information correct? Did the nation have more important things to worry about than the collection of accurate child growth measurements? Above all we can marvel at graphs that show sharp rises in expenditure on the school health service even steeper than the rise in health service expenditure as a whole. To some community paediatricians, the past may seem a better time than the present. The final chapter looks into the future and concludes that for the principle of an integrated child health service... 'the goal of achieving this remains some way off'. In this statement, I hope that the author is incorrect.

LEON POLNAY
Consultant community paediatrician

Manual of Childhood Infections. By E Graham Davies, David A C Elliman, C Anthony Hart, Angus Nicoll, and Peter T Rudd. (Pp 393; £17.95 paperback.) W B Saunders, 1996. ISBN 0-7020-1832-5.

The authors set themselves the formidable task of writing a handbook 'intended for hospital medical staff working with children, paediatricians, specialists in infectious diseases, intensivists, junior doctors and medical students'. In scope and style, the only comparable text is the 'Red Book' produced every three years by the committee on infectious disease of the American Academy of Pediatrics. As it is designed as a companion volume to the 'Green Book' (Immunisation Against Infectious Disease, London: HMSO), I predict that this manual will shortly be widely known as the 'Blue Book' if the publishers continue its current format.

The major differences between this manual and the Red Book are material on immunisation being much reduced and the inclusion of a substantial section dealing with management of categories of patients and presenting symptoms. This general section contains topics defined by age (congenital and neonatal infection), organ system (for example, infection of the upper or lower respiratory tract), or clinical problem (for example, rash, suspected immune deficiency). This general section lies somewhere between the abbreviated recommendations of hospital handbooks and chapters in reference texts.

Many sections are well written and pertinent. I particularly liked the chapters on laboratory diagnosis of infection and properties of different classes of antibiotics. These topics are often poorly understood by non-specialists, promoting a shopping list approach to diagnosis and treatment to which this manual has the remedy. There is a wealth of information otherwise difficult to access on the management of travel related infection. This is presented in a manner useful to practitioners in the UK and abroad. The appendices are also packed with interesting and useful data, tabulated in an accessible format and not readily available elsewhere.

My only significant criticism is that the manual attempts to be all things to all people. In particular, the chapters on the approach to clinical syndromes are difficult to do well and make succinct for a general audience. I thought some, such as the approach to rash and septic shock, were well handled, while others failed to reach definite conclusions, contained errors, or were otherwise open to criticism. I do not believe a manual such as this should simply state, as it does on page 11 in reference to empiric therapy for neonatal sepsis, that 'some units may prefer other regi-

mens including the use of third-generation cephalosporins'. Those units are misguided and the manual should say so. Similarly, there is no rationale that I am aware of for the addition of gentamicin to 'a cephalosporin' (type not specified) for Gram negative neonatal meningitis. If due to *Escherichia coli*, gentamicin adds nothing, while if due to a nosocomial organism, gentamicin resistance is possible and all aminoglycosides have relatively poor penetration into the cerebrospinal fluid, even with meningeal inflammation. Chapter 15 on pyrexia of unknown origin (PUO) makes the important point that there are many causes and that selective investigation, directed by clinical features, is important. It then gives an extremely long list of causes for PUO, all of which are listed as 'likely'. We are told that age is 'not very helpful' in guiding diagnosis, based on a small series from Argentina. I believe this is incorrect—autoimmune disorders are much less likely in children under 5 years and, in general, the younger the child the more likely an infective cause.

It is probably inevitable that in a manual of this size, particularly in its first edition, there will be some material with which to disagree. Overall, the hard work of the authors in assembling the Blue Book, has paid off handsomely. The rewards in more appropriate use of antibiotics and the laboratory are potentially immense. It joins the green and red books as colourful contributions to the management of childhood infections and immunisation on a world stage.

PETER MCINTYRE
Staff specialist in immunology and infectious diseases

Childhood Tuberculosis. Modern Imaging and Clinical Concepts. By Bryan J Cremin and Douglas H Jamieson. (Pp 122; DM 138 hardback.) ISBN 3-540-19925-X.

