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.

Shinnar and his coeditors of this volume—the sixth in the series on paediatric and adolescent medicine—begin with reviews of epidemiological and developmental aspects of childhood epilepsy and move on to chapters on seizure classification, childhood epileptic syndromes, and epilepsy evaluation, prognosis, and treatment. There are separate discussions of antiepileptic drug treatment, the management of intractable epilepsy, epilepsy surgery, and of the question: ‘treating childhood seizures: when and for how long?’ Other chapters cover neonatal seizures, the occurrence of seizures in acute and chronic childhood illness, inborn errors of metabolism, and non-epileptic childhood events that may be misconstrued as epileptic. The latter part of the book addresses intellectual and behavioural factors in epilepsy and epilepsy in adolescence.

Short books for clinicians—and this is under 200 pages—need to provide up to date information in a concise format with clear and appropriate referencing. A balance needs to be struck between the presentation of essential data and its succinct evaluation. The subjects chosen for inclusion need to reflect the common clinical problems and questions faced by the readership. Shinnar and his colleagues have achieved all of these things. The text is replete with relevant information, clearly presented and provides, particularly in the epidemiological chapters, a lot of the kind of information regularly needed in discussions with parents and children and in decisions on epilepsy management.

M PIKE
Consultant paediatric neurologist

Child Health Rights. A Practitioners' Guide. British Association for Community Child Health. (Pp 27; £1 paperback.) BACCH, 1995. ISBN 0-9255928-00.

Child rights are frequently seen as a desirable but Utopian aim with little relevance to daily child health practice. Many would view the UN Convention on the Rights of the Child as even further removed from every day reality. The working party which prepared this guide make a very convincing case for the relevance of child rights to daily practice and succeed in their stated aim ‘to promote good practice, to translate the contents of the UN Convention into everyday examples and to highlight its importance in everyday health care’. For example, all child health practitioners working in areas where many children and their parents do not have English as their first language will have experienced difficulties with interpretation, often due to poor resourcing of this essential service. The guide poses this problem in terms of child rights—the right to be understood and the right to have religious and cultural values respected—and shows how the UN Convention can be used to improve services.

A further welcome feature is the clear commitment to the child's right to know. Increasingly an issue in practice, the child's right to information is sometimes seen by health professionals as threatening. They envisage rank upon rank of snotty-nosed kids demanding their rights and disrupting the already precarious balance of the services; the guide explains not only the importance of information for the child but practical steps for ensuring that this right is respected as often as possible. I particularly liked the tear-out poster in the back of the guide for display

in child health settings; a genuine case of ‘putting your money where your mouth is’.

My only disappointment was the omission of any reference to the advocacy role that paediatricians can play in relation to individual children or child populations. The UN Convention is centrally concerned with the social, material, and environmental conditions of children and their effects on health. The working party has decided to concentrate on child health service delivery. I feel they could have included practical examples of political advocacy for and with children and their families to change social conditions in which they are obliged to live. Perhaps these sensitive but important issues could be addressed in the next edition.

N J SPENCER
Professor of community paediatrics

Screening in Child Health Care. Report of the Dutch Working Party on Child Health Care. By Michèle de Winter, Mariëtte Balledux, Jose de Mare, Ruud Burgmeijer. (Pp 200; £15 paperback.) Radcliffe Medical Press, 1995. ISBN 1-85775-150-7.

Child health care in the Netherlands is organised differently from that in the UK but in philosophy and content there is much in common between the two systems. At about the same time as the British Joint Working Party on Child Health Surveillance published its report, the Dutch set up a review to consider the situation in their country. The approach taken was similar to that in the UK—they tried to separate out the various strands and activities that make up child health care and examined each in turn. Their conclusions are summarised in this substantial report.

It would be tedious to address each of the issues in turn. Serious students of preventive child health will want to study this report. Some may feel that it is rather parochial in that a disproportionate number of the references are to work in Holland. On the other hand, arguably the British and Americans show a heavy bias to publications in the English language, tending arrogantly to ignore work published in other parts of Europe. Furthermore, the social and political context of preventive child health care does depend very much on national characteristics and circumstances, and it is therefore important to pay particular attention to work published in one's own country. Nevertheless, a few points are worthy of mention. I thought the review of screening for hearing impairment was disappointing. There was barely a mention of the rapid advances in neonatal screening. Figures quoted for the sensitivity and specificity of hearing screening in infancy seemed to me astonishingly optimistic. I was about to add a critical comment regarding the omission of the magnum opus of Haggard and Hughes, on screening for hearing impairment that was published in 1992 and weighed in at 1.2 kg. Then I realised that this working party was ‘wound up in the middle of 1992’—so it may be that this work had not reached the attention of the working party before they set about writing up their findings. Perhaps the important lesson to be drawn from this is that medical research, even in a relatively slow moving field like preventive child health, is changing so fast that reports like this really must be published more quickly.

There were some other interesting omissions. There was virtually no discussion of the problems raised by growth monitoring, an issue that has generated considerable discussion in the UK. Other topics which received either a cursory mention or none at all included iron deficiency anaemia (perhaps it does not happen in Holland?), prevention of cot death, postnatal depression, congenital dislocation of the hips, the difficulties of screening for heart disease and coarctation, and the threat of litigation for ‘missed’ defects.

I particularly enjoyed the section near the end entitled ‘primary lifeworld’. I liked the phrase and I enjoyed the quote from a Dutch writer, likening the modern Western family to a kind of greenhouse in which ‘numerous stresses originate in a space that is practically closed off from the outside world’. Perhaps this is really the biggest problem in child health care at the moment, and regrettably it is not one that is likely to be amenable to intervention by health professionals.

D M B HALL
Professor of community paediatrics

The Health of the Schoolchild. A history of the school medical service in England and Wales. By Bernard Harris. (Pp 260; £16.99 paperback.) Open University Press, 1995. ISBN 0335-09994-7.

In a crowded curriculum for undergraduates and trainees and 50–100 hours of continuing medical education for the rest of us, nearly all the time is used in study of our current state of knowledge. We also become involved in contemporary medicopolitical argument, thinking that we are in a uniquely difficult set of circumstances. This historical study has much to offer the busy clinician with its account of the early and recent history of the school medical service. It points out that we are merely revisiting the same problems that have been argued over by our ancestors. Examples quoted in the text are questioning the accuracy and completeness of official figures, quality versus volume and the thorny question of which authority pays for what services. This is a thoroughly researched history with 30 pages of references for those who wish to read further as well as explanatory notes at the end of each chapter. Through it we can extract the ‘mission statement’ of the early school health service in health promotion, in health screening, in an overview of the health of the population as a whole and moving on to providing treatment for the defects identified through the programme. We can also applaud the vision of the politicians at the turn of the century in recognising the link between health in childhood and fitness in adult life, even though the perceived need that led to the establishment of the school medical service was for adequate recruits to fight in the Boer war. Of concern to them were issues such as poor diet, lack of exercise, smoking, and alcohol abuse. The link between social conditions and health was firmly established and changes could be monitored from their child health surveillance programme. There are some striking parallels with current Health of the Nation targets.

There is much to interest, cause speculation, or give rise to envy. Why did children's growth apparently improve in the war years? Would we today even have the routine population data to identify these trends? Was the