

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 Tukul 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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