

ever, to indicate more clearly its major strength and its value to the field. The investment of time and energy by the author in this book of more than 500 pages is admirable. Fourteen detailed chapters include superb examples of EEGs, well-organized tables, and as many as 400 up-to-date references. Most textbooks on epilepsy show EEGs in an atlas format or contain primarily descriptions of the syndromes; this book provides both features equally well. In addition, a CD-ROM is included that contains more than 30 videos of seizures, although the EEGs are occasionally small and difficult to see, even on a high-resolution monitor.

As stated in the author's preface, this book is designed as a "reference for neurologists, clinical neurophysiologists and epileptologists." It succeeds in meeting this goal, offering a table of contents that is easy to follow, listing each syndrome, as well as a detailed index. Pediatric neurologists in particular will probably benefit from the book, because of its strong emphasis on the epilepsy syndromes of childhood, including the early-onset benign childhood occipital seizure syndrome named for the author.

Single-authored textbooks such as this one offer the strength of a cohesive approach but also have some disadvantages. Most other textbooks on epilepsy today are multiauthored, allowing for a variety of expertise on specific aspects of this complicated disorder. The limitation of a single author is perhaps most evident in a chapter on anticonvulsant therapies, which is based on both practice guidelines and the author's own opinions and recommendations.

The eight thorough chapters on the epilepsy syndromes are the highlight of the book, and they make it a worthwhile addition to the collection of any neurologist who treats patients with epilepsy, especially children with this disorder. As the 21st century progresses, and as these syndromes become more important targets for drug development, genetic testing, and advances in neuroimaging, textbooks such as this one will also become increasingly valuable as references.

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## CORRECTION

Intensive versus Moderate Lipid Lowering with Statins after Acute Coronary Syndromes (April 8, 2004;350:1495-1504). In Figure 2 on page 1500, several of the numbers of patients at risk for death or a major cardiovascular event in the pravastatin and atorvastatin groups were listed incorrectly. The numbers should have read as follows: for pravastatin, 1701 (6 months), 1542 (12 months), 1449 (18 months), 896 (24 months), and 224 (30 months); for atorvastatin, 1752 (6 months), 1590 (12 months), 1515 (18 months), 950 (24 months), and 231 (30 months).

## NOTICES

*Notices submitted for publication should contain a mailing address and telephone number of a contact person or department. We regret that we are unable to publish all notices received. Notices also appear on the Journal's Web site ([www.nejm.org/meetings](http://www.nejm.org/meetings)). The listings can be viewed in their entirety or searched by location, month, or key word.*

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