PostScript

LETTERS

Emergency asthma inhalers in schools

We were interested in the review by Reading and colleagues.¹ In Wolverhampton we are fortunate in having had a schools asthma policy in place since 1994 which includes supplying emergency inhalers to schools for use when the pupil's own inhaler is not available.

The policy was initiated by two hospital paediatricians with an interest in asthma and was quickly incorporated into the local Respiratory Care Group. The involvement of enthusiastic school nurses with a special interest and training in asthma and the support of the community paediatricians have been invaluable.

Initially, an approach was made to the Director of Education who was of the view that giving inhaled treatment to known asthmatics could be considered to fall within the school staff acting in loco parentis. Every state school in the borough was offered a visit from a hospital paediatrician and a children's asthma nurse to present the theory and practise of using emergency asthma inhalers. Every school was supplied with a short acting β agonist (pMDI plus spacer), a protocol including dosage, and authorisation signed by a hospital paediatrician, community paediatrician, and the lead school nurse for asthma. An annual update is given to the school nurses and they (or the lead school nurse) in turn annually train or retrain the school staff as required.

Pupils with asthma are identified by the school nurse and each child given an individual asthma card with their emergency treatment detailed. Written consent for a named pupil to be given the emergency inhaler is obtained from the parent and authorised by a paediatrician. This is in effect the prescription. These individual, but standard, health care plans for children with asthma are not "a logistic nightmare" but straightforward to administer and conform to the joint health and education guidelines for supporting pupils with medical needs in school.²

A school nurse led audit in 2003 confirmed that all schools held a register of use, with a named person from the school staff being designated by the head teacher.

Although our policy may not comply strictly with the letter of the law, there is clear clinical responsibility and we ensure that all children with asthma have ready access to emergency treatment in school.

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Bleeding ethics

The EarlyBird Diabetes Study started recruitment of 300 children in January 2000, and at the time of writing has entered phase II of its four planned phases. It is halfway through seeing the children for their seventh visit and retains 92% of the original cohort. The study takes venous blood samples annually, and has done since baseline when the mean age was 4.9 years. A selection of publications dependent on these blood samples is listed below.¹⁻⁴

UK colleagues have sometimes queried the ethical justification for taking blood from healthy children so young, suggesting that their own ethics committees would be unlikely to give approval. Ethics committees are there to protect the vulnerable, but their deliberations are a judgement, and it is important that this be guided by sound evidence as well as good sense. The aim of this letter is to reassure our own and other ethics committees that venepuncture causes little, if any, distress to young children, that it is safe, and that the information obtained can be substantial and useful.

The parent's written consent at the start, and the child's assent on each occasion, are obtained. An anaesthetic cream (Emla) is applied at least one hour before the blood test, which makes the process virtually painless. The child's attention is averted by a slide viewer, and the paediatric nurse is expert. Very few children ever refuse, the majority are blasé, and some even choose to watch. To date, we have attempted 1057 venepunctures. Only 29 attempts—fewer than 3%—failed, mainly for technical reasons. There have been no complications.

With a three year experience of taking blood daily from young children, we have experienced no reaction from the study participants that might deter an ethics committee from approving venepuncture. The insertion of a needle into a properly anaesthetised arm is a minimal and safe intervention.

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- 2 Voss LD, Kirkby J, Metcalf BS, et al. Preventable factors in childhood that lead to insulin resistance, diabetes and the metabolic syndrome: the EarlyBird Diabetes Study (1). *J Pediatr Endocrinol Metab* 2003;16:1211-24.
- 3 Murphy MJ, Mallam KM, Voss LD, et al. Girls at five are intrinsically more insulin resistant than boys: the programming hypotheses revisited. *Pediatrics* 2004;113:82-6.

