contributions. The topics covered range from individual therapies, family and group therapy as well as pharmacological approaches and a review of inpatient treatments.

There is a group of chapters dealing with the all important consultative and liaison work, parenting breakdown and the subsequent legal involvement, treatment of delinquency, how we organise treatment services, and a comprehensive review of preventive approaches within child psychiatry. As befits a series of articles that were published in the *Archives* the accent is on the liaison between ourselves and hospital and community paediatricians. The only omission is perhaps behavioural and cognitive behavioural approaches which are undertaken with the child directly, as opposed to indirect approaches through parents which are well covered in the book.

I will recommend this book to the groups for whom it is aimed, but I am sure that its appeal will be wider, as it forms such a helpful and up to date summary of approaches which will be useful to busy practitioners of child and adolescent psychiatry itself. Definitely one for your individual shelf and not just the library.

DAVID P H JONES
Consultant child and family psychiatrist

Child and Adolescent Psychiatry. Edited by Dora Black and David Cottrell. (Pp 298; £15 paperback.) Royal College of Psychiatrists, 1993. ISBN 0-902241-55-9.

It is customary for trainees in general psychiatry to have an opportunity to work in child psychiatry as part of their training. However, child and adolescent psychiatry practice varies considerably from adult psychiatry. This book has been edited as part of a series of Royal College of Psychiatry seminars intended to help junior doctors during their training years. It is a multiauthored book by experienced child and adolescent psychiatrists. It provides a comprehensive and practical introduction to the subject of child and adolescent psychiatry. It follows a standard textbook approach but most chapters are short and easy to read. Chapters include the history of child psychiatry, normal developmental milestones, developmental delays that are of relevance to child psychiatric practice, and aetiological factors. There are detailed descriptions of classification systems in child psychiatry and of individual clinical syndromes divided according to the developmental stages at which they are most troublesome or apparent. There are sections describing the various treatment modes in child psychiatry as well as specific chapters on child abuse and disorders of parenting, forensic child and adolescent psychiatry, liaison work, and on continuities between child and adult problems.

The book is probably of more relevance to a psychiatric than a paediatric readership and there is limited coverage of the problems most commonly encountered at the paediatric clinic. It should, however, be useful as an introduction to the subject of child and adolescent psychiatry for trainees in psychiatry.

M E GARRALDA
Professor of child and adolescent psychiatry

Child Abuse and Neglect. A Clinician's Handbook. By Christopher Hobbs, Helga Hanks, and Jane Wynne. (Pp 332; £49.50 hardback.) Churchill Livingstone, 1993. ISBN 0-443-04146-6.

As the authors themselves observe in the preface, 'If this book appears to have all the answers, then this is folly on our part'. It doesn't, of course, but this is a satisfyingly complete account, well suited to its function as a clinician's handbook.

The text covers each of the major areas of abuse, including chapters on sexual abuse of children with special needs, fetal problems, and poisoning, suffocation, and Munchausen syndrome by proxy. Some of the material has been previously published in the 'ABC' series, but is here considerably and usefully expanded. There is a good deal of helpful forensic and pathological data, and I was pleased to see the nonsense often written about the ages of bruises receiving a thorough and authoritative bashing! Anal and genital findings will continue to spark controversy for some time yet, but the account here is by and large well balanced. Developmental, emotional, and social factors are well covered in the relevant chapters as are some of the more difficult and ambiguous emotional features of child sexual abuse. Useful case histories illustrate the points made.

Some later chapters deal with management, psychological factors, and legal aspects. It is useful to have a table of 'tricks' that barristers play, but techniques in dealing with them would have been very welcome! Sadly, the memorandum of good practice seems to have missed the deadline.

The book is clearly written, and well illustrated with 102 plates. Again, several of these appeared in the ABC series. One small point, placing a black mark across a child's eyes in a photograph is rather irritating when the legend asks us to note the child's 'radar-like gaze and ... sunken eyes!'

