An Introduction to Head Injuries. By Asoke K Bagchi. (Pp. 111; £6.95.) Oxford: Oxford University Press, 1980.

In India there are a little over 70 trained neurosurgeons for a population of about 660 million people. In 1975 Professor Bagchi, through a questionnaire which he sent to 200 surgeons distributed throughout the Indian sub-continent irrespective of their field of specialisation, confirmed the practical view that head injuries should first be admitted to a general hospital and only referred subsequently if a neurosurgeon's special expertise was necessary. Clearly there is a need for a short book which provides sufficient guidance to enable the non-specialist in the less developed countries of the world to care for the head injured patients with competence and confidence.

As one reads the text it is very obvious that the advice given is based on a very large personal experience. The principles of assessment management and operative technique for extradural haemorrhages, open depressed fractures and penetrating injuries, etc, are extremely clear. If one disagrees with a point it is usually one of emphasis arising from differences between the developed Western world and the Indian subcontinent. In a subtle way he guides the uninitiated to understand priorities. For instance, good treatment of a mild injury is important, for these patients will generally recover if complications of unconsciousness are prevented. Acute subdural and intracerebral haematomas reflect severe injuries, and efforts to save these people at the expense of treatment for the mild injury would be a misuse of limited resources. The text is not cluttered with the use of specialist vocabulary and will be easily understood by anyone who has spent a short time at medical school.

Let there be no mistake about it, this is an excellent book and should succeed in its purpose. Furthermore, it would justifiably find a place in the libraries of most hospitals of this country.

JR BARTLETT

Febrile Seizures. Edited by Karin B Nelson and Jonas H Ellenberg. (Pp 375; \$45.60.) New York: Raven Press, 1981.

Febrile seizures are one of the commoner ills to which young flesh is heir, but their natural history, morbidity, mortality and, therefore, most appropriate management

have been unclear until recent years. Though formerly often regarded as uniformly benign, there has been a tendency in Britain of late to take them more seriously as a possible causal factor in the later development of temporal lobe epilepsy (complex partial seizures) and of other neurological deficits. By contrast, in the United States the general view has been that complications rarely arise. Paediatricians in Britain have been impressed by the work of Ounsted and his colleagues on a relationship between episodes of febrile status epilepticus and the later onset of temporal lobe epilepsy, a relationship which was supported by the work of Falconer and others on the finding of mesial temporal sclerosis in surgically removed temporal lobes.

The editors of this useful volume have brought together contributions on febrile seizures by many experts, mostly American but including two from Britain. The chapters are divided into four sections: Consequences of Febrile Seizures, Management of Febrile Seizures, Consideration of Further Clinical Investigations and Public Policy Issues. Section discussions intervene between every three to five chapters.

Bauman in his chapter on Problems in Epidemiologic Studies of the Consequences of Febrile Seizures in Children attempts, with some success, to explain the reasons for the confusion in the literature with the difficulties of ascertainment. In his chapter on the Natural History of Febrile Seizures, Hauser reviews the factors associated with the recurrence of febrile seizures after one attack and with the later development of epilepsy. Factors common to both risks are previous neurological abnormality and a family history of epilepsy. For recurrence of febrile convulsions the most potent predictor is an early age at the time of the first attack. Further factors specific for increased risk of epilepsy are prolonged febrile seizures and the occurrence of complex features during the febrile seizure. Similar questions are addressed by Nelson and Ellenberg who review the findings of the Collaborative Perinatal Project of the National Institute of Neurological and Communicative Disorders and Stroke on 1706 children who had febrile seizures and whose outcome was known at the age of 7 years. Prolonged febrile seizures which were followed by the later development of epilepsy were usually the first which the child had ever had; lengthy recurrences did not seem to be the usual route to epilepsy.

The "Consensus Statement" which

forms the final chapter summarises the conclusions reached by a panel of ten experts after a conference in May 1980. For the child who has had one febrile seizure the only risk that can be affected by prophylactic therapy is that of recurrence of febrile seizures. The later development of epilepsy is not prevented by prolonged medication. A rational approach to selection of patients for prophylaxis is suggested, based on the risk factors reviewed. Phenobarbitone has been clearly shown to be effective with adequate blood levels—but may be poorly tolerated. A warning note is sounded about hepatic toxicity with prolonged use of valproic acid, but it is worth noting that the drug is used in Britain in the form of sodium valproate which may be less toxic; to date only six children are known to have died with liver problems related to sodium valproate in the United Kingdom, and there is evidence that several of those may have had an underlying metabolic defect which rendered them vulnerable to hepatic problems. Wallace found sodium valproate and phenobarbitone equally effective in preventing further febrile seizures, while behavioural side-effects were fewer on valproate.

A fascinating glimpse is given of the management of this common problem by non-hospital based paediatricians in the United States, which suggests that there is ample scope for education. Fifty four per cent of physicians questioned recommended the use of phenobarbitone only during a febrile illness, although intermittent medication of this kind is known to be ineffective. The importance of educating parents in "first-aid" measures is well recognised as being important. The value of rectal Valium given by parents to their children who are convulsing is now well recognised, and Thorn in her chapter of diazepam prophylaxis in febrile seizures reports impressive results in Copenhagen from the use of the drug rectally at the time of acute febrile illnesses. In her experience this was more effective in preventing recurrences of febrile seizures than chronic treatment with phenobarbitone. It is encouraging that the sedative effect of diazepam did not obscure any serious infections such as meningitis. The final section is a bibliography of 687 references, from Addy to Zimmerman.

This book can be recommended to all who are concerned with the medical care of young children.

EM BRETT