Familial paroxysmal tremor: an essential tremor variant

We read the letter concerning familial paroxysmal tremor by Garcia-Albea et al with considerable interest.1 The authors describe a 24 year old man with a mild 9–10 Hz postural tremor of the upper limbs, in whom intermittent exacerbations of the tremor occurred. The patient’s mother (aged 40) developed essential tremor in her 40s, having previously had a similar paroxysmal arm tremor in late adolescence. The patient had four brothers, two of whom (aged 21 and 27) had mild episodic tremor. The authors knew of only three cases of paroxysmal tremor and considered their patient to have an exceptional presentation of essential tremor.

In fact, the concept of familial paroxysmal tremor is far from new. In 1949, Critchley clearly described episodic tremor in his paper on essential (heredofamilial) tremor and cited Flatau (on page 117) for having suggested the term “intermittent tremor” in such cases.2,3 Furthermore, Marshall reported in 1962 that in the early stages of essential tremor the amplitude increases “in an episodic fashion, against a background tremor of the same frequency but lower amplitude”.4-6 The information that we obtained during our recent study of 20 families with hereditary essential tremor has led us to believe that this type of tremor typically begins with a feeling of shakiness “inside” which progresses to an intermittent and then persistent tremor.7 Consequently, we consider paroxysmal tremor of the type reported by Garcia-Albea et al to be characteristic of the early natural history of hereditary essential tremor rather than an unusual phenomenon, a view which John Marshall clearly held.8

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Bilateral carpal tunnel syndrome

The recent letter by Denillich and Bajec describes a patient with bilateral carpal tunnel syndrome.1 A principal point made by the authors is that, to their knowledge, no other case of bilateral carpal tunnel syndrome has yet been reported. Keck described such a patient and his 1962 paper contains excellent photographs of the syndrome.2 Denillich and Bajec quote this paper but clearly did not look at it.

The rest of this letter adds nothing to what has already been described. The surgical findings, as in many of these cases, were non-specific. The authors performed epineurectomy of the nerve, a procedure of doubtful value. The authors’ brief discussion of causes of posterior interosseous nerve damage at the ankle does not do justice to the literature (50 papers at my latest count).3

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1 Denillich M, Bajec J. Bilateral carpal tunnel syndrome. J Neurol Neurosurg Psychiatry 1994;57:239.


NOTICE

The Summer Meeting of the British Neuropsychiatric Association will take place in Manchester, UK on 25–27 September 1994. For further information, please contact Professor M A Ron, Department of Neuropsychiatry, The National Hospital, Queen Square, London WC1N 3BG. Tel: 071-837 3611; fax: 071-829 8720.

BOOK REVIEWS

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Cocaine was detected in hair samples from Chilean mummies three and a half thousand years old, although “abuse” was restricted to the ruling classes. How much and how little has life changed? Professor Brust is to be congratulated for his industry in collecting together in this modest sized book a wealth of information, historical, pharmacological and neurological. The 12 chapters together boast 3715 references, 676 for opioids and 851 references for the chapter on ethanol abuse. Even the effects and side-effects of caffeine are carefully detailed. Delightful quotes prefacing each chapter, sometimes harshly modern (“If