States. Despite the many authors the sections all have a remarkable uniformity. Parts of the section on pulmonary disorders are more verbose than the rest of the book and more lists here would be helpful. This book is aimed at junior paediatric staff, I think, and perhaps sections on innocent murmurs and sudden infant death syndrome would be helpful when the text is updated. This book will also be of significant value to consultants in this country as the information is very up to date, although the small print is a disadvantage with the advancing hypermetropia of age.

Overall there is a great deal of valuable information in this book which is easy to extract and each section has pertinent and recent references. The price is inexpensive and I would recommend this book to both junior and senior medical staff practising paediatrics in any part of the developed world.

D S K BROOKFIELD
Consultant paediatrician

Teaching Genetics to Medical Students. A Survey and Recommendations. Report of a Working Party of the Committee on Clinical Genetics. (Pp 32; £7 paperback.) The Royal College of Physicians of London, April 1990. ISBN 0-090096-96-1.

A working party of the Committee on Clinical Genetics of the Royal College of Physicians has produced a well researched and revealing report on the existing teaching of genetics in UK medical schools and drawn up recommendations for the future. It is now fairly clear why many doctors, however newly qualified, have difficulty interpreting pedigree risks or understanding chromosome reports: genetic teaching at present is often inadequate and should be improved. The report has found marked variation between schools and found that on average there is only 5.57 hours of timetabled genetics teaching in the clinical course and 17.35 hours in the preclinical course (when two exceptional centres with 66 and 50 hours respectively are excluded).

The report has drawn up guidelines for a balanced genetics syllabus. This is based on a questionnaire sent out to 429 clinicians and medical teachers from all specialties. They were asked for their opinion on essential genetic topics and basic genetic skills to be achieved by qualification. Response was high and interestingly there was significant agreement among responders irrespective of specialty.

The report recommends that clinical geneticists should play a larger part in coordinating genetic teaching throughout the five year training of undergraduates. This would prevent unnecessary repetition and help emphasise the clinical relevance of the subject. It acknowledges that more clinical geneticists will be necessary to implement their proposals but the Working Party hopes to help by setting up a Genetic Education Task Group. This could coordinate teaching at a national level and provide teaching aids, access to professional teachers, and workshops for clinicians involved.

The findings of the report provide strong support for more and improved teaching of genetics to medical students and highlight the need for medical schools to match the revolution in clinical genetics which is taking place at the moment.

KAREN TEMPLE
Consultant in clinical genetics

Paediatric Pathology. 2nd Ed. Edited by Colin L Berry. (Pp 830; DM 380 hardback.) Springer-Verlag, 1989. ISBN 3-540-19536-X.

Diseases specific to the paediatric period are intimately related to the processes of growth and development and thus tend to be expressed at the time when development progresses most rapidly in fetal and early neonatal life. Scientific and diagnostic advances have moved inexorably towards the point of inception of disorders such as structural and biochemical anomalies in the embryo and immature fetus. To many non-medical and some medical people the terms perinatal pathology and paediatric pathology have become virtually synonymous. There is thus an almost insurmountable problem in presenting an overview of a subject which is so heavily weighted towards the fetal end but contains important conditions that present only in infancy or childhood.

This task is one that is now attempted only by Professor Berry, whose book thus occupies a unique position. How has Professor Berry faced up to the advances in fetal and perinatal pathology in producing a second edition? The new edition is as well produced and illustrated as the original and is clearly written throughout with an increase in length by some 130 pages. The book has not changed in overall emphasis, perhaps because neither editor nor many of the contributors are practising paediatric pathologists.

In the first chapter, on examination of the fetus, there is a new section on the neonatal necropsy and a few additional tables to aid in determining fetal maturation. The chapter on the placenta has been excluded in favour of a new chapter by RO Kaschula on infectious diseases. The rest of the book has been updated to varying levels by the original authors. Although some chapters, such as those on the respiratory system and sudden unexpected death, are replete with recent references, others contain relatively few references to work published within the last 10 years. Surprisingly, the new chapter on infectious diseases, while dealing at length with congenital syphilis, contains no mention of AIDS, although the topic is touched on briefly elsewhere in the book.

Many of the chapters in this text are good introductory reviews of the subject and some are extremely useful for reference purposes. The work as a whole remains in that indeterminate position as neither an everyday bench book for the practising pathologist nor a comprehensive academic reference book on paediatric pathology. It is a work for the departmental or hospital library rather than individual purchase.

J S WIGGLESWORTH
Professor of perinatal pathology

Principles and Practice of Endocrinology and Metabolism. Edited by Kenneth L Becker *et al* (Pp 1944; \$125 hardback.) JB Lippincott Company, 1990. ISBN 0-397-50759-3.

