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 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 presence 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 ulemat

Omitting the ulemat from Sträussler's further encourages the common and incorrect pronunciation as Strow rather than the correct Stroh.

WB MATTHEWS Sandford on Thames, Oxford


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 means of a detailed historical introduction covering the personalities and stereotactic methods which have lead up to the development of modern stereotactic instruments. The author describes all the most commonly used stereotactic systems and gives the design 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 the stereotactic excision of volume of tumour 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 the craniotomy performed, under 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 ventriculostomy 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
It was a pleasure to find one chapter that was well written and helpful. This is the review by Louis Caplan, early in the book. Wise clinicians will only need to read this chapter to obtain a thorough but clear review of the subject. Clinical scientists will find little of value. That is especially so if they believe that clinicians now should be as critically scientific in their thought and writing as molecular biologists are said to be.

CMC ALLEN


There is undoubtedly a place for an authoritative review of this curious syndrome and the authors, who have already published a review of 115 cases, provide a well written account which will be of value to Psychiatrists and Neurologists. There are chapters dealing with the history, clinical features and pathophysiology, so that although the whole book can be read in a few hours, it may also be useful as a source for clinicians seeking guidance on the differential diagnosis or treatment of their patients.

It is, of course, not only neuroleptic drugs, (whatever that term means), which produce the condition but also, Metoclopramide, Lithium and even withdrawal of Dopas. The identification of less typical cases is helpfully dealt with, and in a very useful chapter on treatment, the authors have assessed published accounts of different therapies, including ECT, and rational guidance is given. The condition is probably more widespread than we appreciate and those who have susceptible patients in their care may be stimulated by this book to study their cases and methods of treatment. There is a great deal that is not well understood and the syndrome may be a useful model for acute disturbance of Dopamine function in the nervous system.

MICHAEL H JOHNSON


Acute back pain, or chronic backache, is the price the human race has to pay for adopting an erect posture. Twenty-six million working days in the U.K. are lost due to back pain. It is the most common cause of early retirement and costs the country more than £1,000,000 p.a.

Only a fraction of those suffering from back pain need surgery. However, the incidence of failed back syndrome is high and often due to the wrong diagnosis, inadequate patient selection, inadequate procedures, inadequate technique, and lack of commitment on the part of the surgeon. For these reasons, patients are often pushed around between various specialists.

This comprehensive Atlas of Lumbar Spine Surgery is written by a Japanese Orthopaedic Surgeon as a culmination of lecture notes he made for his residents. The main strength of the book is graphical presentation of pathophysiology in degenerative lumbar disc disease and its comprehensive surgical treatment by the author after thirty years experience. This book is in fact one man's understanding of the problem and his method of dealing with it, irrespective of the consensus of views on the subject. The book is fortunately translated by an American Professor of Orthopaedic Surgery. Therefore, the philosophy of the author must have been well represented, although the hallmark of American English is quite evident.

The contents are divided into four parts: In Part 1 the general principles of low back surgery are outlined with the author's own drawings. I found it very useful for my own understanding. It would have been advantageous if the pathophysiological changes had been further illustrated with plain x-ray, myelography or MRI scan, to determine the indications and methods of surgery. In Part 2 the surgical instruments and various methods of bone grafting are depicted. Although neurosurgeons will find it less attractive I would have found it extremely useful had I been an orthopaedic surgeon. In Part 3, various methods of posterior lumbar surgery are well illustrated with diagrams and will be extremely useful to both neurosurgeons and orthopaedic surgeons. In Part 4, anterior lumbar disc surgery may be equally useful to orthopaedic surgeons, although hardly any neurosurgeon would undertake such a procedure.

Although I do not agree with the indications for some of the surgical approaches, I appreciate that a neurosurgeon's views may be equally unattractive to an orthopaedic surgeon. This does not diminish the importance of the book. It is a must in any orthopaedic departmental library. Neurosurgeons would do well to read this book where they will pick up many useful hints, and above all, they will learn how an orthopaedic surgeon understands the problem of disc surgery. As an Atlas it is very attractive, the drawings are quite clear and understandable. In these days of multiple author publications, it is refreshing to read one man's comprehensive views on such an important subject.

RP SENGUPTA

SHORT NOTICES


Copies can be obtained from Academic Bookstore, PO Box 101 28, SF-00101 Helsinki, Finland. Published by The Finnish Society of Sciences and Letters. ISBN 951 653 219 5.


The International Classification of Sleep Disorders. Diagnostic and Coding Manual. (Pp 396; Price £49.95 (Pbk); Prices 20% higher outside the US and Canada.) Rochester, USA. American Sleep Disorders Assoc. 1990. ISBN 0 935868 48 8.


This is an interesting survey of the history, development and clinical problems of hemispheric asymmetry in man and animals. It is written by non-medical scientists and provides a number of provocative conceptual dilemmas for the interested reader.