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# BOOK REVIEWS

## Getting on with Epilepsy. By Sheila Hollins, Jane Bernal and Alice Thacker, illustrations by Lisa Kopper. London: Gaskell/St Georges Hospital Medical School, 1999. £10.00 (softback), 96 pp. ISBN: 1-901242-39-0.

We have all had the experience of having to try to explain epilepsy, its investigations and the precautions that one needs to take, to people who find difficulty with understanding words. This booklet is pictures without words aiming to visualize some of the themes one needs to explore with people with epilepsy who have learning difficulties.

We are therefore given a series of pictures of the 'hero' of the story 'Jack' travelling on buses, having seizures in the street, at a pottery class, the varied reaction of people around him, EEG and MRI testing, blood taking, etc., plus some of the common precautions like not swimming alone.

This is a very good idea. Most of us will find this book helpful in trying to explain often quite difficult concepts to people with limited understanding. Most people with epilepsy will be able to identify with Jack and his adventures. The drawings themselves are simple and easy to understand and even illustrate such things as parental overconcern and overprotection in a non-judgemental way.

My only criticism might be that Jack seems somewhat passive and allows things to happen to him. He does have a very nice girlfriend 'Sandy' who inexplicably seems to get thinner as the book progresses, but who illustrates very well how to manage a seizure. I am also a little worried that poor Jack, who is a big lad, is only allowed half a pint of lager when he is with his friends and also by the fact that, judging by the illustration, he appears to have been given first-line treatment with phenytoin.

But these are minor quibbles. I will certainly use this book and I would recommend it.

## Abnormal Cortical Development & Epilepsy: From Basic to Clinical Science. By R. Spreafico, G. Avanzini and F. Andermann. London: John Libbey & Co. Ltd., 1999. £39.00 (hardback), 324 pp. ISBN: 0-86916-S79-S.

This book is a compilation of papers presented at a symposium in 1997 which was a multi-disciplinary one reviewing the cortical dysplasias and epilepsy.

Now published in November 1999, much of the material is still pertinent and up to date. Like many multi-authored contributions to symposia it is occasionally repetitive and at times a little bit difficult to follow, but overall it is an excellent summary of a fascinating and growing area in epilepsy research. It is a book which I think should be in every departmental library because it does provide a very thorough review of this important area of epileptology; in particular, it challenges the assumptions that many of us have, probably gleaned from standard textbooks, about the cortical dysplasias and epilepsy.

There are very good sections on the basic biology of neuronal migration (which begins to explain both why these lesions are relatively common and about the various forms that exist). The genetic aspects of neuronal migration defects are more important than I had realized and are well dealt with in this volume. I was particularly impressed by the section on surgical management for these conditions. My assumption that only very rarely would surgery be of help with these conditions (because they often extend beyond the basis of the MRI lesion) is, in fact, unduly pessimistic. Careful evaluation of the patient and careful surgery can achieve much better results than I had realized. I learned a great deal from this book: it is well worth reading.

## Intractable Focal Epilepsy. By John Oxbury, Charles Polkey and Michael Duchowny. London: W. B. Saunders, 2000. £125.00 (hardback), 916 pp. ISBN: 0-7020-2428-7.

This is an immense book exceeding 900 pages about all aspects of this very important topic in epileptology. It is divided into five sections. The first one being on the semeiology and causes of focal seizures, the second on the investigation of intractable focal epilepsy, the third on medical management, the fourth on surgical treatment and

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a small (but important) section on the economics of epilepsy care. It is a multi-author book but tightly edited with only a few discrepancies between the chapters in the various sections. It is, of course, impossible to publish a book as large as this entirely up to date and there is some conflict in the chapters between which drugs are and are not available on the UK market and scant mention of certain new but important side-effects which now restrict the use of certain drugs (such as vigabatrin). This is inevitable.

