Book reviews

The First Words Language Programme. A basic language programme for mentally handicapped children. By Bill Gillham. (Pp. 83; illustrated + tables. £6.00 hardback, £2.95 paperback.) George Allen and Beaconsfield Publishers: Beaconsfield. 1979.

This book gives a description of the language programme being developed for handicapped children at the Nottingham Development Research Unit. The programme is designed for use by parents, teachers, psychologists, etc., particularly at that stage in the child's language development when he is just beginning to understand language but is using no speech or only a few words. It is therefore not suitable for children at a prelanguage stage of development or for those with rather more advanced language skills. The methods of teaching are described in great detail with many illustrations; the vocabulary taught is based on those words which occur most commonly in the developing language of normal children and also in some children with Down's syndrome. The mentally handicapped child is therefore being taught a developmental vocabulary list in a structured way using a variety of play techniques, all very clearly illustrated. I found this book interesting and useful and it should interest all those who teach language to young mentally handicapped children. However, the book does state that a thorough assessment before starting such a language programme is essential, not only to judge the level of the child's existing language development but to look for other handicaps particularly visual and hearing ones. I therefore feel that such a programme should be conducted under the guidance of someone who is an expert in assessing all aspects of the handicapped child and I think that parents would find it difficult to use the book without help and guidance. In comparison with other language training programmes for the more severely handicapped, this one has advantages in the care with which the language has been chosen and also in the methods in which it is taught. One disadvantage is that other aspects of development and behaviour

are not covered by this programme as they are, for example, in the Portage Programme.

GILLIAN BAIRD

The Liver and Biliary System in Infants and Children. Edited by R K Chandra. (Pp. 341; illustrated + tables. £20.00 hardback.) Churchill Livingstone: Edinburgh. 1979.

Hard on the heels of Alex Mowat's excellent book *Liver disorders in childhood*, this new volume appeared on my desk. In the publisher's prose, it is 'written by an international group of 24 highly respected authorities' and it 'comprehensively covers normal hepatobiliary structure, function, and disease'. The contributors are from Canada, India, Nigeria, the UK, and the USA. The chapters do not overlap although their titles and order are at first rather confusing. Thus, the introductory chapters on normal structure and hepatic function are followed by a brief account of liver blood supply, a description of symptoms and signs of hepatobiliary disease, a succinct review of jaundice, an erudite guide to evaluation of hepatic function, and a brief but lucid introduction to the pathological morphology of the liver. A good deal of liver disease has already been dealt with *en passant* by this stage, which is nearly halfway through the book. The succeeding chapters deal with specific entities: acute viral liver injury, fulminant liver failure, chronic liver disease, metabolic liver disease, hepatic metabolism of drugs and drug-induced liver injury (did you know that ampicillin may cause the AST to be raised or that fatal liver damage can follow barium enemas?), infections and infestations, nutritional liver disease, immunology of liver disease, portal hypertension, surgery of the liver, gall bladder and bile ducts, and a final chapter on miscellaneous disorders. It would be invidious to single out specific chapters, although clearly each varies somewhat in usefulness as a clinical guide or source of reference. I have found the book helpful in clarifying the

present state of knowledge about complicated subjects, such as the various hepatitis B particles and antibodies, and the significance of α -1 antitrypsin phenotypes. It is up to date, with references as recent as 1979: a tribute to editor and publisher alike. Faced with the difficult choice between this book and Mowat's I thank the editors of the *Archives* for kindly sending me a copy of each! For the less fortunate who must purchase his own (reasonably priced for the quality of material and presentation), I can only say that you will not go wrong with either.

J A DODGE

Modern Topics in Paediatric Dermatology. Edited by Julian Verbov. (Pp. 220; illustrated + tables. £11.50 hardback.) Heinemann Medical: London. 1979.

Paediatric dermatology is emerging in some countries as an independent specialty, and although the desirability of such a development may be questioned, it must be admitted that skin diseases in children may present special problems in diagnosis and management. In his preface to this latest volume in Heinemann's *Modern Topics* series, the editor tells us that he asked his contributors to help him produce a book 'of practical use with wide appeal containing something of interest to paediatricians, family practitioners, school medical officers, as well as dermatologists'. It is difficult to write on a specialised subject in such a manner as to inform and interest individuals who differ so widely in their training, knowledge, and experience. It is possible to do so if the field to be covered is not too extensive so that the recent literature can be selectively and critically reviewed and interpreted. Notably successful chapters in the book are 'The child and light' by Frain-Bell, 'Blistering disorders' by Bleehen and Harrington, 'Skin disorders in immunodeficiency' by Webster and Wood, and 'Steroids and growth' by Harris. However, when an author is asked to cover too large a subject in a very limited space he has only

two choices: he can adopt an elementary approach, and is then liable to provide no more information than can be found in a student's textbook, or he can aim at comprehensiveness and run the risk of producing a mere catalogue of diseases. Almost all the remaining 11 chapters have suffered because their authors have been obliged to range too widely. For example, Savin is allowed 11 pages (less the space occupied by 8 halftones) to cover all infections and infestations. It is greatly to his credit that the chapter is readable and informative, but it would have been far more so had he been asked to cover only one disease, or a small group of related diseases.

