there is some overlap in subject matter, at times, these are appropriately cross-referenced. The chapters are well-written and, by-and-large, well-illustrated. There are some excellent summary tables which help pull together large volumes of diverse information – in particular the tables on lissencephalic syndromes and their genetic bases, and the tables on syndromic cortical dysplasias.

It should be noted that the authors elected to confine themselves to disorders involving neuronal migration to the cerebral cortex. Disorders which primarily involve the brain stem, cerebellum and other subcortical structures are given brief mention or not considered. Since most of the advances in the past 20 years have involved the areas of the brain most easily assessed by MRI – the cerebral hemispheres — this is hardly surprising. In addition, the book deals with a few disorders which are not necessarily disturbances of cell migration (e.g. focal cortical dysplasia with balloon cells, polymicrogyria) but which are often seen along with migration disorders in individual patients.

Overall, this book is a timely review of a burgeoning and important topic. It is very well done, and will be of great help to pediatric neurologists, as well as of interest to geneticists, pediatricians and adult neurologists.

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**EPILEPTIC SYNDROMES IN INFANCY, CHILDHOOD AND ADOLESCENCE** Third edition. 2002. Edited by Joseph Roger, Michelle Bureau, Charlotte Dravet, Pierre Genton, Carlo Tassinari, Peter Wolf. Published by John Libbey Eurotext. 544 pages. C$189 approx.

This is the third edition of Epileptic Syndromes in Infancy, Childhood and Adolescence. The book is intended for a target audience including epileptologists, pediatric neurologists, adult neurologist and trainees in the fields of epileptology and neurology.

This edition has significant changes in content and appearance since the previous published in 1992. Over the past decade there have been many advances in basic and clinical epileptology with the addition of many new syndromes of epilepsy. Advances in the fields of genetics and neuroimaging have led to a better understanding of the various syndromes. The book continues to be based predominantly on the European classification syndromic approach to epilepsies, with the use of recently relabeled syndrome names (eg Dravet syndrome for severe myoclonic epilepsy of infancy). This edition has, however, incorporated the perspectives of authorities worldwide.

There have been many additions since the previous edition. The content continues to be very complete and has been updated to reflect current opinions and advances. The references have been updated with the new advances that have occurred over the past decade.

Section I, which deals with epileptic syndrome in neonates has been altered to include a single chapter (from the previous two) discussing severe neonatal epilepsies with suppression-burst pattern. Section II, which deals with epileptic syndromes in infancy and childhood is improved in its organization and progression through the syndromes. Additional chapters have been added including migrating partial seizures in infancy, idiopathic and/or benign localization-related epilepsies in infant and young children and non-idiopathic localization-related epilepsies in infants and young children. Epilepsy and inborn errors of metabolism has been moved to a new section. Section III, which deals with epileptic syndromes in childhood has undergone a significant reduction in the number of chapters, largely due to the synthesis of multiple chapters into one. There are additions of new entities: The HHE syndrome. Section IV, which deals with epileptic syndromes in older children and adolescents has been renamed. Changes to this section include a chapter which addresses the reflex epilepsies, which is an expansion from the previous edition that reviewed only reading epilepsy. A chapter has been dedicated to the isolated partial seizures of adolescence and the chapter on photosensitive epilepsies has been expanded. Section V has been added with most of the additions to the book. Chapters have been dedicated to chromosomal disorders, cerebral malformations, Rasmussen's syndrome, mesio-temporal lobe epilepsy syndrome and recently defined genetic syndromes. These have added significant content to the book and have included more recent advances in technology for diagnosis including fMRI and SPECT.

Overall, this is an excellent reference resource. It remains the most complete book reviewing epileptic syndromes in infancy, childhood and adolescence. I was very pleased with the revisions from the old edition. I can guarantee it will be referred to many times before the next edition.

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**DYSTONIA. VOLUME 94, ADVANCES IN NEUROLOGY.** 2004. Edited by Stanley Fahn, Mark Hallett, Mahlon R. DeLong. Published by Lippincott Williams and Wilkins, Philadelphia. 312 pages. C$220 approx.

This multi-authored volume represents the proceedings of the Fourth International Dystonia Symposium, held in June, 2002, and sponsored by the Dystonia Medical Research Foundation and the National Institutes of Health. The monograph addresses both basic and clinical aspects relating to the clinical features, etiology, pathogenesis and treatment of dystonia, providing a broad spectrum of information of value not only to clinicians who deal with dystonic patients, but also to researchers studying pathological aspects of motor control.

Initial chapters deal with the pathophysiology of dystonia, starting with a scholarly contribution regarding the role played by surround inhibition in normal motor control, and the possibility that impaired surround inhibition may underlie the development of dystonic symptomatology. Several chapters deal with the putative role of sensory systems and aberrant neuroplasticity in the development of dystonia. The role of transcranial magnetic stimulation as a tool for studying the motor system is emphasized in several of these chapters; the contribution of functional imaging is discussed in multiple chapters throughout the volume.

