Shinnar and his coeditors of this volume—the sixth in the series on paediatric and adolescent medicine—begin with reviews of epidemiological and developmental aspects of childhood epilepsy and move on to chapters on seizure classification, childhood epileptic syndromes, and epilepsy evaluation, prognosis, and treatment. There are separate discussions of antiepileptic drug treatment, the management of intractable epilepsy, epilepsy surgery, and of the question: ‘treating childhood seizures: when and for how long?’ Other chapters cover neonatal seizures, the occurrence of seizures in acute and chronic childhood illness, inborn errors of metabolism, and non-epileptic childhood events that may be misconstrued as epileptic. The latter part of the book addresses intellectual and behavioural factors in epilepsy and epilepsy in adolescence.

Short books for clinicians—and this is under 200 pages—need to provide up to date information in a concise format with clear and appropriate referencing. A balance needs to be struck between the presentation of essential data and its succinct evaluation. The subjects chosen for inclusion need to reflect the common clinical problems and questions faced by the readership. Shinnar and his colleagues have achieved all of these things. The text is replete with relevant information, clearly presented and provides, particularly in the epidemiological chapters, a lot of the kind of information regularly needed in discussions with parents and children and in decisions on epilepsy management.

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Child Health Rights. A Practitioners' Guide. British Association for Community Child Health. (Pp 27; £1 paperback.) BACCH, 1995. ISBN 0-9255928-00.

Child rights are frequently seen as a desirable but Utopian aim with little relevance to daily child health practice. Many would view the UN Convention on the Rights of the Child as even further removed from every day reality. The working party which prepared this guide make a very convincing case for the relevance of child rights to daily practice and succeed in their stated aim ‘to promote good practice, to translate the contents of the UN Convention into everyday examples and to highlight its importance in everyday health care’. For example, all child health practitioners working in areas where many children and their parents do not have English as their first language will have experienced difficulties with interpretation, often due to poor resourcing of this essential service. The guide poses this problem in terms of child rights—the right to be understood and the right to have religious and cultural values respected—and shows how the UN Convention can be used to improve services.

A further welcome feature is the clear commitment to the child's right to know. Increasingly an issue in practice, the child's right to information is sometimes seen by health professionals as threatening. They envisage rank upon rank of snotty-nosed kids demanding their rights and disrupting the already precarious balance of the services; the guide explains not only the importance of information for the child but practical steps for ensuring that this right is respected as often as possible. I particularly liked the tear-out poster in the back of the guide for display

in child health settings; a genuine case of ‘putting your money where your mouth is’.

My only disappointment was the omission of any reference to the advocacy role that paediatricians can play in relation to individual children or child populations. The UN Convention is centrally concerned with the social, material, and environmental conditions of children and their effects on health. The working party has decided to concentrate on child health service delivery. I feel they could have included practical examples of political advocacy for and with children and their families to change social conditions in which they are obliged to live. Perhaps these sensitive but important issues could be addressed in the next edition.

N J SPENCER
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Screening in Child Health Care. Report of the Dutch Working Party on Child Health Care. By Michèle de Winter, Mariëtte Balledux, Jose de Mare, Ruud Burgmeijer. (Pp 200; £15 paperback.) Radcliffe Medical Press, 1995. ISBN 1-85775-150-7.

Child health care in the Netherlands is organised differently from that in the UK but in philosophy and content there is much in common between the two systems. At about the same time as the British Joint Working Party on Child Health Surveillance published its report, the Dutch set up a review to consider the situation in their country. The approach taken was similar to that in the UK—they tried to separate out the various strands and activities that make up child health care and examined each in turn. Their conclusions are summarised in this substantial report.

It would be tedious to address each of the issues in turn. Serious students of preventive child health will want to study this report. Some may feel that it is rather parochial in that a disproportionate number of the references are to work in Holland. On the other hand, arguably the British and Americans show a heavy bias to publications in the English language, tending arrogantly to ignore work published in other parts of Europe. Furthermore, the social and political context of preventive child health care does depend very much on national characteristics and circumstances, and it is therefore important to pay particular attention to work published in one's own country. Nevertheless, a few points are worthy of mention. I thought the review of screening for hearing impairment was disappointing. There was barely a mention of the rapid advances in neonatal screening. Figures quoted for the sensitivity and specificity of hearing screening in infancy seemed to me astonishingly optimistic. I was about to add a critical comment regarding the omission of the magnum opus of Haggard and Hughes, on screening for hearing impairment that was published in 1992 and weighed in at 1.2 kg. Then I realised that this working party was ‘wound up in the middle of 1992’—so it may be that this work had not reached the attention of the working party before they set about writing up their findings. Perhaps the important lesson to be drawn from this is that medical research, even in a relatively slow moving field like preventive child health, is changing so fast that reports like this really must be published more quickly.

