Journal of

NEUROLOGY NEUROSURGERY & PSYCHIATRY

VOLUME 61 · 1996

BMJ Publishing Group

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

P J HALSALL
Leeds Malignant Hyperthermia Investigation Unit
L R BRIDGES
Neuropathology Laboratory, Division of Clinical Sciences (Pathology), Algernon Firth Building, University of Leeds, Leeds LS2 9JT, UK and Department of Histopathology, Leeds General Infirmary, Great George Street, Leeds LS1 3EX, UK
F R ELLIS,
P M HOPKINS
Leeds Malignant Hyperthermia Investigation Unit, Academic Unit of Anaesthesia, Clinical Sciences Building, St James's University Hospital, Beckett Street, Leeds LS9 7TF, UK

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

1 Heytens L, Martin JJ, Van de Kelft E, Bossaert LL. In-vitro contracture tests in patients with various neuromuscular diseases. *Br J Anaesth* 1992;**68**:72–5.
2 Brownell AKW. Malignant hyperthermia: relationship to other diseases. *Br J Anaesth* 1988; **60**:303–8.
3 European Malignant Hyperthermia Group. A protocol for the investigation of malignant hyperpyrexia (MH) susceptibility. *Br J Anaesth* 1984;**56**:1267–9.
4 Ellis FR, Halsall PJ, Christian AS. Clinical presentation of suspected malignant hyperthermia in 402 probands. *Anesthesia* 1990;**45**: 38–41.
5 Larach MG. Should we use muscle biopsy to diagnose malignant hyperthermia susceptibility? *Anaesthesiology* 1993;**79**: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 multicentre prevalence study would add to the epidemiological knowledge of multiple sclerosis. 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.[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 our survey of west Sussex, and deliberately did not include a suspect category.[2] 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.[3]

Our concern is that a "suspect" category, which seemed to have been defined differently in the south Wales,[4] Cambridge, and Southampton surveys,[5] 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 obfuscates the overall picture."[4] We agree with this, and argue that any cases that do not fall into the Poser criteria should be excluded from 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.[1] 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".[7] A mortality study of multiple sclerosis in the United Kingdom found no gradient south of the Scottish border and discussed the possibility that the high, but diminishing, Scottish rates were artefactual.[8] The most serious challenge to the latitudinal hypothesis appeared in a letter in the *BMJ* in which a convincing argument was presented to show that the hypothesis was inconsistent with United Kingdom data.[9]

So the challenge to Limburg's hypothesis is not recent.[10] 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.

MARGARET RICE-OXLEY
Regional Rehabilitation Unit, Northwick Park and St Marks NHS Trust, Watford Road, Harrow, Middlesex, UK
EDWARD S WILLIAMS
Croydon Health, Knollys House, 17 Addiscombe Road, Croydon, Surrey CR9 6HS, UK
RONALD O McKERAN
Atkinson Morley Hospital, London, UK

1 Robertson N, Deans J, Fraser M, Compston D. Multiple sclerosis in the north Cambridgeshire districts of East Anglia. *J Neurol Neurosurg Psychiatry* 1995;**59**:71–6.
2 Rice-Oxley M, Williams ES, Rees JE. A prevalence survey of multiple sclerosis in Sussex. *J Neurol Neurosurg Psychiatry* 1995;**58**:27–30.
3 Poser CM. The epidemiology of multiple sclerosis. *Ann Neurol* 1994;**36**(suppl 2):S180–93.
4 Swingler RJ, Compston DAS. The prevalence of multiple sclerosis in south east Wales. *J Neurol Neurosurg Psychiatry* 1988;**51**:1520–4.
5 Roberts MHW, Martin JP, McLellan DL, McIntosh-Michaelis SA, Spackman AJ. The prevalence of multiple sclerosis in the Southampton and South West Hampshire Health Authority. *J Neurol Neurosurg Psychiatry* 1991;**54**:55–9.
6 Robertson N, Compston D. Surveying multiple sclerosis in the United Kingdom. *J Neurol Neurosurg Psychiatry* 1995;**58**:2–6.
7 Williams ES, McKeran RO. Prevalence of multiple sclerosis in a south London borough. *BMJ* 1986;**293**:237–9.
8 Williams ES, Jones DR, McKeran RO. Mortality rates from multiple sclerosis; geographical and temporal variations revisited. *J Neurol Neurosurg Psychiatry* 1991;**54**:104–9.
9 Williams ES, McKeran RO. Multiple sclerosis: nature or nurture (letter). *BMJ* 1991;**302**: 846–7.
10 Limburg CC. The geographic distribution of multiple sclerosis and its estimated prevalence in the United States. *Proceedings of the Association for Research into Nervous and Mental Disease* 1950;**28**:15–24.

