Unfortunately, the same attention to real clinical practice limits this book's usefulness for the British student, who will be unable to learn as independently as the title suggests. He will, for example, need guidance from his tutor on transatlantic differences in immunisation schedules and child protection laws.

It will be difficult to persuade students to buy a book such as this which will not act as a complete reference text. However, I would strongly recommend it for those who teach paediatrics to use as a framework for their own teaching courses.

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Long-term Paediatric Nephrology. By C R J Woodhouse. (Pp 215; £49.50 hardback.) Blackwell Scientific Publications, 1991. ISBN 0-632-02936-6.

In previous decades childhood illness was clearly divided into medical and surgical problems, the former being the responsibility of the paediatricians and the latter that of the surgeon. As the title of the book suggests, there is now a need for regular long term

follow up and active medical and surgical management of many childhood nephrological problems through adolescence and into adult life.

Although the book has been written from a surgical perspective, there is a strong emphasis on the importance of good medical care, aspects of growth and development, communication with parents and children, and recognition of the independence of the young adult with chronic disease. In this respect, it emphasises the need for collaboration with colleagues in related specialties, particularly between urologists, paediatricians, nephrologists, transplant surgeons, geneticists, obstetricians, and psychiatrists.

The first four chapters are particularly valuable in setting the scene for a young adult who has emerged from up to 20 years of life with a urological problem, worried over by parents, operated on by surgeons, and coaxed along by paediatricians. The author touches on many aspects of paediatric nephrourological care along with the problems of psychosocial dysfunction consequent on chronic illness in a broad and practical manner, touching on areas rarely covered in standard nephrology or urology texts.

It is clear that for many adolescents and young adults, anxiety about body image and poor self esteem are closely linked to uncertainty about sexual performance and fertility—an area poorly addressed by most paediatricians. Discussion in this area extends to cover the likely outcome of pregnancy and genetic aspects of urological problems, as well as sexual function.

On the surgical side, there is a series of straightforward accounts of procedures with emphasis on newer techniques used now either because of better cosmetic results or to preserve renal function. In addition, there is an extensive review of the literature of long term follow up of important conditions and treatments. The author's personal practice in controversial areas has been stated and while I may not agree with all his views, I enjoyed reading his book. It will make a valuable contribution to the long term management of children and adults with serious urological problems starting in childhood, and will be particularly valuable to adult and paediatric nephrologists and urological surgeons.

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Screening for neuroblastoma

Over the last 25 years the overall five year survival for neuroblastoma patients has improved from 25% to 50% or more but in those presenting at over 1 year of age with widespread disease the outlook is still poor with less than 20% five year survival. Could earlier detection by screening improve survival?

An international panel of experts met in Chicago under the auspices of the American Cancer Society in September 1990 to discuss the value of mass screening for the disease and their consensus statement was published in the *Lancet* in February (Murphy *et al*, *Lancet* 1991; 337: 344-6).

Work in Japan, Canada, and the UK has shown that screening by testing for high concentrations of catecholamines in urine is feasible. Mass screening at 6 months of age was introduced nationally in Japan in 1985 and by 1988, 337 cases of neuroblastoma had been detected of whom 328 (97%) were alive in 1990. The evidence suggests, however, that many of the tumours detected had an intrinsically favourable prognosis and some, if not many, of them would have regressed spontaneously. Thus national data suggest that screening in Japan has not altered mortality rates there compared with the UK where widespread screening has not been done and there has been no fall in numbers of children in Japan presenting with advanced disease over the age of 1 year. Many of the tumours detected by screening had biological features suggestive of a good prognosis. There was a substantial increase in the recorded incidence of the disease after the introduction of screening indicating that some of the tumours discovered would never have presented clinically.

The Japanese results are clearly very disappointing. It is not known whether screening repeatedly or at a later age would give better results.

The ethical aspects of this screening have not been mentioned by the consensus panel but there are obvious problems. Clearly if screening detects tumours that would regress spontaneously then there is a high price to pay. Parental distress must be incalculable and the children have been treated with surgery and chemotherapy. The *Lancet* report does not give enough data to allow a detailed analysis of the problem. Perhaps studies continuing in North America and the UK to compare screened and unscreened populations will provide such data. From the evidence of this paper the cost-benefit balance at present seems heavily weighted on the side of cost.

ARCHIVIST