

Medicine in London in 1995. There are 14 chapters with 6 co-authored by the tirelessly productive Dr. Panayiotopoulos. References are very up-to-date including several published after the symposium and some still in press. Dr. Jeavons outlines the syndrome clearly in chapter 2 – “eyelid myoclonia and absences show a marked jerking of the eyelids immediately after eye closure and there is an associated brief bilateral spike and wave activity”. He notes that many patients have additional, more conventional absence attacks without eyelid myoclonus. We learn in subsequent chapters that the spike wave is often photosensitive but eye closure is a critical, provocative event. Many patients respond to anti-absence medications, some do not. No one seems to have much experience with the disorder. Dr. Wallace from Cardiff describes her three cases and Dr. Zaiwalla describes three more cases from Oxford.

The disorder is compared with conventional absence and the evidence for photosensitivity versus fixation-off sensitivity is described. The reader is urged to perform special EEG studies with special glasses – “a practical method is to ask the patient to wear a pair of underwater goggles, which are fitted with +10 spherical lenses or semitransparent tape”. It would seem clear that the seizures in this disorder are truly precipitated by eye closure and not just the state of having eyes closed. Several authors conclude that the seizures in this particular disorder are not self-induced.

The book has two, more basic, chapters. Dr. Plant provides a useful introduction to the Anatomy and Physiology of the Eyelids. Dr. Harding carefully outlines issues about Eye Closure, EEG Abnormalities, Darkness, Fixation-off and Photosensitivity. The latter chapter is important reading for electroencephalographers.

Only a short chapter is devoted to the genetics and the chapter on treatment by Dr. Richens quickly notes that there are no randomized clinical trials on which to make firm recommendations. The cases discussed in other chapters suggest that sometimes the disorder does not respond to medication.

Overall, I thought that the material might have been more useful, if condensed to a brief review article. The physician struggling with a patient will learn that beyond the clinical description and EEG, not much is known. My patient's father drove home with his multiple brief absence attacks and did not return for follow up. Since then, I have not seen another case.

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ECONOMIC EVALUATION OF EPILEPSY MANAGEMENT. 1996. Edited by Ch Pachlatko and RG Beran. Published by John Libbey & Company Limited. 112 pages. \$C48.00.

This publication represents the proceedings of the Symposium on Economic Aspects of Epilepsy at the 21st International Epilepsy Congress in Sydney, 5 September 1995. It is multiauthored and divided into 9 chapters. This is an international perspective and very little relates to the Canadian health care system.

The proceedings address an important aspect of epilepsy management and can serve as a general guide to cost-benefit considerations in the medical and surgical treatment of epilepsy. Economic analysis of epilepsy care is a timely issue in view of the cost of the new antiepileptic drugs that have recently been introduced. Does the additional benefit of new antiepileptic drugs justify the additional cost? Not only is this information useful to treating physicians but authorities and governments who finance medical care are also interested in this question. It is important that financial considera-

tions alone do not restrict superior and ethical access to health care.

Chapter 1 addresses the economic aspect of epilepsy stressing the importance of economic arguments and gives an outline of cost-benefit evaluation. Chapter 2 reviews the models of economic appraisal using cost of illness and economic appraisal studies. Chapter 3 reviews the cost of epilepsy care in the United States. Chapters 4 and 5 assess the cost-benefit of the new antiepileptic drugs and the economic evaluation of antiepileptic drugs in general. Chapter 6 reviews the Australian experience in the introduction of new treatments. Chapter 7 is an economic appraisal of the introduction of vigabatrin into the Canadian health care system. This is based on data obtained from the Quebec provincial insurance plan using different scenarios and assumptions. The results may differ according to drug dose and drug response and the effect on quality of life and indirect costs are not considered. Accordingly it provides little useful data. Chapter 8 reviews employment and income after epilepsy surgery in Sweden and Chapter 9 reviews the health economic aspects of epilepsy surgery in Colombia.

The text sensitizes the reader to an important aspect of epilepsy care and presents an international perspective on how to take into consideration economic factors in the better and ethical treatment of epilepsy. The text provides useful information for physicians treating patients with epilepsy, hospital administrators and other decision makers in the health care industry. Specific pharmaco-economic data on the impact of the new antiepileptic drugs introduced in Canada are not provided.

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Erratum

MINIMALLY INVASIVE THERAPY OF THE BRAIN. 1997. Edited by A. De Salles and R. Lufkin. Published by Thieme. 292 pages. \$C246.00 approx.

This book is a multi-authored volume edited by a neurosurgeon and a radiologist, on an extremely important direction in modern health care – that of minimally invasive therapy. There are 21 chapters by a total of 40 authors, primarily neurosurgeons, neuroradiologists and radiation oncologists from the United States and Germany. In the preface, the editors state that the book is designed to document the new techniques available for treatment of brain pathologies that are competitive with the traditional large surgical approaches and that it is directed at the appropriate specialists as well as primary care physicians and motivated lay persons. The two latter groups would very likely not find this book particularly useful. In the preface there are also two “advertisements” on how to get more information on the course the editors have conducted for 5 years, which this reviewer finds a little too commercial.

The book is generally well written and edited and contains much valuable information on the basic concepts and tools available within the current armamentarium of physicians and surgeons involved in minimally invasive treatment of a variety of morphological and functional conditions affecting the brain. The book is attractively laid out although a significant number of reproductions of imaging studies and other photographs and computer-generated graphics are of poor quality.

There are a number of conspicuous omissions from this text. Arguably the single most important building block for modern minimally invasive therapy was the development of framebased stereo-