I did not find the editorship to be of a comparable high standard. There is considerable duplication, so that child protection conferences are for example covered once under physical abuse and again in the chapter on management. A case history given in the chapter on fatal abuse is suspiciously similar in every detail except the age of the child to one given in the chapter on neglect. My main grumble, however, is with the way the book handles some of the grey areas. Disputed custody (sic) is dismissed in two sentences, false memory syndrome is not referred to. Ritual abuse seems somewhat uncritically accepted, without mention of the supposed supernatural events reported, lack of forensic evidence, lack of adult witness corroboration, or the manipulation of the subject by some religious groups. Some excellent reviews of the subject are quoted from so selectively and so far out of context as to be unrecognisable.

Having got that off my chest, overall I would say this forms a useful introduction to the subject for aspiring paediatricians, and source of useful data and food for thought for the more experienced practitioner.

A STANTON
Consultant community paediatrician

Cystic Fibrosis - Current Topics. Edited by J A Dodge, J H Brock, and J H Widdicombe. (Pp 358; £63 hardback.) John Wiley and Sons, 1993. ISBN 0-471-93101-2.

Thomas Huxley once remarked that the great tragedy of science was the slaying of beautiful hypotheses by ugly facts. The research into cystic fibrosis is a classic example but at long

last there is real hope that the pool of knowledge obtained from molecular studies with the delta F508 and other cystic fibrosis associated mutations may lead eventually to the development of effective medical treatments. Anyone with whatever interest in cystic fibrosis will find these and other issues discussed in this delightful volume, which consists largely of a series of independent scientific essays. Although there are 34 contributors, predominantly from the USA and Canada, the data are well presented and written in succinct fashion. Inevitably some subjects overlap and lead to repetition but this is not a distracting nuisance. The text consists of three parts, each devoted to genetics, cell biology, and clinical aspects respectively. If you enjoy physiology then you will find the chapter on the isolation of the gene fairly easy to understand. The section dealing with cell biology will exercise your 'little grey cells' to the full and you would enrich your knowledge of the epithelial ion transport, CFTR (cystic fibrosis transmembrane regulator) and its functions, and the ABC superfamily of protein transporters which is causing a great deal of excitement in some scientific circles. Alas, and predictably, mutation analysis in cystic fibrosis and its nature is already almost out of date but none the less the section contains a wealth of factual and useful information. The genotype/phenotype correlations are briefly discussed - it is apparent that the conflicting nature of observations had been based on far too small sample groupings. A concise and practical account is offered in the chapter on prenatal diagnosis.

The choice of subject matter in the clinical section is a surprise in a book devoted to 'current topics'. The busy physician will gain most by reading the chapter on the prospects for gene therapy, protein replacement, and the measures employed to regulate ion transport. Those with long memories may enjoy a nostalgic look at 50 years of cystic fibrosis. I found nothing new in a rather pedestrian account of the pseudomonas infections in cystic fibrosis. Neonatal screening and the various methods in use are reviewed rather superficially for my liking and surely comments regarding IRT (immunoreactive trypsin) sensitivity and specificity relate to pre- and analytical problems not the assay itself. The final chapter contains a useful list of the various national and international associations and their present and future aims in 'defeating' cystic fibrosis. Finally the three distinguished editors ask for suggestions for future issues - I would like to know more about the immunology of cystic fibrosis, sweating and its mechanisms, mucus secretion and composition and of course, fresh up date chapters on cell biology. This volume is an excellent start and I look forward to future editions with a great deal of enthusiasm and expectations.

J A KUZEMKO
Consultant paediatrician

Textbook of Paediatrics with Special Reference to Problems of Child Health in Developing Countries. Volumes I and II. Edited by P M Udani. (Pp 2989; Rs 995 hardback.) Jaypee Brothers, New Delhi, 110002 India, 1991. ISBN 81-7179-160-3.