Most chapters have adequate up-to-date references, but one gives no references whatever, and some give few that are recent. In view of the wide readership to which this book is addressed, it would have been helpful had each author listed one or two standard monographs for the guidance of his nondermatologist readers. For example, the chapter on 'The newborn' could have drawn attention to Solomon and Esterly's *Neonatal dermatology* (1973), of which a new edition is in preparation.

Despite these weaknesses, this book does indeed contain something of interest to all who are concerned with the treatment of skin diseases in children.

ARTHUR ROOK

The Prevalence of Illness in Childhood.

A report of the British Births Child Study on illnesses and hospital experiences of children during the first three-and-a-half years of life. By R N Chamberlain and R N Simpson. (Pp. 142; illustrated + tables. £15.00 hardback.) Pitman Medical: Tunbridge Wells. 1979.

This monograph is based on the British Births Child Study, and records some of the important medical conditions and events in a sample of the children born in April 1970 and followed to age 3½ years. Information is given on their hospital experiences and on the incidence or prevalence of, for example, congenital malformation, infective diseases, respiratory disorders, convulsions, and accidents. Some striking facts emerge—half the children had attended hospital as out- or inpatients, and 20% had had hospital admissions. About 30% had had accidents for which hospital attention was sought.

The book is a mine of information for paediatricians interested in knowing how often the disorders they see occur in the child population at large. I found it of great value in supplementing and bringing up to date an introductory lecture to students starting their paediatric course.

However, paediatricians may have some doubts about the study which only an epidemiologist can answer. Cohort studies are time-consuming and difficult; the authors have described the difficulties with a degree of detail and honesty which sometimes makes the simple figures on prevalence hard to extract. Here are some of the problems. The original study was based on all 16 955 babies born alive in the UK in one week in April 1970. From these a random 10% sample was selected for follow-up, and the children of single mothers were then excluded 'because of the difficulties involved in tracing and examining them'. The sample followed therefore consisted of 1609 children. The authors admit that this is a small one for ascertaining the frequency of rare conditions; but actually the numbers of children it produces even with relatively common conditions are not impressive. Thus hypospadias detectable at birth seems to have vanished. There were 41 children with febrile convulsions suggesting (with some ifs and buts) an incidence of 3.7%. This figure corresponds well with that from other studies, but the total number is far too small to analyse much further, in the way that has been done so fruitfully with the 1706 children from the American Collaborative Project who had febrile convulsions and were followed to age 7.

I had greater worries over the nature of the sample, the completeness of the follow-up, and the methods of collecting information. Children of single mothers constitute a wholly disproportionate volume of the work of a paediatric department, especially in an inner city area, and their exclusion from the sample must bias the findings. The information in the study is based on examinations (and histories) made at ages 2 and 3½, but for each of these examinations only about 70% of the children were available. Finally, much of the information is based on what the mothers remembered of their children's illnesses, and this information must be more accurate for some illnesses—and some mothers—than for others. With these uncertainties, one cannot help doubting the validity of findings which seem quite unexpected—such as that

social class seems to have little effect on the incidence of respiratory disorders or of accidents (although children of working mothers were much more prone to accidents).

However, there is much in this book to interest the paediatrician, particularly the community paediatrician. It will be the starting point for many wishing to know or to study the prevalence of disorders of young children.

ROGER ROBINSON

A System of Newborn Physical Examination. By J W Scanlon, T Nelson, L J Grylack, and Y F Smith. (Pp. 96; illustrated + tables. £5.50 paperback.) MTP Press: Lancaster. 1979.

This book is an account of the authors' idiosyncratic approach to the examination of a newborn infant. Nine chapters describe the examination of particular parts of the body, including a whole chapter on the eye. There are further chapters on gestational age assessment, examination in the delivery room, and behavioural evaluation.

Although the authors are presumably not attempting to describe the examination of the ill infant—for example, the early and subtle signs of severe disseminated infection or meningitis are not mentioned—it is virtually impossible to describe some physical signs, such as oedema or hepatosplenomegaly, without alluding to signs of disease. This causes unevenness in emphasis—why mention broken bones and the signs thereof without discussing osteomyelitis or arthritis? Why mention epispadias without torsion of the testicle? It also limits the value of the book to medical staff who do, after all, have to examine sick neonates as well as healthy ones.

Provided that it is the *normal* neonate that is being examined, the descriptions are unnecessarily detailed for the houseman or resident doing routine neonatal examinations. What practising neonatologist really spends 10 minutes doing a normal neonatal examination, including 5 minutes for a fundoscopy? Is such a complex gestational assessment score necessary, particularly when much simpler and equally accurate ones exist? Do we really need yet another set of neonatal behaviour scores of dubious prognostic value? Is it really necessary to examine the