development of motor control, intestinal motor activity in the preterm infant, and the development of the lower oesophageal sphincter in the preterm infant. The second section deals with disordered oesophageal function in two chapters. One deals with gastro-oesophageal reflux in infancy. The second deals with reflux and chronic bronchopulmonary disease. The third section covers small intestinal disorders and colonic function in five chapters. The first is on intestinal pseudo-obstruction in childhood. The second on the pathology of this condition. The third on motility disorders in cystic fibrosis. The fourth on the irritable bowel syndrome, and the last on constipation. The final section covers therapeutics and the use of probiotic agents.

Despite its multi-authorship Peter Milla has achieved a cohesiveness of style, clarity, and brevity. Each chapter has useful references. It is inevitable that there will be a slight degree of overlap between different authors but this is a minor fault in a book that should be useful in the understanding and management of this difficult area of paediatric gastroenterology. It should find a useful place in the libraries of general paediatricians as well as of those working entirely in paediatric gastroenterology.

V MILLER
CONSULTANT PAEDIATRIC GASTROENTEROLOGIST
 Booth Hall Children’s Hospital, Manchester


This volume is one of the Treatment and Prognosis series, a multi-author text edited by Clayden and Hawkins. The remit of the book is to provide a rapid update for these aspects of ‘all important diseases of childhood’ and this impossible task is valiantly attempted by the editors.

The book is designed for busy paediatricians, those preparing for examinations, and general practitioners desiring information on likely current practice at their specialist centres as well as some indication as to treatment that can be started at home.

Each bodily system is dealt with in a separate chapter, with extra chapters on neonatal disorders and poisoning. There is a fairly consistent format of around a page of text for each individual disease within these systems, starting with a brief description of the condition and followed by numerically arranged treatment options, then paragraphs on prognosis and a plan of follow up. Some authors tend to include suggestions about investigations within the treatment protocols, though this is not generally part of the discussion. The lack of information on pathophysiology, differential diagnosis, and investigation is initially unsettling to one not used to the concept of this series.

It would be easy to criticise the balance of such an ambitious project; the neonatal section is very brief and contains only 20 lines on meconium aspiration syndrome. Pyloric stenosis is not covered at all in the book whereas benign liver tumours receive two pages and dengue one page, respectively. Having said this most chapters are very well conceived and comprehensive, although not all would agree with the opinions of some authors as to first choice treatment.

The book performs best as a source of references for the interested clinician to explore further the ‘Treatment and Prognosis’ of the commoner, and indeed less common, childhood disorders and can be recommended for this task, although there will always be a need to read further about the other aspects of these conditions.

J K H WALE
LECTURER IN PAEDIATRICS
Sheffield Children’s Hospital Sheffield


The publication of this book comes at a most opportune time given the major concerns about both the physical examination and the interview of children suspected to have been sexually abused. This is in fact the third edition of this particular publication in three years, which indicates the speed of change in this area of major concern to many professionals whose interests centre on the potentially sexually abused child, whether they be medical, social workers, or police, because sexual abuse is at the same time a traumatic event with both physical and psychological consequences, a criminal act, and a form of child abuse requiring the possibilities of consideration of care. Because a small proportion of children show unequivocal physical signs it is essential that guides to interviewing be authoritative, and assist those who interview children to conduct both reliable and valued interviews.

David Jones and Mary McQuiston’s book begins with an exploration of the predicament of the child sexual abuse victim looking at both the effects and the considerable problems that exist for children in being able to speak at all. They then review important issues for interviewers such as the fact that children are far more reliable as witnesses than was thought previously, and that their memory for central events even in the earlier years of childhood can be excellent. They examine some general principles of good interviewing including comments on the setting, presence of other parents, ways of recording a session, and which professionals should conduct such interviews and their general experience. They give an extensive guide to the interview itself, including a good exploration of language, anxieties, the use of toys and play material including the anatomically correct dolls and various forms of questioning styles and behavioural observation.

There is a good discussion of the use of facilitation which has been recommended in the Cleveland Enquiry Report as being a second stage examination by skilled and experienced interviewers. There is also an important discussion of the process of validation including the introduction of statement validation techniques which have begun to be developed in both Europe and North America.

This is an excellent introduction to the field of interviewing the sexually abused child, and will be of great value to all those professionals whose task it is to compliment the skilful physical examination of children.

A BENTOVIM
CONSULTANT PSYCHIATRIST
Hospital for Sick Children London


Unless my mathematics is seriously flawed, the febrile convulsion rate in England and Wales is about one child every half hour. It is hardly surprising, therefore, that the subject is one which continues to provide for paediatricians both employment and
cerebral exercise. One of those whose cerebrum has been most exercised in this way over the last 20 years is the author of this book which completes a quadrumvirate of monographs that have contributed to my own education on the subject over the years.1-3 The foundation of my interest having been Dr Lennox-Buchthal’s little gem which must surely stand as a medical classic.

