immunoglobulin preparation. His weight remained static, and the diarrhoea increased in frequency to twice or three times daily. A biopsy specimen once more demonstrated infiltration with cryptosporidia, but no oocysts were detected in the stools. The immunoglobulin treatment was discontinued after four months, when total parenteral nutrition began. No adverse affects had been noted.

Bovine colostrum is a very rich source of immunoglobulins and contains 40 g/l of IgG₁ which is the principal secretory immunoglobulin in cattle and it is resistant to proteolysis and low pH. It also contains 4.0 g/l of IgA,² whereas human colostrum contains only 3.6 g/l of IgA.³ The commercial immunoglobulin was diluted to a strength of 35 g/l of IgG₁.

Tzipori *et al* reported a case of a child with congenital hypogammaglobulinaemia and cryptosporidiosis who responded to treatment with colostrum obtained from a cow that had been previously immunised with cryptosporidia antigens in order to produce a hyper-immune colostrum.⁴ I suggest that pooled colostrum from non-immunised cows may provide an equally effective, but far simpler and cheaper, method of controlling symptoms due to cryptosporidiosis in immunodeficient patients (P Heaton, paper given at 6th Asian Paediatric Congress, Tokyo, 1988). Immunoglobulin concentrates may also provide an effective, more convenient, and controlled method by which such enteral immunotherapy can be administered. Further study is warranted.

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- 1 Foot ABM, Oakhill A, Mott MG. Cryptosporidiosis and acute leukaemia. *Arch Dis Child* 1990;65:236-7.
- 2 Norcruss NL. Immune response of the mammary gland and role of immunization in mastitis control. *J Am Vet Med Assoc* 1977;170:1228-30.
- 3 Worthington BS, Vermeersch J, Williams SR. *Nutrition in pregnancy and lactation*. St Louis: CV Mosby, 1977.
- 4 Tzipori S, Robertson D, Chapman C. Remission of diarrhoea due to cryptosporidiosis in an immunodeficient child treated with hyper-immune bovine colostrum. *Br Med J* 1986; 293:1276-7.

Lask of the Hospital for Sick Children, Great Ormond Street, and Abe Fosson from the University of Kentucky have joined transatlantic (and transcultural) hands to put together a paperback which is by far the best guide to this labyrinth that I have come across. Plato would be approved.

No one should underestimate the complexity of dealing with child, family, school and society, organic illness, behavioural manifestations, and emotional disorder all rolled up into one child. This volume does a neat unravelling job on this everyday conundrum for those who undertake outpatient clinics.

Mind you, like many who get involved in psychiatry it clears its throat several times before venturing an opinion. Plato might have been a little impatient not only with two forewords but also a preface and a prologue not to mention an epilogue. Once into its stride, however, it deals at an exhilarating pace with definitions of psychiatric terms and the nature of symptoms as markers of stress and distress. Chapter 3 is a brief guide to a number of specific conditions with a major psychosomatic component and later there is a description of the networks which surround the sick child—introduced, incidentally, with a child psychiatric interpretation of Humpty Dumpty's traumatic event (did he fall or was he pushed?).

The second half deals with an integrated approach to treatment and introductions to methods of behavioural, family, and individual therapy.

It's written with a deft touch, engaging humour and—leaving aside the 'Stateside' preface—a singular lack of jargon. Apart from a rather weak and over simplified last chapter, which is a potted guide to medication, it is a winner. Not just for libraries as at a mere £11.95 (paperback) it is essential reading for every general practitioner trainee and paediatrician of whatever seniority, if only to remind them that—to paraphrase the authors' words—children talk with their bodies.

H MARCOVITCH
Consultant paediatrician

A Colour Atlas of Brain Disorders in the Newborn. By L S de Vries, L M S Dubowitz, V Dubowitz, J M Pennock. (Pp 199; £50.00 hardback.) Wolfe Medical Publications Ltd, 1990. ISBN 0-7234-4542-9.

Colour atlases, like the colour supplements of some weekend newspapers, can be so lavishly illustrated that the text is overlooked. In this case the real value would be underestimated. This new volume from Linda de Vries and her colleagues is not a text of neonatal neurology but a systematic presentation of the various imaging techniques accompanied by profuse clinical photographs.

The book is notable for the illustrations of magnetic resonance imaging (MRI) of the brain. After a brief introduction which covers clinical examination, electrophysiological measurements, and ultrasound scanning, there follows a chapter that details the principles of MRI. The importance of this book lies to some extent in the comparison that is made between the appearances on MRI and those of ultrasound and computed tomography. How useful this becomes will depend to some extent on the availability of MRI and further work that defines the optimal timing as well as the benefits of this new technique.

