FOLEY

# Notices

### Queen Square Alumni Meet in New York

An organisational meeting for an Alumni Association for the National Hospital at Queen Square was held on 8 April 1987, during the annual meeting of the American Academy of Neurology. Present at this meeting were neurologists from the United States, Canada, Great Britain, and the Federal Republic of Germany. There was a definite feeling that an Alumni Association should be formed. During the next twelve months, further details of organising the Association will be investigated. All physicians who have studied at or been affiliated with the National Hospital at Queen Square are welcome to participate. Future meetings for interested Alumni will be held at the 1987 American Neurological Association meeting and at the 1988 American Academy of Neurology annual meeting. Individuals interested in learning more about the organisation are asked to write to John C. Steiner, M.D., 1095 Nimitzview Drive, Cincinnati, Ohio 45230. Individuals interested in meeting at the American Neurological Association meeting should write Michael F. Finkel, M.D., 733 W. Clairemont Avenue, P.O. Box 1510, Eau Claire, WI 54702-1510.

**The International Society for the Study of the Lumbar Spine.** The 15th meeting will be held in Miami, Florida, April 13–17, 1988. Further information may be obtained from Dr Sam Wiesel, Sunnybrook Medical Centre, Room 3009, 2075 Bayview Avenue, Toronto, Canada, M4N 3M5.

### ILAE 1987 award in clinical pharmacology

The Fourth Commission on Antiepileptic Drugs of the International League Against Epilepsy instituted a yearly award in Clinical Pharmacology. The award is intended to recognise significant contributions by a scientist (or a team of scientists) to the clinical pharmacology of antiepileptic drugs. Candidates may apply directly or be nominated. Each submission should include a curriculum vitae, complete bibliography and six copies of the most significant publications.

All material should be forwarded to Lennart Gram MD, Secretary of the Commission on Antiepileptic Drugs, University Clinic of Neurology, Hvidovre Hospital, DK-2650 Hvidovre, Denmark.

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