The syndrome of seizures is one meaning of fied types and is divided into the categories, which are problems, of course, such as the term ‘complex’ with one meaning when coupled with partial seizures and another with 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 recognized, 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 temporal 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 neurophysiology from clinical practice: how can a sensible opinion be given if only scanty clinical details are available and do all clinicians read the technical reports? And yet seizure types are 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 is 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 result from any of the seizure types previously occurring? How are such techniques as sleep EEGs useful? Though the Lennox-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 is not clear, concise, and very up date. It all seems to depend on how different chapters can be, 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 first seizures. Some syndromes due to juvenile myoclonic epilepsy, carabamazepine does not help and may make matters worse; withdrawing treatment after two years’ seizure free existence is not appropriate to most children and steroids, especially corticosteroids, are no longer the automatic choice for infantile spasms. As well as reviewing the evidence for and against current practice, new 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 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.

PETER BAXTER
Consultant paediatrician/paediatric neurologist


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 chemistry, though one of the more successful specialties, is another kind of specialist. Some of the older textbooks are described as one of the early references. This book, bringing together neonatology and clinical biochemistry, is such an example. It is a book that is comprehensive and far reaching, and is 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 neonatologists. There are then chapters on the biochemistry of the term and the preterm infant. Jaundice is comprehensively discussed and the metabolic disorders are covered in great detail. There is an excellent section on jaundice and electrolytes. There is a very good chapter on neonatal screening and an excellent one on the diagnosis of inherited metabolic disorders presented in a new periodical format. Both 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 attempt to make a diagnosis. The one advantage 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 easily available and inexpensive stylet. It is surprising though that the biochemistry of hepatic care concentrated into one small volume. This is the sort of book to keep on the newborn intensive care unit, for quick


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 epilepsy was called to task. There are problems, of course, such as the term ‘complex’ with one meaning when coupled with partial seizures and another with absences, certain of the syndrome categories, or a sometimes 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.

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have shown that the intact reversed gists that are not accounted for by the floss pas of both obstetricians and paediatricians the perinatal necropsy also provides a useful basis for parental counselling about future pregnancies, even when the clinicopathological classification is only changed in 12-5% of cases the detection of this ulnar artery is that the burden for providing a good perinatal necropsy falls and Jean Keeling’s book will provide that histopathologist with first class support.

In the era of ovulation induction and in vitro fertilisation, higher order multiple pregnancies are becoming more common. The perinatal mortality among twins is five or six times that of singletons and a chapter by Machin has been dedicated to this topic. It is the monochorionic multiple pregnancies that carry particularly high perinatal risks. This is largely because of the presence of interfetal vascular anastomoses (IFVA) in most monochorionic placentas; IFVA can result in the development of twin transfusion syndrome and twin reversed arterial perfusion (TRAP). This last condition is associated with the congenital anomaly, holocardiac abnormality. It is in this chapter of the book, ostensibly for pathologists but really remarkably clinical, that we learn that TRAP prenatal Doppler studies have shown that the intact ‘pump’ twin perfuses the acardiac twin retrogradely via the umbilical artery of the latter. Arterial flow is reversed in the major part of the aorta. A proportion of the arterial blood of the pump twin, denied for the most part to large placental arterioarterial anastomoses to reach the common iliac arteries of the acardiac twin. This paradoxically results in structures in the lower half of the body surviving better than the brain which generally does not survive the abnormal haemodynamics.

The histopathologist is a close relative of the forensic pathologist and, through him or her, the detective. Jean Keeling is the excellent chapter on intrapartum asphyxia and birth trauma, teaches that ‘the pathologist should examine skin creases and ears for respiratory training as early as possible, as stillborn fetuses may have been washed ahead of the parents and despatched to the mortuary’. She also points out that, when there are facilities for ventilation, the open and under-rated factor that limits survival is the presence and extent of ischaemic damage to the myocardium. Ischaemic injury is generally restricted to the inner third of the myocardium and papillary muscle. The theme is taken up in the chapter on the cardiovascular system by Jerry Cox and Jackob Briner. They stress that myocardial necrosis, which was once thought to be uncommon in the perinatal period, has been shown to be a relatively frequent event among those coming to necropsy after severe perinatal asphyxia. Recent necrosis is seldom identifiable macroscopically, but focal whitish scarring may identify older injury. When myocardial ischaemic damage is suspected, systematic sampling of all areas of the heart is essential and special stains are often required to identify fresh necrosis.

