I was surprised that the chapter on orthopaedic management has disappeared; this is presumably because of the widespread acceptance of the prime importance of early replacement therapy as the mainstay of management, and also because the Oxford group has published a book about musculoskeletal problems. I think this omission is a mistake. Small haemophiliacs, whose disadvantages are discussed in great detail, may not have access to the companion volume. Surely it is too early to assume that the present generation of haemophiliacs will be orthopaedically normal, and home treatment must be accompanied by a programme of regular orthopaedic assessment.

Nevertheless, this book is clearly indispensable to all concerned in diagnosis and management of haemophilia. I just wish the role of all the authors had been identified; I recognised several distinguished authors by name but it would be nice to know precisely what part each contributor has played in this unique team.

JUDITH CHESSELS


The book has chapters on the general principles of treatment and its organisation, an outline of different treatment approaches and their synthesis, assessment for treatment, treatment procedures, therapy in groups, the problems of deformity and a (much too brief) chapter on equipment. There is a good index and a reasonable list of references which happily do not interrupt the text. It is copiously illustrated, although some of the line drawings are not as explicit as they are attractive. The book concentrates on the details of treatment and, as such, it is written primarily for those who treat rather than for those who prescribe treatment; but a cursory understanding of those techniques would be of benefit to all who work in this field.

In criticising a book of this scope, it would be easy for a reviewer to be destructive and comment on omissions and inadequacies; but the author, whose knowledge of the treatment of these disorders is a byword, has taken on a task which has daunted others. She deserves praise for a book which will become a classic against which other books on this subject will be judged.

DAVID SCRUTTON

Shorter notices


This follows the familiar and excellent form of its predecessors. Well written and informative abstracts of well-chosen papers from the 1976–77 literature, including many from nonpaediatric journals. Often followed by characteristically witty and pithy comments from the editor, or by longer critical reviews. Well indexed, entertaining, and instructive to browse through; invaluable for reference.


Proceedings of a 1975 symposium in Toronto. About two-thirds of the book is concerned with basic sciences, largely mechanisms and pathogenesis of fever, although there is some neuroanatomy and neurophysiology. The other third deals with clinical aspects of febrile convulsions —sequelae and prophylaxis. Most of the work reviewed by Ounsted, Aicardie and Chevrie, Wallace, Falconer, and Lennox-Buchthal has been published before. The work of Nelson and Ellenberg suggesting a very benign outcome in a large population study of febrile convulsions was presumably not available to the symposium. The interested clinician will find the first two-thirds of the book hard work and the last third to contain disappointingly little that is new.


The first edition was reviewed in 1974 (p. 588) as ‘most impressive’ and enthusiastically recommended. This second edition incorporates the important advances in treating lymphomas and leu aemtia, Wilms’s tumour, osteosarcoma, and rhabdomyosarcoma.


A very large amount of both experimental and clinical work, much of it of the highest class, is described, the book’s state hardly indicating the width of the subject matter discussed. Copiously illustrated and well indexed. But why is it impossible to discover when the symposium took place which the book reports?


The first edition was reviewed in 1974 (p. 973); it provides perhaps the most complete coverage of perinatology of any of the many books published in the past few years in this field. Yet some of theappointing gaps in the first edition noted by the reviewer—such as the physical examination of the newborn, and genetic counselling—persist.