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Book reviews

Advances in the Management of Cleft Palate. Editors M Edwards and A C H Watson. (Pp. 298; illustrated + tables. £12.00 hardback.) Churchill Livingstone: Edinburgh. 1980.

This book is described by the publishers as a follow-up to Muriel Morley's *Cleft palate and speech*. As more than a decade has passed since that book's last edition this review of advances in management fills the gap. Although the editors are from the UK, the 15 contributors are from North America and Scandinavia and from this country. The scope of the book is wider than the title suggests: there are chapters on embryology, anatomical and physiological considerations, and growth and development, and P Fogh Anderson contributes a succinct chapter on 'Incidence and what is known of aetiology'.

From Edinburgh the second editor and Muriel Campbell, Nursing Officer at the Royal Hospital for Sick Children, contribute a splendidly down-to-earth chapter on the 'Management of the neonate' full of useful practical details, and for the DIY inclined there is an appendix for the construction of a modified Burston nursing frame for babies with the Pierre Robin syndrome.

The surgical chapters are comprehensive, critical, and lucid. The still controversial role of orthodontic treatment is fully and fairly discussed (T D Foster). So is hearing loss, the almost inevitable middle-ear effusions, and the evidence (or rather lack of evidence) about the efficacy of treatment by myringotomy and grommets (Ruth Lencione).

There is a mass of information about the speech and language aspects of cleft palate but some of it is uncritically presented and opinion is not always supported by facts. Here the somewhat turgid style, sometimes verging towards jargon, makes hard reading.

Each chapter is supported by up-to-date references. The drawings are clear and helpful, the numerous photographs uniformly excellent. The common goal of treatment of the child with a cleft palate, writes D R Millard, is that he should 'look well, eat well, and speak well'. This is a valuable, up-to-date, comprehensive guide to that journey.

DEREK C ROBINSON

Essential Paediatrics. By D Hull and D I Johnston. (Pp. 316; illustrated + tables. £17.00 hardback, £10.00 soft cover.) Churchill Livingstone: Edinburgh. 1981.

A new student textbook of paediatrics is not necessarily very warmly welcomed, for already there are so many small and medium sized ones that it is difficult for the student to choose. However, this one certainly deserves a warm welcome. It is a book genuinely planned to meet the needs of the medical student learning paediatrics, and written by the members of the Nottingham Department who have developed a highly successful paediatric teaching programme in a new medical school. The book looks attractive, mainly because of the copious illustrations consisting of 2-colour line drawings and charts which are excellent, and studying these alone would give the student a strong grounding in paediatrics. Some contain well presented and easily understood numerical data—for example about mortality rates, the frequency of occurrence of different conditions, and the clinical features of particular disorders. Such data are particularly welcome in a small textbook and may encourage the student to pursue the references. There are no photographs, the line drawings being left to do all the illustrative work. They seem to me to fail only when they attempt to portray abnormal facies.

The obvious book with which to compare it is *Lecture notes on paediatrics* by Meadow and Smithells. The two books have much in common in their approach and presentation, and both are by excellent teachers who know what the present-day paediatric student needs. Each is clearly written and shows awareness of the common and important problems in child care, and of the social and epidemiological background of paediatrics. Hull and Johnston is longer, with somewhat more text and about three times as many charts and illustrations. In the text there is not much to choose between the two, but Hull and Johnston certainly has the edge on the illustrations. Neither wholly overcomes the problem that a book designed to give a student the essential information he needs and nothing more may seem inadequate when it comes to the description of the disease in a particular patient. Because of its greater length Hull and Johnston is perhaps better in this respect. With this reservation both books are excellent and the student will do well with either. If he has more cash and likes more meat in the way of numerical data and physiological explanations he may prefer Hull and Johnston.

The fairly new Department of Paediatrics at Nottingham has been highly effective both in research (as shown by the large number of papers they have published in the *Archives* in the last few years) and in teaching, as I can testify having been their external examiner. Both aspects of their success shine through in this attractive textbook.

R J ROBINSON

Genetic Metabolic Diseases. Early Diagnosis and Prenatal Analysis. By Hans Galjaard. (Pp. 880; illustrated + tables. $139.25 hardback.) Elsevier/North Holland: Amsterdam. 1980.

This book deals with the inherited disorders of metabolism that can be diagnosed prenatally. Others, such as phenylketonuria or glycogen storage disease type 1, are not discussed.

In the first chapter the incidences and recurrence risks of genetic disorders are dealt with (including chromosomal and developmental). Molecular effects of genetic mutation are then described, before turning to practical applications—such as the importance of prevention by genetic counselling and prenatal monitoring.

The second chapter begins with a general discussion on recognition of clinical features and pathological manifestations which allow early diagnosis of genetic enzyme defects. It is comprehensive and even includes peripheral material—such as Apgar scoring and data on normal rates of growth and development—the last being illustrated by 18 photographs and 2 tables.

The rest of the second chapter, about half the book, deals systematically with 60 genetic enzyme defects. For each disorder there is a historical introduction followed by descriptions of the clinical and pathological features and the molecular defects. Molecular defects are