
In the preface to this volume Hugh Sampson observes that '...we will gain an appreciation of those ...views and recommendations which are based on substantial scientific information, and [of those] which remain highly speculative'. It is soon evident (if we didn’t already know) that despite advances in immunology and numerous clinical studies, speculation in the field of ‘food allergy’ is rife.

The contributors provide succinct overviews of two subjects fundamental to any understanding of the pathogenesis of food allergy – the ontogeny of mucosal immunity, and the mucosal uptake of macromolecules. These follow a review of the literature on studies of neural/mucosal interactions. This is narrow in its focus, and leads only to a conclusion that ‘...under some circumstances stimulation of nerves can ... promote the equivalent of allergic manifestations ...’. The next chapter is in more rational sequence, being intended as a discussion of the characteristics of food allergens. Unfortunately, this largely focuses on observations in the context of cross reactions between allergens. We are told of cross reactions between birch, pear, and peach allergens, but the clinical correlates of such observations, if any, are not mentioned.

A chapter on intestinal hypersensitivity makes clear our limited understanding of the immunopathology of coeliac disease, let alone even more poorly characterised gut disorders. The doubtless a laudable but controlled oral food challenge (DBPCFC) is central to the investigation of food allergy, and a chapter on this subject provides clear and practical advice. The essential point is made that just a few foods (nuts, milk, egg, wheat, soy, fish, and shellfish) are responsible for the vast majority of DBPCFC confirmed reactions. Hugh Sampson reviews the non-intestinal manifestations of food hypersensitivity in some detail, and emphasises the high incidence and variety of allergic reactions in patients with atopic eczema. Then follows a somewhat difficult and confusing chapter on the controversial role of food allergy in infant ‘colic’. Here, the problems of defining the clinical entity, let alone identifying an allergic aetiology, are all too obvious.

The second half of the book focuses on efforts at prevention and treatment. There are excellent discussions of the phenomenon of ‘oral tolerance’ – the induction of systemic antigen specific non-reactivity by enteral administration of proteins. Finally, a series of chapters addresses the complex area of clinical trials aimed at preventing allergic disease in childhood. Attempts have been made to reduce allergens by maternal diet restriction during pregnancy and lactation, breast feeding, the use of protein hydrolysates, and the delayed induction of solids. In contrast, some studies have attempted to induce oral tolerance by early exposure to potentially allergenic foods. Although a consensus was not apparent, the general view emerged to be that breast feeding, and possibly maternal/infant dietary restrictions, may delay or prevent food allergy. Given the unsatisfactory design of many clinical studies, controversy will certainly continue in this area. The absence of objective clinical and immunological endpoints is a particular problem.

Inevitably this is a difficult book, bringing into sharp focus the fundamentally different challenges which face laboratory and clinical investigators. In his concluding remarks, Alain de Weck (who makes the chilling observation that he has never attended a meeting about allergy ‘...so peaceful, so polite, so nice!’) This is not a textbook for the busy clinician seeking a succinct overview of ‘the facts’.

M STEPHEN MURPHY
Senior lecturer in paediatrics and child health and consultant paediatric gastroenterologist


One assumes a book on keeping a clinical confidence could be aimed at health professionals. The objective could be to enable them to develop their skills in professional practice within the framework of the law. The introduction describes for whom the book is intended but I found the description of the intended reader less than helpful, and if it is aimed at health professionals it is deficient in achieving its aim.

What is very useful is the gathering together of a number of sources, from statute, guidance and case law, dealing with the issue of confidentiality in a wide variety of circumstances. These range through issues such as AIDS, suspicion that a crime has been committed, child confidentiality, and mental incapacity. It also supplies a helpful bibliography. It is clear, however, that the book tells us little else than gather information. There is no comprehension of discussion of any difficult issues arising out of the various sources. Specifically, in dealing with some important issues arising out of case law, description is inadequate and the reader is left to discern what the case decided. In dealing with the issue of child confidentiality the summary is so brief as to be positively misleading.

Discussing the extremely important decision of the House of Lords in Gillick v Norfork and Wisbech Area Health Authority, the authors rightly state that the actual decision was concerned with the giving of contraceptive advice. However, despite it being widely accepted that the remit of the decision is not confined to this single issue, the book subheads the discussion: ‘People Under 16 and Contraception’, and gives the impression that the Gillick decision has this narrow application. Furthermore, it does not even go on to consider the question of refusal of treatment by a minor.

‘The guidance’ is often so vague as to leave the reader entirely unclear as to what is being said. For example, in discussing sharing information among colleagues this advice is given: ‘Where information is being shared between members of a health care team, it is again up to the individual clinician to make a decision as to what information he is willing to disclose’. Even more bafflingly, when discussing the keeping of medical records and sharing information in a
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Ian G Jefferson

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