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BOOK REVIEWS

Principles and practice of pediatric infectious diseases, 2nd edition

Edited by Sarah S Long, Latty K Pickering, Charles G Prober. Philadelphia: Harcourt Publishers Ltd, 2003, £140.00, pp 1558. ISBN 0 443 06567 5

Twenty years ago the reviewer, then an SHO, was told that infectious diseases was a poor career choice as "vaccines and antibiotics have seen an end to all that". Reading this book delightfully illustrates the folly of that career advice! The evolution of new pathogens, the emergence of microbial resistance, global travel increasing the risk of communicable diseases, many more immunocompromised children—not least because better cancer treatment and the advent of organ transplantation, has been accompanied by new diagnostic methods, new treatment agents, and better vaccines. Set against this backdrop, Long, Pickering, and Prober's book rightly starts with a succinct section on understanding, controlling, and preventing infectious diseases balancing epidemiology, clinical features, and microbiology/virology. Bioterrorism is covered a little lightly but there is an excellent section on epidemiological techniques, as well as a useful analysis of infections associated with childcare and immigration/adoption. Vaccination is well described with very useful source references.

The next part of the book looks at clinical syndromes opening with succinct chapters on "symptom complexes" which cover a fascinating array of topics from diagnostic criteria for familial Mediterranean fever through causes and diagnostic features of lymphadenopathy, to the neurological signs seen in different infections. Most of these are excellent and will be of great practical benefit, although autoimmune lymphoproliferative syndrome was not mentioned as a cause of lymphadenopathy, and surprisingly the causes of splenomegaly were treated rather superficially. Infections in different organ systems are then comprehensively and systematically described. The sections on periorbital infections and bone and joint infections are much clearer than those seen in many textbooks.

It was very useful to find clear, well written sections on infection after solid organ and stem cell transplantation, as well as infections associated with cancer treatment, and device associated infections. The section on primary immune deficiency is up to date in most areas, although relatively little is said about the signs, symptoms, and characteristics of infections in these conditions.

The second half of the book considers the aetiological agents of infectious diseases.

Much of this information can be gleaned from microbiology texts, but the sections are generally very well written and up to date, *Toxoplasma* for example, being covered very well with excellent diagrams and illustrations. A useful little chapter describes the laboratory manifestations of infectious diseases, for example listing infections commonly associated with an ESR >100 mm, or infections which cause a monocytosis or a myeloid leukaemic reaction. The book concludes with helpful chapters on anti-infective therapy.

This work is succinct yet surprisingly detailed for a single volume textbook; it will be very useful for the specialist and trainee in paediatric infectious diseases, but also for the generalist who wants to quickly check, for example: what infections could be causing the fever in a child with sickle cell disease, what might be the causes of lymphadenopathy in a recently returned traveller, or what are the latest thoughts on anti-viral therapy. Perhaps I ought to send a copy to the person who gave me the careers advice a quarter of a century ago!

A Cant

A clinical guide to epileptic syndromes and their treatment

Edited by C P Panayiotopoulos. Bladon Medical Publishing Limited, Oxfordshire, 2002. £39.95, pp 239. ISBN 1 904218 23 7

This new epilepsy textbook is a refreshing addition to the expanding literature on paediatric epilepsy. It is aimed at the practicing paediatrician who is seeing children with epilepsy and gives sufficient information to guide clinical practice without getting bogged down in detail. It is a short book and I would recommend it to all paediatricians in training. This is not the usual multi-author textbook and benefits from the considerable personal experience of the author. Some may feel there is too much electrophysiology, but I think the balance of information is just right and know the book will be a useful reference for me over the next few years.

The format follows the expected pattern dealing initially with classification and then considering the epileptic syndromes according to age of presentation. There are then chapters on the benign focal epilepsies of childhood, the idiopathic generalised epilepsies, the familial epilepsies, the symptomatic epilepsies, and finishing with the reflex epilepsies. The discussion is illustrated with cases and the information given is clear, concise, and relevant.

