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

P J HALSALL
Leeds Malignant Hyperthermia Investigation Unit
L R BRIDGES
Neurology Laboratory,
Division of Clinical Sciences (Pathology),
Algernon Firth Building,
University of Leeds, Leeds LS2 9JT, UK

Correspondence to: L R Bridges, Neurology Laboratory, Division of Clinical Sciences (Pathology), Algeron Firth Building, University of Leeds, Leeds LS2 9JT, UK.

5 Larach MG. Should we use muscle biopsy to diagnose malignant hyperthermia susceptibility? Anaesthesia 1993;57:1-4.

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.1 We agree that a multi-centre prevalence study would add to the epidemiological knowledge of multiple sclerosis. However, we cannot agree that 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.2 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 the surveys of west Sussex, and deliberately did not include a suspect category.3 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 differently in the surveys of west Cambridge, and Southamton surveys,4 can lead to confusion in interpreting and comparing prevalence 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 criteria should not be used as 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 latitudinal effect in the United Kingdom.” A mortality study of multiple sclerosis in the United Kingdom found no gradient south of the English border and discussed the possibility that the high, but diminishing, Scottish rates were artefactual.7 The most serious challenge to the latitudinal hypothesis appears to come from a referee in the BMJ who in a convincing argument was presented to show that the hypothesis was inconsistent with United Kingdom data8.

So the challenge to Limburg’s hypothesis is not recent.7 What is recent is that most researchers in the field are now coming to realise the weakness of the data on which the hypothesis was based.

MARGARET RICE-OXLEY
Regional Rehabilitation Unit,
Northwick Park and St Mark’s, NHS Trust,
Waldford Road,
Harrow, Middlesex, UK

EDWARD S WILLIAMS
Croydon Health, Khyli House,
17 Addiscombe Road,
Croydon, Surrey CR9 6HS,
UK

RONALD O MCKERAN
Akinson Mortley Hospital,
London, UK


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 left and right—CT and EEG 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 Levits' excellent book will be of interest and indeed is essential reading for anyone involved in the management of the cerebral palsies, including parents. A main 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 edition...
and third editions by Mary Sheridan and Brian Neville make clear the prominence that this text should have for all developmental therapists.

In the initial chapters the complex problem of the varied motor disorders, subclassed as cerebral palsy are defined and the variety of treatment approaches that currently exist are reviewed. Research evidence, the limited theoretical grounds for the different approaches and the author’s wide clinical experience lead to the development of an eclectic model which is the basis of Sophie Levit’s approach.

Since the first two editions of this book were written there has been an increase in the eclectic viewpoint in the treatment of children with motor delay and cerebral palsy. The third edition is updated and revised taking into account recent research and experience with this approach. There are also two new chapters which develop the learning principles involved in developing motor function considering how to integrate treatment approaches to the development of children with motor problems.

The author emphasises the need for a comprehensive assessment which takes account of the child’s level of visual, auditory and language development, his intelligence and personality. It is made clear that this assessment should grow out of a collaboration with the child and his parents.

This book is not only immensely readable; it provides a sound knowledge base for anyone working with children with cerebral palsy.

ALISON SALT


John Menkes described kinky hair syndrome and maple syrup urine disease, entities which are memorable enough to make him famous. This book is a tour de force written largely by the man himself and succinctly covering the whole of neurology with a considerable amount of physiology. Menkes is an experienced and thoughtful physician who brings wisdom and historical perspective to his writing. Like Raymond Adams or Jean Acid, there is obviously nothing he has not read.

Menkes’ father practiced medicine in the foothills of the Austrian Alps at the turn of the century. He had studied with the pathologist who necropsied Ludwig van Beethoven and he remained ever sceptical that bacteria could cause disease. Perhaps it is John Menkes’ intimate appreciation of how fast things have moved, coupled with his recognition that brings such depth and range to this book.

