who will be useful to him. Not to be confused with 'FRIENDS'.

Whether you want to write for fun, for money, or even to impress editors of learned scientific journals, Albert’s guide is a must. And all it results in just one acceptation: it must be worth it—and its cost is probably tax deductible.

HARVEY MARCOVITCH
Consultant paediatrician


One of Wittgenstein’s aphorisms (indeed, to be honest, the only one I can ever remember!) goes ‘The meaning of a word is the way it is used’. This is particularly apt in relation to the 1989 Children Act. The act stipulates that before certain action to protect children can be taken, the court must be satisfied on certain specific issues that appear in a checklist. Is the child suffering or likely to suffer harm if action is not taken? Is the child’s health or development impaired? If the child has suffered harm, is it significant? Is the harm attributable to the care given or likely to be given? How does the child’s health and development compare with what could reasonably be expected of a similar child? Is the care given or likely to be given at a level that ‘would be reasonable to expect a parent to give’?

Now clearly all these terms require definition, and are likely to be interpreted in different ways. How bad does harm have to be before it is ‘significant’? How likely is ‘likely’—does this have to be a 30% chance or a 70% chance? What does one mean by ‘a similar child’? Does this mean a child with the same IQ and temperament or a child from a similar social class background? Do ‘reasonable parents’ beat their children, at times quite hard? Should one take ethnic status into account when making this judgment?

These matters of definition are already being tested in courts up and down the land. To help practitioners, paediatricians, psychiatrists, social workers, and others in their thinking on these matters, a group of experts drawn from academic work, medical, and legal professions who are involved in the preparation of training material before the act was implemented, have produced this manageably sized publication. I found it very helpful. Paediatricians are likely to find Margaret Lynch’s chapter ‘Significant harm: a paediatrician’s contribution’ particularly useful, but they will also find interesting Anne Lui’s chapter on cultural and ethnic perceptions of the act and Arnon Bentovim’s section that puts significant harm in a developmental and family context.

Most of us are likely to find ourselves in court giving evidence on these matters at some time. Anyone who wishes to reduce their adrenaline level by preparing for hostile questioning would do well to have consulted this book the evening beforehand.

PHILIP J GRAHAM
Professor of child psychiatry


Current Paediatric Practice is a compilation of almost 100 short and easily read reviews which have been collected over the last 10 years from Clinical Bulletins published in the Medical Journal of Australia and Australian Family Physician. The editors have brought together the contributions from a group of physicians and surgeons working at The Royal Alexandra Hospital for Children, Camperdown, Australia into a volume which spans the major areas of clinical paediatric practice.

The reviews, which vary in length from two to nine pages, are clearly laid out and are illustrated in black and white. The text is aimed at a wide audience and would interest paediatricians working for their MRCP, nurses who have an interest in paediatrics, and general practitioners looking for an easy to read review. The standard of the individual reviews is variable and as some were written up to 10 years ago their content is not always right up to date. Only a half of the reviews are referenced and in some areas such as haematology and endocrinology there is incomplete coverage of a number of common paediatric problems.

The reviews generally reflect the personal experience and practice of the reviewer and thus opinions may at times differ between the reader and reviewer. I look forward to managing the next particular problem. Although I have little disagreement with the accuracy of most of the reviews, I have difficulty in recommending either dilute lemon juice or fruit cordial in the treatment of acute diarrhoea.

The reader should not expect state of the art clinical paediatrics in this book, more a chatty informal tutorial on a broad spectrum of paediatric problems.

W MICHAEL BISSET
Lecturer in child health


This paperback has recently undergone its sixth revision in 18 years reflecting the rapid growth and maturation of paediatrics as a specialty; the editors are to be congratulated on their efforts to keep it up to date. It is designed primarily for use by medical students and paediatric nursing staff, though junior paediatricians may find it of use.

Does it continue to be good enough to persuade the near destitute student to part with the meagre resource of his or her grant? The short answer is ‘yes’. Although (as a Nottingham graduate raised on Essential Paediatrics by D Hull and D Johnston) the text was unfamiliar to me, I found it neatly laid out and sympathetically written. The first two chapters provide an excellent overview of child health and the third offers some sensitive advice and useful tips on how to examine children and escape with eardrums intact. Although the chapter on the newborn is clear and brief, I wonder whether, with the rapid expansion of neonatology as a specialty within paediatrics, it should be included in a text of this kind, particularly as there are several good concise neonatal handbooks available. The main factual content is covered in chapters dealing with problems by system, with information given in note form in short paragraphs. These have been updated and are well balanced.

