Matters arising


Cooper et al reply: Dr Abe is making essentially the same point as we do. In those papers that he refers to, in which the pathological findings are described, the presence of extramotor cortical pathology in motor neuron disease is confined to patients in whom dementia had been clinically evident during life. It is well recognised that a proportion of patients with motor neuron disease without clinically evident dementia will show deficits in "frontal lobe" tasks when subjected to detailed neuropsychological tests, and may also demonstrate frontal cortical hypometabolism on functional imaging. If prospective studies confirm that the extramotor frontal cortex is neuropathologically normal, then this would suggest that the observed functional deficits are secondary to disease elsewhere.

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NOTICE

World Federation of Neurosurgical Societies: awards to young neurosurgeons

The World Federation of Neurosurgical Societies will give five awards to young neurosurgeons for the best papers submitted for presentation at the Xth International Congress of Neurosurgical Surgery to be held in Amsterdam, The Netherlands on 6-11 July 1997. This will be open to all neurosurgeons born after 31 December 1961. Each award will consist of an honorarium of US $ 1500, certificate and complete waiver of registration fees along with accommodation for the Congress. The papers will be judged by a committee and must contain original, unpublished work on basic research or clinical studies related to neurosurgery.

Young neurosurgeons should submit eight copies of the manuscript (not more than 10 double spaced typewritten pages exclusive of figures and tables) to:

Albert L Rhoton Jr, MD, Chairman
WFNS Young Neurosurgeons Committee, Department of Neurological Surgery, University of Florida Medical Center, PO Box 100265; 1600 SW Archer Road, Gainesville, Florida 32610-0265.

The submission should be accompanied by a supporting letter from the head of the candidate's neurosurgical department. The last date for submission is 1 October 1996.

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.


Positive motor phenomena are well known to all practising physicians—the Jacksonian fit, chorea and indeed most movement disorders are examples of such phenomena. However, fewer clinicians will be aware of negative motor phenomena, which form a central theme of this book, although most of us will have experience, when entering the twilight zone of lecture induced somnolence!

Perhaps the most classic examples of negative motor phenomena are asterixis and postanoxic myoclonus—both of which are characterised by periods of CNS inhibition of muscular activity. In addition there are other conditions that clearly belong under this rubric of negative motor phenomena. For example, this inhibitory CNS outflow, including cataplexy and sleep paralysis and atomic seizures, although other conditions discussed in this book are slightly more difficult to accommodate in this definition, for example hyperekplexia and freezing in Parkinson's disease.

This book approaches the subject of negative motor phenomena via five main sections, beginning with clinical syndromes and then moving through the possible mechanisms according to anatomical locus (cortex, brainstem, spinal cord) before finally discussing the pharmacology and treatment of atomic seizures and myoclonus. The book then concludes with a final chapter by James Lance which is a superb précis of all these sections. Thus the book starts and finishes in the clinical domain having travelled up and down the pathways of clinical research, much of which depends on the use of magnetic stimulation and the back averaging of EEGs relative to the abnormal movement. Although this approach with these sectional topics is clearly useful, an alternative and perhaps more preferable format would have been to start with anatomy before discussing the physiology and the clinical pathology of the relevant motor systems. This approach has the merit of defining the anatomical substrate which facilitates our understanding of the normal physiology of the motor networks that ultimately underlie the CNS driven negative motor phenomena. Thus having defined the anatomy and physiology, the clinical conditions characteristic of negative motor phenomena can be discussed and the unnecessary separation of topics, as occurs in this book, can be avoided.

However, despite my reservations on the structure of the book, the content is quite outstanding, with many chapters serving to summarise complex topics with great clarity. Such examples include the chapters on the myoclonus phenomena (Peter Brown) and possible spinal cord mechanisms of negative motor phenomena (Peter Ashby). These two chapters further highlight another strength of this book, namely its ability to discuss clinical neurology and experimental neuroscience in equal depth and with equal authority. Occasionally chapters end in a disappointing fashion when no summary is given whilst some are rather too speculative and others tend to be repetitive.

Overall this book is to be recommended, as it is well-written with much to excite and interest the neurologist—regardless of whether he has an interest in movement disorders. For example neurologists may be surprised to know that asteriasis, whilst being seen most commonly in metabolic encephalopathies, may also be seen with focal pathology in a number of CNS sites, whilst neuroscientists may be disappointed to hear that there are at least 26 distinct reticulospinal nuclei or subnuclei that project to the spinal cord. Finally though I come back to what I really admire about this book and that is its unashamed use of experimental data and clinical findings in a combined effort to understand not only the CNS and its control of motor phenomena in the pathological state, but how this is achieved or not achieved in the normal physiological situation.