With nine editors, 305 (largely American) authors and nearly 2000 closely typed pages one would be disappointed if this book did not prove to be the comprehensive source text intended by Professor Becker and his colleagues! The only practical approach to a review of such a tome for this journal was to see if it fulfilled such a remit for a paediatrician with an interest in endocrinology.

The work is laid out in a disease oriented format with specific chapters on anatomy, physiology, and pathology within the affected system. Each section includes a chapter on the paediatric aspects of each condition where appropriate. This design means that it is often necessary to look in several places to gain the desired information, but the index is extremely comprehensive. There is little historical information and the references are very topical.

Although references are provided at the end of each section, paediatric endocrinologists will find the coverage of their interest rather skimpy and lacking in discussion of the more current controversies and research. For instance, there is very little concerning non-conventional indications for growth hormone treatment or the surgical approaches to short stature in skeletal dysplasias. The therapeutic options for juvenile thyrotoxicosis are mentioned but not assessed critically. For a clinician used to focusing on the impact of an endocrinopathy on the rate of growth the section on auxology is also disappointing. Many of the named drugs are given as their American equivalents and SI unit conversion factors are only given in an appendix. The doses for children are often stated baldly, without allowance for body size or individual variation.

The book succeeds best as a reference for those seeking information outside their usual field of interest and those needing an up to date account of the physiological and metabolic basis for a disease process. There is also entertaining coverage of some extremely rare conditions (such as 'hamburger thyrotoxicosis' secondary to the ingestion of thyroid gland included in mincemeat from one abattoir) and some high quality black and white illustration.

At only \$125, which puts the cost of many comparable recent British editions to shame, this reference text should find its way on to the shelves of our libraries as a source book for a wide range of clinicians and scientists. A paediatrician wishing to own a definitive textbook specifically relating to endocrinology in childhood might find the second edition of Brook's *Clinical Paediatric Endocrinology* a more appropriate choice.

J K H WALES
Honorary senior lecturer

Operative Paediatric Urology. Edited by J D Frank, J H Johnston. (Pp 256; £80 hardback.) Churchill Livingstone, 1990. ISBN 0-443-034788.

Operative Paediatric Urology raises the technical manual to the level of an art form. David Frank and Herbert Johnston have produced a beautiful account of the open operations of the specialty. The text is concise, the layout stimulating and the illustrations, to the surgical eye at least, visually pleasing. The illustrator, Philip Wilson, should be credited for his contribution to the success that this book will undoubtedly enjoy. Paediatric urology is breaking new ground. The editors have endeavoured to reflect this in their choice of subjects and authors. The powerful influence of Liverpool upon the specialty is clearly evident. Mr Johnston has contributed a number of chapters himself and his successor at Liverpool has written an excellent chapter on urinary diversion. There are also excellent contributions from some of the many distinguished Americans who spent time as visiting fellows there.

The topics range from the humble circumcision (an operation which nevertheless is often badly performed) to the technical *tours de force* of cloacal reconstruction and exstrophy closure. Dr Duckett on hypospadias, Dr Pena on persistent cloaca, and Mr Mundy on cystoplasty are just a few examples of the many chapters written by acknowledged masters of their field. The 'bread and butter' operations of paediatric urology are also well served by excellent chapters on pyeloplasty and ureteric reimplantation. The surgery of Wilms' tumour and congenital adrenal hyperplasia is also well covered. Surgeons are individualists and it would be surprising if one could not find points to quibble about. A more serious criticism relates to the limits that the editors have imposed upon themselves. In their wish to avoid a 'multivolumed encyclopaedia' they have omitted descriptions of endoscopic techniques. This is a pity. The average reader might reasonably have turned to this book for guidance on endoscopic urethral surgery, laparoscopy, and possibly the submucosal Teflon injection (STING) technique for correcting reflux. Surgical procedures for the treatment of urinary calculi have been excluded—on the grounds that adult urologists will already be familiar with these. Perhaps so, but paediatric surgeons may not be and paediatric surgeons surely represent a sizable section of the market this book will be aimed at. Other omissions include ureteric plication procedures, the valuable Mitrofanoff operation, and artificial sphincter surgery.

Every surgeon who operates on the paediatric urinary tract will value this beautifully illustrated book—but many will wish that the coverage of the subject had been more complete.

D F M THOMAS
Consultant paediatric
urologist/surgeon

Your Child with Congenital Adrenal Hyperplasia. By G L Warne. (Pp 32; \$8 paperback.) G L Warne, 1989. ISBN 0-7316-5816-7. (Requests to: Department of Endocrinology and Diabetes, Royal Children's Hospital, Parkville, Victoria 3052, Australia.)

Surveys suggest that the general public, although showing a great interest in medical and scientific topics, have in fact a poor understanding. Giving parents insight into the underlying basis of their child's medical problem can be difficult but rewarding. Booklets explaining childhood disorders are a useful aid to families, and well established in clinical practice. The available literature is now extended to include 'Your child with congenital adrenal hyperplasia'.

