the others, was normal percentages of type I fibres, rated very high levels (90% or more seen in the other families).  

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MATTERS ARISING

Multiple sclerosis in the north Cambridgeshire districts of East Anglia

The north Cambridge survey is a welcome addition to the United Kingdom series of prevalence studies. We agree that a multi-centre prevalence study would add to the epidemiological knowledge of multiple scle-rosis. However, we cannot agree with the inclusion of “suspect cases” in their prevalence figures. As we have pointed out in a previous paper, the measurement of multiple sclerosis can be distorted by using ill defined criteria for measuring the disease. We contend that the Poser criteria alone (which do not contain a suspect category) should be used in measuring the prevalence of multiple sclerosis. For this reason, we used only the Poser criteria in our survey of west Sussex, and deliberately did not include a suspect category. As Poser himself says, “for the purposes of prevalence studies only the categories of clinically definite and clinically probable should be used; possible multiple sclerosis should never be included.”

Our concern is that a “suspect” category, which seemed to have been defined differ-ently in the south west, in the north of Cambridge, and Southampton surveys, could lead to confusion in interpreting and comparing preva- lence figures. This is because there are no clear criteria of what constitute so called “suspect” cases, and workers are free to use their own criteria. As Robertson says, the inclusion of a suspect category “introduces noise, and generally obscures the overall picture.” We agree with this, and argue that any cases that do not fall into the Poser cri-teria should be used in prevalence figures. To do so would introduce some clarity into what we are striving to measure. In our view, future prevalence surveys should use the Poser criteria and not include “suspect” cases.

The Cambridge team suggest that the very presence of a latitudinal gradient within the United Kingdom has only recently been questioned. It is, in fact, a decade ago that Williams and McKeran made the comment “we find no convincing evidence of a latitudi-nal effect in the United Kingdom.” A mortality study of multiple sclerosis in the United Kingdom found no gradient south of the north-south border and discussed the possi-bility that the high, but diminishing, Scottish rates were artefactual. The most serious challenge to the latitudinal hypothesis appears in a letter in the BMJ in which a convincing argument was presented to show that the hypothesis was inconsistent with United Kingdom data.

So the challenge to Limburg’s hypothesis is not recent. What is recent is that most researchers in the field are at last coming to realise the weakness of the data on which the hypothesis was based.

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NOTICE

Announcement from the British Neuro-psychiatry Association: 1996 summer meeting

The 1996 Summer meeting will be held on 14-16 July at Robinson College, Cambridge. It will include topics on neuro-development, language, and the presenta-tion of short scientific papers and single case videos by members. The Association’s AGM will be held on 16 July.

For further details of these meetings please contact: Sue Garratt, Administrative Assistant, BNPA, 17 Clocktower Mews, London N1 7BB. Telephone/Fax: 0171 226 5949.

For details of membership of the BNPA, which is open to medical practitioners in psychiatry, neurology, and related clinical neurosciences, please contact: Dr Jonathan Bird, Secretary, BNPA, Borden Neuropsychiatric Hospital, Stoke Lane, Stapleton, Bristol, BS16 1GT. Telephone: 01179 701212 ext 2925/2929 or Sue Garrat at the address given above.

CORRECTION


In the table, p223, CT localisation of patient B is Left frontal.

NA [no abnormalities]

The first sentence, left hand column p223, should read—Both CT and MRI, and CT showed abnormalities that were not in accordance with EEG findings.

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 Forces Overseas, but overseas customers should add £2 per item for postage and packing. Payment can be made by cheque in sterling drawn on a United Kingdom bank, or by credit card (Mastercard, Visa or American Express) stating card number, expiry date, and your full name.


The third edition of Sophie Levitt’s excellent book will be of interest and indeed is essential reading for anyone involved in the management of the cerebral palsy, includ-ing parents. A major theme throughout the book is the importance of collaboration with parents and the detailed section on practical procedures is written with parents as well as therapists in mind. Forwards to the second