thorough exposition on the important condition of meningococcal septicaemia, which sets a high standard that is followed for the remainder of the book. The discussion of pain control in neonates and children is a subject which often provokes many emotional discussions but few effective suggestions but the chapter by Aysley-Green and Ward Platt cuts cleanly through the twaddle, lucidly summarising the known facts and making sound recommendations. I particularly enjoyed the chapters on surfactant treatment (Wilkinson), the latest contribution to the debate on the origins of cerebral palsy from Hagberg and Hagberg and a view on cerebral ultrasound from Leeds. I also read with interest about Kawasaki disease, Ehlers-Danlos syndrome, and acute encephalopathies in infancy. Lynn Staheli from Washington helped me enormously with her contribution on common minor orthopaedic problems in infants — no longer will I have to struggle for an explanation or need help with problems such as intoeing, flat feet, or the missing 'correction of the foot'. A great resource which I will refer to many times after outpatients and which will help me reassure parents with new found confidence. Professor Baum and Dr Woolridge round off a great deal of useful common sense about breast feeding.

Having heaped praise upon this latest edition and while I would have no hesitation in recommending this excellent Manual from which very few paediatricians will fail to learn, I would like to be allowed one small criticism. While I enjoy scanning through other people's favourite selections from the vast pool of published material and Professor David's choice was interesting and contained the odd important paper I'd missed — I wonder about the wisdom of devoting 28 pages of a book of this size to this pursuit. My main reason for rezoning this use of space was partly because I would have enjoyed another chapter, and partly because such surveys are inevitably out of date by the time a book appears. With the increasing availability of computerised searching and the time has come to drop this exercise. However, do not let this put you off buying the book and reading it.

JANET M RENNIE
Director of neonatal services


Up to the 1980s British paediatrics tended to look towards our English speaking colleagues in the Commonwealth and across the Atlantic, as evidenced by library subscriptions to major American paediatric journals. Now, however, with political changes and changes in employment legislation we are meeting more and more graduates from the EC as both employers and colleagues.

An Atlas of Clinical Syndromes. A Visual Aid to Diagnosis, which is dedicated to the contributions of, among others, Meckel, von Recklinghausen, Fanconi and Ulrich, is a timely addition and there has been much paediatric tradition, practice, and research in Europe. This is an English translation of the third edition (1989) of a book, that started life entitled Characteristic Syndromes, and was published in five languages. The senior author, Hans Rudolf Weidemann is well known to most British paediatricians as one half of the eponym for the Weidemann-Buckwich syndrome and while many of the contributors are from Germany, there are some from the USA, from Scandinavia, and from the rest of Europe.

The book details over 270 conditions, the majority of them with illustrations. In the first clinical part of the book there is a section detailing 69 minor anomalies. After the 'contents' index listing the syndromes there follows a handily placed section of 28 subgroups entitled 'diagnostic overview' to help with diagnosis.

The syndromes themselves are clearly described and cover not only genetic syndromes but also problems related to pregnancy such as drug embryopathy. The syndromes themselves are easily referenced with text on the left hand page and illustrations on the right. The illustrations (black and white) are generally of excellent quality and key references are included. The scientific aspects of the syndromes are explained as far as possible up to the state of knowledge at the year of publication, and such complicated conditions as the anomalies associated with Prader-Willi syndrome on chromosome 15 determining whether the child has Prader-Willi or Angelman's syndrome are included.

Any book of syndrome identification must inevitably have to stand comparison with Smith's Patterns of Human Malformation, which for years has been the standard reference book for many paediatricians. The format of this book is in many ways similar to 'Smith' with the descriptions and the section aiding syndrome identification, and while there are syndromes in this book that are not listed in Smith, Smith too has syndromes listed that do not find a place in this book. Like Smith this book is to be studied through at leisure for interest and inspiration (I managed to clarify the diagnosis of two patients), to search through when faced with a diagnostic problem, and to reference when more detailed descriptions of a particular clinical syndrome is needed. In many respects the two books are complementary as the illustrations of similar syndromes in the two books may differ thus emphasising the heterogeneity of many syndromes.

This book from Europe does therefore stand comparison with the established standard and is to be recommended and welcomed as a reference book for paediatric departments.

JOHN A SILLS
Consultant paediatrician


This first supplement to Multiple Congenital Anomalies. A Diagnostic Compendium, by the same authors, will be of use to those who are familiar with the original volume published in 1991. The increasing interest in birth defects is reflected in the fact that 400 new or significantly updated syndromes are contained within this book. Together, the two volumes function as a hard copy of the London Dysmorphology Database (Oxford University Press) and are books for the specialised dysmorphologist. Their main use will be in situations where there is no access to a computerised database, for example in a peripheral clinic. This second volume will only be of use in conjunction with the first, however, and the strengths will deter even the keenest dysmorphologist from carrying them around too much.

The book is divided into two sections. The first section lists each syndrome under the headings of mode of inheritance, abstract, features, and references. The second section functions as a diagnostic aid, listing clinical features in alphabetical order. Advice as to how to choose the best diagnostic handles is given, but as with any dictionary, the degree of success is operator dependent and the authors assume a reasonable knowledge of dysmorphology among their readers.

I personally found the syndrome abstracts, which contain a critical appraisal of the literature, and the comprehensive and up to date lists of references, very useful.

This supplement is considerably easier to manage than the initial volume's 1600 pages. Unlike the first volume it also contains a useful index. It undoubtedly has a place on the shelves of the departmental library next to its sister but at £125, and bearing in mind that there are likely to be future supplements, collecting this particular diagnostic compendium is likely to involve a considerable financial outlay.

JILL CLAYTON-SMITH
Senior registrar in clinical genetics


This is the definitive work on paediatric infectious disease in the English language. Substantial, in more than weight (equivalent to that of two full term babies), it is the third edition of a work first published in 1981.

Although there have been advances in knowledge of infection in the past 10 years, the authors have done far more than just keep pace with these. There are three particularly interesting section on the host-parasite relationship, fever, and the pathogenesis of infectious diseases. There is then a section on the specific organ systems, the newborn, and opportunistic infection. The last part of the book discusses specific micro-organisms. Rather than read every page, I tried to judge the book by taking a number of subjects I thought I knew a lot about, as well as those that receive scant attention in the literature. It appeared excellent in both aspects. The accounts are comprehensive, critical, contain practical advice about management, and provide full bibliographies. I have found much new material about HIV, opportunistic infection, and new vaccines. Important controversies such as dexamethasone in bacterial meningitis receive balanced reviews.

My criticisms are condensed to relate to omissions. Why is there a long chapter on phagocytic cell dysfunction but only a brief mention of agammaglobulinemia, defects of cellular mediated immunity, and severe combined immune deficiency.

It was difficult to find a number of important subjects in the index. The absence of neonatal meningitis led me to believe mistakenly that this subject was not included.

P T RUDD
Consultant paediatrician
Multiple Congenital Anomalies. A Diagnostic Compendium

Jill Clayton-Smith

Arch Dis Child 1993 69: 474
doi: 10.1136/adc.69.4.474-a

Updated information and services can be found at:
http://adc.bmj.com/content/69/4/474.2.citation

These include:

Email alerting service
Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

Notes

To request permissions go to:
http://group.bmj.com/group/rights-licensing/permissions

To order reprints go to:
http://journals.bmj.com/cgi/reprintform

To subscribe to BMJ go to:
http://group.bmj.com/subscribe/