Book reviews


The main emphasis of this comprehensive monograph is on migraine, to which about two thirds of its space is devoted. It deals with the pathogenesis, precipitating factors, clinical features, less usual presentations, and treatment. It draws on a study of 300 children seen in private practice over the course of 20 years, and thus has a strong flavour of clinical experience. This is backed by extensive reference to published reports, and it is clearly a book by someone who both knows and practices.

Though migraine is the centrepiece of the book, there are also excellent chapters on psychogenic headache, headache related to trauma, and headache which is symptomatic of other conditions such as tumour. There is, for instance, very practical advice on investigations, such as ‘ten reasons for doing a CT scan.

It is good to see a distinguished neurologist writing about a common and troublesome symptom and approaching it in such a practical way, recognising that the great majority of childhood headaches are not symptomatic of serious intracranial pathology. Dr Barlow’s clearly explained approach does, however, raise some important general questions. My son, seeing this book lying on my desk asked ‘is the word migraine plural?’ I had not previously noticed the difference in number of the two main nouns in the title, but I now realised that it was not an accident or oversight on Dr Barlow’s part. Headaches are regarded as recurrent events or happenings, whereas migraine is a condition or diathesis in the individual, which is always present, whether or not it is producing symptoms. What we all seem to need in dealing with children with recurrent symptoms and no discernible pathology is a conceptual framework which makes us think we understand what is happening, and provides a rationale for management. My own thinking has been largely based on the ideas of Apley and MacKeith, regarding most headaches and other recurrent pains in childhood as psychogenic. More recently I have been attracted by the approach of Barr, who labels most of these pains with the more neutral label of ‘dysfunctional’.

Dr Barlow’s approach is to regard a high proportion of childhood headaches as being a manifestation of migraine—though he recognises the selection bias in the children referred to him.

How scientifically secure is the diagnosis of migraine in these children? Dr Barlow indicates that he does not think strict diagnostic criteria such as are needed for research studies are appropriate to ordinary clinical practice. The main grounds on which he makes the diagnosis are the fact that the headache is paroxysmal (that is, episodic, which most headaches are—hence the plural), the presence of a family history (very common anyway), a throbbing character, and an association with nausea and vomiting. Of the features usually regarded as more specific of classic migraine, hemianopia was present in only 22% of his patients, and an aura in only 5%. In private practice, the label of migraine must be a much more comfortable one to apply than that of psychogenic headache. It is one in which the parents will recognise and which makes sense to them, it bears no connotations to which they will object, and it offers a lead into drug treatment. As a diagnosis it is essentially irrefutable, since there is no independent test for migraine apart from the rather flexible criteria on which the diagnosis is first made. Yet this framework is clearly a very successful one in practical terms.

As already mentioned, one of the attractions of migraine is that it gives a basis for drug treatment, which Dr Barlow describes in some detail. It is mostly based on uncontrolled clinical observation, and seems to be very successful in easing the situation. Propranolol is given first place among the prophylactic drugs.

These comments on the different ways we work are observations rather than criticisms of a particular approach. Dr Barlow’s account, which is refreshingly clear, is entirely honest about the scientific limitations of the diagnosis of migraine, and also firm in emphasising the importance of psychological factors in precipitating migraine attacks. (The allergy hypothesis is given short shrift, with chocolate and hot dogs regarded as the only foods commonly provoking headache.)

One does not have to agree with all Dr Barlow’s views to appreciate this book. I still believe that the terms ‘abdominal epilepsy’ and ‘abdominal migraine’ are more likely to confuse than to clarify, and I do not think I shall be persuaded to use phenytoin as a prophylactic for migraine. One certainly does have to admire this book, based on a wide and thoughtful clinical experience, giving well digested reviews of the published reports, and written in a balanced and attractive style.

ROGER ROBINSON


The title of this book is slightly misleading as it deals principally with neonatal pharmacology, the mechanisms of drug treatment rather than its place. The general layout and description of each drug and group of drugs is reminiscent of Goodman and Gilman and the whole approach is similarly thorough.

The first section discusses the pharmacologic principles in therapeutics and, as the author has indicated, a portion of it has been published previously in Schaeffer. The chapter dealing with pharmacokinetics, a subject which can seem bewilderingly complex to the lay clinician, is particularly successful and is amply complemented by clear and simple figures. In the second section individual drugs are described under group headings and in the last chapter about fetal and neonatal intoxication, drugs in pregnancy, fetal and neonatal injury by physical factors and chemical agents, neonatal drug withdrawal, and drugs in breast milk are discussed.

The style is fluent, benefiting from a single authorship. There are over 2000 references (multinational) and many are cited in detail within the text or in tables. Typical of the approach is the account of the use of phenobarbitone as an anticonvulsant. Eighteen studies are described and patient numbers, dosages given, serum concentrations and half life measurements are listed. Following this, clear recommendations are made. Current controversies, such as those surrounding the use of vitamin E and dopamine, are critically presented and conclusions drawn on the basis of a broad spectrum of opinion.