
There has been an explosion of new ideas and methods for the diagnosis and management of epilepsy. The pace of change is reflected in extensive additions and amendments to the second edition of Epilepsy in Children. In 1981 the current classification of epileptic seizures was published, in which a large number of diverse mechanisms were grouped into partial (focal), generalised, or unclassified types was published by the International League Against Epilepsy (ILAE). In 1983 a workshop was held with Aicardi and other participants, to define epileptic syndromes in children. The proceedings, published in 1985, contributed to the 1989 ILAE classification of epileptic syndromes and required a second edition in 1992. There are problems, of course, such as the term 'complex' with one meaning when coupled with partial seizures and another without absences, certain of the syndrome categories, or a sometimes clumsy terminology. There is also a sizeable minority of children whose epilepsy defies classification. However, the result, helped by better ways of imaging the structure and function of the brain, has brought considerable clarity and understanding, and a common language, to what had seemed a confused subject.

A practical approach to diagnosis, demonstrated in the book, is to define the seizure types a child experiences, with other clinical features if present, and then consider the underlying syndromes. Although each seizure type has presumably occurred since mankind first had epilepsy, it is fascinating how many new clinical features are still being recognised, particularly for those of frontal origin. It is surprising that some clinicians, and textbooks for that matter, still seem to believe that all focal seizures are of temporary lobe origin or still seem happy with the vague and obsolete terms 'grand mal' or 'petit mal'. Ictal and interictal EEG appearances are essential to diagnosis, for example distinguishing typical and atypical absences, and illustrate the inappropriateness of separating neuropathology from clinical practice: how can a sensible opinion be given if only scanty clinical details are available and do all clinicians read the technical literature on the subject? Other errors occurring? Are other techniques such as sleep or deprived EEGs used as often as they should be? Here Aicardi's book is a definitive guide.

There are a host of syndromes, some less clear cut and some whose natural history is still being studied, and yet more which are poorly classified, such as the myoclonic seizure disorders of early childhood, which do not seem to fit into any syndrome. Lamont-Gastaut and Doose mean different conditions to different people: Aicardi accepts the existence of the former but not the latter. Special situations, such as seizures in neonates, after head injury or with tumours, need separate consideration, as does the increased interest in all forms of status, particularly non-convulsive. Again Epilepsy in Children is clear, concise, and very up to date. It all results from thorough overlap between different chapters, such as febrile convulsions and complex partial seizures, to let each be read alone without a need to constantly cross reference, which is very useful when wanting an opinion on individual patients.

Increased diagnostic and prognostic accuracy has been complemented by the introduction of new 'designer drugs' and by the resurgence of epilepsy surgery, exciting developments that Aicardi treats with cautious optimism. The use of older drugs is also discussed: for example, if an adolescent presents with juvenile myoclonic epilepsy, the treatment due to juvenile myoclonic epilepsy, carbamazepine does not help and may make matters worse; withdrawing treatment after two years' seizure free existence is not appropriate to myoclonic epilepsy and steroid, especially corticosteroid, are no longer the automatic choice for infantile spasms. As well as reviewing the evidence for and against current practice, the investigations the investigations and treatment are further covered in the last part of the book, expanded from three to five chapters, which also deal with the differential diagnosis, prognosis, and overall management. This again reflects increased emphasis on treating the whole child and not just fits. Clearly an international text cannot go into specifics which vary in different countries, such as the value of self help groups – especially in social problems such as schools, jobs and driving – but the only area now not covered in depth is the origin and management of the behaviour disorders which can be associated with epilepsy.

The first edition received rave reviews; this edition is even better. It is difficult to review a book by a major figure without hagiography, particularly when it is authoritative based on both extensive personal experience and over 2500 references. My copy already has a queue of colleagues waiting to borrow it. There are plenty of reasons for a new optimism in epilepsy: Aicardi's second edition is one of the best ways to find out more.

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If all the clinical specialties and all the service specialties are listed in separate columns and one is chosen from each, the numerous combinations provide opportunities for books. The combination of neonatology and clinical biochemistry, however, are of doubtful importance (gynaecological haematology). Some combinations of specialties though are relevant and a book can distil information that might be difficult to extract from major textbooks in either specialty. This book, bringing together neonatology and clinical biochemistry, is such an example. It is a smallish (not quite pocket sized) paperback written by a neonatologist and clinical biochemist from Birmingham who work together. It is one of a series of books commissioned by the Association of Clinical Biochemists.

The first two chapters, on neonatal care and newborn physiology, are aimed at biochemists. There are then chapters on the biochemistry of the term and the preterm infant. Jaundice is comprehensively discussed and chapters are given to electrolytes, and amino acids and other nutrients. There is a very good chapter on neonatal screening and an excellent one on the diagnosis of inherited metabolic disorders. Newborn period with its rapid changes have clear diagrams of the relevant metabolic pathways that show the site of the enzyme deficiency and its consequences. The chapter on drugs is very brief and apart from a table on therapeutic drug monitoring seems out of place. The chapter on parental nutrition focuses on the metabolic complications and routine biochemical monitoring. There is a protocol for capillary blood sampling with an explanation of the conventional biochemical parameters measured. The impression given is that the heel has been squeezed to the point of gangrene! It was sad to see the description of the use of a manual heel stylet rather than the equally effective but less common loaded heel lance. The biochemical reference ranges in the appendix are comprehensive and clear.

For the clinical biochemist, the information for the newborn will be handy, but what is it in it for the neonatologist? Presumably, the entire book within this is contained in the large text-books of neonatology and paediatrics, and much will be found in the standard working manuals of neonatal intensive care. It is very convenient though to have the biochemistry of neonatal care concentrated into one small volume. This is the sort of book to keep on the newborn intensive care unit, for quick