Large textbooks are not my best friend – they are too heavy to carry, too intimidating to read, and I am too mindful of my own ignorance. Instead I stick to thin reviews and updates, but inevitably seek refuge from time to time in *Nelson Textbook of Pediatrics*. More often than not I am surprised either by a startling new fact or by the discovery that what I thought was new information is actually rather old.

While working in rural Asia I had no access to a large textbook, relying instead on the many smaller offerings provided by organisations like Teaching Aids at Low Cost. There were many times when I wanted more information in depth about the complexities of malnutrition, tuberculosis, and child health problems relevant to the community in which I was working. In India, where first and third world paediatrics live side by side, the need for a comprehensive textbook has long been recognised. In 1968, the executive board of the Indian Academy of Paediatrics first mooted the idea and the then president, P M Udani, planned a textbook for undergraduates. After a decade of struggle, it was decided to rewrite the manuscript for postgraduate students, and now finally in the 1990s Professor Udani has revealed his opus major. It is a stupendous work of 3000 pages produced at a cost of under £30. Udani, known for his section in *Nelson*, has skilfully harnessed contributions from the best names in Indian paediatrics.

It is strongest when it deals with issues of particular significance to India. Many of these are written by Udani himself. The sections on history taking and physical examination, tuberculosis (390 pages long!), nutrition, and on social aspects of Indian paediatrics, are all fascinating and contain a wealth of information difficult to obtain elsewhere drawing as they do on source material not found in Western libraries. There are fascinating sections on the development of Indian babies, the problems of migrant children, the difficulties of children on a temporary visit from developed to developing countries, all of them relevant to the practice of paediatrics in Britain. Udani's awareness of the socioeconomic context in which paediatrics is practised permeates the book, and there are excellent sections on child labour and perinatal care at the community level. The more conventional sections on organ specific, paediatric conditions are comprehensive if at times, scientifically, a little out of date. This is perhaps understandable for a work which had such a long gestation period and faced enormous logistic difficulties.

This textbook should sit on every library shelf in India and hopefully in Western countries too. It will be the definitive textbook of paediatrics in the subcontinent for many years to come. It represents a challenge to the next generation of Indian paediatricians to maintain and update a classic text as a tribute to its editor, one of India's great paediatricians.

ANTHONY M DE L COSTELLO
Senior lecturer

Notes for the DCH. By N J Gilbertson and S Walker. (Pp 370; £19.95 paperback.) Churchill Livingstone, 1993. ISBN 0-443-04375-2.

Imagine you are an examiner for the DCH. Into your room comes the candidate. He or

she is nervous but well prepared. The child who has been seen by the candidate as a long case has headaches as one of her symptoms. 'What do you think may have concerned the parents?' you ask. 'The possibility of a brain tumour' comes the wise reply. 'Can you expand a little?' you probe. At this point the candidate starts an exposition of the different types of childhood primary central nervous system tumours classified by site, manifestation, treatment, and five year survival. The truth dawns on you. You turn to your co-examiner. 'I bet he's got *Notes for the DCH*!'

This book is crammed full of useful paediatric information. The range of subject coverage is wide enough for any GP or junior paediatrician and the authors have not been frightened to explain clearly what some doctors may feel should be known by a medical graduate. It is logically presented in the list fashion beloved of pre-examination medical students and people who search for truth in an uncertain world and as such is a good book for doctors working with children. However, this is not necessarily the type of preparation the DCH candidate requires. The sheer volume of facts in this book might intimidate an aspiring diplomat. I would hate to think that this level of knowledge was what the examiners are seeking, although much of what is in this book is vital basic paediatrics.

I have to say that this book does contain jewels for the candidates. The section on demography is a useful introduction and the hints on passing the DCH confers a definite advantage on the prospective candidate. The well ordered text will enable the reader to check up any facts about which he needs to be reassured and I could find no areas uncovered.

