practical problems in part 2 and be lead back to the theoretical, part 1. This is good advice as the practical advice, for example, 'preparation for disclosure' is easily accessible and with this in mind the reader can more easily tackle part 1.

Professionals in the wake of Cleveland, Rochdale, Orkney, and where ever next, need a conceptual framework in which to practice, as with a greater understanding of the child, his family, the professionals and their networks, practice should develop to allow avoidance of some of the problems of the past.

One of this book's strengths is the clear insight it gives into why interprofessional work is so difficult. The section on professional networks and interprofessional problems should be obligatory reading for all doctors. Mirroring processes, conflict by proxy, and conflict between medical and legal systems are well described.

Professor Furniss well understands the professionals attempting to protect children falling back exhausted, joining in the collusion and denial of abuse. How would he tackle the apparent recent raising of the legal hurdles as the level of proof required by care courts increases?

An early revision of this book is indicated. The presence of parents and teenagers at case conferences is a new challenge. How to treat young abusers—25% of perpetrators in our Leeds study are in mid-childhood through adolescence. Female abusers are being increasingly recognised. The Children Act is upon us.

All paediatricians who work with children who have been sexually abused will find this book useful. The paperback edition is cheap, the format clear, and the index adequate. The references are few and dated but this is acceptable given this is essentially a handbook of professional management based on clinical experience.

I would suggest colleagues buy this book and dip into it, it is well worth the effort.

JANE M WYNNE
Consultant community paediatrician

Multiple Congenital Anomalies. Edited by Robin M Winter and Michael Baraitser. (Pp 1433; £175 hardback.) Chapman and Hall, 1991. ISBN 0-412-29130-4.

This huge text, 3.8 kg on my kitchen scales, and 8 cm thick is the offspring of the London Dysmorphology Database, which has become an indispensable tool for dysmorphologists around the world. While the contents of the book and the database are much the same, they complement rather than rival each other, as they both have a role in different situations. In addition there are some diehards who will always prefer a book to a computer in any situation.

This book is just what the authors call it, a diagnostic compendium. It is not an illustrated textbook, rather a comprehensive gazetteer of multiple congenital anomaly syndromes, of which there are now over 2000 described. Part 1, printed on delicate blue, comprises about 4 cm of the depth and is an alphabetical listing of syndromes. For each disorder, the inheritance pattern where known is given, then an abstract of about one paragraph describing the disorder followed by a listing of features. Each entry ends with a comprehensive reference list with some as recent as 1990.

The second major part of the book (in pink) is a diagnostic index where a single feature forms a main heading, followed by groups of additional features which are found with the main feature in certain disorders. The user having identified a possible match for their patient can then look further in the blue section for details and references. There are three small appendices listing the features used in the diagnostic index, features not used either because they are so common or non-specific, and a list of syndromes with synonyms.

I believe that this book is a useful addition to the diagnostic tools available for dysmorphologists and paediatricians, particularly neonatologists and developmental specialists. Its disadvantages are that for it to be fully used access to a well stocked library is necessary; it also lacks photographs. Its great strengths are its ease of use and the comprehensive reference lists. The compendium's main use is as a diagnostic aid but an important secondary use is an aid for preparation of publications. I would strongly recommend that a copy be available in departments where it will be well used by those in training, as well as by the more senior members.

DIAN DONNAI
Consultant clinical geneticist

Paediatric Neurology. 2nd Ed. Edited by Edward M Brett. (Pp 912; £90 hardback.) Churchill Livingstone, 1990. ISBN 0-443-03788-4.

The gourmet may dip in to the *Good Food Guide* and the architect may clutch Pevsner's *Buildings of England*. There are medical texts of similar stature and I think Edward Brett's *Paediatric Neurology* is one of them.

The first edition is already a standard work. This second edition was needed to cover recent advances and to fill 'lacunae' in the first. The book maintains its unique and stimulating voice because Dr Brett is author or coauthor of the majority of its 27 chapters. He draws on extensive clinical experience and wide knowledge of the literature. He writes with humanity and wit.

An example of the clinical experience displayed throughout is found in the section on eye movement disorders. Cogan's oculomotor apraxia is described. This is rare but we are told that it is sometimes found in those classed as 'clumsy boys' and a rather similar defect is seen in ataxia-telangiectasia, Huntington's chorea, Wilson's disease, and Niemann-Pick type C disease. We need a writer of Dr Brett's experience to discuss such difficult topics. Not that the book only deals with rarities: there are chapters on cerebral palsy and migraine, for instance.

There are many examples of the author's humanity and wit. I was interested to read that spectacles can be invaluable tools for assessing motor coordination when being snatched from Dr Brett's nose and I was amused by the illustration of the 'Bugs Bunny personalised patella hammer'. I was impressed by a sensitive discussion of the parents' dilemma when faced with the task of telling their son that he has Duchenne muscular dystrophy.

The coauthors are experts in their fields and they maintain the high standard. They help to cover every aspect of child neurology from autism to ataxia and from xeroderma pigmentosum to X linked mental retardation. 'Bedside' experience is supplemented by

chapters on neurophysiology and neuroradiology.

