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 one of these, the box containing that 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 dysmorphic neonatologists, pediatric neurologists 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 book is indispensable.

The perfect book for children falling back exhausted, joined 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?

This book is well worth the investment. Paediatric Neurology is a handbook of professional management based on clinical experience. And denial is well described. The section on the Children Act is well understood. One of the main features of the book is its lack of dates. It 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


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 a 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 classified as 'clumsy boys' and a rather similar defect is seen in ataxia-telangiectasia, Huntington'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 penalised 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 ataxia and tremor to moderna pituitary growth, from epiglottic meningioma 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 likely to lie with those of children's wards who 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.