Books on childhood tuberculosis are few and far between but this is quite outstanding and clearly the best since Miller's writings of the 1960s. It is short, beautifully illustrated, and brilliantly relates pathology, clinical findings, and modern imaging techniques. There is an intensely practical, well argued approach to the investigation and management of childhood tuberculosis that can only have been gained from a large and efficiently run clinical practice. It begins with the best brief historical review of tuberculosis I have ever read with quotes from John Bunyan to Machiavelli. We are told of the pandemic in Africa and Asia as well as the rising incidence in the West where the greatest increase is occurring in early childhood. We are reminded of the heady optimism of the 70s and 80s that predicted that tuberculosis in the UK would be of historical interest only by the year 2010. The biology of *Mycobacterium tuberculosis* and the key features of the immune response made to it contain the latest immunopathological ideas expressed in a very readable fashion, leaving no doubt as to what we do and do not understand. The genetics of host susceptibility could have been covered better, but the confusion of studies concerning BCG are superbly reviewed and there are excellent short essays on immunomodulatory treatment and multidrug resistance.

There are chapters on imaging tuberculosis in the lungs, central nervous system, abdomen, and skeletal systems. Outlines of the strengths and weaknesses of the various imaging techniques are followed by a description of the clinicopathological features of dis-

ease in that system and how radiological techniques can delineate these and aid management. It is fascinating to see how much more information can be provided by ultrasound, computed tomography, and magnetic resonance imaging (MRI), thoracic computed tomography showing hilar lymphadenopathy, cavities, and bronchiectasis not seen on chest radiography and MRI detecting early brain and spinal cord disease. Much was surprisingly relevant to our practice in a large conurbation where we are seeing more and more childhood tuberculosis. The book closes with a chapter on the clinical spectrum and diagnosis of childhood tuberculosis followed by one on drug treatment and resistance. There is some overlap with the opening chapters of the book but it is also helpful to see the subject from a different author's perspective. It is also so refreshing to read a book written by people who clearly understand that tuberculosis in childhood is a different disease from that seen in adults. This is an immensely valuable book for all who come across children with tuberculosis. It will prove invaluable to paediatric radiologists, so until my radiological colleagues buy their own copies I suspect I will have great difficulty prising this out of their hands.

ANDREW J CANT
Consultant in paediatric immunology and infectious diseases

Human Vaccines and Vaccination. By M Mackett and J D Williamson. (Pp 215; £19.95 paperback.) Bios Scientific Publishers, 1995. ISBN 1-872748-77-5.

In the preface of this book the authors state that their main aim is to show how immunological principles and molecular biological knowledge may be used together to generate new vaccines and to improve existing vaccines. The book spans the immunological response to infection, covers the pathophysiology of viral, bacterial, and parasitic diseases and discusses the molecular mechanisms available to assist the immune system in combating these infectious agents. It attempts to clarify and simplify these complex fields. However clarification requires detailed explanation, and simplification requires a brief overview. The book fluctuates between the two, and in doing this may not accurately target any readers.

Medical students may find the book too specialised, whereas those working in the fields of immunology, immunisation, infectious disease, or mathematical modelling may find it too superficial and in danger of becoming outdated. I see a small market among individuals in these specialties perhaps extending work into one of the others, or wanting to broaden their knowledge. The style of the book seems aimed at a non-specialist medical readership, but may be too detailed for this.

The layout is clear, with cartoon diagrams and tables assisting the text and there is a helpful glossary. The reference section is in the form of an appendix entitled 'further reading'. Most references are journal reviews or textbooks, dated up to 1994.

This book is an ambitious project to bring the increasingly complex science and some of the politics of vaccination to a wider audience. I applaud this, but as the book is neither a simple overview nor a reference text it may not completely satisfy.

MARINA BARBOUR
Senior house officer in paediatrics