I am sure that paediatric neurologists will want to consult this book and I hope that adult neurologists will read it. However, its appeal is more widespread than that. Every medical library should have a copy and I strongly recommend it to hospital and community paediatricians.

In the preface to the first edition Dr Brett wrote that in order to practice paediatric neurology 'head and heart are both required'. It is clear that he has used both head and heart in writing this book.

C M VERITY
Consultant paediatric neurologist

Paediatric Epilepsy. Edited by M Sillanpaa, SI Johannessen, G Blennow, and M Dam. (Pp 377; £45 hardback.) Blackwell Scientific Publications, 1990. ISBN 1-871816-07-6.

In the middle of the journey of my life,
I came to myself in a dark wood
where the straight way was lost.
Dante: *La Divina Commedia*

The quotation is used by Anders Munthe-Kaas describing the experience of parents when first learning of the diagnosis of epilepsy in their child. It may well be an apt description of the experience of many general paediatricians when faced with the diagnostic and management difficulties they encounter with some of their epileptic patients. Through its collection of 37 chapters written by a variety of Scandinavian and American contributors the way is illuminated most effectively.

The editors intend the book to be read by paediatric neurologists, general paediatricians, and general practitioners. They have succeeded in their task. Each chapter starts with an introduction and definitions where needed and ends with broad conclusions or summary. For the generalist this is helpful particularly in the chapters on standard diagnostic investigations and the more research oriented tools of single photon and positron emission computed tomography (SPECT and PET). These chapters discuss clearly the indications and limitations of the procedures.

Overall the chapters are logically arranged. Early chapters deal with epidemiology, neuropathology, and classification followed by chapters on each of the commoner epileptic syndromes. British readers may find the Scandinavian perspective on incidence and prevalence limiting, although it is placed in the context of the 1975 Hauser and Kurland study from Minnesota. The chapters on individual syndromes are clear with up to date reviews. Tuchman and Moshe draw attention to an important distinction between seizures and movement disorders in the neonate with advice on possibly unnecessary prescribing of anticonvulsant therapy.

The later chapters deal with drug treatment, side effects, and monitoring. The tables listing the pharmacokinetic properties and indicated antiepileptic drugs for different seizure types are clear and informative. Of the new anticonvulsants there is some mention of oxcarbazepine but it was disappointing not to see more information about vigabatrin. Gram discusses critically the rationale behind drug dosing and monitoring, emphasising the importance of rapid determination of drug

concentrations within the clinic setting using commercial kits.

We submit probably too few patients with intractable epilepsy to surgery (Loynning). The results of the Norwegian and American experiences have been surprisingly encouraging. It is probably the paucity of centres with experience in selection procedures that has limited the numbers over the years. Alternative approaches to managing epilepsy along behavioural lines are explored by Dahl with a critical review of research in the area. The closing chapters deal with prognosis and habilitation of the child within the family and community. The latter is detailed in a series of chapters describing the experiences of different Scandinavian countries.

In conclusion, this collection of chapters on paediatric epilepsy provides a very readable and up to date review on the current state of the art. Although its price and the somewhat Scandinavian perspective may discourage individual purchase, there is little doubt that it would be an invaluable addition to any general paediatric library.

R M BUCHDAHL
Consultant paediatrician

Mixed Blessings: Intensive Care for Newborns. By Lynda Lytle Holmstrom and Jeanne Harley Guillemain. (Pp 317; £13.50 paperback.) Oxford University Press, 1990. ISBN 0-19-506659-6.

I believe the book has been written by two sociologists but no reference in the introduction to their profession is perhaps deliberate to keep the reader unbiased. It is all about the interprofessional relationships in a level III neonatal intensive care unit in the USA. The authors spent a lengthy period at one particular unit in America and then visited other countries including the UK, but there describing only the organisation of perinatal care. The book is really aimed at the American market and some of the situations could only happen in the USA. However, there is something of interest for all in neonatal intensive care units in any country. If I were going to list the professionals who would get most out of the book they would be psychologists, social workers, managers, nurses, and then doctors in that order.

I loved the dialogue. A compilation of quotes from various parts of the book could be as follows:

Resident at morning round: 'Last night I transported a preemie of 600 g who seized [convulsed] all the way. He arrested on arrival so I retubed [reintubated] him. He was really crumping [deteriorating] all night but didn't have the decency to check out [die]. If he makes it, he'll probably be a gork [severely retarded].'

Fellow: 'Does this kid have a murmur?'

First resident: 'Intermittently. . .'

Second resident: 'I don't think so'.

Third resident: 'Me neither'.

Nurse: 'I do. I've heard it'.

Fellow: (sarcastically): 'Then yes it is!'

