Child Health in a Multicultural Society. 2nd Ed. By John Black. (Pp 75; £5.95 paperback.) British Medical Journal, 1989. ISBN 0-7279-0266-0.

'In one of the antenatal clinics where I work they call out the women's names from the files and if the women don't come forward after the second call, they put the file right back to the bottom of the pile. And quite often the way they pronounce the names is completely unrecognisable, and so the women don't go forward and they may wait hours and hours never realising that their names have been called several times' (clinic worker*).

Communication difficulties abound in the health service but are particularly likely with our ethnic minority patients—partly because of language but also because of different views of health and disease. It is with naming systems that we are particularly poor—for example, calling the male child of Jaswinder Kaur, Armarjit Kaur (all Sikh women are named Kaur, all men Singh). This topic plus many others are covered by John Black in his short 75 page paperback. The first two chapters cover the difficulties with living in Britain and contact with health services; many valuable points are mentioned. These include the discrimination the families face, the embarrassment that may arise if children are used as interpreters, the need to allow a parent to sleep in the child's bed if she wishes. In general, Black stresses that we should try to understand something of the family's background and cultural values—and, needless to say to pronounce their name correctly!

The remaining five chapters cover the problems that may be found in individual ethnic groups: Asian, Mediterranean, Chinese, and Afro-Caribbean and African families. A straightforward account is given of the main cultural attributes and naming systems in each group, together with the disease patterns; a useful map illustrates the distribution of sickle cell disease (but is there none in Scotland? The map stops at the border . . .).

This book is a good introduction to a field that is woefully under-represented in medical training, and it should be required reading for paediatric trainees. I would like to have seen more about the health inequalities suffered by ethnic minority groups as a result of racial discrimination (sometimes within the health service), and what as paediatricians we can do to improve the situation. Learning about our patient's country of origin and culture by listening to them is a good start.

A J R WATERSTON

Consultant community paediatrician

*Mares P, Henley A, Baxter C. *Health care in multi-racial Britain*. London: Health Education Council, 1985.

Handbook of Neonatal Intensive Care. By Henry L Halliday, Garth McClure, Mark Reid. 3rd Ed. (Pp 404; £9.95 paperback.) Baillière Tindall, 1989. ISBN 0-7020-1399-4.

This familiar pocket book for junior neonatal medical and nursing staff now enters its third edition and inevitably has grown by some 71 pages in the process making it suitable only for the more capacious pocket. The clear layout and presentation has changed little with a number of helpful diagrams. Short nursing points have been appended to several chapters, which are otherwise unchanged, and there have been more major revisions of the neuro-

logy, cardiovascular, genitourinary, and metabolic chapters. It is unfortunate that the opportunity has not been taken to update other areas. For instance, the chapter on imaging techniques devotes four pages to M mode echocardiography, but none to cross sectional cardiac scanning, while ultrasound imaging of ischaemic lesions in the preterm infant still only receives seven lines out of 12 pages on cerebral ultrasound. The Siggard-Anderson nomogram is entirely superseded by the microprocessors of modern blood gas machines, and several of the equipment diagrams are of obsolescent or obsolete models. Inclusions and exclusions in such a book will always be a matter of personal preference, but does a page long list of notifiable diseases commencing 'Cholera, plague, relapsing fever . . .' really belong in a handbook of neonatal intensive care, and are 'Guidelines for training towards a career as consultant neonatal paediatrician' and 'Role and functions of regional perinatal centres' appropriate for a book primarily to be referred to in acute situations?

Despite these criticisms this remains an attractive book for the neonatal novice. There is access to a wealth of information through an excellent index. Cross referencing is also extensive and I only managed to uncover one error. Each chapter concludes with a short list of references and suggestions for further reading that seem well up to date.

M DRAYTON

Consultant neonatal paediatrician

Psychiatric Disorders in Children and Adolescents. Edited by Barry D Garfinkel, Gabrielle A Carlson, Elizabeth B Weller. (Pp 569; \$33.50 paperback.) W B Saunders Company, 1990. ISBN 0-7216-2612-2.