This is a bright attractive book written for parents in simple language, well illustrated with colourful diagrams and cartoon pictures. The contents include an introduction about the adrenal gland, the biochemical disorder in congenital adrenal hyperplasia, maintenance and emergency treatment, the cause and management of virilisation, comments on inheritance, and prenatal treatment. Topics are tackled concisely, but readers without any

medical or scientific background will have difficulty understanding some sections. The function of adrenal enzymes, or the sexual differentiation of the fetus, will always require a careful patient explanation from a paediatrician with an interest in this area.

Undoubtedly some parents will not attempt to read this book and others will only derive limited benefit from it. However, it should be available in any clinic treating children with congenital adrenal hyperplasia as a valuable supplement or stimulus to discussion.

D J CARSON
Consultant paediatrician

Down Syndrome—The Facts. Edited by Mark Selikowitz. (Pp 197; £5.95 paperback (£10.95 hardback)). Oxford University Press. 1990. ISBN 0-19-261901-2 (0-19-261872-5).

For parents facing anxiety and disbelief at being told that their child has Down's syndrome, this easily read paperback would provide some answers to the myriad of questions resulting from their emotional turmoil.

The book begins with a comprehensive range of reactions which may be experienced by the parent, offering some reassurance that their feelings are not unusual. There are straightforward biological explanations of the condition, a grasp of which helps parents greatly in coming to terms with the situation. There follows an introduction into the health and development of children with Down's syndrome, with information about the various educational pathways which may be available.

For the more distant future, the book outlines the rapidly changing attitudes of society to people with intellectual disability, emphasising increasing opportunities for employment and social integration.

The positive style in which the book is written does much to encourage parents to begin the task of giving the love and support essential to their child's future.

If the book has any irritations, it is the occasional feeling that 'doctor knows best'. Many parents of handicapped children require explanations of the reasoning behind any advice given; this enables them to take a more active role in making important decisions as to the most appropriate course to follow for their child.

RICHARD BURDEN
Parent

Metabolic Bone Disease in Children. Edited by Salvador Castells, Laurence Finberg. (Pp 408; \$119.50 hardback.) Marcel Dekker, 1990. ISBN 0-8247-8153-8.

Metabolic bone disease is not a common problem in general paediatrics but it is impossible to avoid it entirely. The spectrum of subspecialty interest in bone disease is illustrated by the diverse background of the 30 contributors to this book. The clinically orientated chapters are interesting, although a little repetitive. Topics covered include the various

causes of rickets, hyper-responsiveness to vitamin D, osteopetrosis, osteoporosis, osteogenesis imperfecta, and skeletal dysplasias. The short chapter by the late Harold Harrison was especially clear and his characteristic style of including case histories could have been adopted by other authors with good effect. The more scientifically orientated chapters on vitamin D, circadian rhythms, and resistance to vitamin D are probably of less interest to the clinician. The researcher may also be disappointed for although the scientific developments are well covered, none of the 1200 references have been published within the last three years.

A lot of information is made available in this relatively small but expensive book. It may be of interest to some paediatricians some of the time but will not suit any group all, or even most, of the time. Those paediatricians with subspecialty interests in metabolism, nephrology, neonatology, genetics, and orthopaedics will have more extensive sources of information already available to them.

D J CARSON
Consultant paediatrician

Respiratory Illness in Children. 3rd Ed. By Peter D Phelan, Louis I Landau, Anthony Olinsky. (Pp 403; £59.50 hardback.) Blackwell Scientific Publications, 1990. ISBN 0-632 02567-0.

All paediatricians see and manage many children with acute and chronic chest disease and this book provides an excellent and comprehensive account of both common and uncommon paediatric respiratory disorders. This is the third edition in not many years and illustrates, not only the increased awareness and importance of respiratory illness in children, but also the advances in better understanding and treatment. It originates from perhaps the leading paediatric respiratory department in the world and combines a scientific and practical approach; much of the objective data comes from their department with the clinical and therapeutic advice being based upon the authors' own extensive clinical experience. The format of this book is similar to the previous editions, with the chapters on epidemiology of respiratory infections and asthma, the management of asthma, and cystic fibrosis being updated and providing a 'state of the art' account.

Other chapters cover neonatal disorders, suppurative lung disease, tuberculosis, rarer lung diseases, congenital malformations, and a new chapter on lung defences and infection in the compromised host. There are useful chapters on respiratory noises and cough; even the chapter on physiology is not too difficult to follow and should be read by candidates preparing for the higher examinations.

All paediatricians, whether in hospital or the community should have access to this book. Indeed, if this were so, the work load of one paediatric respiratory physician would be reduced.

P H WELLER
Consultant paediatrician