Maffulli replies:

Dr Lederman has every reason to be puzzled that the symptoms described referred to the left forearm, as indeed the forearm kept in pronation in a violinist is the right. We apologise for the error, but the description of the possible mechanisms made it quite clear that we were considering the right forearm.

We agree that the diagnosis of posterior interosseous neuropathy is often difficult, due to the paucity of definite signs. Nevertheless, in our opinion, the patients described were indeed showing a transitory deficit of the posterior interosseous nerve, and such a diagnosis was thus justified.

FRANCESCO MAFFULLI
NICOLO MAFFULLI

Clonazepam for palatal myoclonus

We were pleased to learn Drs Bakheit and Behan found clonazepam a successful remedy for palatal myoclonus, as such an outcome extends our observation reported in 1977.1

The patient described, a 68 year old woman, had an inflammatory central nervous system disorder of unspecified type and required, with the passage of time, increasing dosages of clonazepam up to 22 mg daily for optimal symptom control. It would be interesting to know which of the several morbid processes recounted by the authors as being responsible for palatal myoclonus applied in their own case. Likewise, whether suppressive effects were indeed sustained on a dosage of 1-5 mg daily.

RF GLEDHILL

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Correspondence to: Dr Gledhill, Neurosciences Department, Rashid Hospital, PO Box 4545, Dubai, UAE.


Behan replies:

We have recently been able to study yet another case of palatal myoclonus which was successfully treated by clonazepam. In this, as in the case we reported, the aetiology would appear to be idiopathic, progressive degeneration of the central tegmental tract.

PETER O BEHAN

Transient hypoglossal nerve palsy and Horner's syndrome: carotid dissection

Drs Saito and Onuma reported the case of a woman with sudden onset of left sided headache and Horner's syndrome (post-ganglionic); three days later she also developed a left hypoglossal nerve palsy, but in the course of two months all the features resolved.1 The cause could not be established, but it probably would have been if a carotid instead of a vertebral angiogram had been performed. Carotid dissection is usually associated with ipsilateral headache or neck pain,2,3 and sometimes with Horner's syndrome,4 hemiplegic or facial paralysis,5 or both.6

J VAN GIJN
University Department of Neurology, Utrecht
P J KOUDSTAAL
University Hospital "Dijkzigt", Rotterdam, the Netherlands


Saito replies:

I am grateful for the interest and pertinent comments of Drs Van Giijn and Koudstaal on our case report. In fact, the hypoglossal nerve may be compressed by the internal carotid artery itself or aneurysms arising from it.7,8 In our patient, contrast enhanced brain CTs, 5 mm in thickness to C-2 level, revealed round or oval lumens of the internal carotid artery and jugular vein to be well-circumscribed and symmetrical on both sides. However, the possibility of carotid dissection cannot be ruled out.

H SAITO


A case of progressive encephalomyelitis with rigidity and positive antilglutamic acid dehydrogenase antibodies

The above article was published this year in the May issue of the journal (pages 449-51). Since publication, I have received a communication from Dr P De Camilli, University of Rome, who correctly points out that the title is incorrect. The word dehydrogenase should read decarboxylase, as in glutamic acid decarboxylase.

DR J D BURN
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A predominantly cervical form of spinal muscular atrophy

I read with interest the paper by Goutieres et al on the cervical form of spinal muscular atrophy.1 Spinal muscular atrophy is the commonest neuromuscular disease affecting black children in South Africa. The clinical findings in this group of children are similar to those reported from Europe, Asia and America except in two aspects, that is, a paucity of a positive family history (only 9%) and the frequent involvement (80%) of facial muscles in the severe infantile form of the disease.2 Goutieres et al mention that they were not able to find cases of the cervical form of spinal muscular atrophy in the literature. We have seen three black children (two previously documented) with this form of the disease in the last 10 years. All three patients presented with poor head control and an exclusive involvement of the upper limbs with both proximal and distal weakness. The lower limbs were normal in all three cases; reflexes were normal in two and brisk in one, and they were absent in the upper limbs of all three patients. The face was spared in all and fascication of the tongue was present in only one. The small muscles of the hand were wasted in all three patients and there was ulnar deviation and flexion of the wrist with contractures of the long finger flexors in one patient.

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BOOK REVIEWS

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Neurosurgical Aspects of Epilepsy


Surgery for the relief of focal seizures need no longer be an exclusive method for a select group of patients. It is, however, a complicated procedure and requires the establishment of centres with a multidisciplinary team of specialists. Unfortunately in many countries interest in this problem has been very low.

This book has been compiled as an effort to stimulate neurosurgeons' interest. It is based on a recent symposium about the neurosurgical aspects of the treatment of epilepsy, a field which has previously been in the hands of American epileptologists and surgeons. The participants were, however, exclusively European, who shared experiences to help advance new ideas and methodologies.

The most important and controversial issues not only in epilepsy surgery but in the general treatment of intractable seizures are discussed, although sometimes rather abbreviated. This review provides the essentials of most of the controversies and problems in treating severe epilepsy.

Unfortunately there is little new information presented in this book. Most articles are