Sadly, I was not surprised to find an uncritical acceptance of alternative medicine in a mainstream medical environment. How odd to look in the index and find under 'H', 'hypnotherapy' and 'homeopathy' but not 'health visitor'. I know which one of those I will want the candidate to know about, and which one is more useful to children.

I am delighted to own this book, which I will find very useful as I go about my daily life as a GP and I commend it to my colleagues, but it needs a little health warning for the DCH candidate: 'Aspire to this level of knowledge. Learn to organise your thoughts in the way demonstrated in this excellent book. But seek guidance from your teachers to help you concentrate on the priorities'.

LEONARD PETER
General practitioner

Rett Syndrome – Clinical and Biological Aspects. Edited by Bengt Hagberg. (Pp 120; £25 hardback.) MacKeith Press, 1993. ISBN 0-521-41283-8.

It was better than a video. Bengt Hagberg unleashed on the podium intense jerky hyper-ventilating and rubbing his hands in front of his face in stereotypic frenzy. I was one of those with the 'Aha response', instantly recognising previous children (after whom I sent Dr Alison Kerr in hot pursuit). Several people probably discovered Rett's syndrome independently in different countries and at different times but it was at the beginning of the 1980s that recognition exploded.

I have the memory of a pleasant evening at St Catherine's College Oxford in September 1981 where the European Federation of

Child Neurology Societies was meeting. Dr Robert Ouvrier from Sydney came up to Dr Jean Aicardi from Paris: I think I may have a new syndrome, nine patients all with ... Are they all girls? How did you know that? Now, 12 years later, hundreds of papers have been devoted to Rett's syndrome which even features in undergraduate final examinations.

The present book enthusiastically summarises the Swedish experience (of the 16 authors one is from the USA – Dr Alan Percy). It deals primarily with clinical and laboratory aspects, and is not intended to cover social, psychological, and educational aspects. If I interpret the aim right it is to further stimulate research into the mechanism or mechanisms underlying.

But underlying what? We find patients described with classic Rett's syndrome, forme fruste, Rettoid phenotype, Rett variant including some with infantile seizures. It is comforting for such tragic families to feel part of the larger family of Rett's syndrome to help in promoting research, but we still do not know how many disorders Rett's syndrome encompasses. In the pre-Rett's syndrome era I regarded these children as having a static severe mental retardation syndrome not really obvious to the parents until towards the end of the first year. Genetic instructions forced them to move on to more complex cortical pathways which they did not possess, hence regression, but not dementia. The wheel is now full circle with the latest neuropathological evidence from Professor Dawna Armstrong suggesting decreased dendritic branching in particular areas of neocortex.

If one should take this book with a little pinch of salt and a dusting of Popper – in so far as a single solid exception may demolish the grandest hypothesis, one will be able to enjoy its flavour to the full.

J B P STEPHENSON
Consultant in paediatric neurology

Pediatric Gastrointestinal Disease: Pathophysiology, Diagnosis, Management. Edited by Robert Wyllie and Jeffrey S Hyams. (Pp 1217; £125 hardback.) WB Saunders Company, 1993. ISBN 0-7216-3128-2.

'Do you know who made you?!' 'Nobody, as I knows on,' said the child, with a short laugh – 'I 'spect I grow'd' (from *Uncle Tom's Cabin*). Current literature devoted to paediatric gastroenterology is also growing, with the recent publication of two comprehensive texts. This is the first edition of a book which shares the same title as that edited by Walker *et al*,¹ but in contrast, is a single volume and has an almost exclusively North American authorship. It gives wide coverage to all areas of clinical paediatric gastroenterology and touches on liver disease and paediatric nutrition.

There is a clarity of writing style throughout, giving up to date information which makes the book a good read despite its size. Early chapters cover gut ontogeny, immunology and neuroendocrine areas, followed by a problem orientated section devoted to the interpretation of symptoms and signs. The body of the text deals with the gut by region.

I found it difficult to review this book without comparing it with the publication of Walker *et al*, which has the advantages of prior publication, an international authorship, and a favourable status as a standard reference