However of 42 children presenting to neuro-surgical units in the South West region in the period 1992–3 only 10 were eligible for open national trials. Thus 32 out of 42 children, that is 76%, with CNS tumours cannot benefit from any survival advantage that national studies may bring. This lack of national trials is in spite of the important unanswered questions about treatment of CNS tumours. Both the Medical Research Council and the United Kingdom Children's Cancer Study Group need to address this issue urgently.

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- 1 Stiller CA, Eatock EM. Survival from acute non-lymphocytic leukaemia, 1971–88: a population based study. *Arch Dis Child* 1994; 70: 219–23.
- 2 Stiller CA, Draper GJ. Treatment centre size, entry to trials and survival in acute lymphoblastic leukaemia. *Arch Dis Child* 1989; 64: 657–61.

BOOK REVIEWS

Recent Advances in Paediatrics – 12. Edited by T J David. (Pp 244; £25.95 paperback.) Churchill Livingstone, 1993. ISBN 0-443-04871-1.

So they sent me a copy of this book to review, but I have already bought a copy! Surely that's a recommendation in itself!

Most paediatricians with general or specialist interests welcome the appearance each year of a new volume in this series. This year's edition follows the format of previous years, with authoritative reviews on a wide variety of subjects encompassing developments in basic medical science applied to childhood diseases, practical clinical management, and articles considering more general, but important current issues in child health.

All of us have difficulty in keeping up to date and the inclusion of the final chapter, a literature review, has always proved popular. Space in the book limits the choice, but it does mean that consultants can air their recent knowledge to juniors (provided the juniors do not get hold of a copy first!).

Many of the articles cover practical subjects, and highlights in this edition are the sound practical advice on writing medical-legal reports by Dr Bamford based on his wide experience; an excellent overview of malaria, and advances in the management of sickle cell disease. This latter review is particularly relevant to those of us who work in areas where this is an uncommon problem. When faced with it in clinical practice we require a rapid update.

Professor David, not content with editing this volume, gives an account of the management of atopic eczema. I have always liked his 'paediatric' as opposed to 'dermatological' approach in considering the management of the whole child and family, and there is much here that is based on his much respected clinical practice and experience.

New techniques are not ignored, and a timely article on gastrostomy feeding summarises our current state of clinical

practice. What a pity, however, that this comprehensive article came from Canadian authors rather than from a UK unit where there must surely now be considerable expertise.

We cannot ignore HIV infection and a review article briefly summarises the main points of clinical practice, although I would have liked to have had more comments on the complex psychological and social needs of the family which, as the author points out, are the most important and challenging aspects of paediatric HIV management.

Communication disorders in childhood are not just an area for the specialist, and Lewis Rosenbloom provides practical advice when faced with a specific clinical situation. We gain from years of accumulated experience acquired from this particular interest of his department. This gives us clinical presentation and classification set out without too much emphasis on 'speech therapy jargon'; an article to share with your development team members.

Basic scientific techniques in molecular genetics applied to the pathogenicity of meningitis and understanding the genetic mysteries of the fragile X syndrome require concentrated reading.

This book is completed by a number of other subjects including passive smoking and the management of accidental hypothermia. I now have two copies of this book (as they allow the reviewer to keep this one), which means that one can remain at home while the other goes to our departmental library, where like all good volumes, I would predict it won't remain on the shelves for very long, and we might even have to buy a third. I await volume 13!

R E PUGH
Consultant paediatrician

Epilepsies of Childhood. 3rd Ed. By Niall V O'Donohoe. (Pp 340; £49.50 hardback.) Butterworth Heinemann, 1993. ISBN 0-7506-1598-2

Status epilepticus! Another book on epilepsy in children, with at least two others sprouting later this year.

Epilepsy appears to be emerging from a public and professional enforced winter – in fact one could argue that much of the ignorance and misunderstanding about epilepsy originates from the ice age, with some peoples' attitudes still frozen solid in its wasteland. No longer. From Department of Health directed guidelines on what patients with epilepsy need, to the appointment of specific nurse specialists in childhood epilepsy (Royal Liverpool and Birmingham Children's Hospitals), epilepsy is beginning to be recognised for what it is, and for what it is not. This 'greening' of epilepsy has been propagated by nutritional support from the various – and multiple – pharmaceutical companies whose antiepileptic drugs have blossomed (and are still budding) on to the field. Finally, the whole process has been fertilised by the arrival of fresh literature and audiovisual material; it is these aids that are of fundamental importance to informing the medical and non-medical personnel about the current state of the science, and also the art of epilepsy.

For too long childhood epilepsy has been perceived and has been treated as simply a type of epilepsy and has received scant attention in the major reference textbooks of epilepsy. This is somewhat bizarre as over

50% of epilepsy commences under the age of 16 years.

