practical problems in part 2 and be lead back to the theoretical, part 1. This is good advice as the practical advice, for example, 'preparation for disclosure' is easily accessible and with this in mind the reader can more easily tackle part 1.

Professionals in the wake of Cleveland, Rochdale, Orkney, and where ever next, need a conceptual framework in which to practice, as with a greater understanding of the child, his family, the professionals and their networks, practice should develop to allow avoidance of some of the problems of the past.

One of this book's strengths is the clear insight it gives into why interprofessional work is so difficult. The section on professional networks and interprofessional problems should be obligatory reading for all doctors. Mirroring processes, conflict by proxy, and conflict between medical and legal systems are well described.

Professor Furniss well understands the professionals attempting to protect children falling back exhausted, joining in the collusion and denial of abuse. How would he tackle the apparent recent raising of the legal hurdles as the level of proof required by care courts increases?

An early revision of this book is indicated. The presence of parents and teenagers at case conferences is a new challenge. How to treat young abusers—25% of perpetrators in our Leeds study are in mid-childhood through adolescence. Female abusers are being increasingly recognised. The Children Act is upon us.

All paediatricians who work with children who have been sexually abused will find this book useful. The paperback edition is cheap, the format clear, and the index adequate. The references are few and dated but this is acceptable given this is essentially a handbook of professional management based on clinical experience.

I would suggest colleagues buy this book and dip into it, it is well worth the effort.

JANE M WYNNE
Consultant community paediatrician

Multiple Congenital Anomalies. Edited by Robin M Winter and Michael Baraitser. (Pp 1433; £175 hardback.) Chapman and Hall, 1991. ISBN 0–412–29130–4.

This huge text, 3·8 kg on my kitchen scales, and 8 cm thick is the offspring of the London Dysmorphology Database, which has become an indispensable tool for dysmorphologists around the world. While the contents of the book and the database are much the same, they complement rather than rival each other, as they both have a role in different situations. In addition there are some diehards who will always prefer a book to a computer in any situation.

This book is just what the authors call it, a diagnostic compendium. It is not an illustrated textbook, rather a comprehensive gazetteer of multiple congenital anomaly syndromes, of which there are now over 2000 described. Part 1, printed on delicate blue, comprises about 4 cm of the depth and is an alphabetical listing of syndromes. For each disorder, the inheritance pattern where known is given, then an abstract of about one paragraph describing the disorder followed by a listing of features. Each entry ends with a comprehensive reference list with some as recent as 1990.

The second major part of the book (in pink) is a diagnostic index where a single feature forms a main heading, followed by groups of additional features which are found with the main feature in certain disorders. The user having identified a possible match for their patient can then look further in the blue section for details and references. There are three small appendices listing the features used in the diagnostic index, features not used either because they are so common or non-specific, and a list of syndromes with synonyms.

I believe that this book is a useful addition to the diagnostic tools available for dysmorphologists and paediatricians, particularly neonatologists and developmental specialists. Its disadvantages are that for it to be fully used access to a well stocked library is necessary; it also lacks photographs. Its great strengths are its ease of use and the comprehensive reference lists. The compendium's main use is as a diagnostic aid but an important secondary use is an aid for preparation of publications. I would strongly recommend that a copy be available in departments where it will be well used by those in training, as well as by the more senior members.

DIAN DONNAI
Consultant clinical geneticist

Paediatric Neurology. 2nd Ed. Edited by Edward M Brett. (Pp 912; £90 hardback.) Churchill Livingstone, 1990. ISBN 0–443–03788–4.

The gourmet may dip in to the *Good Food Guide* and the architect may clutch Pevsner's *Buildings of England*. There are medical texts of similar stature and I think Edward Brett's *Paediatric Neurology* is one of them.

The first edition is already a standard work. This second edition was needed to cover recent advances and to fill 'lacunae' in the first. The book maintains its unique and stimulating voice because Dr Brett is author or coauthor of the majority of its 27 chapters. He draws on extensive clinical experience and wide knowledge of the literature. He writes with humanity and wit.

An example of the clinical experience displayed throughout is found in the section on eye movement disorders. Cogan's oculomotor apraxia is described. This is rare but we are told that it is sometimes found in those classed as 'clumsy boys' and a rather similar defect is seen in ataxia-telangiectasia, Huntingdon's chorea, Wilson's disease, and Niemann-Pick type C disease. We need a writer of Dr Brett's experience to discuss such difficult topics. Not that the book only deals with rarities: there are chapters on cerebral palsy and migraine, for instance.

There are many examples of the author's humanity and wit. I was interested to read that spectacles can be invaluable tools for assessing motor coordination when being snatched from Dr Brett's nose and I was amused by the illustration of the 'Bugs Bunny personalised patella hammer'. I was impressed by a sensitive discussion of the parents' dilemma when faced with the task of telling their son that he has Duchenne muscular dystrophy.

The coauthors are experts in their fields and they maintain the high standard. They help to cover every aspect of child neurology from autism to ataxia and from xeroderma pigmentosum to X linked mental retardation. 'Bedside' experience is supplemented by chapters on neurophysiology and neuroradiology.

I am sure that paediatric neurologists will want to consult this book and I hope that adult neurologists will read it. However, its appeal is more widespread that that. Every medical library should have a copy and I strongly recommend it to hospital and community paediatricians.

In the preface to the first edition Dr Brett wrote that in order to practice paediatric neurology 'head and heart are both required'. It is clear that he has used both head and heart in writing this book.

C M VERITY
Consultant paediatric neurologist

Paediatric Epilepsy. Edited by M Sillanpaa, SI Johannessen, G Blennow, and M Dam. (Pp 377; £45 hardback.) Blackwell Scientific Publications, 1990. ISBN 1–871816–07–6.

In the middle of the journey of my life,
I came to myself in a dark wood
where the straight way was lost.
Dante: *La Divina Commedia*

The quotation is used by Anders Munthe-Kaas describing the experience of parents when first learning of the diagnosis of epilepsy in their child. It may well be an apt description of the experience of many general paediatricians when faced with the diagnostic and management difficulties they encounter with some of their epileptic patients. Through its collection of 37 chapters written by a variety of Scandinavian and American contributors the way is illuminated most effectively.

The editors intend the book to be read by paediatric neurologists, general paediatricians, and general practitioners. They have succeeded in their task. Each chapter starts with an introduction and definitions where needed and ends with broad conclusions or summary. For the generalist this is helpful particularly in the chapters on standard diagnostic investigations and the more research oriented tools of single photon and positron emission computed tomography (SPECT and PET). These chapters discuss clearly the indications and limitations of the procedures.

Overall the chapters are logically arranged. Early chapters deal with epidemiology, neuropathology, and classification followed by chapters on each of the commoner epileptic syndromes. British readers may find the Scandinavian perspective on incidence and prevalence limiting, although it is placed in the context of the 1975 Hauser and Kurland study from Minnesota. The chapters on individual syndromes are clear with up to date reviews. Tuchman and Moshe draw attention to an important distinction between seizures and movement disorders in the neonate with advice on possibly unnecessary prescribing of anticonvulsant therapy.

The later chapters deal with drug treatment, side effects, and monitoring. The tables listing the pharmokinetic properties and indicated antiepileptic drugs for different seizure types are clear and informative. Of the new anticonvulsants there is some mention of oxcarbazepine but it was disappointing not to see more information about vigabatrin. Gram discusses critically the rationale behind drug dosing and monitoring, emphasising the importance of rapid determination of drug