physicians. I give this book three out of five stars despite its flaws and recommend it to neurologists and others involved in the treatment of epilepsy.

Richard S. McLachlan  
London, Ontario


This volume, according to the publishers, “addresses the latest findings about sleep disorders in the elderly”. From the preface, I understand that the contents of this volume derives from a workshop held in 1992 on the topic of Sleep Disorders in the Elderly. Thirty-eight contributors are listed. They are from Western Europe and North America. The book is divided into 21 short chapters. There is no bibliography.

I believe this volume is modestly successful in its stated aim. The chapters are individually well written. The contents of the book do cover a good deal of the relevant sub-topics which fall under the theme of the book, Sleep Disorders in the Elderly.

There are a number of deficiencies in the book. There is a good deal of duplication between the chapters. The chapters could be organized on a more rational basis so there would be a better flow to the book. Later chapters return to topics previously covered. Because of the shortness of the chapters, topics are not dealt with in detail. A higher degree of specificity would improve the utility of this book for expert readers. For example, the book would have benefited from more detailed discussion on sundowning, nocturnal agitation, periodic limb movement disorder and on assessment issues such as who should undergo a detailed sleep study. A number of typographical errors are present in the book but they are not excessive. There are a number of factual errors present but again they are not excessive - for example, on page 148 it states that total body water increases with increases in age, in fact it decreases.

I found information in the book that I was not aware of. This new knowledge will change my clinical practice. As such, time spent reading the book could not be viewed as a waste. That achievement is no small feat.

David B. Hogan  
Calgary, Alberta


This is the third edition of a text which is a collection of routine and unusual peripheral and central nerve conduction techniques. Chapters from the previous edition (1987) were updated. Five chapters have been added: Intraoperative Monitoring Using Somatosensory Evoked Potentials, Auditory and Visual Evoked Potentials, Magnetoencephalographic Stimulation, Motor Unit Action Potential Analysis, Single Fiber Electromyography and Anatomy. Each technique is described in the same sequence: Pickup (Input Terminal 1), Reference (Input Terminal 2), Ground, Stimulation and Settings. Comments on potential pitfalls frequently follow. Normal values from the original articles are reproduced. Conveniently, diagrams and tables are widely used. Occasionally, several techniques are reported for one particular study. The reader may experiment and decide on the technique he/she prefers. References are always available for details.

For the experienced electromyographer, this text is particularly useful for reminders on electrode positioning when performing unusual nerve conduction studies. In this regard, comments on potential pitfalls could advantageously shift away from the emphasis on temperature measurements to more practical considerations. For example, when performing phrenic nerve conduction, how is the diaphragmatic potential differentiated from a volume conducted response originating from adjacent chest wall muscles? A note of caution should be added concerning normative data for motor unit duration using concentric needles in the section on Motor Unit Action Potential Analysis: the definition of normal as deviations less than 20% from the mean for all muscle groups appears arbitrary and is unlikely to rest on sound statistical analysis.

Nevertheless, this text is very practical and is highly recommended as a reference volume in all EMG laboratories.

Francois Grand'Maison  
Sherbrooke, Quebec


Assessing the quality of life (QOL) in seizure disorder patients has become a prominent area of interest in epilepsy for clinicians, researchers as well as pharmaceutical companies. This book is a result of an international meeting sponsored by the Epilepsy Foundation of America and it has many strengths. It includes: chapters that address QOL from the perspective of not only the patient, but also family members and volunteer groups; cognitive function and QOL; utilizing QOL measures in drug studies; QOL after epilepsy surgery; and issues concerning QOL in children with epilepsy. The book reviews existing instruments being used in North America and the United Kingdom and thus is unlike any other book currently available on this topic.

Historically, a considerable amount of work on quality of life in epilepsy was pioneered by Carl Dodrill and it was therefore pleasing to see his chapter summarizing the many studies that have utilized the Washington Psychosocial Inventory (WPSI) as well as some commentary addressing criticism of this particular tool. It was interesting to read about a methodology known as the repertory grid technique as an alternate way of assessing QOL. However, one wonders about the utility of the technique that relies heavily on verbal constructs for patients with seizures from their dominant hemisphere who have language deficits. An excellent feature of this book is that samples of the various existing tools are presented in the appendices (i.e., The Liverpool Quality of Life Questionnaire, ESI-55, WPSI, the Adolescent Psychosocial Seizure Inventory). Although the heavily promoted QOLIE-89 is not a part of this book, it was adapted in part on the Epilepsy Surgery Inventory – 55 (ESI-55) discussed in Chapter 9. The questions from the ESI-55 are similar in format and the reader can obtain a sense of what the QOLIE-89 is like by looking at the ESI-55. There is some unevenness in the quality of the chapters, but the reading list and bibliographies are comprehensive and would allow the reader to quickly locate original articles.

There is little discussion of some very real practical issues regarding QOL instruments, such as the minimum required reading levels for the various measures, the manpower required to administer, score, and interpret the inventory, and the clinical uses of the information gathered from a QOL inventory for an individual case.