The remainder of the book consists of over 50 case reports, which detail the clinical presentation, examination, and investigation of preterm and term babies with common, and some not so common, disorders that are the concern of all who look after the newborn. As the authors emphasise no single investigation is sufficient to make a diagnosis nor a prediction of outcome. Those, like ultrasound, remain pre-eminent at the cot side, while new information, particularly about myelination of the brain is revealed by MRI. A particular strength of the text is the emphasis placed on the remarkably good outcome that can occur after a certain degree of brain damage, particularly after periventricular haemorrhage. The importance of distinguishing ischaemic lesions from the aftermath of haemorrhage is covered extensively. In addition to hypoxic ischaemic encephalopathy there are chapters that cover less common lesions such as cerebral artery occlusion and the increasing recognition that some of the insults that the brain sustains are of antenatal origin. The book ends with a special glossary of MRI terminology.

In a field that is advancing so rapidly this book brings together in a condensed format investigations and clinical correlates with a clarity that will be widely appreciated. I should emphasise that most will be gained by reading from the first page to the last, however, while avoiding the temptation to let the excellent illustrations detract from the text. In any case the chapter on MRI will be compulsory if not compulsive reading. This book should find a place in every neonatal unit where nurses, resident doctors, as well as the physiotherapist and social worker, will find explanation as well as illustration of the problems they are dealing with on a daily basis. However the temptation to find a case report here which fits with that of a patient must be avoided.

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Fetal and Neonatal Cardiology. Edited by Walker A Long. (Pp 863; £140 hardback.) W B Saunders Company (Harcourt Brace Jovanovich Inc), 1990. ISBN 0-7216-1887-1.

Over the past 10 years tremendous advances have been made in the diagnosis and treatment of congenital heart disease in the neonate and more recently the fetus. Transcatheter treatment of neonates with an increasing number of lesions is now becoming commonplace, and we have recently seen that fetal intervention is also a practical possibility. These are exciting times, and undoubtedly a sufficient body of knowledge has accumulated to justify a textbook of this kind.

This volume is divided into three parts. The first deals with the basic sciences of cardiovascular development, structure, and function. Part 2 concerns prenatal cardiology, and the final part covers cardiology of the neonate. This segment is divided into sections on diagnostic modalities, cardiovascular disorders of the preterm and of the term neonate, and a last section concerning therapeutic modalities. This includes chapters on: neonatal catheter palliations, cardiac surgery, anaesthesia, and postoperative care of the sick neonate with congenital heart disease. The 78 contributors to these 68 chapters are mainly of North American origin, and though introduced

BOOK REVIEWS

Childhood Illness: the Psychosomatic Approach. By Bryan Lask and Abe Fosson. (Pp 156; £11.95 paperback.) John Wiley and Sons Ltd, 1989. ISBN 0-471-91822-9.

The authors quote Plato (320BC)—'this is the greatest error of our day, that physicians separate the mind from the body'. It's a pretty universal error 2300 years later and Bryan

as the 'young Turks' of their respective fields, many are established leaders in their subject. The illustrations and photographs are, in general, of high quality, as are the reproductions of radiographs and echo Doppler recordings.

Each chapter is preceded by a useful historical perspective (though surely 'Nicholas Stensen 1671, provider of the first anatomic description of the tetralogy of Fallot', is the same individual as 'Steno 1672, the first recorded anatomic description of TGA'). I am uncertain as to the value of the exhaustive reference lists, which occur in many chapters, when the CD ROM *Index Medicus* is now ubiquitous for those who wish to be so comprehensive. Inevitably, in an area where advances are rapidly occurring, many chapters seem already dated. The section on diagnostic modalities would benefit from a more detailed review of the role of cross sectional echocardiography, and Doppler techniques, rather than the prominence given to diagnostic catheterisation, and angiography, which have a diminishing role in this age group. Colour flow mapping is barely mentioned, and magnetic resonance imaging not considered at all.

The text suffers in other areas from its predominantly American bias. The section on specific disorders is strangely ordered. To those of us nurtured on sequential segmental anatomy and classification, the lack of consistency in nomenclature will be particularly irritating. If there was any doubt as to the benefits of descriptive, over alpha-numeric taxonomy, the confusing chapter on tricuspid atresia settles any argument. The restriction to the first month of life leaves some sections, including this chapter, hanging in the air. Where the aims of neonatal treatment are preparation for subsequent definitive correction, it would not be out of place to discuss the subsequent treatment more fully.

Despite the carping this is an excellent book, even if, understandably, biased towards the neonatologist. However, the care of the fetus and neonate with congenital heart disease, involves close cooperation between the obstetrician, neonatologist, paediatric cardiologist, and cardiothoracic surgeons who will all find this book instructive.

E J LADUSANS
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Emergency Cardiology. By Derek J Rowlands. (Pp 296; £55 hardback.) Butterworth Scientific Ltd. 1989. ISBN 0-7236-0731-1.

Emergency Cardiology is primarily for the adult physician, intensivist, or casualty officer with only two chapters dealing directly with paediatrics. Other chapters do not, for the most part, pretend to cover paediatric aspects. It is, therefore, surprising that this commendable book appeared on the desk of the editor of *Archives of Disease in Childhood*.

The chapters on cardiac emergencies in neonates and children are concise and up to date. However, although two of the major agents used in the treatment of supraventricular tachycardia in the United Kingdom are adenosine and flecainide, neither are mentioned. In the final chapter, misleading information about the use of captopril in management of neonatal coarctation is provided.