There were some other interesting omissions. There was virtually no discussion of the problems raised by growth monitoring, an issue that has generated considerable discussion in the UK. Other topics which received either a cursory mention or none at all included iron deficiency anaemia (perhaps it does not happen in Holland?), prevention of cot death, postnatal depression, congenital dislocation of the hips, the difficulties of screening for heart disease and coarctation, and the threat of litigation for ‘missed’ defects.

I particularly enjoyed the section near the end entitled ‘primary lifeworld’. I liked the phrase and I enjoyed the quote from a Dutch writer, likening the modern Western family to a kind of greenhouse in which ‘numerous stresses originate in a space that is practically closed off from the outside world’. Perhaps this is really the biggest problem in child health care at the moment, and regrettably it is not one that is likely to be amenable to intervention by health professionals.

D M B HALL
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The Health of the Schoolchild. A history of the school medical service in England and Wales. By Bernard Harris. (Pp 260; £16.99 paperback.) Open University Press, 1995. ISBN 0335-09994-7.

In a crowded curriculum for undergraduates and trainees and 50–100 hours of continuing medical education for the rest of us, nearly all the time is used in study of our current state of knowledge. We also become involved in contemporary medicopolitical argument, thinking that we are in a uniquely difficult set of circumstances. This historical study has much to offer the busy clinician with its account of the early and recent history of the school medical service. It points out that we are merely revisiting the same problems that have been argued over by our ancestors. Examples quoted in the text are questioning the accuracy and completeness of official figures, quality versus volume and the thorny question of which authority pays for what services. This is a thoroughly researched history with 30 pages of references for those who wish to read further as well as explanatory notes at the end of each chapter. Through it we can extract the ‘mission statement’ of the early school health service in health promotion, in health screening, in an overview of the health of the population as a whole and moving on to providing treatment for the defects identified through the programme. We can also applaud the vision of the politicians at the turn of the century in recognising the link between health in childhood and fitness in adult life, even though the perceived need that led to the establishment of the school medical service was for adequate recruits to fight in the Boer war. Of concern to them were issues such as poor diet, lack of exercise, smoking, and alcohol abuse. The link between social conditions and health was firmly established and changes could be monitored from their child health surveillance programme. There are some striking parallels with current Health of the Nation targets.

There is much to interest, cause speculation, or give rise to envy. Why did children's growth apparently improve in the war years? Would we today even have the routine population data to identify these trends? Was the

information correct? Did the nation have more important things to worry about than the collection of accurate child growth measurements? Above all we can marvel at graphs that show sharp rises in expenditure on the school health service even steeper than the rise in health service expenditure as a whole. To some community paediatricians, the past may seem a better time than the present. The final chapter looks into the future and concludes that for the principle of an integrated child health service... 'the goal of achieving this remains some way off'. In this statement, I hope that the author is incorrect.

LEON POLNAY
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Manual of Childhood Infections. By E Graham Davies, David A C Elliman, C Anthony Hart, Angus Nicoll, and Peter T Rudd. (Pp 393; £17.95 paperback.) W B Saunders, 1996. ISBN 0-7020-1832-5.

The authors set themselves the formidable task of writing a handbook 'intended for hospital medical staff working with children, paediatricians, specialists in infectious diseases, intensivists, junior doctors and medical students'. In scope and style, the only comparable text is the 'Red Book' produced every three years by the committee on infectious disease of the American Academy of Pediatrics. As it is designed as a companion volume to the 'Green Book' (Immunisation Against Infectious Disease, London: HMSO), I predict that this manual will shortly be widely known as the 'Blue Book' if the publishers continue its current format.

The major differences between this manual and the Red Book are material on immunisation being much reduced and the inclusion of a substantial section dealing with management of categories of patients and presenting symptoms. This general section contains topics defined by age (congenital and neonatal infection), organ system (for example, infection of the upper or lower respiratory tract), or clinical problem (for example, rash, suspected immune deficiency). This general section lies somewhere between the abbreviated recommendations of hospital handbooks and chapters in reference texts.

Many sections are well written and pertinent. I particularly liked the chapters on laboratory diagnosis of infection and properties of different classes of antibiotics. These topics are often poorly understood by non-specialists, promoting a shopping list approach to diagnosis and treatment to which this manual has the remedy. There is a wealth of information otherwise difficult to access on the management of travel related infection. This is presented in a manner useful to practitioners in the UK and abroad. The appendices are also packed with interesting and useful data, tabulated in an accessible format and not readily available elsewhere.

