

ABSTRACTS OF SELECTED PAPERS**Urological Disability in Quadriplegia.** By C. Gershon and D. O'Flynn. *Brit. J. Urol.* (1980), **52**, 488-491.

This paper recounts the Irish experience in the management of the quadriplegic. The management and review of 92 patients in the National Rehabilitation Centre in Dublin are described. Nearly a third of those with cervical lesions have urinary outflow obstruction at the bladder neck of sphincter levels. Dyssynergia with the sphincter and bladder neck is common. The importance of the lower tract investigations by voiding cysto-urethrography, urodynamic tests and the monitoring of upper tract status by urography is emphasised. Many will need not only meticulous follow-up but repeated surgery to the lower urinary tract by endoscopic surgery of sphincter devision or bladder neck resection. Such a high standard of care pays dividends in the superior preservations of renal function with a consequent better quality of life and increased survival.

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Endoscopic Biopsy in the Diagnosis of Peripheral Denervation of the Bladder. By K. F. Parsons, A. G. Scott and S. Traer. *Brit. J. Urol.* (1980), **52**, 455-459.

This excellent paper won the Bard award at the annual meeting of the British Association of Urological Surgeons in 1980. Identification of a denervated bladder is important in the management of the individual patient. The authors describe the practical value of demonstrating by bladder biopsy using the cystoscope the importance of histochemical staining as objective evidence of bladder denervation. The clinical tests for denervation suprasensitivity are described and discussed with comment on their lack of reliability. In contrast, the bladder biopsy tests reliably show that after denervation the normal cholinergic deposits related to nerve endings disappear. This valuable paper will repay study. More recently a method of histochemical staining for acetylcholinesterase and catecholamines has been described in a study following upon Parson's work relating to bladder denervation after excision of the rectum. (Neal, D. E., Bogue, P. R. and Williams, R. E. *Brit. J. Urol.* (1982), **54**, 658-666).

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