NOTICE

Announcement from the British Neuropsychiatry Association: 1996 summer meeting

The 1996 Summer meeting will be held on 14–16 July at Robinson College, Cambridge. It will include topics on neurodevelopment, language, and the presentation 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, Burden Neurological Hospital, Stoke Lane, Stapleton, Bristol, BS16 1QT. Telephone: 01179 701212 ext 2925/2929 or Sue Garratt at the address given above.

CORRECTION

H M L Jansen, J van der Naalt, A H Van Zomeren, A M J Paans, L Veenma-van der Duin, J M Hew, J Pruim, J M Minderhoud, J Korf
Cobalt-55 positron emission tomography in traumatic brain injury: a pilot study. *J Neurol Neurosurg Psychiatry* 1996; **60**:221–4.

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 Co-PET 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.

Treatment of Cerebral Palsy and Motor Delay. By SOPHIE LEVITT. (Pp 341; price £19·99). Published by Blackwell Science. 1995. ISBN 0-632-03878-X.

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 palsies, including 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

The authors of the chapters collectively represent very much those working at the forefront of their fields in regard to work on the idiopathic generalised epilepsies and as such, this collection of short papers does have a merit.

Interest in the book will largely come from people wishing to enter into this field of study from a clinical or, more likely, research perspective, who wish to get an overview of work being done at these centres of excellence in recent years and to have rapid access to coordinated information. Naturally, in a book of this type, many of the issues addressed are dealt with more extensively in research publications. I have no doubt that the book will serve a useful function in this setting. I would not, however, recommend it to the general neurologist wishing to obtain a little more information for clinical purposes about idiopathic generalised epilepsies, or for someone wishing to consult a more reference type textbook. If one accepts these natural limitations of material that arises primarily from conference proceedings, then the combined work nevertheless does represent useful material.

DAVID FISH

Metabolic Myopathies (MPN 29). By DAVID HILTON-JONES, MARIAN SQUIER, DORIS TAYLOR and PAUL MATTHEWS. (Pp 281; £37·50.) Published by W B Saunders Company Ltd, London. 1995. ISBN 0-7020-1607-1.

It is a testament to how much I enjoyed reviewing this book that I contrived to read it twice. I read it first whilst on holiday in Mull but it went missing before I put pen to paper. It was some months later (having been discovered underneath the bed of the cottage I rented) that I had the pleasure of refreshing my memory.

This book is the most recent in a series of major problems in neurology. Whilst numerically metabolic myopathies could hardly be termed a major problem they are a fascinating group of disorders and do present unique problems of diagnosis, investigation and management which these authors set out to address. As they themselves admit, there is a problem in knowing what to include and what to omit. After all, what are currently regarded as muscular dystrophies may turn out to be due to a defect of muscle metabolism and can fairly claim a place in this book's second edition. Amyloid myopathy and desminopathies could have been reasonably included although I concede they are on the fringes of the authors' remit.

The book opens with five chapters on clinical evaluation, electromyography, muscle biopsy, magnetic resonance spectroscopy and the normal response to exercise. I like these introductory chapters although I would have preferred a single chapter on normal muscle histology to appear here and the pathology of specific disorders to accompany the relevant myopathies later in the book. I suspect the section on magnetic resonance spectroscopy reflects the special interest of the authors—I have to admit I found it rather taxing and although a more knowledgeable reader would consume it with ease I just wonder whether it needs to be quite so detailed. A chapter on exercise is useful with a particularly good section on muscle fatigue.

The second section of the book is devoted to clinical aspects of metabolic myopathies. I would highlight the chapter on disorders of carbohydrate metabolism as particularly useful—each disorder being described under the headings of clinical features, investigation and genetics. The same format is used in the chapter on endocrine disease but not in other clinical chapters which I think is a pity. I do not think that this detracts from the quality or quantity of information provided but a consistency of style does assist the reader. I would have liked to have read more about CPT deficiency and defects of fatty acid oxidation.

