Book reviews

Advances in Pediatrics. Vol 34. Edited by L A Barnass, A M Bongiovanni, G Morrow, F Oski, and A M Rudolph. Pp 463: £45.00 hardback. Wolfe Medical, 1988. ISBN 0-8151-0511-8.

The topics covered in this American volume are rather different from those covered by the 1986 *Recent Advances in Paediatrics*, only overlapping in the three areas of sexual abuse, paediatric intensive care, and the neonatal brain.

The section on sexual abuse has a helpful account of the paediatrician's examination with clear black and white photographs, including a full section on sexually transmitted diseases; the legal aspects in the United States, however, differ from ours. The review on shock in the paediatric patient is clear, comprehensive, and balanced. The chapter on treatment of viral infection—dealing with influenza, respiratory syncytial virus and the herpes viruses—reviews the experimental work and gives clear indication of clinical relevance. There are three authoritative neonatal chapters on cerebral blood flow in relation to periventricular haemorrhage, pulmonary oedema in premature babies, and breast milk jaundice: they contain full accounts of experimental work but have little relevance for clinical practice. The roles of oncogenes and suppressor genes in human neoplasia, tumour cell gangliosides, defects in carnitine and mitochondrial fatty acid oxidation are not subjects that often causes the reviewer great anxiety (perhaps they should) and these chapters are hard reading. Nor does the pathogenicity of aerobic bacteria seem to be a major problem this side of the Atlantic. There is a useful, thought provoking article on suicide. Many therapeutic disasters result from the uncritical application of advances, none more so than in neonatal medicine. Strangely, the excellent chapter on neonatal iatrogenesis makes no mention of many of the complications of intensive neonatal care. A description of five programmes of children's primary health care was interesting but not so relevant for British readers. Apparently the chapter on therapeutic advances is a recurrent feature of these volumes and is an excellent review.

The sections within articles are clearly headed. The references are almost all American and up to 1986. Reviews of

advances need to be unbiased, interesting, clear, and relevant. This book mainly meets these criteria but some of the topics do not seem very relevant to a general paediatrician in this country. At two thirds the price, the *Recent Advances in Paediatrics* is the better buy for paediatricians at all levels over here.

G MCENERY

Lecture Notes on Immunology. By W G Reeves. Pp 197: £8.50 paperback. Blackwell Scientific Publications, 1987. ISBN 0-632-00776-1.

This book is an introduction to basic and clinical immunology for medical students and postgraduates. The style is annotated and deliberately didactic which is justifiable at this level. Controversial areas are indicated on occasions, and this could have been done more often without detracting from the presentation. Key words in the text are printed in bold type, which is useful for reference. Appropriately, suggestions for further reading lead mainly to other text books and reviews, though those wishing to pursue the subject would probably welcome a guide to the more important immunology journals.

The first chapter provides a concise overview, amounting to a definition, of the nature of immunology. The book then divides into two sections. The first of these outlines, in eight short chapters, the components of the immune system and how they work. Each chapter is clearly set out and illustrated with simple and informative line diagrams. Terms and concepts are well defined and explained. Despite the divisional approach, the importance of cooperation between the components of the immune system in dealing with pathogens is strongly emphasised. This emphasis is continued in the second section, which consists of six generally longer chapters on immunopathology. The chapter on immunodeficiency will be of particular benefit to the trainee paediatrician. He or she could have argued, however, for more coverage of the protection of the infant by transplacental immunoglobulin, breast milk, and routine immunisation schedules, which have theoretical and practical implications for the whole of clinical im-

munology. There is no separate chapter on the immunopathology of infection, but this is well covered throughout the text, with the notable exception of congenital infection. There is no mention of the congenital transmission of the human immunodeficiency viruses in the short section on AIDS. The value of the book, however, outweighs its deficiencies and can be recommended to those seeking a sound introduction to basic clinical immunology.

G MORGAN

Clinical Trial Protocol Notes. Wessex Medico-Pharmaceutical Group. Pp 116: £4 paperback. The Wessex Medical School Trust, 1987. ISBN 0-9512430-0-4.

This model of a protocol for a drug trial is intended not only for trialists but for members of ethical committees. It is most suitable for multicentre trials in adults but is also a useful guide for smaller single centre studies. On the steering committee of 14 there is no paediatrician which is a pity as the legal and ethical issues of research in children differ from those in adults. The protocol is set out as a form with section headings on the left hand pages, with guiding notes on the right, and covers all the appropriate aspects of a trial from subject selection, trial design, and statistical analysis to financial arrangements. The appendices devote five pages to statistical design and 21 to ethical and legal issues of interest mainly to drug companies.

This is a good *aide memoire* for anyone designing a clinical trial, whether it is to examine the effect of a drug or another treatment. More emphasis could be placed on the proper enunciation of the hypotheses. Is it proposed that new treatment is better than placebo or old treatment and the trial designed to identify confidently how much better the new treatment is? Or is it proposed that the new treatment is as good as the old one and the trial designed to show confidently that the new treatment could not be more than minimally worse than the old treatment and thus a reasonable substitute? Both hypotheses can of course be tested but it is important for the investigators at least to understand the questions.

