
At an absolute minimum 3 per thousand children in the UK have been sexually abused at some time in their childhood; this was the conclusion drawn by Mrazek, Lynch, and Bentovim from a survey they conducted by questionnaire and which they report in chapter 4 of this book.

Despite this, well over two-thirds of the 143 British paediatricians replying to the questionnaire had never seen a case; the authors suggest that there is a denial and avoidance of child sexual abuse similar to the attitudes of professionals towards physical abuse 20 years ago.

It seems that those of us who have a responsibility for child care have a lot to learn about the sexual abuse of children and this book is a good place to begin. There are contributions on various aspects of the problem by 18 authors, most of them colleagues of the editors in Denver, Colorado, and the subject matter, which is based mainly on American experience and practice, is arranged in five parts: recognition, the law, psychodynamics, treatment, and prognosis. The sections on the British survey and on the medical management are perhaps the most helpful for British paediatricians. Because most of the contributors are American psychiatrists and social workers the style and language will be difficult for British medical readers to understand. However, with a little effort it should be possible to grasp the meaning of such phrases as 'family disqualizer' and 'spouse subsystem'.

Any book on child abuse with Henry Kempe's name on the cover should be worth reading and this one is no exception.

A D M JACKSON


This was written by a senior registrar and a senior lecturer in paediatrics and they have tried to provide more than just an account of the care of normal babies without creating a textbook of neonatal intensive care. It was meant for junior medical staff as well as nurses and midwives taking advanced diplomas, and in general it fulfils its intentions.

The opening chapters discuss the challenges of perinatal care and prenatal influences on the baby, and are followed by chapters on resuscitation and care of normal babies. There is a series of chapters on particular problem areas—such as low birthweight babies, respiratory difficulties, nutrition, congenital malformations, birth trauma, jaundice, bleeding, neurological problems, and infection. Short chapters on the large-for-dates baby, the problems of coping with stillbirth, neonatal death, deformity, and handicap, and on perinatal care in developing countries complete the main text. Chapters are followed by suggestions for further reading and the appendix includes some normal values, standard drug doses, a list of addresses of well-known paediatric societies and associations, and two methods for assessing gestational age.

The book will help a junior paediatrician in a district general hospital to establish a baby on a ventilator and sustain it at least until the flying squad team arrives, but perhaps a too detailed account of intravenous feeding and the insertion of a central venous line is given. On the other hand, tolazoline, a potentially hazardous drug, is mentioned in one sentence which gives precise dosage but does not mention side effects.

This fits into a doctor’s white coat pocket and contains many diagrams, graphs, tables, and black and white photographs, most of which show what they are supposed to show.

D G MC

Shorter notice


The booklet contains about 350 multiple choice questions of the popular 'determinate response' format in which a common stem is followed by 5 independent true/false items. The questions are grouped into 19 subject sections each of which corresponds to a section of Forfar and Arnell's Textbook of paediatrics. The answers are printed on the reverse side of the page on which the questions are posed, which makes for easy use as well as easy cheating.