Epilepsies of Childhood comprehensively but succinctly redresses the balance and is appropriately titled, reflecting the heterogeneity of the condition. Continuing in a somewhat botanical theme, the condition could be considered the genus – 'epilepticus', with the various types, the 'species' (including 'hybrids').

Much of the bramble-like confusion (and I am certain the basis of the dislike of epilepsy among doctors) stems from the classification of epilepsy – or rather the *epilepsies*. The epilepsy syndrome was introduced in 1989 to try and simplify the classification – with considerable success. For the general paediatrician there is a very pragmatic benefit from this syndrome classification; it provides valuable information on the prognosis of the specific type of epilepsy and which is the most appropriate antiepileptic drug. All of these aspects are well covered in *Epilepsies of Childhood* and, importantly, are easily read and digested. Other areas where the non-specialist generalist may get bogged down include the indications for, and type of, investigations used in epilepsy, the intractability of epilepsy in certain children, the uneasy (and almost parasitic in some peoples' eyes) relationship between epilepsy and learning difficulties/mental handicap and the emotional/psychiatric complications of epilepsy. Professor O'Donohoe has provided some excellent literary stepping stones in these potential sloughs of despond; I would endorse fully one of Professor O'Donohoe's points that when confronted with a child with 'intractable epilepsy', 'does the child really have epilepsy?' should be your first question. The author's rich and invaluable clinical experience is superbly communicated throughout this book emphasising that epilepsy (as in medicine in general) is an art as well as a science.

Are there any weeds in this literary orchard? Perhaps, but they are far too few to mention. As Professor O'Donohoe has (correctly) anticipated, the subject has moved on, and in some areas quite dramatically, during preparation of the book; in particular the troubled relationship between febrile convulsions and epilepsy is being increasingly challenged to the point where there may be no cause and effect association; however, this depends to a large extent on how a 'febrile convulsion' is defined.

I was a mere sapling of a medical student when the first edition of *Epilepsies of Childhood* was published; in woeful ignorance I glanced at the second edition. Between the second and third editions, I learnt a little about the facts and fascination of epilepsy; the current edition has taught me much more. I have no doubt that it will teach and inform many others – including those that want to know, and also those that ought to know more about epilepsy in childhood. Read it. Buy it. Enjoy it.

RICHARD E APPLETON
Consultant paediatric neurologist

Atlas of Procedures in Neonatology. 2nd Ed. Edited by Mary Ann Fletcher, Mhairi G McDonald. (Pp 464; £34 paperback.) JB Lippincott, 1993 ISBN 0-397-51195-7.

There are great variations in the way neonatal procedures are conducted. We have all experienced that stare or heard the words 'that's not how we do it here'. Therefore,

does an American atlas of procedures in neonatology have anything to offer on this side of the Atlantic? The answer is yes!

The second edition of this atlas is well laid out and easy to read. The early part of the book deals with the ethical issues, environment, and physiological monitoring systems commonly found in neonatal intensive care units. Subsequent chapters tackle the procedures themselves. Each chapter has an identical format: indications/contraindications of the procedure; equipment; precautions; possible complications; rounded off by appropriate references. While most of the described procedures are routinely performed on any neonatal intensive care unit, some such as bronchoscopy, cryotherapy, dialysis, extracorporeal membrane oxygenation and gastrostomy should only be carried out in specialist tertiary centres. However, the inclusion of such topics adds to the value of this book. An understanding of these specialist procedures allows better counselling of parents, and is also necessary when obtaining consent for treatment prior to transfer.

The strengths of this text are the range of topics covered, the easy to read chapters and the excellent illustrations, medical photographs, and x ray pictures. I feel that the authors waste space with repetitive descriptions of the contents of sterile equipment packs in many chapters. While each procedure is well described in isolation, a unifying chapter on resuscitation is the only real omission from the book. With its emphasis on the possible complications of neonatal procedures one obtains a healthy respect for interventions aimed at improving neonatal survival.

This is an ideal reference textbook of procedures in neonatology for both medical and nursing staff in the early part of their training. It is well worth adding to the unit's library. However, it is rather expensive at £34 particularly as it will rapidly become 'a friendly well worn companion in the intensive care nursery' (as the editors hope).

A W R KELSALL
Neonatal research fellow

Workbook in Practical Neonatology. 2nd Ed. Edited by R A Polin, M C Yoder, and F D Burg. (Pp 480; £34 paperback.) W B Saunders, 1993. ISBN 0-7216-4292-6.

Each year more specialist neonatal textbooks are introduced, and new editions of old friends become available. The second edition of this workbook has doubled in size and in 19 chapters the book concisely covers the major topics in neonatology. The chapters are well written and very informative. The text is reinforced by a wide range of tables, illustrations, and medical photographs. Each chapter is supplemented by appropriate up to date references (some from 1993).

