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.

The index is unhelpful and some of the illustrations, although well chosen, are of poor quality. For the book to fulfill its promise, one would expect some discussion of the problems that may coexist with cerebral palsy. There is no mention of epilepsy, and vision and hearing are inadequately dealt with and out of date.

The book's strength is the discussion of physical management. The chapters on normal and abnormal development, assessment, management, and treatment are comprehensive, but require some cross referencing between the chapters. Some of the descriptions can be hard to follow. One constantly wished to be able to see the movements that are being described—how long will it be before books such as this come accompanied by a video? The limitations of historical approaches to cerebral palsy, with excessive reliance on splinting and orthopaedic surgery are acknowledged, but I was disappointed that there is no discussion of the contribution of modern orthopaedics. There is a very helpful discussion on feeding but nothing on the assessment of nutritional status, the role of the speech therapist and dietitian, or of complicating factors such as gastro-oesophageal reflux.

The final chapter is indicative of the need, even in the most affluent Western societies, to demonstrate the effectiveness of treatment when there is 'a polarization between the advocate and the nonbelievers'; the issues are outlined well.

S J ILETT
Consultant community paediatrician

Textbook of Paediatric Practice. Edited by Y H Thong. (Pp 723; £96 hardback.) Butterworth Scientific Ltd, 1989. ISBN 0-409-49299-X.

Not another textbook of paediatrics! This time it is an Australian one. Or is this an export special that reaches the parts the others haven't already reached? With over 700 pages and a cast of mainly Australian and Chinese contributors this formidable book aims to fill a perceived space in the market, intermediate between the small introduction to paediatrics and the large reference volume.

In parts the approach is disease orientated, describing gastroenteritis and meningitis, whereas other sections have a problem orientated approach with such headings as 'common respiratory symptoms' or 'headache'. A special feature is the series of contributions on subspecialty disciplines impinging on paediatrics. These are mostly surgical areas, but by including radiology, dermatology, and anaesthesia, the book covers most aspects of child health care. The text is thick with information. It has many useful tables and lists, but few line drawings and fewer black and white photographs. Each of the 156 sections has a small number of key references up to 1987. The short section on the telephone interview is a real pearl for anyone who consults by phone, which must be all of us.

There is a marked unevenness in content and approach between sections, even for a multiauthor book. The Glasgow Coma scale appears twice, but with slightly differing nomenclature and numbers of items in the score. Though the index points the reader inquiring after neonatal jaundice to the gastroenterology chapter, this subject is also covered in a rather different manner in the neonatal section. The list of causes of a raised sweat sodium concentration is the most complete I

have ever seen, whereas less than half a page is devoted to recurrent abdominal pain. The section on the acutely paralysed child is full of sound practical advice, but the account of child abuse gives no guidance of that sort.

Who is the book for? Its introduction claims a remarkably wide potential readership of students, recent graduates in medicine, nursing and allied health professions, and general practitioners. My student found it rather too large to digest during his eight weeks' paediatrics and claimed it gave him a poor idea of the relative importance of the various conditions. My houseman would find some sections of immense practical help but there are other books which would fit better into his or her pocket. Other texts would be needed for postgraduate diplomas. Aspects of community child health and child abuse would need modification for UK readers and few of us face problems with the blue ringed octopus!

Though this is a magnificent book for quick access to much information it gives the impression of an uneasy compromise aiming for too wide a range of readership. I would pay more and buy the *Textbook of Paediatrics* by Forfar and Arneil for our departmental library.

GERALD MCENERY
Consultant paediatrician

Migraine in Childhood. Edited by Judith M Hockaday. (Pp 148; £27.50 hardback.) Butterworth Scientific Ltd, 1988. ISBN 0-407-01590-6.

I recently attended a paediatric meeting during which one of the speakers predicted that more than half of the doctors in the audience would be migraine sufferers. A show of hands quickly confirmed his prediction and simultaneously strengthened one of my prejudices—that doctors are not very accurate in diagnosing migraine. One of my other prejudices is that doctors are not very good at treating migraine. Dr Hockaday's book gives us the opportunity to transform our prejudices about migraine into sensible opinions.

