British authors are the natural heirs to Charles Dickens and Graham Greene.) Nevertheless there are advantages to British readers in a British book especially, for instance, in the chapter on social paediatrics and occasionally as regards therapeutic.

The prologue and Arneil is, like its predecessors, a good book. There are many new authors and much of it has been completely rewritten. Each chapter has a long list of references and many of them to further reading. The books and important ‘landmark’ papers rather than to very recent original work, and that seems appropriate for a textbook of this nature. It is up to date, including references to topics such as the use of vitamin D3, the effects of oesophageal reflux, the value of steroids in bacterial meningitis, a full account of the peroxisomal disorders, the significance of dys trophy in muscular dystrophy, the importance of vitamin A in reducing mortality in third world countries, and the use of sumatriptan in migraine and of vigabatrin and lamotrigine in epilepsy. Surprisingly, neither in this nor in Nelson’s could I find any reference to Angelman’s syndrome. Some topics chosen at random such as Prader-Willi syndrome or haemolytic uraemic syndrome were discussed more fully in the British textbook.

There is a surprising omission, however, and that is the chapter on disorders of ear, nose, and throat. Adenoids, glue ear or secretory otitis media, tonsilitis, and tonsillectomy have all been dropped from the index and deafness is dealt with in the chapter on neurology. If you look up ‘tonsils’ you will be referred to any entry which reads: *Tonsils: size, presence of infection, exudate, pitting,* peritonsillar swelling?*. The index entry ‘ear, nose and throat problems’ refers to a brief account of such problems in children with cleft palate. It is one of those crazy facts of modern life that the American book costs £60, the British £12.5.

Who will read this new edition? I shall, and I suppose many other consultant paediatricians will also use it as a standard reference book. Undergraduate students will need a more compact text for their basic reading but should use it to look up specific topics, and doctors studying for the MRCP in paediatrics should make a systematic assault on it to provide them with a personal database to be supplemented by journals and monographs. As a textbook of British paediatrics it has no competition and it remains an excellent work of reference which must be available in all paediatric departments in the UK. The absence of the chapter on ear, nose, and throat disorders must surely be an error and there is clearly a marketing problem for British publishers faced with American competition. If we want British textbooks, and I would not like to think that the time will be forced upon us when we shall have no choice, then let us look as if we must be prepared to pay for the privilege.

DOUG ADDY
Consultant paediatrician


This volume has come from a Department of Health funded research study into coordination policies and practices in child protection. Within ‘Working Together’ coordination, collaboration, and cooperation are seen as vital to effective child protection services and yet these complex processes are little understood. There are two parts: a generally clear and logically ordered text. In the first, coordination is defined and explained in detail, in the second, working together in child protection is addressed. It is in the latter part that I found myself immediately drawn in and the hidden agendas of our professional relationships neatly and shamelessly laid out before the eye for detail we might expect from two experienced academic social workers. The authors have consulted widely and in depth, although some of their many references are used repetitively.

The chapters cover the nature of coordination, types of interorganisational relationship, and the facilitators, inhibitors, and outcomes of coordination. It is as well to remember that professionals do contest the nature of child abuse and a chapter discusses the disagreements about definition and theoretical conflicts. Agency profile and function, the individual influences on practice, and the inherent problems and limitations of the knowledge base about child abuse on which judgments are based each dominate a chapter. It is, however, frustrating to read that the frequency and mode of diagnosis in sexual abuse remains highly controversial. A number of references from the Cleveland (I picked up over five years ago) rather date the text as much useful information has been published since then including the report of the Royal College of Physicians on ‘Physical signs of sexual abuse in children and young people’ which is not quoted. The book is likely to perpetuate the mistaken view that physical signs in sexual abuse are unreliable, uninterpretable, and generally unhelpful.

JILL CLAYTON-SMITH
Senior registrar in clinical genetics


Examinations are a fact of life for the trainee in any area, but perhaps it is because the MRCP (UK) is an essential requirement for entry to specialist training that it generates an unfortunate degree of anxiety. Drs Stephenson and Wallace have produced a thoughtfully written book that will aid those who follow their advice and take every opportunity of practising what they preach. The authors avoid the trap of trying to discover trick methods of fooling the examiners and concentrate instead on advice on the conduct of clinical examination that will equip these young doctors with skills that will inevitably help their young patients. The chapters are well organised and take the candidate through the important systems, giving useful practical hints on how to achieve maximum cooperation and the most successful recognition of clinical signs.

However, they have succumbed to the temptation of providing too much information about the technicalities of the exam, such as the marking scheme, which like any other growing and responsive system is subject to continuous modification, and improvement. Readers should read the sections on past exam subjects and the methods of adding marks of various sections of the exam as interesting historical anecdotes rather than a description of current practice. The authors sensibly advise their