

clonus has been provoked by its resistance to traditional anticonvulsant treatment and indeed is a major reason for the clinical usefulness of the concept of myoclonus.

The discussion of the dancing eye syndrome fails to ask what relationship exists between the motor regression that occurs in this and other varieties of myoclonic status. The statement, 'myoclonus may simulate an action tremor', is less clinically helpful than that myoclonus is a cause of an action tremor. The chapter on treatment gives deserved place to the benzodiazepine group of drugs. The writer clearly does not trust his fellow authors and gives his own classification of myoclonic epilepsy and seems in no doubt about the existence of the Lennox-Gastaut syndrome as a clinical rather than electroencephalogram finding. Other authors have wisely left this subject alone. The account of myoclonic status is confused, fails to mention the use of steroids, and suggests that petit mal and infantile spasms are an integral part of myoclonic status. This chapter also contains the most extraordinary lists of diseases which it is said cause myoclonus. It seems to be more than a list of the many conditions that may cause epilepsy.

This book is of value to readers with a particular interest in epilepsy. It is not however, written in a way which makes it useful to the paediatrician wanting a straightforward clinical account of the problem.

**Photosensitive Epilepsy.** Clinics in Developmental Medicine No. 56. By Peter M. Jeavons and Graham F. A. Harding. (Pp. viii+121; illustrated+tables. £4.50.) London: Spastics International Medical Publications and Heinemann Medical Books. 1975.

The publication record of the Spastics Society is truly remarkable. 'Clinics in Developmental Medicine' provide paediatrics with its most outstanding achievement in postgraduate education. *Photosensitive Epilepsy* concerns all those who have any thing to do with developmental medicine. Peter Jeavons and Graham Harding here give a clear, up-to-date, and full account of the whole syndrome. No other volume covers so large a group of patients. The book will be a welcome addition to the libraries of those sensible paediatricians who place a standing order for all 'Clinics in Developmental Medicine', and thus receive them at an even lower cost than they would have to pay for this volume.

Both the clinical and electroencephalographic aspects of the syndrome are fully discussed and illustrated. The publishers have had difficulty in doing justice to one or two of the EEG records reproduced. This is a common problem, particularly where the overall size of the record has to be reduced for reproduction.

The book is essentially for clinicians. It does not deal with laboratory experiments on photosensitive epilepsy. *Papio papio*, the photosensitive Senegalese baboon, is not mentioned, though this creature now occupies a key position for those studying the basic mechanisms involved in photosensitive seizures. It is likely that advances in our understanding and control of photosensitive epilepsy will emerge from current

laboratory experiments, and some mention of them would greatly enhance this work. The treatment of the history of the syndrome is brief and limited. Richard Caton of Liverpool is not mentioned. This is remarkable, as EEG workers last year celebrated the centenary of his first contribution to the subject in the *British Medical Journal*. Caton (not Berger) was the first to report on electrical oscillations in the mammalian brain and in his first report he explicitly mentioned the effects of photic stimulation.

This is a down-to-earth approach to a common clinical problem and, as such, a major contribution to the literature.

**Perinatal Thyroid Physiology and Disease.** Kroc Foundation Symposia Series, Volume 3. Edited by D. A. Fisher and G. N. Burrow. (Pp. xiii+277; illustrated+tables. U.S. \$20.95). Amsterdam: North-Holland.

The proceedings of this symposium come at a time of increasing interest in perinatal thyroid function and the 21 papers by North American contributors cover several aspects of thyroid physiology in the mother, fetus, and newborn. While many of the data have already been published in specialist journals, the book provides a very useful review of the recent literature. Paediatricians may be particularly interested in Fisher's excellent reviews of prenatal and perinatal thyroid physiology and Chopra's discussion of 'reverse T<sub>3</sub>' in the fetal circulation. The thoughtful account of congenital Graves's disease by Hollingsworth will also be of interest to many clinicians.

The latter part of the book describes experience with screening tests for congenital hypothyroidism in Pittsburgh, Quebec, and Toronto. The results indicate that plasma thyroxine or TSH assay on cord-blood or filter-paper samples can lead to a diagnosis of congenital hypothyroidism before the clinical features of cretinism appear. As a result, replacement therapy can be started soon after birth; but it may be several years before we know whether this leads to a significant improvement in the prognosis for brain development.

**The Intensive Care of the Newly Born. Physiological Principles and Practice.** Monographs in Paediatrics, Vol. 6. By PAUL R. SWYER, with a contribution by M. ANN LLEWELLYN. (Pp. x+208; illustrated+tables. U.S. \$26.25.) Basle: Karger. 1975.

This monograph, number 6 in the series 'Monographs in Paediatrics', is undoubtedly a worthwhile addition to the series. It succeeds rather well in its intention to be a physiologically directed guide to intensive care of the seriously ill baby. The author has made a precis of the literature on basic physiology of the fetus and newborn and from this has deduced the optimal practical handling of the clinical problems. In order to cover such a large subject within a mere 200 pages he has culled from the literature useful graphs and tables which enable him to give a lot of information in shorthand. Chapters on