pain, and sometimes with Horner's syndrome, hemilabyrinthal paralysis, or both.

J VAN GJIN
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 Gijn and Koustdaal on our case report. In fact, the hypoglossal nerve may be compressed by the internal carotid artery itself or aneurysms arising from it. 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 antителaglutamic 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 of Yale University, who correctly points out that the title is incorrect. The word dehydrogenase should read decarboxylase, as in glutamic acid decarboxylase.

DR D J BURN
MRC Cyclotron Unit, Hammersmith Hospital, London W12 OHS, UK

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. 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.

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 fasciculation of the tongue was present in only one.

The skin rash often observed in infancy was sometimes observed in all three patients and there was ulnar deviation and flexion of the wrist with contractures of the long finger flexors in one patient.

M MOODLEY
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PO Box 17039
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To our knowledge, this is a rare presentation of spinal muscular atrophy in African children. Neuropediatrics 1990; 21:27-31.

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 dominated by 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