Advances in Neurology, Volume 67. Negative Motor Phenomena. Edited by S. Fahn, M. Hallett, H.O. Luders and C.D. Marsden. Lippincott-Raven Publishers, Philadelphia. 1995, 377pp.

Negative motor phenomena are defined by an absence of initiation of action, an interruption of ongoing movement or a lapse in muscle tone. The pathophysiological mechanisms of negative motor phenomena are thus extraordinarily diverse, including negative myoclonus (asterixis), atonic epileptic seizures and freezing in parkinsonism and cataplexy, and there is a vast wealth of data on clinical features, pathophysiology and treatment to be discussed. This book represents the synthesis of material presented at a workshop on negative motor phenomena in April 1994 and it has an impressive list of contributors. The categorization of such diverse material under the unitary heading of negative motor phenomena is a bit artificial. For example, freezing in Parkinson's disease has little in common with Lennox Gastaut syndrome. However, partly as a result of the diverse nature of the neurology being discussed, the book contains something to interest most clinical neurologists and neurophysiologists.

I found the chapters on the epilepsies and related disorders slightly disappointing. There are descriptions of epileptic syndromes associated with myoclonus and drop attacks and a chapter on drop attacks which are unremarkable and produce no new insights. Stanley Fahn's chapter on freezing in parkinsonism had more of interest, including excellent clinical descriptions clearly resulting from many years of personal experience. However, the main interest in the book lay with

the chapters on narcolepsy/cataplexy syndrome, including a contribution by Drs Guilleminault and Gelb, irritatingly separated by nearly 200 pages of diverse material from that of Drs Hishikawa and Shimizu. Both these chapters contain fascinating and useful insights into a condition which most neurologists would consider uncommon. The Stanford authors, for example, have experience of two patients with the vanishingly rare condition of status cataplecticus. The anatomy of the associated brainstem motor systems is described beautifully by Dr Donald Newman, and the whole also provides a stimulating insight into disorders of REM sleep which are increasingly recognised as a feature of common neurodegenerative conditions. Unfortunately, the management aspects of the condition, as opposed to the description of the condition, were disappointing and consisted of lists of neuroactive medication with little insight into what was particularly beneficial for which symptoms.

The neurophysiological section contains material on cortical magnetic stimulation and the pathophysiology of negative myoclonus. Peter Brown provides an excellent review of startle phenomena, including hyperplexia, and the chapters on spinal motor mechanisms and the peripherally-induced "silent period" are very well written and referenced. There were additional, though perhaps less impressive, chapters on the pharmacology of antiepileptic and antimyoclonic drugs.

As usual, with books of this type, the material tends to be fragmented but the quality of most of the contributions is exceptionally high. The workshop must have been fun!

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