Mixed Blessings deals with referral to the neonatal intensive care unit, the running of that unit, and the ethical problems created. It describes with great insight the positive and negative relationships of all who work together and the behind the back gossiping and the heart rending antiturn out open sessions orchestrated by the unit psychiatrist. The

good guys are the nurses, the bad guys are the doctors, and the really bad guys are the directors of the units who are out of touch and appearing only for the grand rounds. UK readers will smile at the thought of social worker rounds—not because it is a bad idea but because social workers are like gold dust. When present in great supply as in the unit described in the book, only the nurses attended the rounds which were boycotted by the doctors.

Although criticism is levelled at the inconsistency of ethical decision making, the authors present no better solutions. The book is not an exercise in philosophy but more a commentary on what actually happens. If one remembers that these are the views of outsiders looking at the drama of neonatal intensive care which we take for granted, then the merits of the book come through. On my unit, I see it a helpful book for nursing projects on organisation, staffing, or ethics. Doctors will mainly have a good laugh but that's how the book describes us and I wouldn't want to ruin our image.

J G BISSENDEN
Consultant paediatrician

Kendig's Disorders of the Respiratory Tract in Children. 5th Ed. Edited by Victor Chernick. (£130.50 hardback.) W B Saunders Company, 1990. ISBN 0-7216-2214-3.

This new edition comes only seven years after the last and perhaps illustrates the growing importance of paediatric respiratory medicine in North America. It is a large multiauthor textbook with mainly North American contributors. It has a reputation of being a 'bible' of paediatric respiratory medicine and this edition will help to maintain its place as an important reference book.

Although only 50 pages longer than its predecessor, it does weigh almost 1 kg more! It covers all aspects of paediatric chest medicine from neonatal disorders to the rare and esoteric. There are seven new chapters which include up to date information on infant lung function, exercise testing in children, sleep disorders, and chest problems in paediatric AIDS, all of which are useful additions. The chapter on chest problems in paediatric AIDS is particularly good. Many chapters have been updated and are excellent, including those on sudden infant death syndrome, a large section on respiratory infections, and the chapter on cystic fibrosis. However, some sections are disappointing. The chapter on asthma, although strong on pathophysiology, is weak on clinical management. It tends to portray American views on management with little mention of either sodium cromoglycate or inhaled steroids.

In general the accounts of physiology and pathophysiology are very good. Any multi-author book of this size will contain omissions, but it is still a very helpful reference book for paediatricians with an interest in respiratory medicine, as well as for juniors in training in this subspecialty. However, I would not recommend it for medical students, or for doctors who do not have a particular interest or knowledge of paediatric respiratory medicine. There are smaller and cheaper books available!

P H WELLER
Consultant paediatrician

Basic Mechanisms of Pediatric Respiratory Disease: Cellular and Integrative. Edited by Victor Chernick and Robert B Mellins. (Pp 449; £69.50 hardback.) B C Decker Inc, 1991. ISBN 1-55664-137-0.

As stated in the preface, this book has been produced to bring together current knowledge on the cellular and molecular biology of the lung, together with up to date information on the anatomical and physiological development of the respiratory system and how this can be affected by pathological processes. There is an initial statement on contribution of DNA technology to our understanding of lung disorders, followed by a very clear section on the factors controlling the development and repair of the lung at cellular level. The remainder of this second section is on the prenatal and postnatal development of the lung and the pulmonary circulation and how these processes can be disturbed by cardio-pulmonary disorders. The third and largest is on the developmental physiology of the lung including the development of upper airway reflexes and laryngeal function, lung mechanics in the developing infant, and what is currently known about the transfer and transport of oxygen and carbon dioxide, fluid, and electrolytes in the lung. The remainder of this section is concerned with respiratory control before and after birth, cardiorespiratory interactions, neural control of the lung, bronchial reactivity, and exercise. The fourth section on developmental biochemistry is concerned largely with the surfactant system in the newborn, and also a very good reference section on oxidants and antioxidants and airway sections. The next section is concerned with the development of pulmonary defence mechanisms including inflammation and mucus clearance, and the remaining 50 pages on lung imaging, nuclear medicine, aerosol treatment, and current concepts in high frequency and jet ventilation.

This book is likely to have a fairly restricted readership, but will prove invaluable to anyone with a significant interest in the respiratory system, particularly those about to commence research related to the growth, development, or physiology of the lung. I personally found this one of the most exciting books that I have come across for a long time. It should certainly be held by all the major medical libraries in the country, and even at the relatively high price of £69.50, represents excellent value.

A D MILNER
Professor of paediatrics

Tumors of the Newborn and Infant. By Hart Isaacs Jr. (Pp 251; £53.50 hardback.) Mosby Year Book, 1991. ISBN 0-8151-4809-0.

Tumours provide a supreme example of the way that specific disorders may be linked to particular periods of development. In the newborn infant neuroblastoma and teratomas are the most frequent forms of tumour, leukaemia is the major fatal tumour, and malignant tumours of the kidney are almost unheard of. Within the first year of life the whole range of paediatric tumours may become manifest including three different varieties of malignant renal tumour alone.

This changing pattern of developmental tumours with age provides ample justification for Hart Isaac's new monograph dealing specifically with tumours seen in the newborn or infant. Initial chapters on aetiological