Each chapter is laid out in sections with subheadings. The layout did sometimes feel crowded and the use of different colours to try and highlight items is sometimes distracting. In some places the page looks like a PowerPoint presentation. Other than this minor complaint this is a good book and I would recommend it to the readers of *ADC*.

T McShane

Clinical paediatric nephrology, 3rd edition

Edited by Nicholas Webb and Robert Postlethwaite. Oxford: Oxford University Press, 2003. Hardback, pp 509, £85.00. ISBN 0 19 26328

Since its first publication in 1986, *Clinical paediatric nephrology* has been "the" reference textbook on the subject that seems to create a great deal of anxiety in general paediatric departments. This, the third edition, is truly comprehensive and provides extremely clear, child focused guidance to any professional interested and involved in paediatric care. It represents a total rethink of the last edition which was published in 1994. Its attractive red and yellow book cover, with the charming schoolgirl drawings about a child in hospital contrast with the earlier "scanning electron micrograph of a normal rat glomerular capillary loop" and dramatically announce these differences. Nicholas Webb now joins Robert Postlethwaite as editor and the number of contributors, all internationally well known in their field, has increased to 50. The second edition's 32 chapters and 398 pages have been completely revised and rewritten, providing this edition with 28 chapters and 509 pages.

The chapters all follow a problem solving approach, focusing on presenting clinical symptoms in the child. Whether you are a general practitioner, paediatrician, nephrologist, urologist, or intensivist, trainee or qualified, doctor or even clinical nurse specialist, the clear algorithms simplify even the most daunting of problems. All chapters are referenced and where evidence is lacking or controversy exists, a clear "take home" opinion is provided. Layout and typography are clean, clear, and structured, while key point boxes highlight important messages. Illustrative case histories further emphasise the guidance provided. Up to date information is provided on all common renal and urological presenting symptoms. "How and when to measure blood pressure" is an essential read for anyone examining a child. In "Imaging in paediatric nephrology" the reader is reminded that liaison with the clinical team involved in managing the child is paramount. Rather

than dwell on complicated algorithms for investigations of common problems, this chapter reviews each investigation in detail. Dosimetry, a subject that many parents ask about these days, is also covered.

The words "nephrotic" and "nephritic" often raise apprehension among non-nephrologists. Even Microsoft Word spell-checker rejects the word "nephrotic" in favour of "nephritic". In this edition, two relevant chapters help in understanding all aspects of these two presenting problems. "The child with nephrotic syndrome" combines two chapters from the previous edition to facilitate practical use, and this is successful, although case studies would have been interesting here. "The child with acute nephritic syndrome", a new chapter, together with "The child with acute renal failure", illustrate how well a text can address itself to clinicians of all levels. Different authors have rewritten the various chapters on renal malformations, inherited renal disease, and antenatal diagnosis, and up to date information is provided, covering all aspects in satisfactory detail, often with useful reference tables and illustrations. Subjects such as disorders of micturition, the neuro-pathic bladder, as well as one of the most common problems encountered in paediatrics, "The child with urinary tract infection", are presented honestly, evidence based where possible, and in a clear practical manner. "The management of chronic renal failure" now includes useful paragraphs on education and preparation to end stage renal failure. "Psychosocial care of children and their families" is a concise and yet very comprehensive new chapter, well illustrated with seven case examples. "Meeting the information needs of children and their families" brings this textbook into the 21st century and the three appendices are an invaluable and accurate resource. "Practical guidelines for drug prescribing in children with renal disease" provides information not readily available elsewhere. The chapter relating to "Paediatric nephrology in developing countries" is a humble reminder that international collaboration is essential. The final chapter provides important reference data for paediatric nephrology, and the list of abbreviations at the beginning of the book is very useful.

Anyone involved in the care of children should ensure that this book is readily available for reference in their department library or clinical area. It is an invaluable resource companion, and while there is a current trend in paediatric textbooks to present topics in a "child focused" rather than an "academic manner", this third edition follows that trend but does it rather better than the others.

M Hamilton-Ayres