Although caution is appropriate in interpreting the few reports in the literature supporting the idea that peripheral nerves are involved in multiple sclerosis, it seems likely that at least in some patients both peripheral and central nerve myelin may be involved in an acute demyelinating attack. Perhaps the peripheral and central nervous systems share antigenic properties.

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CORRESPONDENCE

Non- or pseudoepileptic seizures?

We agree with Scull that consensus is badly needed for the nomenclature of manifestations which mimic, but are not, epileptic seizures.¹ His plea for using the term "non-epileptic seizure", however, is unconvincing. Non-epileptic seizures cover a wide range of diagnoses, both organic and psychogenic.² It is evident that, after it has been proved that seizures are not epileptic, another diagnosis should be sought. From the point of view of the epileptologist this diagnosis is, by definition, "non-epileptic", just as epileptic seizures may be called "non-syncope", "non-narcoleptic" or "non-dissociative" by other specialists. We think that Scull does not have this wide range in mind when he proposes to use the term "non-epileptic seizure".

From experience, we all know that there remains a group of patients, often with a diagnosis of epilepsy, who have non-epileptic seizures that closely mimic epileptic seizures and are referred to epileptologists. These seizures often turn out to be of psychogenic origin.³ Harm can be done when this is not recognised—for example, when treatment consists of increasing doses of antiepileptic drugs. Why not name these seizures what they are—namely, "pseudoepileptic"? The prefix pseudo indicates that things are not what they seem to be. It does not imply that the seizures themselves are not a

real experience, or something to be ashamed of. It is our experience that this can be satisfactorily explained to patients. Therefore we prefer the use of "pseudoepileptic" instead of "non-epileptic seizures".

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Scull replies:

I thank Kuyk and Leijten for their comments. In common English usage "pseudo" is a derogatory term and is taken by some patients to mean that the doctor thinks that their condition is fictitious. Dealing with the anger that patients feel when their diagnosis changes from "epilepsy" to a psychiatric label is always likely to be difficult. "Non-epileptic seizures" may not be an ideal label but aggravating patients with a term that can be misinterpreted is unhelpful.

DAVID A SCULL