

book review

Clinician's guide to sleep medicine

By Neil Douglas. London: Arnold, 2002. 251pp. £29.99.

I counted 43 books about sleep medicine on my shelves. Most are dusty, seldom opened, or too heavy to lift. A few are treasured. Amongst these the most valuable by far is by the Russian physiologist Marie de Manaceine. Her classic book was published in 1897. It has the surprisingly modern title: *Sleep: its physiology, pathology, hygiene and psychology* (London: Walter Scott, 1897). The physiology includes the first convincing illustration that I know of the loss of reflex activity during sleep. The physiologist continued to record the knee jerk as the subject fell asleep, and to her surprise, the amplitude declined. This demonstration of sleep atonia was to become the very foundation of the later finding that every respiratory problem is made worse during sleep. This physiology is at the centre of Douglas' book. de Manaceine's pathology dealt with gout, where attacks came on during sleep as well as with the then common phthisis and nocturnal sweats. Douglas deals with nocturnal enuresis and multiple sclerosis. In 1897 sleep hygiene was concerned with prison beds, and in 2002 with driving and the General Medical Council. The dream world of Paris and Moscow now appears more up to date than any theory of Freud, and Douglas has little time for theorising in the by-ways of psychological medicine. In the world of both authors, sleep medicine crosses every boundary in science as well as in clinical specialty.

Alas, the EEG was to be recorded, polysomnography invented, and the Americans, under the inspired chairmanship of Michael Thorpy, ended the era of de Manaceine as they both classified and clarified sleep disorders. The subject grew of age. Now it is almost obligatory for any doctor interested in the subject to publish his or her own synopsis, companion or even encyclopaedia. I hold the unfashionable view that sleep medicine is not a discipline in its own right, and that a sleep laboratory is more an investigatory tool for the writing of papers than a diagnostic aid. In the great majority of cases, a good clinical witnessed history, using clear and unambiguous language, if necessary supported by home audio and video

recording, is of far more use than any sleep laboratory. Accurate history-taking often needs to be supported by a good psychiatrist, and personal expertise in therapeutics.

Neil Douglas would, I think, agree with much of this. His book mercifully includes only two full polysomnograms, as well as the obligatory *Peanuts* cartoon. Douglas gives an excellent and readable summary of the main problems in sleep medicine. He has the gift of unusual clarity. I have learnt more from him about respiratory problems in sleep than from any other author. In any book about a rapidly evolving subject it is sometimes difficult to evaluate very recent data. Douglas steers well over hypocretins, although one case of so-called narcolepsy with a hypocretin receptor gene mutation sounds more like an example of the Prader-Willi syndrome, and the status of 'idiopathic recurring stupor' as a real entity, not due to benzodiazepine poisoning but responding to flumazenil, must be in doubt. These are minor cavils. Throughout the book, costs, benefits, and practical applications share equal place with cardiovascular and respiratory physiology. There is much common sense; as when the current enthusiasm for microwaving the tongue in sleep apnoea ('radiofrequency volume reduction') is suitably tempered. What finally matters throughout is daytime function; not sleeptime peculiarity. One very useful feature throughout is reference to key reviews.

Amongst the 43 books mentioned before, only one other comes from Scotland. Here, sleep apnoea was once considered not to exist; perhaps because of the leanness of many of the inhabitants. Time and the work of Douglas have shown this to be incorrect. The index of the old northern work includes: 'Strychnine in insomnia'; 'Underfeeding – a cause of insomnia'; 'Whooping cough, insomnia in'; 'Railway traveling, effects of on sleep' (Macfarlane AW. *Insomnia and its therapeutics*. London: HK Lewis, 1890). Macfarlane's book, like that of de Manaceine, was a classic. But times have changed. Strychnine is not now used to counter daytime fatigue, although it has been investigated as a respiratory stimulant in sleep apnoea. Despite a gap of over a century, I suspect that Douglas has written another Scottish classic.

This book, combined with another outstanding recent paperback, Gregory Stores' *A clinical guide to sleep disorders in children and adolescents* (Cambridge University Press, 2001), should provide most physicians with all they need to know about practical sleep medicine.

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