highly regular over consecutive recording periods. Indeed, movements made by patients at maximum frequencies were qualitatively similar to movements made at the same frequencies by control subjects.

Most striking was the inability of all patients to produce smoothly alternating movements at or below frequencies of about 1-0 Hz (fig. 1, middle, lower sets of records). At these frequencies, movements become typically irregular with abrupt changes in velocity throughout the movement. The frequency at which this breakdown in movement performance occurred varied among patients, ranging from 1-0 to 6-0 Hz. At 0-5 Hz movements became considerably irregular in all patients with prolonged periods of rapid velocity transients.

In conclusion, these findings underline the importance of clinical evaluation of both slow and rapid movements during routine neurological assessment. In particular, testing of movements of the affected elbow pronation and supination may reveal significant upper limb impairment in patients who may otherwise show only minimal cerebellar signs.

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5 Mail RC, Wer DJ, Stein JF. Visuo-motor tracking due to reversible inactivation of the cerebellum. Exp Brain Res 1987;65:455-64.

BOOK REVIEWS


This volume continues the tradition of excellence which has accrued from the impact of previous editions in this series. The aim of this series is to provide a collection of succinct and timely reviews of an electronic of particular growing points in clinical neurology written by leading authorities in the relevant subject areas. This aim has always been admirably achieved and the current volume, reviewed here, carries this forward. All the chapters have many strengths and while I feel it would be invidious to single out particular contributions to any great extent I feel compelled to make the following specific comments.

There is something in this book for everybody ranging from junior staff just beginning their training in neurology to the established clinician or even the neurologist. On the other hand, I was particularly pleased to see clear descriptions of the syndromes of chronic paroxysmal hemicrania and chronic inflammatory demyelinating polyradiculoneuropathy (CIDP). In my view, both these conditions are still seriously under recognised, and in view of the important therapeutic implications of both disorders, should be more widely known. Indeed, considering the paucity of neurological services in the UK, I could not help feeling that the chapter on inflammatory demyelinating neuropathy should be widely read by general physicians.

The expanding areas of the general role of magnetic resonance in neurological practice and prior related disease are presented in a balanced way, and it is useful to have a current review of expanding impact of mitochondrial pathology in neurological disease. The mechanisms subserving the control of eye movements are notoriously complex, but the editor has found two authors who have been able to give an admirably lucid summary of their work.

All in all, this volume is highly recommended. A coppy should be available for day to day reference in all departments of neurology. It will also find a worthy place in the libraries of district general hospitals lacking on-site neurological units and I would, perhaps provocatively, suggest that before being deposited in such libraries, the volumes should be brought to all general practitioners to read the chapter on inflammatory demyelinating neuropathy!

J D MITCHELL


Once again Byron Kakulas’ Co-editors and Publishers are to be congratulated on the timely publication of what is now the second in a series of monographs devoted to Duchenne and Becker Muscular Dystrophy. The format is similar to that of their earlier volume (Pathobiology of Duchenne and Becker Muscular Dystrophy; 1990) and consists of a series of lectures given by experts in the field followed by, what appears to be, a verbatim transcript of the discussion which followed each paper.

In Part 1, the localisation, distribution and function of dystrophin is reviewed in the light of developments from their earlier volume. In Part 2, the potential of myoblast transfer as a method for introducing the missing dystrophin into muscle cells is discussed at length and the limitations of such transplantation is identified. The third part is concerned with gene therapy which, at present, is still in its infancy but the possibilities in that field are clearly reviewed.

Once again, following each section, there is a general discussion which provides much of interest to the research worker in the field irrespective of whether he is involved in clinical or basic research. The papers themselves provide a very balanced overview of the situation in respect to the rapidly advancing field of molecular biology up to the time of the meeting.

Roses introduces a measure of clinical transplantation of dystrophin when saying, “The scientific excitement and experimentation concerning