

Dr Poser and his colleagues have not attempted any type of epidemiological study to show a relationship between trauma and MS. The evidence he cites for a positive relationship is largely speculative and anecdotal. While we agree with him that a "perfect" epidemiological study in MS is difficult to design and execute, this fact should not deter those who would design reasonable studies to find out what actually happens in this illness.

- 1 Kermod AG, Thompson AJ, Tofts P, *et al.* Breakdown of the blood-brain barrier precedes symptoms and other MRI signs of new lesions in multiple sclerosis. *Brain* 1990; 113:1477-89.
- 2 Schumacher GA, Beebe G, Kibler RF, *et al.* Problems in experimental trials of therapy in multiple sclerosis; report by the panel on the evaluation of experimental trials of therapy in multiple sclerosis. *Ann NY Acad Sci* 1965;122:552-68.

### Multiple sclerosis, tropical spastic paraparesis and HTLV-I infection

A course without remissions(s) and relapse(s) was the one clinical feature that distinguished human T-cell lymphotropic virus type-I (HTLV-I) associated tropical spastic paraparesis (TSP) invariably from multiple sclerosis (MS) in the series of cases reported by Rudge *et al.*<sup>1</sup> We do not consider this to be an absolute rule since we have reported a patient with HTLV-I associated TSP who did indeed manifest such a pattern of illness.<sup>2</sup>

We should perhaps emphasise<sup>3</sup> that our patient was an African, born and raised in Swaziland where the very occurrence of MS is quite uncertain. Also, corticosteroids were not given, an intervention that might have contributed to the relapsing-remitting course in a case of HTLV-I associated myelopathy described recently by McKendall *et al.*<sup>4</sup>

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- 1 Rudge P, Ali A, Cruickshank JK. Multiple sclerosis, tropical spastic paraparesis and HTLV-I infection in Afro-Caribbean patients in the United Kingdom. *J Neurol Neurosurg Psychiatry* 1991;54:689-94.
- 2 Gledhill RF, Sneider P, Dessein PH. Antibody to HTLV-I in a black South African with a neurological disorder resembling multiple sclerosis. *S Afr Med J* 1989;75:147-8.
- 3 Poser CM, Roman GC, Vernant J-C. Multiple sclerosis on HTLV-I myelitis? *Neurology* 1990;40:1020-2.
- 4 McKendall RR, Oas J, Lairmore MD. HTLV-I associated myelopathy endemic in Texas-born residents and isolation of virus from CSF cells. *Neurology* 1991;41:831-6.

#### Rudge *et al* reply:

It is true that there are patients with HTLV-I positive tropical spastic paraparesis, who do not show a progressive course, but they are exceptional. In fact, the major clinical problem is differentiating patients with multiple sclerosis from those with TSP when the course is progressive. Such a situation arises in HTLV-I endemic areas where the two conditions co-exist, for example Brazil. Obviously a small proportion of the population will have HTLV-I antibodies in their serum, but as a rule in TSP the titres are higher,

often dramatically so, than in the asymptomatic carriers, or patients with unrelated illnesses.

In the black South African patient described by Gledhill, *et al*<sup>1</sup> the titres of HTLV-I antibodies in the serum and CSF were extremely high and the diagnostic category into which he fell viz: TSP or MS, is heavily dependent upon the weight one gives to an episode of unilateral visual failure that was irreversible and the improvement observed. Whatever the diagnosis, this case is exceptional.

- 1 Gledhill RF, Dessein PH, Sneider P. Antibody to HTLV-I in a black South African with a neurological disorder resembling multiple sclerosis. *S Afr Med J* 1989;75:147-8.

### Neuropathological features of Alzheimer's disease in non-demented Parkinsonian patients

I was interested to read about the two cases reported by Daniel and Lees.<sup>1</sup> Both of the patients had neuropathological features of Alzheimer's disease and nigral loss but clinically had dopa responsive Parkinsonism. However, one of the interesting features of their condition that may help distinguish such patients from those with idiopathic Parkinson's disease, is the speed with which they develop involuntary movements related to therapy. In both of their cases the patients developed abnormal movements within 12 and six months of starting oral levodopa. This may relate to their combined pathology of nigral loss with striatal plaques and neurofibrillary tangles. It will therefore be of interest to see if patients who develop early dyskinetic movements with levodopa have similar neuropathology.

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- 1 Daniel SE, Lees AJ. Neuropathological features of Alzheimer's disease in non-demented Parkinsonian patients. *J Neurol Neurosurg Psychiatry* 1991;54:972-5.

## BOOK REVIEWS

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**Brain Blood Flow in Neurology and Psychiatry. Clinician's Guide to Nuclear Medicine Series.** By DC COSTA AND PJ ELL. Series Editor: PJ ELL (Pp 182 Illustrated; Price £14.95). 1991. Edinburgh, Churchill Livingstone. ISBN 0 443 04282 9

This is a compact volume in the series "Clinicians Guide to Nuclear Medicine" which is edited by the second author. The

first third of the book comprises technical information about regional cerebral blood flow measurement using single photon emission tomography (SPET), data analysis and interpretation of images. It is clearly and simply presented and has been made interesting by the authors. The next third consists of examples of SPET in a variety of cerebral disorders including migraine, epilepsy, dementia, stroke and Parkinson's disease. The final third consists of 34 case studies of patients with a number of clinical disorders, often comparing SPET images with CT, MRI and angiography investigations.

The book has a wealth of information and a delightful array of colour images which are very pleasing to the eye. It demonstrates clearly the results of SPET in cerebral imaging and, as such, will be of particular interest to readers of this journal. It has a remarkably low price despite the very high quality of representations on the scans. Two minor quibbles—the clinical descriptions of some of the disorders are rather simplistic especially in view of the readership at which the book is aimed. Second, a sentence or two of what future developments may hold for SPET would have been very interesting and would have put the book into perspective.

All in all, I highly recommend this book. Had it not landed on my desk, I was even considering buying it myself—quite an admission for someone of my ethnic origin.

ALISTAIR BURNS

**Focus on Parkinson's Disease.** Edited by T CARACENI AND G NAPPI (Pp 235; Price £78,000). 1991. Milan, Masson, S.p.A. ISBN 88 214 2057 4

This account of the papers presented at a postgraduate course concerning Parkinson's and extrapyramidal diseases held at Tremezzo, Italy in April of 1990 comprehensively covers the pathophysiology of akinesia and hyperkinesia, the aetiology of Parkinson's disease, the multiple system atrophies and current problems and potential developments in therapy. All but 17 of the 56 contributors are from Italy and thus to a considerable degree the book represents an authoritative Italian statement concerning this important group of movement disorders. It is a most impressive account and the balanced content reflects not only the excellence of the contributors but also the editorial skills of Professors Caraceni and Nappi.

The text is gratifyingly free of the irritating defects often associated with precipitate publication of proceedings and manages to be both comprehensive and succinct. Particularly impressive is an account of the renaissance of interest in the subthalamic nucleus in the organization of basal ganglia function by Rondot, the biochemistry of Parkinson's disease by Gerlach and Reiderer, and Duvoisin's critique of genetic and epidemiological factors. Other impressive surveys cover the neuropsychology of the parkinsonian syndromes, primary autonomic failure, single photon emission computer tomography and the management of late complications of Parkinson's disease. Perhaps because of the rapidity of recent developments, the chapter on adrenal medullary implants is not the strongest or most critical but does illustrate the breadth of topics covered. The book is printed in Italy and not surprisingly is elegantly produced and the print is agreeable to read.

GERALD STERN