

note on, and reference to, the recommended international standards for infant foods drawn up jointly by the United Nations Food and Agriculture Organisation and the World Health Organisation.

This small book contains nearly everything one needs to know about infant feeding and its problems. The drawings and graphs are good and clear, and only one photograph seems to have been badly reproduced. There are some criticisms; the bibliography for the excretion of drugs into breast milk is not as up to date as it should be, and some data are missing. Those caring for extremely low birthweight infants will not find their dilemmas discussed in great depth. Proof reading seems to have been too hasty; it is a pity to see the name Jelliffe misspelt on the first page, and annoying to be told at least three times to consult p. 000 for a cross reference. Despite these errors and omissions this is one of the most helpful and practical books available on a topic of fundamental importance.

PAMELA A DAVIES

Pediatric Respiratory Disease, second edition. Edited by J Gerbeaux, J Couvreur, and G Tournier. (Pp. 939 incl. index; illustrated+tables. £70.00 hardback.) Wiley: New York. 1982.

This book was written by a group of French paediatricians, radiologists, and physiologists associated mainly with the Hôpital Trousseau, Paris, and they tried to cover comprehensively respiratory disease in children. It deals with the anatomy (particularly from the radiological viewpoint) and physiology of the respiratory system, as well as common and rare disorders affecting the upper and lower respiratory tract, mediastinum, and chest wall. It gives brief information on the techniques of endoscopy, bronchography, pleural aspiration, and tracheostomy.

Overall it is disappointing. Although the description of some diseases is adequate the approach to treatment, in many instances, is at variance with accepted practice in the English-speaking world and often seems to be without scientific basis. There is an undue emphasis on rare disorders but the consideration of common conditions, such as asthma, is cursory.

The specific section on respiratory physiology is good and it is pleasing to

see a strong physiological approach in other parts of the book. The reproduction of radiographs is excellent.

Unfortunately there are a number of contradictory statements only a few pages apart and many errors of fact, such as the statement that obstruction from enlarged tonsils and adenoids is worse in the upright position; these may be partly the fault of deficiencies in translation.

This cannot be recommended to the average English-speaking paediatrician and it is unsuitable as a reference book for general practitioners and medical students: additionally its high cost will be a strong deterrent to widespread use. It will be of most value to the paediatrician with a specific interest in respiratory diseases who wants an insight into the current French approach; he may find it useful to have a review of some of the more important European literature.

PETER D PHELAN

Advances in Pediatrics. Vol. 28. Edited by L A Barness. (Pp. 500 incl. index; illustrated+tables. £37.25 hardback.) Year Book Medical Publishers: Chicago. 1981.

Advances in pediatrics has covered a period during which there has been an increasing number of advances to report; therefore it is not surprising that this is the largest volume to date containing 15 articles covering a wide range of subjects. Some of these are long (for example, 52 pages), and there are over 1300 references ranging from 265 for 'Current trends in the treatment of self injurious behaviour' to 6 for 'Anatomical asymmetries in the adult and developing brain and their implications for function'. The Preface states that articles most likely to benefit the practitioner and to offer the investigator a source of topics that have reached a degree of concreteness outside the laboratory but are still too controversial to be included in newer textbooks have been selected. Examples of the latter type are 'Thymic hormones and the immune system' and 'The somatomedins' both of which are excellent reviews of their subject but they leave so many open questions that at present they have little clinical application.

The clinician will find useful articles such as 'Lymphadenopathy in children' and 'Gastro-oesophageal reflux in children'. Neonatologists will appreciate the

review by J F Lucey on 'Clinical uses of transcutaneous oxygen monitoring', but may find the use of torr as the measurement of $TcPo_2$ unfamiliar. Paediatric neurologists, endocrinologists, gastroenterologists, and those interested in adolescence will find relevant articles, but there is nothing for the cardiologist or renal physician.

This book will not satisfy everyone; it has the strength and the weaknesses of previous volumes of this type.

A J KEAY

Clinical Diagnosis in Pediatric Cardiology. By J R Zuberbuhler. Modern Pediatric Cardiology Series. Executive Editor R H Anderson. (Pp. 192; illustrated. £18.00 hardback.) Churchill Livingstone: Edinburgh. 1981.

The author intended to summarise the enormous amount of clinical material about congenital heart disease and to stress the importance of physical examination; he achieved his purpose very well by drawing on the great wealth of his experience. He shows how one can arrive at an accurate clinical diagnosis and how, with the aid of recent major advances in non-invasive diagnosis in particular 2-dimensional echocardiography, more and more patients with significant lesions are being managed on the history and physical signs in association with echocardiographic findings without invasive investigations.

The first chapters on history and general physical examination relate these features to the underlying physiology in a clear and detailed way, enabling the physician fully to understand their meaning. After this come chapters on a wide range of paediatric cardiac diseases each with an introductory clinical course followed by physical findings and their significance, and accompanied by beautiful illustrations, simple and clear diagrams, phonocardiograms, pressure traces, echocardiograms, and angiograms all of which clearly illustrate an important clinical feature.

I thought that the chapters on functional murmurs and the superb last chapter of the book on differential diagnosis, particularly the section on the assessment of the asymptomatic child with a murmur, were very useful.

I enjoyed this book immensely and learnt a great deal from it and I strongly

recommend it to all paediatricians at every level.

PHILIP G REES

Concepts in Pediatric Neurosurgery. I. Edited by The American Society for Pediatric Neurosurgery. (Pp. 235 incl. index; illustrated+tables. Sw fr 190, \$114.00 hardback.) Karger: Basel. 1981.