Dr Wallace has produced a detailed, thoughtful, scholarly, comprehensive, and up to date review of the subject. Of the 412 references, 160 are to publications in the present decade (14 are pre-1900 and 10 pre-17501). Some indication of the extent of the author’s own contribution to the subject is given by the fact that some 25 of the references are to her own publications. It is doubtful, though, whether ‘unpublished data’ and ‘presented to the Annual Meeting of the . . . . Association’ should have found their way into the list of references.

The main message of the book is that ‘the child who presents with a febrile seizure is providing an acute indication that all may not be well with his/her nervous system’. Evidence is presented that febrile convulsions are commonly associated with neurological abnormality. As regards major neurological problems, this association largely results from the all embracing definition of febrile seizures as ‘any seizure of cerebral origin which occurs in association with any feverish illness’. Such a definition, while perfectly logical, leads, if unqualified, to ridiculous assertions such as that the death rate from febrile seizures has been as high as 11%. This statistic derives from a study of children who convulsed before dying of infection in the preantibiotic era and is obviously irrelevant to the subject of febrile convulsions as understood today. I do not myself subscribe to the doom and gloom school on this subject and I have yet to be convinced that a child who is apparently well after a febrile convulsion is likely to benefit from a surfeit of medical concern.

This is an important book presenting the personal view of an expert on the subject whose own contribution demands that her view be considered seriously and respected, even though one may not agree with it in every detail.

References


D P ADDY
CONSULTANT PAEDIATRICIAN
Dudley Road Hospital, Birmingham


This is a description of clinical and pathological findings in 249 patients who underwent anterior temporal lobectomy at the hands of one surgeon over a 25 year period. The criteria for surgical intervention were frequent fits, inadequately controlled by drugs; focal, unilateral temporal lobe spike discharges on electroencephalography; no radiological evidence of tumour and IQ greater than 70. Most specimens of temporal lobes were examined in a systematic fashion and cases classified on the basis of histopathological findings within the resected lobe. The diagnostic criteria of each group are clearly described; clinical correlations and outcome are discussed within each diagnostic group. The volume is completed by a short conclusion which compares the benefits of surgery between groups, the bibliography, and appendices tabulating clinical details of all patients.

The format of the book is attractive and the style makes it easy to read. The quality of illustrations is good but I would have liked to see more photomicrographs to illustrate the range of abnormalities in the ‘alien tissue’ and ‘indefinite’ groups, not difficult to arrange as there are five blank half pages in the appropriate chapter. I found the term ‘alien tissue lesion’ inappropriate. The lesions described under this heading are ones which most pathologists would term hamartomatous; they comprised glia, neurones, and blood vessels, all structures which one would expect to find in the cerebral cortex. Clinical details were brief and I think that most paediatricians would want to know more about outcome than frequency of fits and merely a comparison with preoperative state under the heading ‘personality and social adjustment’.

Although the onset of symptoms in two thirds of cases was during infancy or childhood, the subjects of this book are a small carefully selected group of patients, quite unrepresentative of children in whom a diagnosis of epilepsy is made. For this reason I cannot recommend this book for purchase by individual paediatricians, despite its modest price. I even hesitate to recommend it for the bookshelf of the paediatric neurologist but would, rather, draw it to his attention and suggest that he persuades his neurology or neuropathology department to buy it so that he may consult it from time to time.

J W KEELING
CONSULTANT PAEDIATRIC PATHOLOGIST
John Radcliffe Hospital, Oxford


In view of the fact that if you claim any interest at all in epilepsy you will undoubtedly already have ready access to one of the first two editions of A Textbook of Epilepsy, you may ask why you, or your library, should spend £60 on the new one. The answer is that it has been very extensively rewritten and updated. When the book first appeared in 1976 there were 17 contributors. For the second edition in 1982 there were 37 and now there are 30. Twenty two of the contributors to the second edition have now bowed out and there are 15 new names. Only seven of the contributors to the first edition have survived to the third. In bringing out a new edition every six years and making sweeping changes in the authors, the editors obviously intend to keep the textbook alive and on its toes. Dr Oxley has joined the original editors with the intention of ‘supervising further editions well into the 21st century’.

The chapter on childhood epilepsy, which in the second edition had three authors, has now been written entirely by Sheila Wallace. Her chapter is a scholarly discourse strong on description of seizure types and on neurobiology and pathology and pathophysiology and perhaps less strong on a clinical approach to the problems of children with epilepsy and their non-medical management. As might be expected, the chapter contains a comprehensive account of febrile convulsions, though the simplistic definition of a febrile convulsion as ‘any seizure occurring in association with any febrile illness’ seems to me unworkable without further qualification. The chapter ends with a list of over 250