therefore be designated as “hyperthermic syndromes with impaired dopaminergic activity”.

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Sexual function in patients with Parkinson’s disease

We read with interest the report by Brown et al on sexual function in patients with Parkinson’s disease (PD) and their partners.1 We have come to similar conclusions in our own work on the subject.2

Our study involved Parkinsonian men only (mean age 65–8 years) and compared them to a group of healthy elderly non-Parkinsonian men (mean age 70.4). Our finding of a prevalence of erectile dysfunction of 60–4% in the study group compared with 37.5% in the control group was significant and comparable to the figure of 60% by Brown et al. There were, however, a few differences. Our group was more than double the size, randomly selected and with an average age more representative of the Parkinsonian male population. Presence of dysautonomic symptoms, as also noted by Brown et al, length of levodopa therapy or age did not appear to be significant factors, since they were equally prevalent in dysfunctional and nondysfunctional patients. In our more recent report on a group of men in the early stages of PD,3 where the prevalence of erectile dysfunction was lower (31%), we did not find depression as playing any role. Poor marital adjustment by the patients’ wives, on the other hand, was frequently found, in agreement with the report of increased spousal strain.4

We think that PD represents a risk factor for development of erectile dysfunction. It is not clear to us whether the additional presense of other risk factors is required or whether PD alone can bring about the dysfunction. We think that severity of disease may play a role and we are not convinced depression may be important except in a minority of cases. We agree with Brown et al that all therapeutic modalities available to other couples should be offered to PD patients and their spouses. We would also advocate that such an offer be preceded by an equally thorough diagnostic evaluation looking for all known mechanisms of sexual dysfunction.

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Extracting the ualum

Omitting the ualum from Strausse’s further encourages the common but incorrect pronunciation as Strow rather than the correct Strøy.

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BOOK REVIEWS

All titles reviewed here are available from the BMJ Bookshop, PO Box 222, W1C 9TE. Prices include postage in the United Kingdom and for members of the British Forces Overseas, but overseas customers should add £2 per item for postage and packing. Payment can be made by cheque in sterling drawn on a United Kingdom bank, or by credit card (Mastercard, Visa or American Express) stating card number, expiry date, and your full name.


This 2nd edition succeeds Stephen Thurs- ton’s successful 1987 edition, written by residents for residents, in a format fit for the pocket of the white coat. It is a mine of concise, useful information, presented in staccato style, but quite intelligible. The 47 tables and 42 figures are exceptionally useful. Condensations of material which the resident will need but will be unable to find quickly elsewhere. The contents are more or less comprehensive and cover all the emergencies and most of the “cold cases” a resident is likely to see in the wards or emergency room. The style is necessarily didactic and the advice generally sound though some will take exception to the apparent compulsion to do something in all circumstances: a symptom of the enthusiasm of the less experienced. The A to Z plan is at first sight user-friendly, but I found it irritating. “Acoustic nerve—see caloric, cranial nerves, hearing, vertigo; Meningioma—see computed tomography, tumour; Subarachnoid haemorrhage—see haemorrhage; Sydenham’s chorea—see choreoathetosis” (sic).

The authors and editors have plainly laboured hard to distil so much practical information into so small a space. They are to be congratulated on the result which will be a popular and valuable aid to all juniors in the wards.

JMS PEARCE


This is a major monograph by a single author who presents his personal experience of stereotactic neurosurgery for brain tumours in a lucid and authoritative way. He approaches the subject by way of a detailed historical introduction covering the personalities and stereotactic methods which have led up to the development of modern stereotactic instruments. The author describes all the most commonly used stereotactic systems but devotes most space to the philosophy behind the design and implementation of his own system, that is the Kelly-Goers or Compass Instrument.

Other necessary requirements for contemporary stereotaxy are described. Thus, one chapter is devoted to features of operating theatre design to accommodate stereotactic work efficiently and another to the integration of the computer as a neurosurgical instrument. The author, and his colleagues in medical physics and computing, were pioneers in the use of neuro-imaging to control volumetric excision and volumetric radiotherapy employing stereotactic systems which allowed interaction between the surgeon and the diagnostic brain images available in the scanner to take place in real time during the course of a craniotomy or performed in stereotactic conditions. This book is the operating manual for this system. The theoretical technical limits of accuracy achievable are discussed in depth and the reader is made aware of how practical answers to many problems have been arrived at. The clinical application to tumour biopsy and excision is described with reference to the author’s very large clinical series and detailed descriptions are also provided of stereotactic third ventriculotomy and of stereotactic interstitial and external beam radiotherapy together with radiosurgery. The author describes and evaluates classical non-stereotactic neurosurgical operative techniques and demonstrates the particular indications for which stereotactic methods represent improvement in accuracy and lessened morbidity. He also makes the point that stereotactic surgery can save money in health care. In the final section he reviews future trends including robotic methods and holographic imaging displays.

This monograph is a tour de force by a leading stereotactic neurosurgeon, and will rank alongside that small number of similarly distinguished publications, including some