My only significant criticism is that the manual attempts to be all things to all people. In particular, the chapters on the approach to clinical syndromes are difficult to do well and make succinct for a general audience. I thought some, such as the approach to rash and septic shock, were well handled, while others failed to reach definite conclusions, contained errors, or were otherwise open to criticism. I do not believe a manual such as this should simply state, as it does on page 11 in reference to empiric therapy for neonatal sepsis, that 'some units may prefer other regi-

mens including the use of third-generation cephalosporins'. Those units are misguided and the manual should say so. Similarly, there is no rationale that I am aware of for the addition of gentamicin to 'a cephalosporin' (type not specified) for Gram negative neonatal meningitis. If due to *Escherichia coli*, gentamicin adds nothing, while if due to a nosocomial organism, gentamicin resistance is possible and all aminoglycosides have relatively poor penetration into the cerebrospinal fluid, even with meningeal inflammation. Chapter 15 on pyrexia of unknown origin (PUO) makes the important point that there are many causes and that selective investigation, directed by clinical features, is important. It then gives an extremely long list of causes for PUO, all of which are listed as 'likely'. We are told that age is 'not very helpful' in guiding diagnosis, based on a small series from Argentina. I believe this is incorrect—autoimmune disorders are much less likely in children under 5 years and, in general, the younger the child the more likely an infective cause.

It is probably inevitable that in a manual of this size, particularly in its first edition, there will be some material with which to disagree. Overall, the hard work of the authors in assembling the Blue Book, has paid off handsomely. The rewards in more appropriate use of antibiotics and the laboratory are potentially immense. It joins the green and red books as colourful contributions to the management of childhood infections and immunisation on a world stage.

PETER MCINTYRE
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Childhood Tuberculosis. Modern Imaging and Clinical Concepts. By Bryan J Cremin and Douglas H Jamieson. (Pp 122; DM 138 hardback.) ISBN 3-540-19925-X.

Books on childhood tuberculosis are few and far between but this is quite outstanding and clearly the best since Miller's writings of the 1960s. It is short, beautifully illustrated, and brilliantly relates pathology, clinical findings, and modern imaging techniques. There is an intensely practical, well argued approach to the investigation and management of childhood tuberculosis that can only have been gained from a large and efficiently run clinical practice. It begins with the best brief historical review of tuberculosis I have ever read with quotes from John Bunyan to Machiavelli. We are told of the pandemic in Africa and Asia as well as the rising incidence in the West where the greatest increase is occurring in early childhood. We are reminded of the heady optimism of the 70s and 80s that predicted that tuberculosis in the UK would be of historical interest only by the year 2010. The biology of *Mycobacterium tuberculosis* and the key features of the immune response made to it contain the latest immunopathological ideas expressed in a very readable fashion, leaving no doubt as to what we do and do not understand. The genetics of host susceptibility could have been covered better, but the confusion of studies concerning BCG are superbly reviewed and there are excellent short essays on immunomodulatory treatment and multidrug resistance.

There are chapters on imaging tuberculosis in the lungs, central nervous system, abdomen, and skeletal systems. Outlines of the strengths and weaknesses of the various imaging techniques are followed by a description of the clinicopathological features of dis-

ease in that system and how radiological techniques can delineate these and aid management. It is fascinating to see how much more information can be provided by ultrasound, computed tomography, and magnetic resonance imaging (MRI), thoracic computed tomography showing hilar lymphadenopathy, cavities, and bronchiectasis not seen on chest radiography and MRI detecting early brain and spinal cord disease. Much was surprisingly relevant to our practice in a large conurbation where we are seeing more and more childhood tuberculosis. The book closes with a chapter on the clinical spectrum and diagnosis of childhood tuberculosis followed by one on drug treatment and resistance. There is some overlap with the opening chapters of the book but it is also helpful to see the subject from a different author's perspective. It is also so refreshing to read a book written by people who clearly understand that tuberculosis in childhood is a different disease from that seen in adults. This is an immensely valuable book for all who come across children with tuberculosis. It will prove invaluable to paediatric radiologists, so until my radiological colleagues buy their own copies I suspect I will have great difficulty prising this out of their hands.

ANDREW J CANT
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Human Vaccines and Vaccination. By M Mackett and J D Williamson. (Pp 215; £19.95 paperback.) Bios Scientific Publishers, 1995. ISBN 1-872748-77-5.

In the preface of this book the authors state that their main aim is to show how immunological principles and molecular biological knowledge may be used together to generate new vaccines and to improve existing vaccines. The book spans the immunological response to infection, covers the pathophysiology of viral, bacterial, and parasitic diseases and discusses the molecular mechanisms available to assist the immune system in combating these infectious agents. It attempts to clarify and simplify these complex fields. However clarification requires detailed explanation, and simplification requires a brief overview. The book fluctuates between the two, and in doing this may not accurately target any readers.

Medical students may find the book too specialised, whereas those working in the fields of immunology, immunisation, infectious disease, or mathematical modelling may find it too superficial and in danger of becoming outdated. I see a small market among individuals in these specialties perhaps extending work into one of the others, or wanting to broaden their knowledge. The style of the book seems aimed at a non-specialist medical readership, but may be too detailed for this.

The layout is clear, with cartoon diagrams and tables assisting the text and there is a helpful glossary. The reference section is in the form of an appendix entitled 'further reading'. Most references are journal reviews or textbooks, dated up to 1994.

This book is an ambitious project to bring the increasingly complex science and some of the politics of vaccination to a wider audience. I applaud this, but as the book is neither a simple overview nor a reference text it may not completely satisfy.

MARINA BARBOUR
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