This book is, therefore, not for the paediatrician unless he or she personally has angina, hypertension, or other cardiovascular problems!

M L RIGBY
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and cardiologist

Advances in Pediatrics. Edited by L A Barnes, D C De Vivo, G Morrow, F Oski, and A M Rudolph. (Pp 483; £48 hardback.) Wolfe Medical Publication Ltd, 1989. ISBN 0-8151-0513-4.

The editors of this American Year Book have once again managed to select a wide ranging and interesting selection of current topics in paediatrics, covered by commentators of a high standard. The scene is set by an opening chapter on the current state of knowledge and understanding of the peroxisomal storage disorders by Hugo Moser, who has contributed so much to our understanding of these disorders. His review of this complex group of heritable diseases is timely, now that prenatal diagnosis is possible for some of these conditions, and there is a possibility that some of them may be alleviated by appropriate treatment.

The recent developments in Gaucher's disease have also been carefully reviewed, and include the latest information on the primary structure of the missing enzyme and its mutations. The possibility that the clinical features of the disease might be halted or reversed, by appropriate treatment using retrovirus mediated gene transfer techniques, which have been successful in tissue culture, is an exciting possibility which nevertheless may raise more ethical and clinical problems than are desirable. Treatment of hyperphenylalaninaemia, another topic discussed, would seem to be potentially more fruitful. However, there is a timely reminder by the authors that even transient deficiencies of tetrahydrobiopterin in early life may lead to long term developmental delay. Thus our views about the management of hyperphenylalaninaemia may need to be reassessed.

Common problems associated with the diagnosis and treatment of cardiac arrhythmias, and an update of childhood hypertension, especially in view of the clearer recognition now of the role of atrial natriuretic factors, which appropriately receives a separate chapter, are excellent reviews. Also, in relation to matters cardiovascular, there is a stimulating discussion on the reappearance of rheumatic fever in the United States. For many years it was assumed that the rate of decline of this disease in the developed world had led to its almost total abolition, although the aetiological agent was still prevalent. The recent outbreaks in the United States reverse this view, and appear to be rather different from earlier descriptions in that they are due to unusual strains of group A streptococcus, and have very mild preceding illness which usually fails to alert younger physicians who have not seen a case before. It would appear that we still have much to learn about the interaction between the bacterium, the host, and the environment in this condition. As the authors point out, as antibiotics have not been the answer to effective control of this disease in the United States, then they are not likely to

be effective in developing countries, where the disease is more prevalent.

Other topics covered include platelet-endothelial factors, extracorporeal membrane oxygenation, Epstein-Barr virus diseases, neurological aspects of sickle cell disease, milk nutrition, cocaine abuse, and the regular annual feature reviewing recent pharmacological advances. There is a brief but stimulating view on the role of arachidonic acid metabolism in parturition, and the adjustment of the fetus to extrauterine existence. Finally, a thought provoking discussion on the disenfranchised father, in these days of increasing incidence of single parent families and divorce, made excellent reading.

This text is an essential addition to every medical library, and just within a price bracket which might make it worthy of purchase by the general paediatrician.

C A PENNOCK
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lecturer in child health

Fetal, Neonatal, and Infant Cardiac Disease. James H Moller, William A Neal. (Pp 1061; £146.35 hardback.) Appleton and Lange, 1990. ISBN 0-8385-2575-X.

Does a paediatrician really need another text book dedicated to paediatric cardiology? There are already a number of large volumes, even a two volume work with an established place in the world literature. This volume represents a new departure worthy of active consideration from any paediatric department. This comprehensive work has a wider scope than smaller volumes available devoted to the particular cardiac afflictions of infancy.

There is a first impression that the volume is for paediatric cardiologists or those aspiring to acquaint themselves with the subspeciality. This would be erroneous; general paediatricians should find much of interest, and will find a wealth of practical information concerning the care of the very young with heart disease. Indeed many will benefit from reading even the most apparently 'specialist' chapters—for example, cardiac catheterisation—as it details inter alia, useful practical points for gaining rapid vascular access in the collapsed infant. The general chapters on developmental aspects of the circulation and management conditions collate in readable form much important abnormal physiology, together with therapeutic considerations relating specifically to early life.

The central (and longest) section of this book covered the various congenital cardiac lesions. Even in this section there is a novel approach as the wider implications of a particular lesion receive note—for example, the relationship of the conducting system as relevant to an individual lesion—or surgical details important to the investigation; this allows the general leader insight into case selection.

Perhaps the most important feature is the authority of its authorship; the contributors are all in active daily contact with the discipline in North America (with two exceptions), each chosen to provide a particular expert and interested view. The resulting text is still uniformly readable, without a repetitive style, yet conforming in relation to the individual lesions to a basic pattern. Most of the illustrations are of high quality, some of the echocardiograms and a few angiocardiograms are from an era of lower resolution. The line drawings are clear and are used to good effect.