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. Other chapters cover neonatal seizures, the occurrence 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 neurodevelopmental disorders and the occurrence of seizures in acute and chronic childhood illness, inborn errors of metabolism, and the child with intellectual disability. There is also a section on the child with epilepsy. The third 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 subject matter, and inclusions need to reflect critical common 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 provided, 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.

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Child rights are frequently seen as a desirable but utopian aim with little relevance to daily practice. Many commentaries on the UN Convention on the Rights of the Child as even further removed from everyday reality. The working party which prepared this guide makes the point that 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 in 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 information 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 and as well as possible.


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 working party set out to do a rapid and sensitive analysis of the situation 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 large 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, regarding it as negligent to ignore work undertaken 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 because data in the UK are not available), malnutrition, and the effects 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 woman living in amongst the Cotswolds—'holding 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.

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In a crowded curriculum for undergraduates and trainees and 50—100 hours of continuing medical education for the rest of us, the health of the schoolchild is under the current state of knowledge. We also become involved in contemporary medipolitical 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 include questions of the accuracy and completeness of official figures, quality versus volume and the thorny question of which authority is responsible for the service. The 300 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 present need is that 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. This is a thoroughly readable book.