school and residential opportunities for pain management, as well as the chapter on providing pain services in developing countries where these are often unavailable owing to more pressing public health concerns. Also, the consistent emphasis placed on non-pharmacological approaches to pain relief (such as cognitive-behavioural or physical treatments) throughout several chapters points out the essential role that these methods have as complements to our conventional analgesic pharmacopoeia.

This book is not intended as a comprehensive volume on pain management in children, and lacks the practicality of a potential reference text in this field. However, it should appeal to those practitioners who already have a strong interest in pain management and are seeking state-of-the-art information on what is currently being done and explored by experts in their field, and to those who are willing to implement new and creative ways of "bringing pain relief to children".

C J Newman

Textbook of pediatric HIV care

Edited by Steven Zeichner, Jennifer Read. Published by Cambridge University Press, Cambridge, 2005, £175.00 (hardback), pp 757. ISBN 0-52182-153-3

Another multiauthor textbook on paediatric HIV. How will it help you when you meet children and families infected with and affected by HIV? It will provide good background information for teaching and personal

study, but may be less valuable in managing HIV positive children.

The book aims to provide "accessible information" and hopes to become the "standard reference for clinicians throughout the world". However, the book mostly focuses on practice in the US (not surprising when all but one of the authors work there).

The book provides some useful background information on HIV and its specific complications. It is well laid out, with many subheadings, and every chapter has an aim at the start. The chapters on virology and post-exposure prophylaxis are useful.

The increasing number of drugs available for children with HIV will make any textbook out of date almost as soon as it is published. This is probably the case here. To try to get round this, links to web-based guidelines are given. However, even the current Paediatric European Network for Treatment of AIDS (PENTA) guidelines (www.ctu.mrc.ac.uk/penta/) are being revised to try to keep up with this rapidly developing area.

The section on drug interactions provides a useful list but does not reference the excellent website from the University of Liverpool (<http://www.hiv-druginteractions.org/index.asp>).

Improvements needed in a second edition include reference to the landmark HIV Paediatric Prognostic Markers Collaborative Study,¹ recognition that the organism that causes *Pneumocystis carinii* pneumonia is now named *P jirovecii* (not *P carinii*), and contributions from some authors from outside the USA.

This book should be available in paediatric departments that see children with HIV. However, it would be more important for these units to have access to the guidelines on the CHIVA website (www.bhiva.org/chiva) and to have access to expert advice. The recent establishment of a national network for paediatric HIV should make expertise about

HIV available to all children who need it in the UK.

A Riordan

Reference

- 1 HIV Paediatric Prognostic Markers Collaborative Study Group. Short-term risk of disease progression in HIV-1-infected children receiving no antiretroviral therapy or zidovudine monotherapy: a meta-analysis. *Lancet* 2003;**362**:160-511.

CORRECTIONS

doi: 10.1136/adc.2006.094276corr1

T Hofman, N Cranswick, P Kuna, *et al.* Tacrolimus ointment does not affect the immediate response to vaccination, the generation of immune memory, or humoral and cell-mediated immunity in children. *Arch Dis Child* 2006;**91**:905-10. A typographical error was introduced into the Aims section of the Abstract of this paper. (TAC-O; n = 21) should read (TAC-O; n = 121). In addition, the second sentence of the results section of the paper should read: In total, 232 patients formed the per-protocol population (121 patients in the TAC-O group and 111 patients in the hydrocortisone group) and 44 patients formed the control group.

doi: 10.1136/adc.2006.0103093corr1

Inwald D P, Yen Ho S, Shepherd M N, *et al.* *Arch Dis Child* 2006;**91**:928.

The name of the third author of this article was spelt incorrectly—the correct spelling is M N Sheppard.

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