Matters arising when to authors the endoscopic pyramid. 

For the gastric elixir, useful entry is invisible or torted endoscopic vision should be as chooseable as possible, and we agree that sometimes it may be necessary to resort to this.

**Motor neuron disease**

We thank Leigh and Ray-Chaudhuri for a diligent update on motor neuron disease (MND). The Mexican impression of MND resistance (page 890) may be a problem of access to diagnosis and a very young population pyramid. For patients who refuse percutaneous endoscopic gastrostomy (PEG) the authors recommend oral morphine elixir, because it "relieves hunger and thirst to some extent, and may avoid the need for a nasogastric tube". Here we underline that radiopaque polyurethane or silicon nasal tube can be applied easily even in some patients when deep-frozen before use to stiffen the tube walls. They can be complemented with an individual rubber olive at the entry of the nose. Morphine may be useful for dyspnea or unrest, but should not be a substitute for feeding. In our own series of 30 patients with ALS/MND, a PEG tube has always been well tolerated. It is also useful if not needed. It is contraindicated only in cases of ascites or peritonitis or if abdominal walls are impermeable to the diaphanoscopic light. Percutaneous endoscopic gastrostomy is a permanent solution for dyspnea or unrest procedure, and does not impair speech or respiration. In our experience, wound healing and epidermal immune functions are unaffected in patients with ALS/MND, and we have not encountered a single patient out of the last 62 who was ineligible for both nasal and PEG tube.

**NOTICE**

Progressive supranuclear palsy (PSP) (Europe) association

A small group of patients with progressive supranuclear palsy (PSP or Steele-Richardson-Olszewski syndrome as it is sometimes known) have banded together to promote research into this little known but debilitating illness and see that it receives more attention from the public and Members of Parliament. We believe as an organised group we can persuade government and donor trusts to allocate needed funds. Dr Aj Lees is chairman of our medical advisory panel.

Would neurologists please pass this information on to their patients and ask them to write to the PSP Association, 21 Church Street, Mears Askby, Northampton NN6 0DN.

**BOOK REVIEWS**

All titles reviewed here are available from the BMJ Bookshop, PO Box 295, London WC1H 9TE. Prices include postage in the United Kingdom and for members of the British Society of Neurologists £1.00. Overseas customers should add £2 per item for postage and packing. Payments can be made by cheque in sterling drawn on a UK bank, or by credit card (Mastercard, Visa or American Express) stating card number, expiry date, and your full name.


Observations for centuries have revealed that patients with severe disorders can sometimes control them by non-drug means, the example cited in the preface being the technique of limb ligation to arrest seizures, advocated, for example, by Gowers. Such "feed back" methods became popular in the 1960s and 1970s for a variety of conditions, and epilepsy became included. There was a flurry of reports, including some from the author of the first chapter in the book, Sterman, suggesting, for example, that certain cerebral rhythms could be enhanced by operant conditioning, which would have an effect on seizures. This is essentially the starting point for a number of chapters in this book, which have to do with non-medical aspects of seizure disorders, and their treatment by behavioural means.

However, the title of this book is somewhat misleading: thus it implies that it is going to be about treatment of epilepsy, using neurobehavioural techniques, although what precisely is encompassed by that is never exactly explained. The preface goes on to state that the purpose of the volume is to "sketch a broad picture of some of the non-drug and non-surgical treatment strategies of epilepsy", of course, broadens the concept considerably from "neurobehavioural".

The most appropriate chapters to suit the title are those from Sterman on sensory motor feedback, and that by Mostofsky himself on behaviour modification. Others, however, soon stray. Thus, there is a chapter on breathing training, and the relationship of breathing to seizures, and a chapter on exercise in epilepsy; the rest of the chapters move away from treatment almost altogether. There is an extremely interesting neuro-biological exploration of some psychosomatic seizures, and good review chapters on carotid epilepsy, and nutrients in epilepsy. Other chapters include broader psychosocial issues, for example, on the role of community agencies in the comprehensive treatment of epilepsy by Berner, and the assessment of psychosocial and emotional factors in epilepsy, covered by Dodrill and Batzel. The chapter on psychogenic seizures, while a worthy read, sits uncomfortably with the overall theme of the book.

This book is perhaps better viewed as a compilation of interesting essays on some aspects of epilepsy not usually covered in other books. Unfortunately, those chapters dealing with treatment, often promise more than they can deliver. Thus, a number contain loosely reported uncontrolled trials, with imprecise outcome data hinting at, but not demonstrating, some improvement in some seizures types in some patients.

Although it may be suggested that neurobehavioural treatments in epilepsy have not been given their full due, because of the overabundance of research funds that goes to biological mechanisms and drug treatments, a book such as this always leaves the reader wondering. Essentially, if these techniques are so good, surely they would have been adopted by a broader church, and used more in the management of epilepsy which has become difficult to control by any other means. The book may form a stimulus for further research, but it will hardly stimulate me to blow the dust off my old biofeedback machine.