ROGER BARKER


We all know that strokes are common, even those working in neurology units where they are a relative rarity. We all know that serious treatments for stroke are on the way but the cry of those looking after stroke patients is "When, oh when, is all this fancy science going to make the slightest difference to our patients?" Well, it must be agreed that the problem is considerably more difficult than finding a cure for tuberculosis, which took 20 years and the clinical lesions in a nundefined patient. We can still be optimistic after reading these three books that the considerable knowledge being acquired about the processes of stroke, since it was recognised that cerebral infarction is a process and not an event, will bring forth clinical fruit. In the United Kingdom the big hurdle after that will be the logistics to bring the resultant

This is a hard-backed book published by Hogrefe and Huber and consists of 280 pages including the index. It costs £135. Multiple authors contribute to the 13 chapters, most are radiologists but there is also a sizeable neurology and neurosurgery input. Each chapter consists of approximately one-third text and two-third images with a good mixture of plain films, CT, MR, and angiography.

Unfortunately I think that the book falls between two stools. There is insufficient written information to define this as an authoritative book on clinical quality, it is very patchy. According to the authors the book is directed at students and practitioners. However there are several other books on the market in the same price range that are more readable, better organised, and better illustrated.

CHARLES ALLEN


The pedigree of this book is of the very highest order. Julian Bogooussolis and Louis Caplan are indisputably the “syndrome kings” of clinical strokeology; if anyone should write or edit a book on stroke syndromes, it is these two. A quick electronic search showed that, between them they have written 377 articles in MEDLINE-indexed journals within the last 3 years. A great deal of these papers were on clinical aspects of stroke and stroke syndromes. The editors have, with the help of some very distinguished coauthors, constructed it as a reference book, with a size and price (£95) to go with that concept. Testing the index for ease of use, I was quickly seduced tangentially by some intriguing names I had never heard of (e.g., prions, synuclein, Creutzfeldt-Jakob disease, Foix Chavany and Levy, the Wernernek commissure syndrome to name but two early finds). Dipping in and out of the book is a pleasure. In doing so, I saw immediately that, for an aging consultant like me, (who is frequently intimidated by the junior staff when it comes to matters of molecular biology), this book might provide some ammunion with which to, temporarily, retain the upper hand on ward rounds. On a more serious note, the introduction emphasises that the aim of the book is to aid clinical pattern matching, linking common symptoms with cerebral symptoms and identifying rare syndromes associated with stroke (eg the Divry-van Bogaert syndrome). The book certainly achieves its aims; anyone who treats patients with stroke will find it useful. However, by its emphasis, the miatue does at times detract from the reality that, in everyday practice, stroke management is often based on the knowledge gathered either from the patients themselves or from relatives who are interested in stroke should look at this book, provided they realise that clinical stroke medicine is not necessarily as complicated as this book sometimes appears. PETER SANDERCOCK


The final volume of the 4th edition of this gigantic textbook is a testimony to the dedication, the energy, and the staying power of the author. There will be none of the condescending that greeted poor Gibson on surrendering his final volume of the “Decline and Fall” to the Duke of Gloucester who curstly said “what is this, Gibson? More scribble, scribble, scribble!” The first volumes appeared in 1982, and the fifth volume brings the total pagination up to 4500 pages and 200 pages of index. This volume, divided into 2 parts has over 1500 pages and over 5000 illustrations. The first part deals with outside vision and the second with the CNS, whereas the second part deals with demyelination, viral disease, and a final section on non-organic neuro-ophthalmic problems. These two volumes will ensure that neurologists and ophthalmologists will be suitably equipped to deal with the diagnostic challenges of the future.

The first part alerts us to the new diseases that will confront us, to old friends re-emerging (TB and syphilis) and to improved diagnostic capabilities (PCR etc). The expansion in the techniques for the detection, identification, and investigation of infective agents has been one of the most dramatic advances. The inclusion of 38 pages on prions and prion diseases demonstrate the need to keep abreast of terminology.

One of the species of Borrelia causes Lyme disease and the neuro-ophthalmic manifestations are described in 50 pages with a wide clinical spectrum of such things as peripheral neuropathy, cranial nerve palsies, ataxia, ataxia, and pathological scans, and pathological studies. Similarly, the fans of Wipple's disease, already delighted at the pathognomonic clinical features of oculomotoraxmyorrhaphy, will be glad to know that the pathogenic...