There are some minor flaws. I was astonished that a picture of a child with hypothyroidism was titled simply ‘A cretin’ particularly as earlier chapters had stressed the merit of avoiding this way of referring to children. In addition, I feel that basic paediatric texts should draw attention to the existence of areas of controversy even though a full discussion may not be appropriate. The reader may therefore be left in ignorance as to whether or not a controversy exists. An example of this is that many paediatricians would not embrace the concept espoused in this book of mandatory lumbar puncture in meningitis, and would consider the presence of papilloedema to be a clear contraindication.

In general then, a good first paediatric text book which is, by comparison with other medical texts, excellent value for money.

IAN MECROW
Senior paediatric registrar


Some aspects of American medical practice and language do not translate well to this side of the Atlantic, and this book unfortunately provides numerous examples of such differences, which inevitably reduce its appropriateness for the British health service.

There is an irritating wide spectrum of styles in the book, with each chapter having different authors, and it is difficult to detect what the editors were intending to address. Some chapters are written at a very simplistic level appropriate for GCSE biology students, such as those on the menstrual cycle and on dysmenorrhea (the latter with a remarkably enthusiastic recommendation for the treatment with TENs, transcutaneous electrical nerve stimulation, more normally found in the north London National Childbirth Trust class than the teenage classroom!), while others are loaded with heavyweight science and rarities, such as the 21 page chapter on ‘Hirsutism in the Paediatric Patient’ (with 179 references!).

There is considerable overlap and repetition (often mutually contradictory) between the chapters, which are frequently longwinded, such that one is not surprised to read the advice to the readership the editors were intending to address. Some chapters are written at a very simplistic level appropriate for GCSE biology students, such as those on the menstrual cycle and on dysmenorrhea (the latter with a remarkably enthusiastic recommendation for the treatment with TENs, transcutaneous electrical nerve stimulation, more normally found in the north London National Childbirth Trust class than the teenage classroom!), while others are loaded with heavyweight science and rarities, such as the 21 page chapter on ‘Hirsutism in the Paediatric Patient’ (with 179 references!).

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bleeding, sexually transmitted disease, and tumours of the thyroid, being useful for all in medicine. However, the trainee in gynaecology or paediatrics would need to be steered away from some of the more questionable approaches of other chapters, which serve only to demonstrate the extent to which the reader has experienced that wide differences exist in gynaecological practice on the two sides of the Atlantic.

SUSAN M TUCK
Consultant obstetrician
and gynaecologist

Handedness and Developmental Disorder.

Is there any substance to the notion that autism and left handedness are related or that stuttering is a consequence of enforced right handedness? These, and the other controversies that are eloquently discussed in this book, have generated a good deal of heat over the last 60 years. Dorothy Bishop sheds some light.

The first half of the book guides us through the background to the subject. We are introduced to the motor learning and interference hypotheses for an advantage of handedness over ambidexterity—and we learn along the way that parrots show some left-footedness and gorillas some right-handedness. Other chapters discuss the relationship of handedness and cerebral lateralisation, genetic theories of handedness, and the normal early development of handedness in human infants. An excellent chapter covers the important issues of definition and measurement. Tests that measure direction of handedness and degree of handedness are compared. Validity, reliability, and sensitivity are lucidly discussed and we are shown how a strong hand preference on a handedness inventory can be consistent with a marginal advantage on proficiency testing and how strength of preference and consistency of preference may be confused.

Having demonstrated the anatomy and laid before us the instruments, Dr Bishop leads us, as it were, into the operating theatre. In the second half of the book, the evidence relating handedness and a variety of disorders—epilepsy, autism, Rett’s syndrome, specific reading, and language disorders among others—is dissected. Paradox and contradiction are shown to originate from various differences of definition, sample selection, measurement technique, and from conclusions that are not supported by the data presented. She discusses the role of publication bias in generating a momentum for associations that are in fact spurious. She concludes that much of the confusion could be resolved by an awareness of the methodological problems, a theoretical perspective that distinguishes different ways in which handedness and developmental disorder might be linked, and assessment procedures that are able to distinguish between such theories.

This book deals with a fascinating subject with wit and clarity. It is not for the bookshelf of the busy general paediatrician, but I would recommend it to those with a strong clinical or research commitment to the developmental disorders of children. It would also be valuable reading for any newly appointed clinical research fellow as the problems Dr Bishop identifies in handedness research have wider repercussions.

M MIKE
Consultant paediatric neurologist

The Stress of Multiple Births. Edited by David Harvey and Elizabeth Bryan. (Pp 140; £15 paperback.) Multiple Births Foundation, 1991. ISBN 0-9571709-0-X. (Available from the Multiple Births Foundation, Queen Charlotte’s and Chelsea Hospital, Goldhawk Road, London W6 0XG.)

