Book reviews

Headaches and Migraine in Childhood. By C F Barlow. (Clinics in Developmental Medicine no 91). Pp 288: £15.00 hardback. SIMP Blackwell Scientific, 1985.

The main emphasis of this comprehensive monograph is on migraine, to which about two thirds of its space is devoted. It deals with the pathogenesis, precipitating factors, clinical features, less usual presentations, and treatment. It draws on a study of 300 children seen in private practice over the course of 20 years, and thus has a strong flavour of clinical experience. This is backed by extensive reference to published reports, and it is clearly a book by someone who both knows and practices.

Though migraine is the centrepiece of the book, there are also excellent chapters on psychogenic headache, headache related to trauma, and headache which is symptomatic of other conditions such as tumour. There is, for instance, very practical advice on investigations, such as 'ten reasons for doing a CT scan'.

It is good to see a distinguished neurologist writing about a common and troublesome symptom and approaching it in such a practical way, recognising that the great majority of childhood headaches are not symptomatic of serious intracranial pathology. Dr Barlow's clearly explained approach does, however, raise some important general questions. My son, seeing this book lying on my desk asked 'is the word migraine plural?' I had not previously noticed the difference in number of the two main nouns in the title, but I now realised that it was not an accident or oversight on Dr Barlow's part. Headaches are regarded as recurrent events or happenings, whereas migraine is a condition or diathesis in the individual, which is always present, whether or not it is producing symptoms. What we all seem to need in dealing with children with recurrent symptoms and no discernible pathology is a conceptual framework which makes us think we understand what is happening, and provides a rationale for management. My own thinking has been largely based on the ideas of Apley and MacKeith, regarding most headaches and other recurrent pains in childhood as psychogenic. More recently I have been attracted by the approach of Barr, who labels most of these pains with the more neutral label of 'dysfunctional'.

Dr Barlow's approach is to regard a high proportion of childhood headaches as being a manifestation of migraine—though he recognises the selection bias in the children referred to him.

How scientifically secure is the diagnosis of migraine in these children? Dr Barlow indicates that he does not think strict diagnostic criteria such as are needed for research studies are appropriate to ordinary clinical practice. The main grounds on which he makes the diagnosis are the fact that the headache is paroxysmal (that is, episodic, which most headaches are—hence the plural), the presence of a family history (very common anyway), a throbbing character, and an association with nausea and vomiting. Of the features usually regarded as more specific of classic migraine, hemicrania was present in only 22% of his patients, and an aura in only 5%. In private practice, the label of migraine must be a much more comfortable one to apply than that of psychogenic headache. It is one which the parents will recognise and which makes sense to them, it bears no connotations to which they will object, and it offers a lead into drug treatment. As a diagnosis it is essentially irrefutable, since there is no independent test for migraine apart from the rather flexible criteria on which the diagnosis is first made. Yet this framework is clearly a very successful one in practical terms.

As already mentioned, one of the attractions of migraine is that it gives a basis for drug treatment, which Dr Barlow describes in some detail. It is mostly based on uncontrolled clinical observation, and seems to be very successful in easing the situation. Propranolol is given first place among the prophylactic drugs.

These comments on the different ways we work are observations rather than criticisms of a particular approach. Dr Barlow's account, which is refreshingly clear, is entirely honest about the scientific limitations of the diagnosis of migraine, and also firm in emphasising the importance of psychological factors in precipitating migraine attacks. (The allergy hypothesis is given short shrift, with chocolate and hot dogs regarded as the only foods commonly provoking headache.)

One does not have to agree with all Dr Barlow's views to appreciate this book. I still believe that the terms 'abdominal

epilepsy' and 'abdominal migraine' are more likely to confuse than to clarify, and I do not think I shall be persuaded to use phenytoin as a prophylactic for migraine. One certainly does have to admire this book, based on a wide and thoughtful clinical experience, giving well digested reviews of the published reports, and written in a balanced and attractive style.

ROGER ROBINSON

Drug Therapy in Infants. Pharmacologic Principles and Clinical Experience. By R J Roberts. Pp 398: £58.00 hardback. W B Saunders, 1984.

The title of this book is slightly misleading as it deals principally with neonatal pharmacology, the mechanisms of drug treatment rather than its place. The general layout and description of each drug and group of drugs is reminiscent of Goodman and Gilman and the whole approach is similarly thorough.

The first section discusses the pharmacologic principles in therapeutics and, as the author has indicated, a portion of it has been published previously in Schaeffer. The chapter dealing with pharmacokinetics, a subject which can seem bewilderingly complex to the lay clinician, is particularly successful and is amply complemented by clear and simple figures. In the second section individual drugs are described under group headings and in the last chapter about fetal and neonatal intoxication, drugs in pregnancy, fetal and neonatal injury by physical factors and chemical agents, neonatal drug withdrawal, and drugs in breast milk are discussed.

The style is fluent, benefiting from a single authorship. There are over 2000 references (multinational) and many are cited in detail within the text or in tables. Typical of the approach is the account of the use of phenobarbitone as an anticonvulsant. Eighteen studies are described and patient numbers, dosages given, serum concentrations and half life measurements are listed. Following this, clear recommendations are made. Current controversies, such as those surrounding the use of vitamin E and dopamine, are critically presented and conclusions drawn on the basis of a broad spectrum of opinion.