The remainder of the book deals with miscellaneous myopathies, periodic paralysis and malignant hyperthermia—all are well covered. There is a final chapter on the genetics of metabolic myopathies which is extremely useful, particularly as the first 10 pages are a resume of the principles of medical genetics—an essential preamble for those of us whose education in this field was limited to the reproductive antics of *Pisum sativum* and *Drosophila melanogaster*.

The book is well illustrated, has clear, uncluttered figures and a good bibliography. Despite my reservations on style and the arrangement of chapters it is an excellent, comprehensive review of the subject and I enjoyed reading it. It should particularly appeal to general neurologists and those with an interest in muscle disease.

DAVID DICK

SHORT NOTICES

Readers may be interested in

Journal of Neural Transmission, Supplement 46. Parkinson's Disease: Experimental Models and Therapy. Edited by P Riederer and W Wesemann. (Pp 466 DM240·00.) Published by Springer-Verlag, Wien 1995. ISBN 3-211-82749-8.

Genetics of Criminal and Antisocial Behaviour. (Pp 296 £49·95.) Published by John Wiley and Sons, in association with the Ciba Foundation. ISBN 0-471-95719-4.

Technical Advances in AIDS Research in the Human Nervous System. Edited by Eugene O Major and Jay A Levy. (Pp 373 $95·00.) Published by Plenum Press, New York 1995. ISBN 0-306-45000-3.

Psychopharmacology. An Introduction. Third Edition Edited by Rene Spiegel. (Pp 295 £45·00). Published by John Wiley and Sons, Chichester 1996. ISBN 0-471-95729-1.

Developmental Neuropsychiatry Volume I: Fundamentals and Volume II: Assessment, Diagnosis and Treatment of Developmental Disorders. Edited by James C Harris. (Vol. I Pp 272 £37·50, Vol. II Pp 596 £60·00). Published by Oxford University Press, Oxford 1996. ISBN Vol. I 0195068246, Vol. II 0195098498.

Epilepsy and the Corpus Callosum 2 Advances in Behavioral Biology, Volume 45. Edited by Alexander G Reeves and David W Roberts. (Pp 304 $95·00). Published by Plenum Press, New York 1995. ISBN 0-306-45134-4.

Journal of
NEUROLOGY
NEUROSURGERY
& PSYCHIATRY

Notice to contributors

SUBMISSION Please submit articles on clinical neurology, neurosurgery, or psychiatry (especially neuropsychiatry) to Professor R A C Hughes, Editor, *Journal of Neurology, Neurosurgery, and Psychiatry,* Medical School Building, UMDS, Guy's Campus, St Thomas Street, London SE1 9RT, UK. Telephone: 0171-378 6758 and fax 0171-378 1221. Provide up to three key words or phrases suitable for use in an index. When possible use terms from the MeSH list of *Index Medicus.* Four copies of the manuscript and figures are required. Manuscripts should conform to the "Uniform requirements for manuscripts submitted to biomedical journals" (*BMJ* 1991;**302**:338–41). Follow the format of articles in this issue and submit your text double-spaced, on one side of the paper. Full papers and short reports should contain an abstract of not more than 300 words. For full papers, this should be structured under the headings: *Objectives, Methods, Results,* and *Conclusions.* Receipt will be acknowledged. If the paper is rejected the manuscript will be shredded after three months. Original figures will be returned if requested when the paper is submitted. The article must not duplicate material published or submitted elsewhere. The article should be accompanied by the following statement, signed by all the authors: "No work resembling the enclosed article has been published or is being submitted for publication elsewhere. We certify that we have each made a substantial contribution so as to qualify for authorship. We have disclosed all financial support for our work and other potential conflicts of interest."

Full **Papers** must present important and substantial new material. **Short Reports**, **Letters** and **Clinicopathological Case Conferences** may also be submitted. Topics suitable for presentation for Short Reports include single case reports which illustrate important *new* phenomena, or reports of short, original research studies. Short reports should be restricted to about 1500 words with a minimum of references and no more than one figure and one table. Short case reports may be selected for a **Lesson of the month** series. **Neurological Pictures** occupying one journal page, following a format similar to that in this issue, and with a maximum of two authors, will be considered. Letters should be no longer than 1000 words, with a maximum of five references and no more than one illustration or table. Short letters concerning papers published in the journal will be printed under **Matters Arising**. Occasional **Reviews,** and regular **Editorials** will be solicited by the Editor and are subjected to a review process. Authors wishing to submit an editorial, or review should seek the advice of the Editor in advance.