American child psychiatry, at least in its academic version, has foresworn its earlier allegiance to psychoanalysis and plunged into neuroscience and a more specifically medical orientation. This volume bears witness to the new stance. Many chapters speculate on the relevance of abnormal findings in various neurosciences applied to various diagnostic groupings. Heavy emphasis is placed on classification. Alas, many experimental findings are as yet fragmentary or mutually contradictory but the sense of excitement at a more biomedical approach to child psychiatry comes through well.

Each chapter in this multiauthor textbook tries to integrate scientific studies with clinical practice—usually with success. There are questionnaires, decision trees, lists of indications, and diagnostic criteria (DSM-III-R) sprinkled throughout the text. I thought this was all good stuff, indicating a systematic approach to childhood psychopathology and mental health which some would say is overdue. I also liked the colourful positron emission tomograms and brain maps though these were more scarce. The chapters are well referenced with more acknowledgment of the European literature than is often the case.

This rational approach to assessment, however, is prone to break down when it comes to treatments. There are several times when the text is reminiscent of the unselective enthusiasm of an advocate of alternative nostrums: clomipramine is very effective but some respond well to fluoxetine, lithium helps some, yet others respond to alprazolam, neuroleptics can be useful and there have been

reports of a good response to psychosurgery. When this sort of thing starts my optimism about the appearance of systematic approaches withers, but only temporarily. There is good use of case vignettes, which enliven the rather daunting double column pages.

So long as you can read American in comfort this text offers very good reviews of the major topics in classical child psychiatry, written by many of the luminaries in that area and carrying weight accordingly. It will, I hope, become a leading text in North America. On this side of the pond, its appeal may be narrower. It is more centred upon the individual child than is much British practice. There is fair but not extensive coverage of liaison psychiatry or psychosomatic problems and comparatively less acknowledgment of the soggy area of social incompetence and privation with which much British child psychiatry becomes preoccupied. These are issues of bias rather than omission (there is a good account of the consequences of parental divorce for instance) and should not detract seriously from its worth. Libraries needing a modern, authoritative mainstream American text should buy it. Psychiatrists will gain from reading it but only the psychoenthusiasts among paediatricians will need to use it for more than reference.

PETER D HILL

Senior lecturer in child and adolescent psychiatry

Early Diagnosis and Therapy in Cerebral Palsy. By Alfred L Scherzer, Ingrid Tscharnuter. (Pp 351; \$54 hardback.) Marcel Dekker, 1990. ISBN 0-8247-8109-0.

This book is not about how to make an earlier diagnosis of cerebral palsy. A better title is given in the preface: 'diagnosis and management of the very young child with cerebral palsy'. Written by a paediatrician and physiotherapist, it is probably to physiotherapists that it will have greatest appeal.

The book begins with a brief overview of cerebral palsy, of normal and abnormal neurological development, and differential diagnosis. Neurodevelopment assessment and the management and treatment of the young child with cerebral palsy are then considered in detail, the emphasis being firmly in the Bobath school. An interesting chapter discusses new concepts in treatment related to tactile, proprioceptive, and kinaesthetic input but emphasises the importance of choosing functional treatment goals. The final chapter discusses the assessment of treatment programmes and makes recommendations for developing effective study designs, and the last page reminds us of the need to see treatment in a world perspective.

I do not think the book entirely succeeds in its attempt to 'fill a major need for professionals in bringing together in one source comprehensive information regarding diagnosis and management of the very young child with cerebral palsy'. It does not cover all the aspects of cerebral palsy that are of importance for paediatricians. Not all the chapters have been brought up to date with the same rigour—for example, the section on incidence and prevalence omits reference to studies after 1981.

Early identification remains a diagnostic challenge and there are no solutions here. The section on differential diagnosis is limited.