

## Book reviews

**The Practice of Pediatric Neurology**, second edition. Edited by K F Swaiman and F S Wright. In two volumes. Pp. 1446: £125.00 hardback. St Louis: Mosby, 1982.

The first edition of this magnificent two-volume textbook was reviewed fully and favourably (*Arch Dis Child* 1976; 51: 993). A massive textbook is particularly difficult to review without testing it in use and it is therefore right to ask how helpful the first edition has proved to be, as well as looking at the changes and additions to the second.

There can be little argument that Swaiman and Wright has proved the best textbook of paediatric neurology. It is more complete than any other and its quality is generally very high. The only textbook which contains more is the superb *Handbook of clinical neurology*, edited by Vinken and Bruyn which has now reached 42 volumes, but it is not confined to paediatric neurology, is not readily accessible, and has no comprehensive index.

The second edition has the same attractive layout as the first, but contains 240 more pages, representing the addition of new material. CT scanning, probably the major change in neurological practice since the first edition, is described very briefly in a new section on neuroradiology, which disappointingly does not correlate the appearances with the neuro-anatomy. Many of the scans throughout the text are of poor quality and are inadequately described. Other changes are better. The monitoring and treatment of increased intracranial pressure are now more fully discussed, though they have become such a central part of acute paediatric neurology that still more space could have been given to them. There is a good, new section on cerebral blood flow and the blood brain barrier. The sections on metabolic and degenerative diseases, excellent in the previous edition, have been expanded and brought up to date.

Controversial areas are sometimes dealt with rather summarily. Dietary treatment of hyperactivity has only 9 lines; scientifically it may deserve no more, but the practising paediatrician or neurologist needs more in order to answer parents' questions. The argument about the neuropsychological consequences of low-level lead exposure is barely mentioned.

The second edition is not fundamentally

different from the first, though it is an appropriate and up-to-date revision seven years on. Those who have access only to the first edition are not being greatly deprived, but departments who do not possess it should consider purchasing the second edition, for they will find no better reference source on this subject. It could be a suitable gift from one of those benefactors who often want to give something to the children's department at Christmas.

R J ROBINSON

**Respiratory Failure in the Child**. Edited by G A Gregory. No 3 in Clinics in Critical Care Medicine Series. Series Editors I M Ledingham and A Grenvik. Pp. 205: £21.00 hardback. New York: Churchill Livingstone, 1981.

According to the editor the purpose of this book was to provide information on the diagnosis and treatment of respiratory failure in children who are beyond the first month of life. With this in mind 17 paediatricians and anaesthetists, who work in centres of excellence in North America, have written 10 chapters covering the diagnosis of respiratory failure, management of endotracheal tubes, ventilatory techniques, and the monitoring and adverse effects of IPPV. The remaining chapters provide information on the management of upper airways obstruction, respiratory problems secondary to cardiac disorder, pneumonia, status asthmaticus, and chronic lung disease.

The text is clearly written, well indexed, and easy to read. Inevitably there is some overlap between chapters and there are areas in which management relates to practice in America and would not be generally acceptable here. For example, the first treatment of status asthmaticus is intravenous aminophylline rather than nebulised beta-2 stimulants, and CPAP pressures of up to 25 cmH<sub>2</sub>O are recommended. There is also a suggestion that babies with bronchopulmonary dysplasia respond to intravenous aminophylline and to nebulised beta-2 stimulants.

My main criticism is that an opportunity to provide highly practical advice has been missed. For example, there is virtually no information on how to intubate or fix endotracheal tubes and surprisingly little on

the practical aspects of ventilation management. There is no information on the treatment of acute bronchiolitis, probably the most common cause of respiratory failure in the first year of life, and virtually nothing on lobar emphysema. Instead many of the authors have written long, and often not particularly helpful, pathophysiological preambles. Some of the tabulated information is wrong—for example, the vital capacity is quoted in one place to be 10 to 15 ml/kg—and there are a number of flow diagrams that are found confusing.

Despite these criticisms there is useful information in the book and I recommend that it be available to all staff working on paediatric intensive care units.

A D MILNER

## Shorter notices

**Myocardial Infarction at Young Age. International Symposium held in Bad Krozingen, 30–31 January 1981**. Edited by H Roskamm. Pp. 228: \$19.60 hardback. Berlin: Springer, 1981.

This is a collection of papers reviewed on myocardial infarction in patients under age 40 years. It deals with epidemiology and risk factors, angiographic findings, pathogenesis, and medical and surgical treatment. Included are sections on prevention of sudden death, psychological factors, and rehabilitation. The problems of myocardial infarction with normal coronary arteries, infarction during peak exercise, and infarction in young women are all reviewed. It is a valuable book for all those concerned with coronary artery disease in the young patient.

**Paediatric Emergencies. A Practical Guide to Acute Paediatrics**. By T Lissauer. Pp. 328: £12.95 hardback. Lancaster: MTP Press/Update Publications, 1982.

This is a practical guide that is intended for the junior doctor. It covers management of the most commonly occurring acute paediatric problems, ranging from the febrile child and acute abdominal pain to diabetic ketoacidosis, and only briefly refers to long-term management. The conclusion of a chapter on neonatal resuscitation is welcome, as are the sections on accidental poisoning and child abuse. It is well illustrated and, despite being concise, is pleasantly readable.