presence of neoplasms or hyperplasia involving endocrine glands. The organs most often affected are the parathyroids, pancreatic islets and pituitary gland. Occasionally neoplasms of the thymus gland have been reported in this syndrome. Myasthenia gravis is frequently associated with thymic hyperplasia and approximately 10–15% of the patients have a thymic tumour. Our patient presented with a thymus-adenopathy, problems with mastication and nasal regurgitation, followed by diplopia. There was a progression of symptoms during the day and after exertion and reduced after rest. The patient was positive for antibodiess against acetylcholine receptors, and thymus antibodies were still positive. Nine months later he was considerably improved, having pyridostigmine 60 mg four times daily, and bromocriptine 2.5 mg twice daily. This case represented a combination of myasthenia gravis, a benign thymoma, hyperparathyroidism and a pituitary tumour, probably a lactotrophoma. The coexistence of hyperparathyroidism and a pituitary tumour is characteristic of MEN-1 syndrome. The evolution of this syndrome may take years and it is inherited as an autosomal dominant trait with a very high degree of penetrance. The mother of our patient also had hyperparathyroidism. Less common findings reported in patients with MEN-1 syndrome included lipoma, carcinoid tumours, thymic hyperplasia and pheochromocytoma. These neoplasms of thymic origin mainly occurred in combination with carcinoid tumours with a relatively poor prognosis.

Korsakoff's psychosis in the presence of multiple sclerosis: an unusual cognitive state

After the publication of our letter in your journal, a case that was not recognized until recently was brought to our attention by Professor K E Warrington in whose department the patient was tested.

The difference between the WAIS IQ and the estimated premorbid IQ (NART) further indicates a decline in the performance on non-verbal tests rather than general intellectual ability as stated in the article. A score of 19/30 in the McKenna and Warrington Graded Naming Test is within the average range and not indicative of nominative dysphasia. The statement: "in both Korsakoff's syndrome and multiple sclerosis verbal IQs decline more than performance IQs..." is erroneous and it would be correct to say that the performance IQ is more likely to deteriorate.

Finally, although not an inaccuracy, the Camden Memory Tests quoted in the letter are still in the process of development and low scores should be interpreted as corroborating poor performance on the standard memory tests. These corrections are in no way detract from the conclusions of our letter and we feel that it is worth highlighting the need to search for other pathologies in patients with alcohol related brain damage if their clinical presentation is in any way unusual.

Magnetic resonance imaging in patients with progressive myelopathy following spinal surgery

The explanation by Mr Adams' of the postoperative myelopathy with a biomechanical mechanism producing postoperative traction of the dura and the spinal cord during cervical movements is an adjunct to our paper.