Shinnar and his coeditors of this volume—
the sixth in the series on paediatric and adoles-
cent medicine—begin with reviews of epide-
miological 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 sections on
antiepileptic drug treatment, the management of
intractable epilepsy, epilepsy surgery, and of the
question: "treating child-
hood seizures: when and for how long?" Other
chapters cover neonatal seizures, the occur-
rence of seizures in acute and chronic
childhood illness, inborn errors of metabo-
lism, and non-epileptic childhood events that
may be misinterpreted as epileptic. They
are a 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
esential data and its succinct evaluation. The
substance and format of inclusion need to reflect
the common clinical problems and questions
faced by the readership. Shinnar and his col-
teagues 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; £15 paperback.)

Child rights are frequently seen as a desire-
able but Utopian aim with little relevance to
daily practice. Many are aware that the
UN Convention on the Rights of the
Child as even further removed from everyday
reality. The working party which prepared
this report makes this 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 health practition-
ers 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 re-
sourcing of this essential service. The guide
poses this problem in terms of child rights—
the right to be understood and the right to
have their views heard—and uses examples to
demonstrate 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
envision 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
clearly as any other. A large 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 is 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 right to receive appropriate health pro-
scriptions of children and their effects on health.
The working party has decided to concen-
trate 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 Michal de Winter, Marielle
Baledous, Jose de Mare, Ruud Burgmeijer.
(Pp 206; £15 paperback.) Radcliffe Medical

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 substan-
tial 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
character and that a major number of the
references are to work in Holland. On
the other hand, arguably the British and Ameri-
cans show a heavy bias to publications in the
English language, language that often
ignore work from outside the USA and
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 impor-
tant to pay particular attention to work pub-
lished in one’s own country. Nevertheless, a
few points are worthy of mention. I thought
the review of screening for hearing impair-
ment 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 hear-
ing 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 mid-
dle 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 prevent-
ive child health, is changing so fast that
reports like this really must be published
more quickly.

There were some other interesting omis-
sions. 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 is not yet seen as a problem) and the
management of cot death, postnatal depression,
congenital dislocation of the hips, the
difficulties of screening for heart disease and
correction, 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
worker, likening the movement to a "migrating 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,

In a crowded curriculum for undergraduates and
trainees and 50–100 hours of continu-
ing medical education for the rest of us,
there is used to be a company of the current
state of knowledge. We also become involved in contemporary medico-political
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 are questions
are these are questions questioning the accuracy and complete-
ness of official figures, quality versus volume and the
thorny question of which authority for service, and,
for example, the association of work with
research history with 30 pages of refer-
ces 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 screen-
ing, in an overview of the health of the popu-
lation 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 cen-
tury in recognising the link between health in
childhood and fitness in adult life, even
though the programme was essentially
sustained by 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 alco-
hol 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 and enjoyable book.
information correct? Did the nation have more important things to worry about than the collection of childhood growth measurements? Above all we can marvel at graphs that show sharp rises in expenditure on the school health service even steeper than the rise in health service expenditure as a whole. To some contemporaries, this may seem a better time than the present. The final chapter looks into the future and concludes that for the principle of an integrated service... "the goal of achieving this remains some way off". In this statement, I hope that the author is incorrect.

LEON POLNAY
Consultant paediatrician


The authors set themselves the formidable task of writing a handbook 'intended for hospital medical staff working with children, paediatricians, specialists in infectious diseases, junior doctors and medical students'. In scope and style, the only comparable text is the 'Red Book' produced every three years by the committee on infectious disease of the American Academy of Pediatrics. As it is designed as a companion volume to the 'Green Book' (Immunisation Against Infectious Disease, London: HMSO), I predict that this manual will shortly be widely known as the 'Blue Book' if the publishers continue its current format.

The major differences between this manual and the Red Book are material on immunisation being much more reduced and the inclusion of a substantial section dealing with management of categories of patients and presenting symptoms. This general section contains topics defined by age (congenital and neonatal infection), organ system (for example, infection of the respiratory tract), chemotherapy or clinical problem (for example, rash, suspected immune deficiency). This general section lies somewhere between the abbreviated introductory sections of hospital handbooks and chapters in reference texts.

Many sections are well written and pertinent. I particularly liked the chapters on laboratory diagnosis of infection and properties of different classes of antibiotics. These topics are often poorly understood by non-specialists, promoting a shopping list approach to diagnosis and treatment to which this manual has the remedy. There is a wealth of information otherwise difficult to access on the management of travel related infection. This is presented in a manner useful to practitioners in the UK and abroad. The appendices are also packed with interesting and useful information, and are an accessible format and not readily available elsewhere.

