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temperature. We suggest that mode of feeding be added to the list of factors being investigated with regard to increased heat production.

Differences between breast fed and formula fed infants in metabolic rate, which is directly related to heat production, have already been reported, and we have recently found a slightly greater metabolic rate to be significantly higher in formula fed compared with breast fed infants at age 12 weeks. Furthermore, total daily energy expenditure (TDEE) measured by isotopic methods has also been shown to be significantly greater in formula fed than breast fed infants. In a longitudinal study in the first year of life, TDEE was found to be significantly greater in formula fed infants at 6 weeks and 12 weeks of age. The mean energy content between the diet groups at 6 months and 9 months (P S W Davies, unpublished data). This pattern correlates with the reported distribution of SIDS by age. 5

A number of studies of SIDS have reported higher rates of formula feeding in cases compared with controls. Because SIDS does occur in breast fed infants, formula feeding has not been considered a major risk factor. Some authors have suggested that the relationship between formula feeding and SIDS incidence is an artefact of the relationship between SIDS and social class. However, it is more likely that the reverse is true, and that variables such as family size, social class, maternal age and intrapartum gap are related to SIDS incidence because of their effect on aspects of infant care, of which formula feeding might be one. If this hypothesis is correct, one explanation might be that the amount of energy in contemporary formulas is high in comparison to the energy intake of breast milk. This view has been increasingly supported from recent studies of nutrition, growth, morbidity, and development of breast fed and formula fed infants. These findings support the need for a thorough review of energy requirements in infancy and especially the adequacy of the energy density of infant formulas.

J C K WELLS P S W DAVIES Infant and Child Nutrition Group, Dunn Nutrition Unit, Downham Lane, Milton Road, Cambridge CB4 1XJ


The physician’s hands and early detection of neuroblastoma

EDITOR—The data from some developed countries show that within the past 25 years, the five year survival rates in neuroblastoma have increased twofold from the initial 15%. 1 The outlook for patients presenting over 1 year of age presents a different story: stage IV disease comprises around 20% of those cases presenting at 1 year of age and, before their disease is advanced, it is more common to detect the neoplasm2-4 (see also Carlsen 5 for further references).

In the years 1943-80 in Denmark, the percentage of incidentally detected neuroblastoma increased from zero to 14%. Among children with incidentally detected neuroblastoma, stages I and II predominated (16 of 20 patients). Neuroblastoma was treated for neuroblastoma was 250, and nearly one half of all 53 long term survivors were found incidentally or had ‘spontaneously regressing’ tumours. In Germany, suprarenal neuroblastomas of children, especially below 1 year of age, during obligatory frequent check up visits to almost 90% of parents with the personal helpfully report, allowed the incident detection of neuroblastoma in every sixth patient with this tumour. Out of 65 children at stage I and 60 patients at stages II, incidental detection of neuroblastoma occurred, respectively, in almost every second and third patient with this disease. 5 This may suggest that a systematic approach, a greater awareness of the relatively high incidence of this tumour (the most common solid tumour in children), and the need for good abdominal examination may increase the detection of children with neuroblastoma before the onset of symptoms. 6 The shift to diagnosis at earlier ages and stages may result from more frequent chest radiographs and use of ultramicroscopy of the turn all the patients. Sawada et al found that even a small abdominal tumour of neuroblastoma can be detected by careful examination. Out of 293 infants suspected of neuroblastoma on the basis of urinary screening, physical examination revealed a tumour in more than one half of the patients. 7 A careful abdominal examination is of great importance in neuroblastoma (the primary tumour is in 75-95% of the cases located within the abdomen).

The hands and eyes of a physician have always been and continue to be the most important tools in detecting diseases. A physician may notice rare symptoms of low stages, especially in a neuroblastoma, such as Horner’s syndrome and associated heterochromia, the watery diar- rhoea syndrome, and the dancing eyes and dancing feet syndrome. 8

Never in his entire life is a human being subjected to medical examinations as often as in early childhood. This is dictated by obligatory periodic check ups, physical examinations before vaccinations, and a mother’s loving care, prompting her to seek medical assistance any time she sees a sign or symptom which makes her anxious. The skilful hands of physicians in examining the abdomen on these occasions, can contribute to early detection of the low stages of neuroblastoma2-5 and to the decrease of mortality rates in this tumour. It is possible to perform this type of screening throughout the world.


M HNATKO-KOLACZ
Department of Paediatric Haematology, Polish-American Children’s Hospital, Collegium Medicum Jagiellonian University, 265 Wielicka Street, 30-663 Krakow, Poland

SPRING BOOKS


At last—a book about my craft which I can identify with and recommend to trainees and others who may be wondering what we actually do. For me this book fills a gap, by supplementing those textbooks which have focused on describing the various conditions or predicaments which we deal with as child and adolescent psychiatrists. The aim of this book is to help paediatricians and other doctors address the psychiatric aspects of children’s health problems. The editor, Professor Elena Garralda, adds that she hopes this book will be of interest to not only doctors but also teachers, social workers, and to our own psychiatric trainees. She also hopes that the book will help in the referral of disturbed children to specialist services. The contributions have all been reprinted from the series in the Archives entitled ‘Types of Psychiatric Treatment’, and which ran for 14 issues.

The first two contributions deal with the identification of psychiatric disorders in children followed by a brief overview of the types of available psychiatric treatment, as well as the all important question of efficacy. The remainder of the book then applies the types of treatment and management approaches which we use. I cannot pick out one or two chapters for special mention, which is an indication of the high level of each of the
contributions. The topics covered range from individual therapies, family and group therapy as well as pharmacological approaches and a review of inpatient treatments.