It is an important work. Someone wishing to be as up to date as possible with the complex problems of the intractable partial onset epilepsies would do well either to purchase the book or to make sure that it was in the departmental library. It is extremely well referenced, so that the reader can follow up information given in the chapters. There is a clear editorial style and the information is well set out with useful summaries so that the book can be used for revision as well as for learning. Because advances are being made rapidly in this area, I hope to see successive editions of the book. It is perhaps too easy in reviewing a vast tome like this to express disappointment, but there is some, hopefully to be addressed in future editions. There is very little on the molecular genetics of epilepsy, which is as important for focal seizures as for generalized seizures. The colour plates in the book must have added something to the cost but one wonders if they were chosen more for their prettiness than for their utility. If there were to be other colour plates in the book, then I would like to see them illustrating the chapter on neurocutaneous syndromes. This is a well written and informative chapter, but colour illustration would have improved it.

The book comes across as slightly unbalanced. Most of Section two—relating to investigation—is related to investigation for surgery: Section four, the longest section, is about surgical treatment. Most intractable focal epilepsy will never be amenable to surgical treatment (at least not for the foreseeable future), and yet there appears to be much more about surgery in this book than about the medical and psychological management of intractable seizures. Indeed the medical management section is slightly dismissive. It is true, perhaps, that the new drugs for epilepsy have not fulfilled the promise we thought they might have for treating intractable partial seizures and it is also true that their side effects can be horrendous, but, for most people with intractable epilepsy, medical management at the moment is all that we can offer (apart from the fortunate few that do seem to respond to psychological therapies—which are time consuming and labour intensive and therefore not available to many). One does get the feeling that the surgeons have slightly run away with this book and the medical therapies have a rather miserable time of it. In the drug section, incidentally, it would have been useful if the authors could have ensured that the abbreviations for the various antiepileptic drugs were consistent with normal practice (i.e. lamotrigine is normally LTG not LAM). I would like to see the medical chapters strengthened in the new edition, by a clear exposition of drug strategies and a clearer discussion about whether polytherapy can be justified (and if so, what).

The problem of non-epileptic seizures (perhaps up to 20% of people with intractable epilepsy are intractable because it is not actually epilepsy that the clinician is treating) should have been emphasized more. Non-epileptic seizures are well discussed but are tucked away in a chapter on psychiatric comorbidity. In a book like this about intractable seizures they should have had greater prominence (many people reading the book may not look very critically at the psychiatric section). The section on Quality of Life issues is important because (this is something that a second edition could address) most people with intractable partial seizures are not going to lose them no matter what we do. How do we make their life as bearable as possible even if we cannot improve the frequency of their seizures?

There are two chapters which I think are outstanding. One is on brain stimulation for epilepsy which sets out the position very fairly; the other is on the psychiatric sequelae of epilepsy surgery which is the best review I have ever seen on this subject. All of us could, in addition, read the short section on the Health Economics of epilepsy with benefit. Overall this is a very good book. It is very up to date for a text book and is to be highly recommended.

## What is truth asked jesting Pilate?

## Spasm—A memoir with lies. By Lauren Slater. London: Methuen, 2000. £9.99 (softback), 223 pp. ISBN: 0-413-74250-4.

For those of you who do not know her writings, Lauren Slater is a psychologist, academically distinguished, who has written '*Welcome to my Country*', a book of short stories relating to the experience of mental illness and '*Prozac Diary*', which is more of an autobiography of her personal experiences of mental illness. Both books are compelling, gripping, and oddly disturbing.

Her new book is about the experience of epilepsy as a child (or, at least, it appears to be) because Lauren Slater, for what I think are good artistic reasons, teases her readers and tells them what she is saying and recounting may not be true at all, or may be partly true and implies that this in some ways may be a metaphor for the experience of epilepsy itself.