For the practising clinician, a chapter on inutrogenic disease (by Jean Keeling) is particularly cautionary. Here complications arising during neonatal intensive care are described: ulcerations due to endotracheal tubes, necrotising tracheobronchitis associated with high frequency jet oxygenation of the lung by chest drains, oxygen toxicity and undesirable sequelae of peripheral artery sampling (for example, the slow development of peripheral hemiplegia after temporal artery puncture and carpal tunnel syndrome after haematomas due to radial artery sampling) are just a few that are mentioned.

George Bernard Shaw wrote in Back to Methuselah, ‘Life is a disease; and the only difference between one man and another is the stage of the disease at which he lives’. The theme is taken up in the final section of this book, the final chapter is called ‘The special senses’ and is by Brendan McDonald. It reminds us that at birth the taste buds are present as specialised chemoreceptors formed by modification of the oral cavity surface epithelium, with high density of taste receptors present on the anterior two thirds of the tongue. Unlike the olfactory chemoreceptors, the specialised taste receptor cells are continually being desquamated and replaced. The density of taste cells senses is highest in infancy and diminishes with advancing age.


The overall prognosis of paediatric liver disease has improved dramatically in the last decade owing to improved diagnostic techniques and better medical and nursing care. This has been driven to some degree by the availability of liver transplantation which has rescued many infants from certain death. However, transplantation is hazardous and there is a limited pool of donor organs so it remains a last resort. Early referral and accurate diagnoses are important in detecting hepatic disease in children with its high survival rate. Treatment or conventional surgery and thereby delay or avoid transplantation. Thus the objective of Liver Disorders in Childhood is to assist clinicians in identifying such children by emphasising presenting clinical features and describing associations with other diseases, for example, cystic fibrosis. The book retains the compactness and consistency of style present in the earlier editions. The combination of text, tables, and illustrations is easy on the eye. It is possible to dip into a section as well as indulge in a good solid read. Compared with previous editions, there are new chapters on autoimmune chronic active hepatitis, sclerosing cholangitis, chronic hepatitis, and α1-antitrypsin deficiency as well as greatly expanded chapters on viral hepatitis and inborn errors of metabolism, which are common causes of liver disease. For example, hepatitis C was an unknown entity until five years ago and now details of the genome, propensity to genetic heterogeneity, epidemiology, progression to cirrhosis in infected patients, possible role in infecting control immunity and treatment with interferon alfa, are available. The chapter on inborn errors of metabolism has been restructured to emphasise clinical features which alert and direct clinicians towards considering a disorder of metabolism, for example, urea cycle defects, glycosogen storage diseases. This is useful as it applies some logic to the investigation and management of inborn errors of metabolism. Requires specialist interventions from enteral nutrition to post liver transplantation monitoring. Therefore, almost all health care workers are likely to encounter children with hepatic problems at some stage and will need to consult an up-to-date and comprehensive textbook. Liver Disorders in Childhood fulfils that need admirably.


There is a place in the market for another short text on diseases of infection. Such a book is not only for the specialist in infectious diseases but should be relevant to all branches of medicine. The difficulty faced by authors presenting a ‘handbook’ but attempting to cover a huge subject is to avoid being glib and superficial. The correct balance and maintaining the reader’s interest, as such a format dictates that many areas of interesting controversy will be dealt with very briefly. This book succeeds in some areas, for example, very good chapters on erythematosus rashes with excellent photographs, on septicemia, and on the necessity to understand how the laboratory works, and the need to supply it with the correct specimen. However, it fails on others, for example, a condensation of HIV infection to 11 pages, no definitive educational section on the present ideas on continued feeding for children with gastroenteritis and the need for an absolute