Subsequent sections deal with genetic causes of dystonia, concentrating appropriately on Oppenheim's dystonia with several scholarly discussions relating to the role of torsin A mutation in early-onset primary dystonia, but also reviewing other major genetic forms of primary dystonia. Several chapters deal with potential dopaminergic mechanisms involved in the production of dystonia. A series of chapters deal with various types of focal dystonias, concentrating on the broad spectrum of task-specific dystonias seen

in musicians. The final section begins with a detailed review of the roles of medical therapy and botulinum toxin injection in the management of dystonia. Other chapters in this section discuss surgical treatment, including both pallidal lesions and deep brain stimulation. A final chapter reports a comparison of clinical rating scales which have been utilized for assessing the severity and extent of dystonic features. This is a fitting end to the book serving to emphasize the tremendous clinical complexity and variability of these disorders.

The intent of this monograph is to provide an update on multiple clinical and basic science aspects of primary dystonia. It does not pretend to be an all-inclusive treatise regarding the subject. There is some unevenness of style inherent in multi-authored volumes, and some repetition between chapters but these are not major issues. Individual chapters will be of value to trainees in neurology and related fields. The book itself merits a position on the shelves of anyone with more than a passing interest in these disorders.

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**Frontal Lobe Seizures and Epilepsies in Children.** Mariani Foundation Paediatric Neurology: 11. 2003. Edited by A. Beaumanoir, F. Andermann, P. Chauvel, L. Mira, B. Zifkin, John Libbey Eurotext, Montrouge, France. 230 pages. C$102 approx.

This book is organized into 20 chapters and four posters. The origins of the book are not revealed but I suspect that these are proceedings of a workshop in a pleasant Italian setting. The first four chapters focus on the anatomy, cognitive development and epileptogenesis related to frontal lobes and frontal seizures – all good reviews. There are two chapters about imaging – conventional MRI and functional imaging, three chapters about EEG and video-EEG, one chapter on neuropsychology of frontal lobe epilepsy in children compared with other epilepsy types, and seven chapters about various types of frontal seizures and syndromes. Most chapters begin with a short but good summary.

Several chapters impressed me. Tassinari and colleagues develop the hypothesis that the complex motor behaviors of frontal lobe seizures are related to brain stem, bulbar and spinal cord circuits far away from the frontal cortical generators. They concentrate on "nocturnal-hyperkinetic-frontal seizures" – the type with spectacular videos shown at all epilepsy meetings.

I had not really thought of reflex epilepsies as "frontal". Vignal and Maillard make a thoughtful argument that startle seizures, seizures provoked by cutaneous stimulation, seizures provoked by movement, cortical reflex myoclonus and some reading epilepsies are disorders of sensory-motor cortex and, at least in part, are mediated through the posterior frontal lobe.

Perhaps the most pediatric chapter in the volume is by Dulac, Rathgeb and Plouin on frontal lobe epilepsy in infancy. They point out that frontal lobe onset in infancy is almost never benign. Tinuper describes the video-EEG characteristics of four types of frontal seizures recorded in children – asymmetric bilateral tonic seizures, hypermotor seizures, very brief motor seizures (epileptic arousals) and prolonged seizures (epileptic nocturnal wandering).

Dravet takes on the complicated issue of the relationship between the seizures in Lennox Gastaut syndrome and absence seizures with frontal lobe seizures by considering four illustrative cases. There is no clear conclusion except to be careful!

Deonna, Ziegler and Roulet-Perez describe the childhood and ten-year follow up of four children with acquired epileptic frontal syndrome. The symptoms were easily confused with a psychiatric disorder with marked regression, more in behavioral and general cognitive function than in language, as seen in Landau-Kleffner syndrome. The EEG was somewhat similar to continuous spike-wave in slow sleep with frontal accentuation. Only limited details are offered about the long term social outcome.

A chapter by Beaumanoir and Mira reviews EEG secondary bilateral synchrony from frontal foci – a "Canadian" concept first proposed by Jasper and then popularized by Tukel and Jasper and then Blume and Pillay. Unfortunately the chapter has only three EEG illustrations – each reminded me to be much more careful about labeling a discharge as generalized – the findings are subtle.

It is a daunting task to write about treatment for frontal lobe seizures since there are no randomized trials but the chapter by Costa et al is careful and concludes that at least for autosomal dominant nocturnal frontal lobe epilepsy (ADNFLE), carbamazepine is likely our most effective drug. How effective this is remains unclear.

Chauvel concludes "a strict classification of frontal lobe seizures today cannot be more than a working hypothesis." Dubois notes "Although frontal lobe semiology now appears relatively clear, it is difficult or impossible to use the available clinical information in any given patient to localize exactly the source generator to a specific frontal lobe compartment".

Some chapters were somewhat disappointing. The chapter on Natural History of Frontal Lobe Epilepsies concentrates on a detailed discussion of five children with the syndrome of benign frontal epilepsy – an under-documented disorder. Autosomal dominant nocturnal frontal lobe epilepsy is more common but the natural history discussion is very brief. It is curious that an entire chapter was not devoted to ADNFLE since it is relatively common, has a childhood onset and is usually misdiagnosed (my opinion).

Many of the authors are experts in adult epilepsy with little pediatric content in several chapters. On the basis of very small series (<10 cases), several authors make sweeping generalizations that made the statistical hair on my neck bristle. However, overall I liked the book. It is good reading for anyone who is training in pediatric epilepsy or who treats a good number of children with epilepsy. Each chapter is short and they do not have to be read in order. The editing is brilliant and the language easily read. Illustrations are good. If you read the book you will be up-to-date but realize that we are a short way down the road of understanding epilepsy in children that originates from the enormously complicated frontal lobes.

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