He does not restrict himself to the modern American literature, but quotes widely in geographical and historical terms. In comparing epileptic and non-epileptic convulsions Menkes turns to Gowers for an account. Similarly Menkes’s choices are defined in full by its original author with a fascinating recommendation for treatment: “Take of Black-cherry-water one Ounce, of Langus’s Epilipptic-water three Drachms, of old Venice-Treacle one Scropel of Liquid Laudanum eight Drops make a draught”.

Menkes is erudite, interesting and up to date. He gives good sensible clinical advice and avoids being笼罩ed by technical terms. He writes well and although he makes extensive use of the literature, he cuts through the detail, and provides us with clear conclusions. A comprehensive bibliographic is available at the end of each chapter.

The book is in one volume, but everything is there that any normal neurologist is likely to need, and it is well organised, extensively cross-referenced and easy to read. It might have benefited from conversion tables so that Europeans could more easily interpret the American units, and in places a more symptom-based approach might have made it easier to relate case histories to what we are seeking a diagnosis. But these are minor criticisms.

REBECCA AYLWARD


This book sets out to review the experimental approaches to the assessment of motor activities primarily in rats and how this has been applied to certain neuropsychiatric conditions such as Tourette’s syndrome and schizophrenia. It is therefore a book that will primarily be of interest to experimental psychologists rather than neurologists or psychiatrists as only the last two chapters are concerned with human studies.

Each chapter sets out to combine theory with practical details and goes on to discuss some relevant experimental studies. This is an admirable approach and indeed succeeds in some places—for example, the chapter by Schwarting et al on automated video-image analysis of behavioural asymmetries. However, despite the attractive format, the chapters in practice often fail to achieve the right balance for a number of reasons. In the first instance the chapter topics are too special, for example chapter 1 is entitled “Long-term habitation of θ-related activity components of albino rats in the Labyrinth maze”. Furthermore in this chapter there are difficulties with the presentation of experimental data, in that the graphs are poorly labelled in contrast to chapter 3 where the text and graphs are too widely separated to be complementary.

Apart from the chapter topics being too specialised, the discussion in each chapter is limited and relies too much on the authors’ own work, presumably as a result of the specialist chapter topics. Whilst this can be useful, especially from a practical point of view, it leads inevitably to unbalanced accounts with reference often to unpublished work. For example, in the chapter by Bracha and Gilson on measuring spontaneous turning behaviours in children and adults, there are at least 10 references to the authors’ own work of which three are unpublished. This is frustrating as a critical evaluation of the data is difficult when conclusions based on unpublished work are made.

Furthermore this is an eclectic use of some studies, which is further complicated by the extrapolations that have been put upon these studies—for example, Gallup and Rager discuss the relevance of Joesch’s experiments on the basis of its immobility to the legal position of rape victims! It would have been more useful if the authors of each chapter had concentrated on the mechanisms underlying the motor behaviour, and brought this into discussion rather than the chapter on circling behaviour of rats. There is little discussion on the mechanisms underlying this behavioural effect. In particular there is no consideration given to the importance of striatal integrity and cortical afferent inputs in the mediation of spontaneous and drug induced rotation. Indeed this lack of discussion on mechanism of effect is in each chapter greatly limits its appeal. It is therefore a book that is hard to recommend to anyone other than the dedicated student of experimental psychology.

ROGER BARKER


This is the third edition of a popular and useful book. It is emphatically not a textbook on epilepsy, but a collection of 100 guiding principles—almost aphorisms—which lie at the heart of the successful clinical management of epilepsy, but which are not otherwise presented in an altogether unusual approach, yet it works well. The topics are dealt with by lightning and elegance, and the result is impressively almost a watercolour sketch, but the information is generally concise and apposite. The 100 principles are divided into 18 sections, starting with “Approach to the patient”—the first aphorism being “The brain is just another organ” (a note by Allan please note) and the second “Assume that every patient with epilepsy wants to get well” (Dostoevski please note). The next sections are perhaps more conventionally considered a valve for medical text-books, the last few concerned with...