There is a group of chapters dealing with the all important consultative and liaison work, parenting breakdown and the subsequent management, treatment and delinquency, how we organise treatment services, and a comprehensive review of preventive approaches within child psychiatry. As befits a series of articles that were published in the Archives the accent is on the liaison between ourselves and hospital and community paediatricians. The only omission is perhaps behavioural and cognitive behavioural approaches which are undertaken with the child directly, as well as the various approaches through the parents which are well covered in the book.

I will recommend this book to the groups for whom it is aimed, but I am sure that its appeal will be wider, as it forms such a helpful appetizer on child abuse issues which will be useful to busy practitioners of child and adolescent psychiatry itself. Definitely one for your individual shelf and not just the library.

DAVID P H JONES
Consultant child and family psychiatrist


It is customary for trainees in general psychiatry to have an opportunity to work in child psychiatry as part of their training. However, child and adolescent psychiatry practice varies considerably from adult psychiatry. This book has the advantage of being part of a series of Royal College of Psychiatry seminars intended to help junior doctors during their training years. It is a multiauthored book by experienced child and adolescent psychiatrists. It provides a comprehensive and practical introduction to the subject of child and adolescent psychiatry.

It follows a standard textbook approach but most chapters are short and easy to read. Chapters include the history of child psychiatry, normal development and developmental delays that are of relevance to child psychiatric practice, and aetiological factors. There are detailed descriptions of classification systems in child psychiatry and of individual clinical syndromes in the developmental stages at which they are most troublesome or apparent. There are sections describing the various treatment modes in child psychiatry as well as specific chapters on child abuse and disorders of parenting, forensic child and adolescent psychiatry, liaison work, and on continuities between child and adult problems.

The book is probably of more relevance to a psychiatric than a paediatric readership and there is limited coverage of the problems most commonly encountered at the paediatric clinic. It should, however, be useful as an introduction to the subject of child and adolescent psychiatry for trainees in psychiatry.

The authors themselves observe in the preface, 'If this book appears to have all the answers, then this is folly on our part'. It doesn't, of course, but this is a satisfyingly complete account, well suited to its function as a clinician's handbook.

The text covers each of the major areas of abuse, including chapters on sexual abuse of children with special needs, fetal problems, and poisoning, suffocation, and Munchausen syndrome by proxy. Some of the material has been previously published in the 'ABC series, but is here considerably and usefully expanded. There is a good deal of helpful forensic and pathological data, and I was pleased to see the nonsense often written about the ages of bruises receiving a thorough and authoritative criticism. A small and generally minor finding will continue to spark controversy for some time yet, but the account here is by and large well balanced. Developmental, emotional, and social factors are well covered in the relevant chapters as are some of the more difficult and ambiguous emotional features of child sexual abuse. Useful case histories illustrate the points made.

Some later chapters deal with management, prevention and legal aspects. It is useful to have a table of 'tricks' that barristers play, but techniques in dealing with them would have been very welcome! Sadly, the memorandum of good practice seems to have missed the target.

The book is clearly written, and well illustrated with 102 plates. Again, several of these appeared in the 'ABC series. One small point, placing a black mark across a child's eyes in a photograph is rather irritating when the legend asks us to note the child's 'radar-like gaze and ... sunken eyes'!

I did not find the editorship to be of a comparable high standard. There is considerable duplication, so that child protection conferences are for example covered once under physical abuse and again in the chapter on management. A case history given in the chapter on fetal abuse is suspiciously similar in every detail except the child to one given in the chapter on neglect. My main grumble, however, is with the way the book handles some of the grey areas. Disputed custody (see also M. Ambrose) and two sentenced minors with a false memory syndrome is not referred to. Ritual abuse seems somewhat uncritically accepted, without mention of the supposed supernatural events reported, lack of forensic evidence, the role of subtle corroboration, and the manipulation of the subject by some religious groups. Some excellent reviews of the subject are quoted from so selectively and so far out of context as to be unrecognisable.

Having got that off my chest, overall I would say this forms a useful introduction to the subject for aspirant paediatricians, and source of useful data and food for thought for the more experienced practitioner.

A STANTON
Consultant community paediatrician


Thomas Huxley once remarked that the greatest tragedy of science was the slaying of beautiful hypotheses by ugly facts. The research into cystic fibrosis is a classic example but at long last there is real hope that the pool of knowledge gained from molecular studies with the delta F508 and other cystic fibrosis associated mutations will contribute to the development of effective medical treatments. Anyone with whatever interest in cystic fibrosis will find these and other issues discussed in this delightful volume, which is largely of a review of independent scientific essays. Although there are 34 contributors, predominantly from the USA and Canada, the data are well presented and written in succinct fashion. Inevitably some subjects overlap to some extent but this is not a distracting nuisance. The text consists of three parts, each devoted to genetics, cell biology, and clinical aspects respectively. If you enjoy physiology then you will find the gene fairly easy to understand. The section dealing with cell biology will exercise your 'little grey cells' to the full and you will enrich your knowledge of the epithelial ion transport, CFTR (cystic fibrosis transmembrane regulator) and its functions, and the ABC superfamily of protein transporters which is causing a great deal of excitement in some scientific circles.

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Textbook of Paediatrics with Special Reference to Problems of Child Health in Developing Countries. Volumes 1 and II. Edited by P M Udani. (Pp 2989; Rs 1095 hardback.) Jaypee Brothers, Moradabad, Delhi, 110002 India, 1991. ISBN 81-7179-160-3.
Managing Children with Psychiatric Problems

David P H Jones

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