AUTHORSHIP All authors must have participated sufficiently in the work to take public responsibility for the content (see *BMJ* 1991;**302**:339). Authors must have made substantial contributions to the conception and design of the study, analysis and interpretation of the data and to the writing of the article. They must all approve the final version. Data collection, acquisition of funding, and supervision of a research group are not adequate justification for authorship. Conversely authorship should not be withheld from colleagues who have made substantial contributions.

ETHICS Ethical considerations will be taken into account in the assessment of papers (see the Medical Research Council's publications on the ethics of human experimentation, and the World Medical Association's code of ethics, known as the Declaration of Helsinki (see *BMJ* 1964;**2**:177)).

CONFIDENTIALITY Consent must be obtained from the patient (or if the patient has died, from relatives) to publish *any* information that might alone or in combination identify a patient, whether living or dead, adult or child. However, such details as are given should not be falsified.

ABBREVIATIONS Measurements should be expressed in SI units (see *BMJ* 1991;**302**:338–41. *SI unit conversion guide* 1992; Boston: New England Journal of Medicine). For recognised abbreviations see *Units, Symbols, and Abbreviations,* Fifth Edition 1994, edited by DN Baron, Royal Society of Medicine: London.

FIGURES These should be prepared to a high standard suitable for publication. Photographs should be submitted on glossy paper, unmounted, with magnification bars when appropriate. We will make a charge towards the cost of colour figures. Do not insert figures in the text, but mark the back with the figure number and name of the first author. Submit legends for figures on a separate sheet.

TABLES Each *Table* should be on a separate sheet with a title at the top. Vertical lines will not be printed and usually there are only three horizontal lines in each table.

REFERENCES should be in the Vancouver style as in this issue. They should appear in the text by number only in the order in which they occur and should be listed on a separate sheet in the same order. Punctuation must be correct and journal titles should be in full or abbreviated in accordance with the *Index Medicus.* Thus:

1 Millikan CH, Eaton LH. Clinical evaluation of ACTH and cortisone in myasthenia gravis. *Neurology* 1951;**1**: 145-52.
2 Penn AS. Immunological features of myasthenia gravis. In: Aguayo AJ, Karpati G, eds. *Topics in Nerve and Muscle Research.* Amsterdam: *Excerpta Medica* 1975: 123-32.
3 Coers C, Woolf AL. *The innervation of muscle. A biopsy study.* Oxford: Blackwell, 1951:16-24.

A reference to unpublished work should not appear in the list but work "in press" may be included provided the name of the journal appears. The author is responsible for the accuracy of references.

REPRINTS Reprints are available at cost if they are ordered when the proof is returned.

CORRECTIONS other than printer's errors may be charged to the author.

NOTICE TO ADVERTISERS Applications for advertisement space and rates should be addressed to the Advertisement Manager, JOURNAL OF NEUROLOGY, NEUROSURGERY, AND PSYCHIATRY, BMJ Publishing Group, BMA House, Tavistock Square, London WC1H 9JR.

Periodicals postage paid at Rahway NJ. Postmaster: send address changes to Journal of Neurology, Neurosurgery, and Psychiatry c/o Mercury Airfreight International Ltd. Inc., 2323 Randolph Avenue, Avenel, NJ 07001, USA. ISSN 0022-3050.

NOTICE TO SUBSCRIBERS Journal of Neurology, Neurosurgery, and Psychiatry is published monthly. The annual subscription rates are £201.00; USA $316.00. Orders should be sent to The Subscription Manager, Journal of Neurology, Neurosurgery, and Psychiatry, BMJ Publishing Group, BMA House, Tavistock Square, London WC1H 9JR. Orders can also be placed with any leading subscription agent or bookseller. (For the convenience of readers in the USA subscription orders with or without payment may also be sent to British Medical Journal, PO Box 408, Franklin, MA 02038, USA.) All enquiries regarding air mail rates and single copies already published should be addressed to the Publisher in London.

Subscriptions may be paid by Access, Visa or American Express credit cards.

Published by BMJ Publishing Group, and printed in England by Thanet Press Limited, Margate, Kent