an excess incidence among doctors and nurses. The sharply conflicting data from the two studies suggests that one may be biased. The lack of any excess of MS among spouses of MS patients indicates that MS is not (or is very rarely) a transmissible disease among adults. This observation, as well as our study, and the potential biases outlined above suggest that the incidence and mortality of MS among doctors and nurses is likely to be close to that in the general population.

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1 Dean G, Gray R. Do nurses or doctors have an increased risk of developing multiple sclerosis? (letter) Lancet 1990;53:899-902.

Evaluation of vigabatrin in refractory epilepsy

We were interested to read the report by Sander et al of their experience of vigabatrin in 128 patients with severe medically refractory epilepsy, and in particular their comments on neurotoxic side effects. We began using vigabatrin at the Neurological Unit, Ninewells Hospital and Medical School, Dundee, in 1989. The main reason for choosing vigabatrin was the perceived lower risk of neurotoxic side effects compared with other anticonvulsant drugs. Despite a high rate of side effects, we were encouraged by the results we observed in the first 10 patients, and chose to use it in our clinical practice. The main side effects observed were a generalised decrease in visual field, diplopia, and peripheral visual symptoms. These side effects were severe in only seven patients, in whom the drug was withdrawn. In the remaining patients, the side effects were manageable and the drug was continued. We have observed similar results in our clinical practice. The main side effects observed were a generalised decrease in visual field, diplopia, and peripheral visual symptoms. These side effects were severe in only seven patients, in whom the drug was withdrawn. In the remaining patients, the side effects were manageable and the drug was continued. We have observed similar results in our clinical practice.

BOOK REVIEWS

Handbook of Sleep Disorders. (Neurological Disease and Therapy Series/6). Edited by M THORPY. (Pp 817 illustrated; Price US & Canada $165.00; All Others $198.00.) New York, Marcel Dekker Inc, 1990. ISBN 0 8247 8295 X.

This is a new and attractive book about sleep disorders. The stated aim is to be a comprehensive summary of knowledge in nearly all aspects of human sleep. Under the able editorship of Michael Thorpy the book substantially but not completely fulfils this claim. About a third of the book covers the physiology and anatomy of sleep mechanisms and the pharmacology of sleeping and waking. The remainder is concerned with clinical sleep medicine. The code of practice of American sleep disorders centres is amply covered, and reflects the very high ratio of North American authors. There are two main points for this approach. The first is the chapter by Lemmi on sleep disorders centres and polysomnographic evaluation, and the second is the recent American-inspired, international classification of sleep disorders. This system may result in a primary focus on the sleep laboratory rather than on the patient.

The coverage of primary and secondary sleep disorders as well as circadian rhythm problems is wide. Some might argue at the use of the term "dysomnia" to cover narcolepsy, obstructive sleep apnoea and other hypersomnias, but this classification is probably relevant. Many of the sections on insomnia are particularly good, notably those by the Italian school, led by Lugaresi in his description of fatal familial insomnia. The discussion of parasomnias and secondary sleep disorders is thorough and not excessively detailed, but one might argue that the disproportionate amount of the book is devoted to these topics. For example, the detailed focus on sleep disorders in many degenerative neurological disorders is not excessive. However, the book is essential reading for European as well as American polysomnographers and contains outstanding sections on narcolepsy from Broughton and Honda, despite some apparent contradictions. Thus Broughton reports that monosynaptic twitches may be concordant for narcolepsy and cites three references in favour of this; in the next chapter the same references are cited by Honda to support the statement that no examples of complete concordance are known. The book is well produced, with good illustrations and figures and adequate references. It is however far too expensive.

MEYER DAHLITZ


This is an elegantly bound volume in the Wiley-Liss series of Frontiers of Clinical Neuroscience. It reviews our current understanding of dementia using Positron Emission Tomography. At $89, I picked up this book excited as if I had been invited to eat at an exclusive restaurant by a selection of famous transatlantic chefs. The first course, which explained the methodology behind PET was excellent. Despite the risk of being a rather indigestible topic, it combined sufficient spices to make it an agreeable hors d'oeuvre. To the non expert this section was refreshingly easy to read and understand.

The main course in contrast, which tackled the neurobiological deficit found in Alzheimer's disease, was rather disappointing. One of the reasons for this was the tone set by a prefacing chapter on cerebral atrophy. This was the wrong accompaniment for a review of the PET findings and the savoury topic of atrophy should have been reserved for after dinner. An opportunity was missed to provide an elegant meta-analysis of PET results. The presentation was not as good as I expected and the chef must be congratulated with the quality of the plates. However the chapter on Huntington's chorea was excellent.

For dessert there was a wide range of topics, including, ligands and PET, activation paradigms, and SPECT. It was a little over-ambitious, since it failed to mention a number of important findings. For example, the studies of 18F Dopa in Alzheimer's Disease, and some of the case reports of PET in the rarer dementing syndromes, were absent. Work from Mesulam and others from this side of the Atlantic on focal degeneration were omitted. The foreword expressed a
Evaluation of vigabatrin in refractory epilepsy.

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