fragile X syndrome but only a page and a half on all single gene disorders including the mucopolysaccharidoses, degenerative disorders, phenylketonuria, etc. The detailed illustrations in the chapter on cerebral palsy are worth a thousand words and could have been used to good effect when describing dysmorphic syndromes elsewhere in the text. The chapter on educational underachievement describes specific learning disabilities including reading disability (dyslexia), motor disability (clumsiness), and attention deficit disorder (hyperactivity). The most important lesson is that the changes in terminology do not necessarily indicate improvement in understanding and that the management of children displaying such difficulties is often based on fashion rather than evidence.

As expected when a child psychiatrist is a coauthor, the behavioural and emotional aspects of developmental disorders are given prominence both throughout the text and in the separate chapter on managing behaviour problems. The response of parents and family to disclosure and subsequent management is described for each group of disorders. Possible reasons for different parental responses are discussed, for example a parent's feeling of rejection by a blind baby because of the importance of eye contact in establishing human relationships. It will give excellent insight to doctors in training into the strain of looking after a child with a disability. What could be improved? A more balanced approach to the discussion of individual conditions would, I think, improve the book overall. A paperback edition at reduced cost would make it more accessible to impoverished trainees. But the authors are to be congratulated on the production of an excellent source book for the community paediatric syllabus which contains references as recent as 1995 and is therefore both accurate and timely.

CLIONA NI BHROLCHAIN
Consultant community paediatrician

Sudden Infant Death: A Workbook for Professionals. Produced by a Steering Group of The Foundation for the Study of Infant Deaths. (Pp 129; £13 (includes p&p) hardback.) Sponsored by Johnson and Johnson. The Foundation for the Study of Infant Deaths, 1996. (Obtainable from FSID, 14 Halkin Street, London SW1X 7DP.)

In 1981, I read in the *BMJ* Wendy Valerie Harman's account of the cot death of her 10 week old son Charles.¹ This was no calm, dignified, personal reflection on a common family tragedy: it was a shocking, unsentimental description of a death and its aftermath, full of anger, pain, and indignation. In two pages Mrs Harman taught me more about the impact of sudden infant death on a family, and how we as carers could help or hinder grieving parents, than three years of paediatric training had achieved. Although it reinforced the feelings of inadequacy I had experienced as a registrar when talking to bereaved parents, it also made it clear that we as paediatricians could help. It struck a chord and it made me think and behave differently.

I soon learnt that the Foundation for the Study of Infant Deaths was a valuable source of information and advice. Their series of leaflets for parents and health professionals, their local parent support groups, and their telephone helpline, all proved useful in

setting up a local support service for bereaved families. Their gentle but persistent campaigning ensured that cot death, which is still the commonest cause of death between the ages of 1 month and 1 year, received more attention than it would otherwise have received.

Now the foundation has distilled 25 years of experience into a workbook for professionals. This is not another textbook reviewing what we know and don't know about cot death, or an academic dissection of the complexities of grief. It is a flexible, modular educational package written with the goal of helping health professionals listen to and support families after a cot death.

The first section discusses working with bereaved families. There are suggestions for various learning activities that may help professionals appreciate the issues that are important to different members of the bereaved family. As ever, the quotations from parents themselves are often the most thought provoking statements. The importance of our listening rather than succumbing to the temptation to fill embarrassing silences is rightly emphasised.

The second section gives 'the necessary facts'. I found the interactive approach less appealing and effective here, but I confess to being of that old school that still likes their necessary facts served up raw in succinct editorials or review articles rather than in the fashionable sauce of group activities. The essential information is all here.

The final section consists of a series of action plans for general practitioners, health visitors, midwives, accident and emergency staff, and paediatricians. These are little gems: models of clarity, brevity and wisdom, which it would be difficult to improve upon, and which could be adopted and adapted easily.

Overall, it is difficult to find fault with this book. I hope it will be widely read; I hope it will stimulate more care in the way those of us act who come into contact with one of the 500 families in this country who lose a baby from cot death this year.

JON COURIEL
Consultant in paediatric respiratory medicine

1 Harman WV. Death of my baby. *BMJ* 1981; 282: 35-7.

Illustrated Junior Encyclopaedia of Epilepsy. By Richard Appleton. (Pp 59; £7.95 paperback.) Published by Roby Education Limited for Mersey Region Epilepsy Association, 1995. ISBN 0-948-27060-8.

In a world of science and technology, the common condition of epilepsy remains relatively unknown in the public consciousness. People often hold very distorted impressions of what the condition means; therefore, to be diagnosed as epileptic—especially as a child—can initially be very frightening with countless questions arising: what did you do during the crucial three minutes which are blocked out of your brain? Is it going to happen again? Why you? And, most importantly, are you normal?

This volume tries to answer these questions and more through generous illustration and a clear and comprehensible text. Probably aimed at children in the 8 to 14 age group, this is a clear A-Z of all areas of epilepsy and is easy to use because of its good

use of keywords to connect one entry to another.

Dr Appleton covers all aspects of epilepsy, starting at the first diagnosis. He explains the causes of the condition and the range of tests and treatment that the recently diagnosed child can expect to face. From electroencephalography to computed tomography Dr Appleton takes the mystery out of the medical jargon that it is often difficult to question in the consulting room.

However, the book's content is not exclusively for those who suffer from epilepsy. It would also be useful for the patient's family and friends who may be facing epilepsy for the first time too. Perhaps if my friends had read this book, particularly the section on what to do in the event of a seizure, I wouldn't have found myself stumbling off a crowded coach at accident and emergency, to be greeted by numerous doctors and nurses who were obviously expecting more casualties than one confused epileptic.

Perhaps the most important element of the book is the emphasis Dr Appleton places on the normality of the condition. Julius Caesar, Van Gogh, and Dostoevsky are just three of the famous people mentioned to prove that epilepsy need not be an inhibiting condition. While there are pastimes that are not suitable for epileptics, it is pointed out that those are greatly outnumbered by those that can be practised by anyone, showing that the condition should not greatly affect your life. The author's demystification of epilepsy underlines this, making this book a valuable edition to the bookshelves of any young epileptic and an essential for every school library.

CATHERINE WILSON
Student and patient

Childhood Seizures. Edited by Shlomo Shinnar, Naomi Amir, and David Branski. (Pp 200; DM 280 hardback.) Karger, 1995. ISBN 3-8055-6009-5.

The overall risk of developing epilepsy during childhood and adolescence is of the order of 1%. Many more children will present at clinics or in casualty departments with disorders such as febrile seizures, breath holding spells, or vasovagal syncope that will need to be distinguished from epilepsy. When epilepsy is diagnosed, a variety of investigations may be required to determine, where possible, the epilepsy syndrome and the underlying cause. Judgments will need to be made as to whether to treat with anticonvulsants, and what anticonvulsants to use. Advice will need to be given on drug side effects, risk minimisation, and the management of major convulsive episodes should they occur. There will need to be discussion about prognosis, schooling and, in adolescence, driving, careers, and pregnancy. Fifteen to 25% of children with childhood epilepsy will be resistant to treatment and both newer medications and non-pharmacological treatments including epilepsy surgery may need to be considered. In those in whom the epilepsy is well controlled with treatment, a decision as to when to withdraw treatment will need to be made.

Given the prevalence of the disorder, most paediatricians will spend some time in epilepsy diagnosis and management. For those with a specifically neurodevelopmental interest, the more difficult epilepsies represent a considerable proportion of the workload.