
There is a great British tradition in handbooks of clinical methods for adult medicine. Both Hutchison’s Clinical Methods and Macleod’s Clinical Examination now have a chapter on the special techniques for children. However, this pioneering Canadian work is written with the child in mind throughout.

The impressive thoughts and feelings in the foreword could alleviate much of the current location of paediatricians in any country. Nuala Kenny powerfully portrays the challenges and rewards of children’s medicine, and explains why clinical skills are paramount in this field.

The book’s weakness is that the 14 chapters describing examination of the systems are each written by a different sub-specialist. While the student or junior doctor reader will gain many facts, he is left without a single handbook for children. However, even such a single author text might achieve.

The ophthalmic chapter almost instills a fear of examining children, suggesting examination of the child before or during history taking – to encourage him to put up with you – and the frustration of fundoscopy – ‘most young children will not hold their eyes still’ for the examining doctor. In contrast, the neurological chapter teaches how to make a thorough examination enjoyable for child and doctor alike. This outstanding chapter gives plentiful tips and tricks including a most effective way of maintaining toddlers’ visual fixation for fundoscopy: the child is asked to report when mother sticks out her tongue! The print is pleasing and well illustrated, the need for such a book clear; I recommend it.

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Epilepsy is an unpopular and poorly taught subject at all levels of medical education; in part this reflects an ignorance and almost fugue-like apathy about the subject and also a basic mistrust of a complicated and ever changing classification. Therefore, when only the third book on paediatric epilepsy is published, one could justifiably hyperventilate with optimistic anticipation. A Handbook of Paediatric Epilepsy may well seize the reader’s attention, which is more likely to be partial than convulsive (dramatic) or myoclonic (startling).

The book is generally well designed, although the chapter sequence is not entirely logical. In addition, a number of chapters duplicate material while others contain material that is not relevant to the title. The book is extensively referenced but not without some omission of the newer references; e.g., the page in a number of references. The information within the pages is comprehensive, well presented and, importantly for a handbook, easy to read. The chapters on the effects of epilepsy on growth, and on the effects of antiepileptic drugs, genetics and the adolescent female/pregnancy, address important and developing issues in paediatric epilepsy and are particularly well written. The chapter on community support services is also useful but both this chapter and the chapter discussing the legal issues of epilepsy in children are only partly relevant to epilepsy care in Great Britain, in view of the American authorship. The most obvious criticism is the surprising omission of a section on the new antiepileptic drugs. Although most of these drugs are not as yet licensed in North America, and the included ‘audience’ is generalist rather than specialist, this should not have precluded their inclusion in a book of this quality, depth, and cost. There are a few other omissions; there is no comment on the very clear similarity between night terrors and seizures arising from the frontal lobes and no mention of norepinephrine or cardiac dysrhythmias in the differential diagnosis of epilepsy, which is an important area for the general paediatrician for whom this book is primarily written. It was surprising that paraldehyde should be regarded as a ‘secondary’ drug in the treatment of status epilepticus. The exclusion of aminoglycosides and, presumably, the other frequent use of penicillin in the treatment of meningitis, is surprising; however, it is not as important a topic as antiepileptic drugs.

The value and relevance of any new book on paediatric epilepsy has to be measured against what is already available. The Handbook of Pediatric Epilepsy adds little information when compared with books written some years earlier and fails to discuss the development of the new antiepileptic drugs. This book is intended for ‘primary care givers’, which in North America refers mainly to general paediatricians. I think that the book achieves this objective, as a short, practical, and easy to read, day to day guide to epilepsy in children. However, for the more informed clinician who already has some pre-existing knowledge of epilepsy, or who requires a definitive reference text, then this book would not be the preferred choice; as Samuel Rogers put it ‘when a new book is published, read an old one’.

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Good medical practice requires easy access to up to date factual information at the