I have read the book twice now and suspect that I ought to read it for a third time to try to get a complete understanding of it. I read it first as a novel with the part of my brain that likes and enjoys reading novels. In doing this I had to occasionally rap the knuckles of the other two parts of my brain which were also showing an interest; that is the part that had psychiatric training and was trying to judge the book through psychiatric eyes and that part of my brain which, I suppose, is currently most active professionally which has had some experience of epilepsy, its diagnosis and management, because they kept on interfering and saying 'oh that doesn't sound quite right', 'that's not the experience I have had of people who have had this kind of operation'.

In fact it was very like being in a clinic with a new patient, who has been referred from elsewhere with a long history of seizures. One is trying to listen to the story and trying to place the narrative the person has given you within the context of them as a person, their upbringing, education and life experiences and at the same time apply a measure of judgement to the description of their seizures: 'is this epilepsy and if so what kind is it?'; 'is this some other kind of experience which is a seizure but not an epileptic one, how was that diagnosis made, why did the previous doctor do what he/she did?' 'does this patient understand the condition properly?' Thus it was like a consultation—with a somewhat self-willed and impulsive patient intent on telling her story her way, but a patient who does allow you to glimpse how she is feeling and how she is thinking and with whom, having fenced a bit, one will make a good rapport and relationship.

As a novel this is an extremely good book. Alright, I know it is meant to be an autobiography and, indeed it may be—but most autobiographies are novels anyway and most novels autobiographies, and you realize it as you are reading it (this realization came to me after I was reading it for the second time) that it does not matter whether it is truth or fiction. It has an artistic ring of truth and it also has some (but not complete) clinical ring of truth.

Her psychopathology about lying and stealing as an adolescent rings true as does some of the description of the epilepsy. But then what does 'ring true' mean? It means, I guess, her attempt to describe the experience of epilepsy gels with at least some of my experience of other people trying to describe it. Yet it does not quite, because she is trying to make her experience of epilepsy artistically truthful as well as factually truthful. She certainly seems to have had rich and varied aura experiences and sometimes one wonders if she is describing the emotional consequences of having epilepsy as an aura rather than a true aura itself, and indeed this is a theme that runs throughout the book and this is one of the questions that the author appears to be asking 'Is this me or is this my epilepsy?'. She paints in well the miseries of a childhood with frequent drop attacks and incontinence and the sudden surges of emotion and mood changes that often accompany epilepsy and leaves the reader to judge whether her anti-social behaviour as an adolescent relates to the epilepsy or relates to her reaction to her somewhat loveless upbringing. From the epilepsy she is eventually rescued by the operation of corpus callostomy which removed the drop attacks but apparently leaves the auras. She describes very well the positive transference that develops between her and the epilepsy specialist who helps her and also the unfortunate consequences, early in the book, of over enthusiastic use of a behavioural treatment using negative reinforcement of the seizures (when, I asked myself, are we going to recognize that positive reinforcement of seizure freedom works a great deal better). She is curiously silent about medical treatment (phenytoin is referred to) and says very little about the investigations she has, but then she is writing a long while after her epilepsy is supposed to be controlled.

This in fact is one of the things that struck me most about the book, towards the end, that here is somebody who is trying to describe what it is like to be a child with epilepsy and yet, one of her mental mechanisms used to deal with the emotional consequences of having epilepsy as a child is, of course, denial and distancing. Once the epilepsy has gone it is almost missed (a bit like people with toothache who will vigorously poke the offending tooth with their tongue when the pain eases partly to check that it really has gone and partly because life without the toothache has its down side). Her epilepsy is missed and yet it is difficult for the author to remember it because she was denying it so much when it was there. Sudden flashbacks of memory that continue to occur after the epilepsy has gone she treasures perhaps because they make her feel special, perhaps because they help her to cope with the realities of life and her journey out of adolescence, leaving her childhood and her family behind her and with the exploitative sexual experience that pushes her into her adult self and her writing self.

So having read this book twice and about to embark on a third encounter with it, I am beginning to understand it. The tension between my novel reading part of my brain and the rest is diminishing. All have learned something from reading it.

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