deficiency we would strongly agree with Allgrove[1] and Ladhani and colleagues[2] in emphasising the importance of vitamin D supplementation. It is certainly a serious indictment of our community preventative services not to have protected ''high risk'' mothers and their offspring. We would propose an urgent review and implementation of the national recommendations on vitamin D supplementation in ''high risk'' pregnant women and infants to prevent associated infantile co-morbidity.

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Apnoeas in bronchiolitis: is there a role for caffeine?

Bronchiolitis is a common respiratory illness in infants in winter months. Recurrent apnoeas in high risk infants with severe bronchiolitis increases the need for respiratory support (nasal continuous positive airway pressure and ventilation) and transfer to the paediatric intensive care unit (PICU).[1] During the winter of 2003–04 we had three babies presenting with apnoeas secondary to bronchiolitis. All three babies were ex-preterm infants under 3 months of age. All had deterioration in their respiratory status potentially needing further care in PICU. On advice of two PICU consultants these babies were treated with a loading dose of caffeine. All three showed immediate improvement in their respiratory status and avoided being transferred out. Caffeine is a respiratory stimulant widely used in the treatment of apnoea of prematurity.[2]

Following our experience we performed a questionnaire survey of the use of caffeine for apnoeas in bronchiolitis across 20 intensive care units in the UK. We made a thorough literature search to look at the evidence.

Of the 20 questionnaires sent, only 10 replies were received. Opinion was divided between PICU consultants, with four stating that they would advice a trial of caffeine. This made a total of six, including the two who advised us previously. The evidence from literature is anecdotal.[3]

We conclude that there is little evidence in literature to support the use of caffeine in bronchiolitis, and there is divided opinion in PICUs across the UK. We feel that caffeine is a relatively simple treatment option in a district general hospital for apnoeas in bronchiolitis and recommend a randomised controlled trial. We would welcome comments on similar experiences from readers.

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BOOK REVIEWS

Child public health

Edited by Mitch Blair, Sarah Stewart-Brown, Tony Waterston, Rachel Crowther. Oxford: Oxford University Press, 2003, £29.50, pp 243. ISBN 0 19 263192 6

Since the heyday of public health in the late nineteenth century it has failed to raise the pulse of many clinicians, as they believe its work, at least in the developed world, is done. This book comes on the tide of renewed interest in the discipline.[1] It outlines the current state of child public health, refreshes the contemporary image, and reinforces the premise that child public health is as relevant and important today as it has ever been. Aimed at paediatricians and public health practitioners, it will also appeal to all those interested in the health of children in the UK. For those with little knowledge of child public health it provides an excellent introduction and overview, making accessible the theories and practicalities of child public health.

The book moves nicely from the background, through key concepts, to practical applications. The first three chapters describe the health of children nationally and globally, and outlines how child public health practices sit historically. There is a lot of information covered, some glossed over as a necessity, but generally good use is made of statistics and tables.

The next three chapters give an excellent summary of the theories, key concepts, and techniques used in child public health. Again the pace is swift, readable, and well balanced. The further reading lists adequately guide readers to more detail where required. While it would be easy to be critical about the breadth or depth of topics in this book, it was never intended to be a comprehensive public health reference textbook. However it would be useful to have more on sustainable development, quality assurance/service improvement, and the public health contribution to the commissioning process.

The unique aspect of this book is the inclusion of practical examples of theory applied to prevalent public health problems. After assimilating the basic facts and concepts, the reader is given suggestions on how to put the approaches into practice. The ideas should give renewed hope and encouragement to those at the front line dealing with these all too familiar problems. For future editions it would be valuable to expand the content in this section with a reduced focus on the global context and lessons from the past.

This first edition of child public health succeeds in being readable and making child public health an accessible subject, not with theoretical ideals, but with practical suggestions. We hope this book will inspire a future text, with a wider and more in-depth brief that will become the much needed reference standard text for child public health. However there will always be a place for a book of this length for the reader wanting a summary that can be read cover to cover and digested within a week.

Child public health is a superb book and should be on the shelves of all paediatric, child health, and public health departmental libraries. It is essential reading for all paediatric trainees, but has relevance for all who work in child health, whatever their professional background.

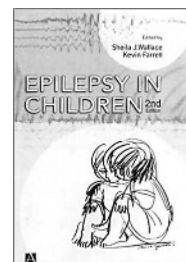
R Tomlinson, S Lenton

Reference

1 **The Wanless Report**. *Securing our future health: taking a long-term view*. HM Treasury, 2004.

Epilepsy in children, 2nd edition

Edited by Sheila Wallace, Kevin Farrell. Arnold, 2004, £120.00 (hardback), pp 485. ISBN 0 340 80814 4



Management of epilepsy in children can be complex and challenging and a good clinician knows when to draw on multidisciplinary professional expertise, while staying up to date with clinical and non-clinical areas outside his or her immediate expertise. No one understood this more than the late Sheila Wallace under whom I had the privilege to