‘Like babes in wombs . . . . Urging slowly, surely forward, Horrering endearment . . . . And waiting ever more, forever more behind’. Walt Whitman—Leaves of Grass

Whitman captures in Unseen Bonds a stress so often expressed by parents of multiple births. The feeling of the more having to be met by the less. What is so impressive about this collection of essays, is the ‘more’ understanding and thinking that is given to contain the stress of multiple births. The wealth of experience condensed in this incisive yet comprehensive collection of essays, will not only help and support those familiar with multiple births, but also the uninitiated. This book succeeds in raising our level of awareness of the stress surrounding this issue, and, in so doing, helps us to cope better with such stress.

The book is divided into five sections: antenatal, newborn, pre-school, growing up as a twin, and higher multiple births. The collection of 13 essays starts with ‘Obstetrical aspects of multiple births’ by Ian MacGillivray, and ends with ‘The long term outcome’ by Ann Stewart. Pausing for thought along the journey with ‘Ethical dilemmas’ by Elizabeth Bryan et al., ‘Family relationships’ by Cherry Rowland, ‘Twin relationships’ by Stephen Issacs, and eight other essays, the reader gains an insight into the scope and content of the essays clearly meet their intentions.

The two editors, David Harvey of Queen Charlotte’s and Elizabeth Bryan of the Multiple Births Foundation, are sensitive throughout to the fact that ‘women least likely to want twins are those at greatest risk of conceiving them’. With their extensive experience they show the intricate interdependence between the physical, emotional, and financial stresses of multiple births. In conclusion, they suggest a number of resolutions (collected into three groups, that is counselling and support, infertile treatment and higher order births, and long term studies), to help professionals recognise the special problems concerned with the stress of multiple births.

ALAN LEVY
Principal child psychotherapist


This book arrived in my pigeonhole just as I was about to leave Cambridge for a walking holiday in Madeira. As a consequence I can vouch for the quality of the binding, which survived a week paddling in a rucksack, and the paper which possesses resistant properties to both water and alcohol. The text stood up better than most medical books to being read rapidly over to cover like a novel. The editors have sought contributions from different expert authors writing 20 separate chapters and the topics covered include apnoea (Aranda), antibiotics (Del Louvois), anticonvulsant therapy (Rylands), analgesia (Levitt), vitamin therapy (Waspe) in addition to a useful general revision of pharmacokinetics, the transfer of drugs across the placenta and into breast milk, and the effects of drugs taken by the mother both therapeutic and addictive.

This is a book that I would have loved to have in this book, although similar information could be found in recent review articles it is undoubtedly convenient to have the facts gathered together. Reference lists are adequate as it is possible in a textbook, although the same single case from a 1979 Lancet letter referring to the effects of maternal indomethacin appears in two successive chapters, and I found it surprising that I could not find any reference to the meta-analyses of maternal betamethasone and ritodrine. The book is far from being a comprehensive manual of neonatal therapeutics and there are significant omissions and some overlap. There is no material on chronic lung disease—no discussion of dexamethasone, bronchodilators, or diuretic therapy and nothing on pharmacological prophylaxis of peri- natal haemorrhage. However, the book is covered but there is no mention of the use of human albumin solution or immunoglobulin prophylaxis of infection.

The balance of the remaining material suffers both from an attempt to cover vast areas in a small number of words and from a failure to reflect the relative importance of the treatments described. Indomethacin treatment for persistent ductus arteriosus merits only two pages, for example, whereas there is a considerable amount of space devoted to anti-arrhythmic therapy. Reading the chapter on antibiotic therapy feels like a mental gallop through the field with no space allowed for advice regarding the treatment of specific infections. Similarly the chapters on total parenteral nutrition, hypoglycaemia, and transfusion therapy are too compressed to allow adequate discussion and left this reader feeling unfulfilled. The book does not contain an appendix with dosage regimens. The lack of specific therapeutic advice in several sections would make it unsuitable as the sole text to recommended to junior staff.

A good idea and a useful try, but perhaps not the first choice for any book tokens still lurking dog eared in the debris of one’s wallet.

JANET M RENNIE
Director of neonatal services


Authors of a book intended to help candidates pass the examination have a problem: the examination changes in content and this is the case with the DCH. In my view the second edition of Child Health has not kept up in reflecting the reform of the examination towards a problem orientated approach based on primary care presentation, with a greater content of developmental child health, and a health rather than disease emphasis. Child Health is not the textbook in any way with its 29 contributors writing 34 chapters that mainly follow disease systems. There are useful additions at the end on ‘ethical dilemmas’ and ‘examination techniques’. Twenty four of the authors are hospital based paediatricians and hence it is not surprising that the majority of chapters devote more space to secondary aspects of disease than
Pediatric and Adolescent Gynecology

Susan M Tuck

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