eyesight in peril'' are two of the section headings. The symptoms of attention deficit disorder can be explained almost entirely by excessive or inappropriate use of television and computers, in Large's opinion.

The suggestion that we are being manipulated by advertisers and large television companies, whose main goal is, of course, that the TV is on for a longer rather than a shorter time, is thought provoking. Large proposes that television is, by its very nature, addictive. Advertising directed at children is not illegal in this country, although children younger than 8 are developmentally unable to understand the aims of advertising, simply accepting all claims as true. Children's programmes, such as *Teletubbies*, are marketed as educational when there is no evidence to support the suggestion that they have any beneficial effect on development.

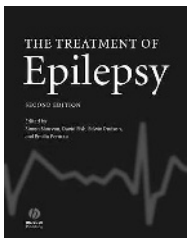
The final section of the book offers parents some practical advice on controlling and monitoring their children's TV and internet use. Large suggests that children younger than 7 should watch no TV, benefiting much more from creative play and adult interaction.

Awareness of the impact of the media on children is steadily increasing. *Set free childhood* presents an extreme view of the possible negative consequences of our current viewing habits. The issue is not as clear cut as Large suggests, but it is time that we take greater interest in the media habits of the children we see, and consider the ways this may be influencing their health or development. A media history may be as necessary a part of every clerking, as the social and family history.

S Bowring

The treatment of epilepsy, 2nd edition

Edited by Simon Shorvon, David Fish, Edwin Dodson, Emilio Perucca. Oxford: Blackwell Publishing, 2004, £150.00 (hardback), pp 952. ISBN 0632060468



With recent studies showing that paediatricians make a diagnostic error in up to one in three children where epilepsy is considered (for none too complacent paediatric neurologists it is one in 15), it is a relief to know that there are texts available that might remedy the situation. As I eagerly turned its leaves, however, the realisation dawned that this book may not offer the whole cure. The first edition preface commended the text to ''specialists in'' … neurology, neurosurgery, psychiatry, paediatrics, alienist medicine (have they landed already and why were we not told?) and learning difficulty. The preface to the second edition outlines the book in its true colours, a résumé of the progress achieved to date by the International League Against Epilepsy (ILAE) captured in its 93 chapters and almost 1000 pages.

I hurried to chapter 5 on ''differential diagnosis of epilepsy'', the key to overturning diagnostic error. The actuality was definitely written for the adult physician. No mention here of blue or white breath holding syncope, masturbation, or simply being ''lost in his own thought'', these often presenting the greatest source of diagnostic difficulty. Refusing to be subdued I advanced quickly to chapter 14 (10 pages) on the management of epilepsy in infants, and chapter 15 (11 pages) on the management of epilepsy in children. Bearing in mind there are a number of thick tomes dedicated to childhood epilepsy, it was not surprising that these 21 pages, though broad in their scope were not comprehensive in their cover.

Despite the preface declaring the book ''patient orientated'' the text concentrates heavily on investigation and drug treatment. The equally important issue of how to give children and their families an understanding of their condition, how to aid adjustment, and to liaise with school are all passed by. Interesting too that a book which says it will be ''patient centred'' uses the word patient and not ''person with'', and where is the chapter by the ''person with''?

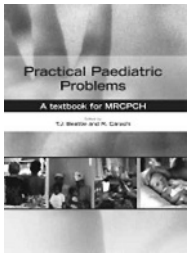
There are useful sections, of course. The chapter on ''definitions and classification'' summarises the latest ILAE classification, though none of the text carries detail on childhood epilepsy syndromes. There are sections on pharmacokinetics, with reference to childhood, and a useful section on the contraceptive pill. Two sections, 48 chapters and 578 pages, are devoted to résumés of 24 drugs and epilepsy surgery selection. Sadly, although the preface promises an ''evidence base'', there is no clear reference to levels of evidence and a dearth of Cochrane reviews (Cochrane does not appear in the index). Drug interactions and side effects (I prefer unwanted effects) are usefully defined.

This wonderful body of knowledge would be an important reference for paediatricians with special responsibility for epilepsy and paediatric neurologists, but will the general paediatrician want this book on the shelf? I suspect not, but it would be good for colleagues with the special responsibility for epilepsy to place the book on the floor just inside the office door. The tome's physical size will cause the general paediatricians to trip up frequently, serving to remind us all that there are frequent pitfalls in the diagnosis and management of epilepsy, and only through good liaison between colleagues and evolving clinical networks will this problem be overcome.