Where this book differs from the major textbooks in neonatology is that it is interactive. Throughout the chapters there are a series of well chosen clinical examples and problem oriented tasks. Each case is introduced with a short history, and the results of physical examination and preliminary investigations. In response to a scenario that could be found at any time on the neonatal intensive care unit a differential diagnosis and treatment strategy has to be formulated. The 'appropriate' diagnosis and 'optimum' management of the case are

subsequently discussed in the body of the text.

As this workbook deals with common clinical problems it is not difficult to read, and you are constantly reminded of similar cases in the nursery. It is an ideal text for medical staff in the early part of their training, and the interactive problem oriented approach provides perfect practice for those clinical neonatal short cases in MRCP part II. I preferred having the cases interspersed within the text rather than at the end of each chapter as it meant that they could not be ignored. The chapters dealing with resuscitation, haematology, renal, cardiac, and surgical problems were the best in the book.

The difficulties with this interactive format are firstly that this book was designed for the American market and so some mental agility is required to convert some of the biochemical values to recognisable units. Secondly, the treatment strategies are those preferred by the chapter's authors and therefore may differ from unit to unit.

Overall, I very much liked the design and content of this book. It provides a good introduction to the management of common neonatal clinical problems especially for those embarking on a career in neonatology.

A W R KELSALL
Neonatal research fellow

The Management of Visual Impairment in Childhood. Edited by A Fielder, A Best, and M Bax. (Pp 213; £37.50 hardback.) Cambridge University Press, 1993. ISBN 0-521-45150-7.

Children with a major visual impairment comprise a small group in this country. As a general paediatrician it is easy to forget them and assume that other specialists are dealing with them. As a community paediatrician clearly this is inappropriate and this book provides a valuable collection of information by specialists for other specialists or the non-specialist. Team working is emphasised. The intended audience of paediatricians, educationalists, ophthalmologists, and social workers is well catered for, though there is an obvious medical bias.

I found the book easy to read. Case histories were used in many chapters making the text lively and relevant. It is extensively referenced for those who want to take the subject further.

The book starts with epidemiology and ends with prevention. Both these chapters contain much international information which is interesting, but the rest of the book is largely only relevant in the developed world.

Three chapters on visual, ophthalmological, and neurological assessment have a degree of overlap. There is helpful simple explanation but also some technical terms left unexplained. I found the discussion of the differences between cortical and ocular impairment particularly useful. The discussion on ophthalmological management by one of the editors is a delightfully positive, 'anecdotal and personal' chapter reflecting the author's enthusiasm. The three chapters on developmental and other paediatric aspects also overlap. They contain much practical information. The paediatric and community paediatric chapters could have been combined with an emphasis on an integrated child health service. The chapters on education and technology provided an interesting insight into these areas for one

who is on the fringe of these subjects.

There is acknowledgment throughout the book that in the developed world many children with visual impairment also have other disabilities, which emphasises the need for team working. I would have liked more on the combination of hearing and visual loss, a group of children who can so easily fall between professionals. The editors are aware that there is a lack of information on adolescents and young adults. This applies to much in the field of disability.

CONNIE PULLAN
Consultant community paediatrician

SOFTWARE REVIEW

Instat: Instant Statistics. By GraphPad Software Inc, 1993. Address: 10855 Sorrento Valley Road, Suite 203, San Diego, CA 92121, USA. Requires DOS 3.0, 470 KRAM and 1.2 MB hard disk: \$95 (students and academic institutions eligible for discount).

Clinician's review:

You can imagine the scene; the abstract deadline is approaching, you have a burgeoning spreadsheet and a gut feeling that the data may contain something relevant. There is a need for a statistical program that is easy to use, compatible with standard software, and does not require many hours of training. For example, if you have decided you need to do a paired *t* test, Instat can process columns of data directly from the spreadsheet (data can be transferred in ASCII format or using Microsoft Windows). The program is menu based allowing the user to select a statistical test. Each line contains a brief explanatory phrase for example: 'Alternate *t* test, assume Gaussian populations with different SDs'. If you wish to be reminded about Gaussian populations an explanation is available immediately on the pull down help menu. Apart from the program's simplicity, it is the help menu which makes it particularly attractive to clinicians. These brief tutorials are designed to prevent inappropriate statistical tests being used and can introduce a non-statistician to the subject.

In addition to the descriptive statistics and statistical comparisons (parametric and non-parametric) the program includes confidence interval calculations, estimation of necessary sample size, correlation and regression analysis, graph display and output. The graphs are not of publication quality as they are really intended as a visual check that values have been entered correctly. The other important role of graphs in Instat is in the interpretation of results; this is effectively illustrated in the discussion on correlation where one extreme outlying point has changed a correlation coefficient of 1.0 to 0.54. In this example the calculated value is misleading, but would have been apparent on a graph.

Instat is aimed at scientists and clinicians who need to analyse relatively small data sets (less than 500 data points) and perform basic statistical analyses. The program cannot