This is the first of a proposed series of research monographs to be published for the American Society for Pediatric Neurosurgery; 17 diverse papers review studies which sometimes concern rather small numbers of cases. The most substantial is by Raimondi and Tomita on 332 cases of intracranial tumour in children. This is useful and largely uncontroversial but it suggests that medulloblastomas should be treated by routine preliminary shunting, local radiotherapy only, and no cytotoxic agents. There are useful reviews and reports on series of vascular malformations of the brainstem, extradural haematomas, meningomyeloceles, and intermittent catheterisation for urinary incontinence (from Toronto, Chicago, Atlanta, and Indianapolis). Also from Toronto, comes a report of the current contribution of stereotactically controlled third ventriculostomy in the management of the hydrocephalus of aqueduct stenosis or the Dandy Walker syndrome; a case is made for its use as the first, not last, resort in selected cases in infancy who may thus be spared the hazards of shunting. There are papers on the interventional radiology of arteriovenous malformations, the ultrastructure of subdural membranes, and various technical surgical matters. McCullough and Wells take an aggressive view of the prevention of hydrocephalus after intraventricular haemorrhage in 'premature' infants by repeated lumbar drainage of blood-stained cerebrospinal fluid. Most readers will find some ammunition for debates with their neurosurgical colleagues and much to disagree with themselves.

DAVID GARDNER-MEDWIN

Febrile Seizures. Edited by K B Nelson and J H Ellenberg. (Pp. 378 incl. index; illustrated+tables. \$51.68 hardback.) Raven Press: New York. 1981

This is the record of a Consensus Development Conference held at the National

Institutes of Health, Bethesda, Maryland, USA 18-21 May 1980. The conference plan was that experts on the subject of febrile convulsions should present their views in formal papers, an attempt being made by the organisers to ensure that disparate views would be represented. The papers were followed by formal discussion led by named participants and then by free open discussion. A Consensus Development Panel consisting of 10 people, each one an expert in a field relevant to febrile convulsions but without an axe to grind on the issue, would then examine the evidence presented and 'working into the early hours of the morning' reach a verdict. It is predictable that this sort of scientific democracy will produce a modal opinion deviating little, if at all, from current widely accepted practice. Such a plan will define safe, 'straight down the middle', acceptable opinion but it would be surprising if it were to result in that leap in understanding which can only be achieved at an individual level. Presumably if 10 people were to consider any issue together their grasp of the issue, if it were measurable, would have a mean and a distribution around the mean. The consensus would represent the mean but the best understanding would be that which deviated most from the mean in one direction, the worst that which deviated most in the opposite direction; the difficulty lies in deciding on which side of the mean lies the right road.

Six questions were considered at the conference: What is a febrile seizure? What are the risks facing the child who has a febrile seizure? What can chronic or intermittent prophylaxis accomplish in reducing those risks? What are the potential risks of prophylaxis using the available forms of therapy? (the thought of using unavailable forms of therapy intrigues me!). What is a rational approach to management of children with febrile seizures, and which children should be considered for prophylaxis? Are further clinical, experimental, or epidemiological studies necessary?

Febrile seizures are defined by J Gordon Millichap as 'an event in infancy or childhood, usually occurring between 3 months and 5 years of age, associated with fever but without evidence of intracranial infection or defined cause. Seizures with fever in children who have suffered a previous non-febrile seizure are excluded. Febrile seizures are to be distinguished from epilepsy, which is characterised by

recurrent non-febrile seizures'. Nothing here about 'simple febrile convulsions' and 'epilepsy precipitated by fever'. The Livingstonian concept dies hard in this country and, despite the fact that it is unsupported by any recent evidence, is still widely taught in our university departments of paediatrics; isn't it time it was given a decent burial?

This is essential reading for all paediatricians and anybody with an interest in febrile convulsions. As might be expected the editors' views are widely represented. Dr Nelson contributes a carefully reasoned chapter on 'Can treatment of febrile seizures prevent subsequent epilepsy?' Although she is careful to say that there is no evidence to answer this question with 'yes' or 'no' it is obvious that she believes the answer to be 'no'. However, her reasoning seems to have reached some fairly unreceptive left temporal lobes at the conference since the Consensus Development Panel, in true committee fashion, decided to play it both ways by first saying that 'there is no evidence that prophylaxis reduces the risk of non-febrile seizures' and then going on to recommend as reasons for prophylaxis those factors which are associated with an increased risk of developing non-febrile seizures. No less an authority than Stanley Carter puts forward the argument that prophylaxis should be given because there is no evidence that it doesn't prevent epilepsy; such an argument could be used, and no doubt has been, to justify any quack medicine which ever existed and it is a form of reasoning which should have no place at such a conference.

In a short review it is impossible to cover the wide range of subjects discussed and opinions expressed in the book. Although there is an emphasis on clinical aspects of febrile convulsions and the place of prophylaxis, subjects such as epidemiology, animal experimentation, and clinical and experimental toxicology (including behavioural studies) are given due coverage. The question of when to perform a lumbar puncture is sensibly discussed and so is the question of whether or not to ask for skull x-ray films—a non-question to most British paediatricians.

Attempts to foresee future advances in the management of febrile convulsions are ignored. Recently enthusiasm for embarking on fresh trials of anticonvulsant prophylaxis has virtually disappeared in most quarters and a trial designed to show whether or not prophylaxis can