My only significant criticism is that the manual attempts to be all things to all people. In particular, the chapters on the approach to clinical syndromes are difficult to do well and make succinct for a general audience. I thought some, such as the approach to rash and septis shock, were well handled, while others failed to reach definite conclusions, contained errors, or were otherwise open to criticism. I do not believe a manual such as this should simply state, as it does on page 11 in reference to empiric therapy for neonatal sepsis, that 'some units may prefer other regimens including the use of third-generation cephalosporins'. Those units are misguided and the manual should say so. Similarly, there is no rationale that I am aware of for the addition of gentamicin to a cephalosporin (type not specified) for Gram negative neonatal meningitis. If due to Escherichia coli, gentamicin resistance may be a concern. If due to a nosocomial organism, gentamicin resistance is possible and all aminoglycosides have relatively poor penetration into the cerebrospinal fluid, even with meningeval inflammation. Chapter 15 on pyrexia of unknown origin (PUI) makes the important point that there are many causes and that selective investigation, directed by clinical features, is important. It then presents a very long list of causes for PUI, all of which are listed as 'likely'. We are told that age is 'not very helpful' in guiding diagnosis, based on a small series from Argentina. I believe this is incorrect—autoimmune disorders are much more likely in children under 5 years and, in general, the younger the child the more likely an infective cause.

It is probably inevitable that in a manual of this size, particularly in its first edition, there will be some material with which to disagree. Overall, the hard work of the authors in assembling the Blue Book, has paid off handsomely. The recommendations on immunisation or clinical practice and the laboratory are potentially immense. It joins the green and red books as colourful contributions to the management of childhood infections and immunisation on a world stage.

PETER MINTY
Staff specialist in immunology and infectious diseases


Books on childhood tuberculosis are few and far between but this is quite outstanding and clearly the best of the writings of the 1960s. It is short, beautifully illustrated, and brilliantly relates pathology, clinical findings, and modern imaging techniques. There is an immensely practical, well argued approach to the investigation and management of childhood tuberculosis that can only have been gained from a large and efficiently run clinical practice. It begins with the brief best historical review of tuberculosis I have ever read with quotes from John Bunyan to Machiavelli. We are told of the pandemic in Africa and Asia as well as the rising incidence in the West where the greatest increase is occurring in early childhood. We are reminded of the heady optimism of the 70s and 80s that predicted that tuberculosis in the UK would be of historical interest only by the year 2010. The biology of Mycobacterium tuberculosis and the key features of the immune response made to it contain the latest immunopathology and immunological ideas expressed in a very readable fashion, leaving no doubt as to what we do and do not understand. The genetics of host susceptibility could have been covered better, but the confusion of studies concerning BCG is superbly reviewed and there are excellent short essays on immunomodulatory treatment and multidrug resistance.

There are chapters on imaging tuberculous in the lungs, central nervous system, abdomen, and skeletal systems. Outlines of the strengths and weaknesses of the various imaging techniques are followed by a description of the clinicopathological features of disease in that system and how radiological techniques can delineate these and aid management. It is fascinating to see how much more information can be provided by ultrasound, computed tomography, and magnetic resonance imaging (MRI), thoracic computed tomography showing hilar lymphadenopathy, cavities and bronchiectasis not seen on chest radiography and MRI detecting early brain and spinal cord disease. Much was surprisingly relevant to our practice in a large conurbation where we are seeing more and more childhood tuberculosis. The book closes with a chapter on the clinical spectrum and diagnosis of childhood tuberculosis followed by one on drug treatment and resistance, followed by appendices with the opening chapters of the book but it is also helpful to see the subject from a different author's perspective. It is also so refreshing to read a book written by people who clearly understand that tuberculosis in childhood is a different disease from that seen in adults. This is an immensely valuable book for all who come across children with tuberculosis. It will prove invaluable to paediatric radiologists, until they start losing their own copies I suspect I will have great difficulty prising this out of their hands.

ANDREW J CANT
Consultant in paediatric immunology and infectious diseases


In the preface of this book the authors state that their main aim is to show how immunological principles and molecular biological knowledge may be used together to generate new vaccines and to improve existing vaccines. The book spans the immunological response to infection, including the pathophysiology of viral, bacterial, and parasitic diseases and discusses the molecular mechanisms available to assist the immune system in combating these infectious agents. It attempts to clarify and simplify these complex fields. However, I found the detail so overwhelming that a detailed explanation, and simplification requires a brief overview. The book fluctuates between the two, and in doing this may not accurately target any readers.

Medical students may find the book too specialised, whereas those working in the fields of immunology, immunisation, infectious disease, or mathematical modelling may find it too superficial and in danger of becoming outdated. I see a small market among individuals in these specialties perhaps extending work into one of the others, or wanting to broaden their knowledge. The style of the book seems to be that of a specialist medical reader, but may be too detailed for this.

The layout is clear, with cartoon diagrams and tables assisting the text and there is a helpful glossary. The reference section is in the form of an appendix entitled 'further reading'. Most references are journal reviews or textbooks, dated up to 1994. This book is an ambitious attempt to bring the increasingly complex science and some of the politics of vaccination to a wider audience. I applaud this, but as the book is not simply a new reference text it may not completely satisfy.

MARINA BARBOUR
Senior nurse officer in paediatrics