In 'a personal view' at the beginning of the book Dr John Wilson points out that migraine in children is different from migraine in adults. In the first chapter Dr Hockaday expands this theme with a detailed description of the nature of the migraine attack in children. She also discusses the problems of defining migraine. Epidemiologists list criteria which are necessary for the diagnosis of migraine but this 'criterion diagnosis' is unsatisfactory for clinical practice. Dr Hockaday makes two particularly important points for clinicians—firstly the diagnosis of migraine should be by exclusion (that is, think about the differential diagnosis), secondly it should be longitudinal (that is, allow enough time for a recognisable pattern of symptoms to emerge).

Dr Hockaday's first chapter sets the tone for the rest of the book. She writes clearly and logically displaying an extensive knowledge of the literature. The next chapter by Ziegler deals with epidemiology and inheritance—headache is a very common symptom in children whereas migraine, if narrowly defined, is less common but still affects perhaps 3–5% of the population. The difficulty of defining migraine narrowly is shown by reading Gwilym Hosking's chapter on the variants of migraine in childhood. He has the task of explaining such terms as 'complicated migraine' and 'migraine accompagnée or associée' and I'm relieved to report that he

enlightens rather than confuses. If you want to know about hemiplegic migraine, basilar artery migraine, ophthalmoplegic migraine or the 'Alice in Wonderland syndrome' then this is the chapter for you. In the next chapter Dr Hockaday returns to define 'migraine equivalent', to talk about migraine without headache, and to discuss the validity of the diagnosis of abdominal migraine in children.

The book continues with sensible sections on the management of childhood migraine, a description of paroxysmal disorders which may be confused with migraine (do you know about alternating hemiplegia of childhood?), and a guide to those difficult areas where migraine and epilepsy apparently overlap. Finally there is an excellent review of the literature on the pathophysiology and precipitants of migraine—everything from 'the spreading depression of Leão' to oligo-antigenic diets and the distress about stress.

This is not just a book for paediatric neurologists. I recommend it to all paediatricians and to general practitioners. It is well written by people who understand the subject and who are constructively critical of the literature. It is not too long and for those who are really interested in further reading there are 21 pages of references. It is slightly repetitive but this seems inevitable if each of the chapters is to stand on its own. I was so convinced of the book's merits that I had already purchased it by the time I was sent a copy to review—what better recommendation than that?

C M VERITY
Consultant paediatric neurologist

Treatment of Infants, Children and Adolescents. Edited by Fredric D Burg, Robert E Merril, Robert J Winter, Deborah H Schaible. (Pp 406; £15.50 paperback.) Harcourt Brace Jovanovich Ltd, 1990. ISBN 0-7216-2139-2.

This is the first book review I have undertaken and in the accompanying letter the editor requests a sparkling first paragraph. This I find difficult as this is a very factual book, being extremely lucid and concise. It is wider than the title suggests, covering the aetiology, signs, symptoms, as well as management of many conditions. There is also a neonatal chapter.

The book is divided into three sections; the first considering the differential diagnosis of presenting symptoms and signs with advice regarding management. This is very well tabulated with a column for discriminating features and brief notes on treatment and key points. The middle and largest section covers diseases affecting the childhood and adolescent population, which overall is set out extremely well and has 20 sections covering the usual systems. I found the sections on cardiovascular and dermatological disorders particularly useful. The section on mental and emotional disorders was interesting, dealing with a wide range of topics including areas of disturbed adolescent behaviour such as suicide, smoking, drug use, and alcoholism, of which paediatricians in this country generally have limited experience.

The final section is a drug formulary and details dosage, routes of administration, side effects, and interactions. The authors state that they hope to update this regularly and this section will require revision at least every two years.

There are four editors and 55 contributors to this book and all practise in the United