As few of us can have escaped participation in a drug trial at some time or other perhaps a section concerning the ethics, design, and statistical considerations of these trials in neonates would have been useful.

This is a well presented, scholarly, and comprehensive text which should become a standard reference for neonatal pharmacology.

SHEILA MCKENZIE

Postgraduate Nephrology. Edited by F Marsh. Pp. 646: £40.00 hardback. Heinemann, 1985.

This excellent and comprehensive book should become standard reading for MRCP candidates and those undertaking junior clinical appointments in renal units. The literary style varies, as in any multi-author work, but the high standard, clear type, and non-reflective paper mean long periods of study are possible. Tables and illustrations are well chosen to complement the text and I found I enjoyed reading the book virtually from cover to cover.

Although essentially an 'adult' textbook, points relevant to paediatric practice are encountered in almost every section, complementing a superb cameo of the 'Kidney in Childhood' provided by Professor Barratt's chapter. Throughout the book, the scientific basis of each aspect of nephrology is first laid out and then related to the clinical situation. In the opening chapter on renal anatomy for example, the role of papillary morphology in the potential for renal scarring with vesicoureteric reflux is discussed. Generally symptomatic features of problems are clearly described and a logical approach to investigation and management delineated. The discussion of urinary obstruction and chronic renal failure are classic examples. A lucid explanation of the difficult subject of tubular disease makes the subject seem simple, but on occasions one is left to construct a sequence of investigations where a suggested course of action might be helpful. The sections on drugs in renal disease contain a wealth of information, and other chapters fill in occasional gaps, for example antibiotic drugs for use in dialysis fluid.

To find fault with the book is to be picky as when I wondered if colony counts of $> 10^5$ /ml might be just as acceptable as 10^6 /ml for most physicians. There is perhaps a tendency to overlook some points of management which are routine to

nephrologists but not to junior medical doctors. The use and dosage of diuretics in nephrotic syndrome comes to mind and the lack of consideration of the psychosocial aspects of chronic renal disease is possibly another example. I hope the book is produced in paperback to ensure the wider readership it deserves.

MAURICE SAVAGE

The Best of the Whole Paediatrician Catalogues I-III. By J A McMillan, F A Oski, J A Stockman III, P I Nieburg. Pp 580: £22.75 paperback. W B Saunders, 1985.

It is difficult to fit this book into a category; it is certainly not a comprehensive textbook nor yet a monograph. It does not correspond to the usual pattern of a series of reviews. Perhaps the closest analogy is with a book such as the *Bedside Guardian* with a miscellany of brief articles of varying length, style, and subject matter.

Although a glance at the contents indicates a fairly orthodox list of paediatric chapter headings, the selection of topics covered in each chapter is not comprehensive and represents, as indicated in the introduction, a collection of those entries from Volumes I, II, and III of *The Whole Paediatrician Catalog* which were felt to be most useful and most difficult to find in other sources of reference.

Many subjects are covered, some briefly and some more comprehensively. Subjects range from an extremely useful and brief guide to differential diagnosis of common haemoglobinopathies to how best to advise a child on the choice of a frisbee. In general the articles are characterised by their practical nature and their utility to the practising paediatrician. Although in many instances they reflect North American practice, they contain much useful information and advice for all paediatricians. The authors make extensive and very appropriate use of diagnostic flow charts and of algorithms. Although many of the entries seem brief, their factual content is high.

This is a book which sets out to entertain as well as to inform. It is larded with many quotations that are both appropriate and amusing and many paediatricians will be happy to plagiarise it for lectures and probably after dinner speeches. What is the most appropriate place for this publication? On reading it I have learned a great deal. While it would not be out of place in a paediatric library, perhaps it would be

found most appropriately on the desk or the bedside of the practical clinician. If one seeks immediate and concise advice on the practical management of a clinical problem he may or may not find the subject covered in this volume. If, however, guidance is found, it will be brief and of considerable practical value. Certainly as a book to dip into in brief periods over coffee, between or even, in fact, during telephone calls, it will give much information and pleasure.

J SYDES

Congenital Heart Surgery. Current Techniques and Controversies. By A L Moulton. Pp 347: £95.00 hardback. Butterworths, 1985.

The book seems to be a compilation of papers presented at a paediatric cardiac surgical conference—the dates, venue, and nature of which are not stated. Six major groups of congenital cardiac malformations are discussed in a total of 39 chapters, each by an undisputed world authority and a five-chapter section deals with techniques of perfusion and hypothermia. The following malformations are covered: transposition of the great arteries, coarctation of the aorta with ventricular septal defect, truncus arteriosus, atrioventricular septal defect, pulmonary atresia with intact ventricular septum, and tricuspid atresia/univentricular heart. Most of the sections have a 'discussion' chapter which is a transcript of questions and answers.

Many of the authors discuss surgical techniques in some detail which might be of some interest to those surgeons who have not read the already published descriptions. The less detailed discussions outlining the principles of the operations may be of some value to paediatric cardiologists. The chapters vary considerably in their scientific content and discursive value. The best sections are those which consider transposition of the great arteries, truncus arteriosus, and pulmonary atresia. They provide the reader with a useful review of the advantages and limitations of the various operations available and their indications. The 'discussion' chapter on atrioventricular septal defects is the best part of that section, bringing the problems into a truer perspective than each of the other chapters taken either separately or together. In this section, as in others, the surgeons have ignored the attempts by the morphologists to introduce newer terminology.