The documentation of adverse events rather than the legal implications of such events also deserves more emphasis. One of the purposes of a clinical trial is to compare adverse events during drug treatment with adverse events occurring coincidentally or due to the disease irrespective of treatment. The patient of course must be informed of all reasonable anxieties about side effects. However, it is not enough to say 'This treatment may make you sleepy or constipated.' It is better to say 'This treatment may make you sleepy or keep you awake; it may make you constipated or give you diarrhoea.' Discussion with the patient about serious and permanent side effects is a different matter.

At £4 this is a good buy. It is not a substitute for a thorough understanding of the design of clinical trials, and ethical committees should not be persuaded that because an impressive and thorough protocol has been filled out the trial is necessarily scientifically valid.

S MCKENZIE

Liver Disorders in Childhood. By A P Mowat. Pp 408: £40 hardback. Butterworth Scientific Ltd, 1987. ISBN 0407-00480-7.

This book is the second edition of a volume that first appeared in 1979. As such it has been completely revised and updated to include the major advances that have occurred in the intervening period. In addition, there is a new chapter on the subject of liver transplantation. It is written primarily for clinicians, especially paediatricians, paediatric surgeons, and gastroenterologists, but it is also aimed at pathologists, biochemists, and laboratory research workers who are involved in liver disease in children. A lack of clinical training will not inhibit easy understanding of the relevant sections, particularly those related to inborn errors of metabolism in which the biochemistry is explained in clear terms.

The book can loosely be divided into three sections. The first two chapters deal with the anatomy and physiology of the liver and biliary tract, and the last two with

the laboratory assessment and investigation of hepatobiliary and biliary tract diseases. These last two are perhaps best read before embarking on the bulk of the book that consists of 20 chapters that cover the whole range of disorders of the liver and biliary tract. Some of these deal with conditions such as hepatitis and cholestasis in infancy, fulminant hepatic failure, chronic hepatitis, and cirrhosis which may arise from different aetiologies; others deal with disorders of related aetiology such as viral and non-viral infections, inborn errors of metabolism, and toxins. There are several chapters devoted to individual disorders such as Reye's syndrome, Wilson's disease, Indian childhood cirrhosis, and the complications of cystic fibrosis and sickle cell disease.

Written by an author who is pre-eminent in the field of childhood liver disease, it draws upon an unparalleled wealth of clinical material and is written in a clear style which is readily comprehensible to all who may wish to read it. Each chapter is peppered with statements of fact that are clearly based on this experience and do not have the air of being unsubstantiated dogma which has been 'handed down from Galen.' A minor quibble is that biochemical values are usually (though not consistently) noted in conventional units and translated (occasionally incorrectly) into SI units. I would have preferred the latter throughout but this does not detract from the value of this book as a welcome new edition that should be available in all departments of paediatrics.

J ALLGROVE

Clinical Care of the Diabetic Child. By Allan L Drash. Pp 135: no price stated, softback. Year Book Medical Publishers, 1986.

This book by the director of paediatric endocrinology at the Children's Hospital in Pittsburgh covers in 118 pages the epidemiology, aetiology, diagnosis, general outpatient management, and prevention of childhood diabetes. By avoiding details of

management it succeeds in travelling well across the Atlantic.

There are many nice touches illustrating the broad experience of the author with both children with diabetes and the literature (the book finishes with 200 references reflecting the recent literature up to 1986). These include forthright statements discriminating between clinical and research tools, and the use of immunosuppressants to prevent insulin dependent diabetes mellitus in healthy children at high risk is put firmly in the latter category.

Despite its small size the book includes reference to such fascinating speculation as the protective effect of breast feeding against development of diabetes mellitus and the story of the Samoan children who moved.

Treatment goals are clearly defined and our limitations in reaching them discussed.

The management approach described might be considered conservative or realistic; I find the emphasis on avoiding harm due to therapeutic over optimism attractive; thus in Professor Drash's unit special care is taken to avoid hypoglycaemia in children under 5 years in case it leads to intellectual stunting, and before puberty most children with 'satisfactory metabolic status' are on one injection of insulin a day. 'The primary hazard to the intensive insulin approach' is noted to be 'failure resulting in frustration, disappointment' and the resulting pressure to falsify records or abscond from treatment altogether is highlighted.

Mixed beef/pork insulins get a better press than we might give them, partly on financial grounds, and the belt and braces approach to monitoring including glycated haemoglobin, capillary blood glucose monitoring, and regular 24 hour urinary glucose determinations will appeal to few children or their doctors in this country.

If I was a child with diabetes I would trust Professor Drash—he makes it clear that despite my best efforts, achieving near normal metabolism with the limited tools available is as much due to physiological luck as to family judgment. This is a good introduction to current outpatient diabetic care for students and junior doctors.

A-L KINMONT