R W Newton

Practical paediatric problems, a textbook for the MRCPCH

Edited by Jim Beattie, Robert Carachi. Hodder Arnold, 2005, £40 (US$70 (approx); €60 (approx)), pp 681. ISBN 0340809329



How large is your desk space? How many of us have placed a dozen new shiny books on our desk just hoping that the information will seep by osmosis into our brains while we snooze and drool over our revision? The MRCPCH examination is a beast that must be grabbed by both horns and beaten into submission by a multitude of weapons consisting of paediatric texts, anatomy and embryology, physiology and biology, not to mention the latest review articles and key paediatric papers. How else to win the battle but to buy a small (expensive) library of textbooks?

This new textbook, the publishers claim, will provide ''*all* the information that the senior house officer and specialist registrar in paediatrics will need during their training and when preparing for the MRCPCH examination''. Quite a claim to make, especially when the editors themselves acknowledge that there will be inevitable gaps in a book of this size. So is this claim justified?

This textbook approaches paediatrics in a structured and comprehensive manner, modelled on the ''core knowledge'' and ''particular problems'' style suggested by the RCPCH publication, *A syllabus and training record for general professional training in paediatrics and child health* (1999). The list of contributors is striking (each acknowledged specialists in their field): 34 in total, including 2 professors and 24 consultants (like reading the dedication page of a textbook, the numbers are important when one is revising). The book covers the expected major systems but also includes chapters on community child health, development and learning difficulties, clinical genetics, acute injuries and ingestion, ophthalmology, surgery, and tropical paediatric medicine.

Each chapter is divided into three elements: firstly covering the background science and relevant investigations critical to diagnosis, secondly the core system problem, and finally a bibliography incorporating suggestions for further reading and key primary papers and review articles. The background science section is excellent. It incorporates relevant embryology, anatomy, biology, and physiology, which really does negate the need to search out those old medical student textbooks to jog one's memory of basic sciences. Included in this section lies succinct summaries of appropriate investigations and their relevance. The core system problems are approached in a systematic and thorough way covering causes, classifications, differentials, clinical features, investigations, therapeutic options, and outcomes. Of particular attraction is the use of short case history boxes, key learning points, flow diagrams, tables, and photographs.

The editors have certainly been brave in trying not only to produce a textbook to cover the recommended RCPCH syllabus but also to help trainees achieve the required standards set out in *A framework of competences for basic specialist training in paediatrics* (2004). Their caveat of the ''inevitable gaps'' has been more than adequately addressed by the encompassing further reading section that includes pertinent and up-to-date book references, papers, reviews, and most importantly, useful websites.

Although this book is primarily aimed at trainees in the lead up to examinations, it is sure to be of value to those specialist registrars beyond this stage. The claim of relevance to all candidates preparing for the examination worldwide certainly does hold true, however some may be confused by the entirety of references to and from the Scottish Executive document of 2004 in the first chapter. This is in relation to *Health for all children* and child surveillance and is obviously due to the striking contributor list being almost exclusively Scottish in origin. Despite this I would urge readers not to be deterred and continue past the first 14 pages to where the Children Act is discussed in

terms of both the English and Welsh Act of 1989 and the Scottish Act of 1995. The rest of the book undoubtedly has worldwide relevance, especially with the chapter on parasites, nematodes, and malnutrition.

This text provides the trainee with a valuable reference source that certainly reinforces the suggestion that learning should be integrated. As to the claim of providing all the information a trainee could need, the authors and editors are to be congratulated on producing concrete foundations for paediatric education and learning. You may only need limited desk space after all, just enough room for this book.

G Modgil

Towards MRCPCH Part II theory examination

Edited by Tapabrata Chatterjee. Hodder Arnold, 2005, £12.99 (US$23 (approx); €20 (approx)), pp 103. ISBN 0340905840

"How many?" I asked. "Oh, at least 3000 multiple-choice questions" said the experienced exam-positive senior registrar. That was the number of multiple-choice questions I should complete to achieve a successful result in my Part I MRCPCH. I never found out whether that meant actual questions or individual stems. Nevertheless, I completed well over this number during revision and did indeed pass. Whether my success had been related to question number or not, I sought to find just how many data interpretation and grey cases one must do in order to pass the next formidable hurdle.

The answer appeared to lie not in quantity but recognising patterns of questioning and developing the art of identifying pertinent information and clues within the questions. The topics chosen by Dr Chatterjee are representative of those that have been asked in the exam over the last five years. Although obviously dependent on candidate recall, the 75 data interpretation questions do appear to be typical of those in the examination. They include the obligatory electrocardiograms, family trees, and audiograms. There is the standard explanation section, which provides crisp answers with few pointers to further study.

