Representing more than 10% of the total volume I would rather have a smaller and less expensive book.

In conclusion a volume without an obvious theme but which contains excellent individual contributions. It is certainly not one for which I would pay £45 and I suspect there are few that will be willing to spend precious funds on a work of this kind.

P JENNER

Concepts in Pediatric Neurosurgery. Vol 9. Edited by American Society for Pediatric Neurosurgery. (Pp 236; \$141.50.) Basel: Karger, 1989.

This volume represents the proceedings of the 11th Annual Meeting of the American Society for Paediatric Neurosurgery that was

held in February 1988. Once again, the published articles and contributors are to be congratulated on the speedy appearance of a book that is well presented and carries good illustrations.

As in previous editions, a variety of subjects are covered but there are areas of definite emphasis. The book opens with five papers on hydrocephalus and then proceeds to eight papers on paediatric neuro-oncology. The current interest in avoiding radiotherapy to the developing brain is given the emphasis that one would expect and there is a good description by Robin Humphreys of Toronto of the strange behavioural state (including mutism) that can complicate an otherwise apparently successful removal of a large tumour from the fourth ventricle.

There is only one paper on a cranio-facial subject, the treatment of "Posterior Plagiocephaly" by the use of specially prepared plastic helmets. This is a condition

that is unlikely to attract medical attention in this country and the authors of the article are careful not to include any "before and after" photographs by which their work can be judged.

Bruce Storrs and David McLone give a brief but tempting account of the use of selective posterior rhizotomy in the treatment of spasticity associated with myelomeningocele. Their seven cases are presented with evidence of progressive loss of neurological function and underwent first a standard untethering procedure of the spinal cord. When after a suitable follow-up period (often accompanied by neurological improvement), lower limb spasticity remained a significant problem, all seven underwent a selective posterior rhizotomy. All experienced a significant reduction in their spasticity.

R HAYWARD

Correction

Randomised double blind controlled trial of cyclosporin in multiple sclerosis. P Rudge, JC Koetsier, J Mertin, JO Mispelblom Beyer, Van Walbeek, R Clifford Jones, J Harrison, K Robinson, B Mellein, T Poole, JCJM Stokvis, P Timonen *J Neurol Neurosurg Psychiatr* 1989;52:559-65.

We regret that an error arose in the setting of table 1 of this paper. The error was not the authors' fault and we apologise to them and reproduce the correct version of the table below.

Table 1 Patient data on entry to trial (mean, standard deviation and range)

		<div>Sex</div>		Age (years)	Age at onset (years)	Duration of disease (years)	Relapses before trial	Months since last relapse	Kurtzke disability scale	Activities of daily living
		F	M							
(a)										
London		27	16	33.7 SD 5.4 (23-45)	25.1 SD 5.2 (15-35)	8.6 SD 4.6 (2-18)	7.4 SD 4.2 (2-18)	8.5 SD 8.3 (1-36)	4.8* (2.0-7.5)	8.4* (7-20)
Amsterdam		16	21	38.2 SD 7.2 (23-49)	29.7 SD 7.2 (19-47)	8.5 SD 5.4 (1-20)	3.3 SD 1.4 (0-7)	28.8 SD 33.6 (0-15)	3.4* (1-6)	12.0* (1-20)
London v Amsterdam		ratio f/m 1.7 p < 0.001		p < 0.01	p < 0.01	NS	p < 0.001	p < 0.001	p < 0.001	
(b)										
London	CsA	14	8	33.1 SD 8.0 (26-44)	25.1 SD 4.7 (15-34)	8.0 SD 4.6 (2-18)	6.2 SD 2.9 (3-15)	10.1 SD 8.6 (2-36)	4.6* (2.5-7.5)	8.4* (7-20)
	P	13	8	34.2 SD 5.7 (23-45)	25.0 SD 5.6 (15-35)	9.2 SD 4.5 (2-18)	8.6 SD 5.0 (2-22)	6.9 SD 7.5 (1-36)	5.0* (2.0-7.0)	8.5* (7-15)
Amsterdam	CsA v P	NS		NS	NS	NS	NS	NS	NS	NS
	CsA	7	11	38.2 SD 6.9 (22-48)	28.8 SD 6.3 (20-40)	9.4 SD 5.3 (1-19)	3.3 SD 1.4 (0-7)	31.0 SD 29.9 (1-108)	3.8* (1-6)	14.1* (1-30)
	P	9	10	38.2 SD 8.4 (23-49)	30.5 SD 7.8 (19-47)	7.7 SD 5.4 (1-20)	3.4 SD 1.3 (1-6)	26.8 SD 36.6 (0-150)	3.0* (1-5)	10.0* (2-20)
	CsA v P	NS		NS	NS	NS	NS	NS	NS	NS

*Data not a normal distribution. CsA, cyclosporin; P, placebo.