The grey case section is superior with a good broad range of 50 cases. Incorporated are the deliberately misleading and irrelevant information typical of grey case questions. The explanations are more detailed, although unlike similar textbooks of its kind it does not include up to date references from textbooks or journal reviews. I particularly liked the tips on how to tackle grey cases and also the identification of the "clue" in many of the explanations.

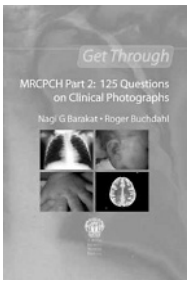
Overall, the grey cases cover the bulk of the diagnoses encountered in everyday paediatric practice. However, there are few esoteric cases (except case 23 where the poor girl with toxic shock syndrome turns mysteriously into a boy via pronoun misuse) and limited neonatal cases. I was pleased to see a case involving "Munchausen syndrome by proxy", although a little disappointed that the explanation did not support the abandoning of this term for the recommended description of "factitious illness by proxy".

Revising for the theory examination can be an arduous task. This book is not especially different to any of the other textbooks covering data interpretation and grey cases, however it remains a useful addition.

G Modgil

Get through MRCPCH Part 2: 125 questions on clinical photographs

Edited by Nagi G Barakat, Roger Buchdahl. The Royal Society of Medicine Press, 2005, £19.95 (US$35 (approx); €30 (approx)) (paperback), pp 196. ISBN 185315685



"One picture is worth ten thousand words" (Frederick R. Barnard, 1921). Current studies of the human memory make a functional division of memory into short-term and long-term memory. Both types store and remember information as "chunks" but there is a distinct difference in the number of these "chunks" that can be retrieved. Short-term memory can retrieve a limited number at any one time (about seven plus or minus two) while long-term memory is not limited to number of recall.

The capacity for recognition of memory for pictures is limitless. Pictures have a direct route to the long-term memory. Pictures themselves make use of a massive range of cortical skills—colour, form, texture, visual rhythm, line dimensions, and especially imagination.

This book is an excellent compilation of clinical paediatric photographs consisting of 125 cases. The questions revolve around high quality paediatric and neonatal images of clinical cases including radiological and ultrasonographic scans. The question formats include the extended matching and "best of five" styles, which were introduced as part of the new examination in 2002. The explanations are concise and comprehensive, based on standard textbooks, which are referenced.

It was refreshing to see the breadth of cases covered from normal variants (answer: "do nothing") to the expected complex paediatric syndromes (answer: "refer to specialist"). I was encouraged to see cases covering child protection (both as the answers and as considered differentials) as well as, more unusually, cases touching on the issues of withholding and withdrawing life sustaining treatment in children. Acute APLS type situations are also encompassed. The most striking element of this book is the true to life way that each case is handled in terms of the presenting features, investigations, treatment, and further management. This surely reflects the fact that the images are derived from the authors' wealth of clinical experience and obvious strong desire to teach.

I remain in strong agreement with the comments in the foreword that this book will remain an invaluable reference for those that have already attained the MRCPCH examination as well as those still in training. These pictures are certainly worth far more than ten thousand words.

G Modgil

CORRECTION

N S Crowcroft, R Booy, T Harrison, *et al*. Severe and unrecognised: pertussis in UK infants (*Arch Dis Child* 2003;**88**: 802–6).

In the process of carrying out further analysis of the data from this study and to examine the role of respiratory syncytial virus (RSV) the author uncovered a single data entry error in the date of onset of disease in one contact of a case when looking back at the original questionnaires. Unfortunately this changes the order of cases in one family, which affects table 4 (the corrected table 4 is shown below).

The penultimate and last sentences of the Results section of the Abstract should have read:

Pertussis was confirmed in 21/33 (64%) of those who were first to become ill in the family. For 13/33 children the source of infection was a parent; for 10/33 the source of pertussis was an older fully vaccinated child in the household.

In the third to last paragraph of the Results section the first sentence should read:

Primary cases (the source of infection) included parents and other children in the households (table 4); 64% of primary cases were laboratory confirmed.

The error has no implications for the methods, discussion or conclusions of the paper.

Table 4 Proportion of laboratory confirmed cases amongst primary (first) cases in families of pertussis cases in PICU and wards

Relationship	PICU	Ward	Total
Parent	9/10	2/3	11/13
Sibling	0/7	2/3	2/10
Baby or co-primary	6/8	2/2	8/10
Total	15/25	6/8	21/33