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### . . . And children first?

Sir,

I can assure Professor Smithells<sup>1</sup> that most women in Liverpool (and presumably in Leeds also) go to work not because of what they have read from female journalists but to keep themselves or their family out of poverty. It is not uncommon for the woman to be the only breadwinner in a family.

It is disappointing that while Professor Smithells is happy to criticise teachers and journalists his criticism of paediatricians is less forthright. The truth is that the BPA and its journal *Archives of Disease in Childhood* have remained silent on the major social issues that affect the health of children for too long. To give but a few examples:

(1) Smoking. Why is it only the BMA that is issuing press statements on tobacco advertising when it is in childhood (primary and secondary school) that smoking is started. Paediatricians should be at the forefront of the medical profession's campaign against smoking.

(2) Car safety. The excellent article by Sprigg<sup>2</sup> would have benefited from a short editorial endorsing the suggested recommendations and an accompanying press release. If it is not BPA policy to try and save children's lives by legislation then it should be.

(3) Breast feeding. This is emphasised by David Morley as a priority in the Third World;<sup>3</sup> is it not also a priority in the United Kingdom? The silence of British paediatricians with regard to the WHO code of marketing of breast milk substitutes is scandalous.

(4) Poverty. With nearly one in three children living in poverty<sup>4</sup> this is a major issue that directly affects child health—both physically and mentally. Should we not put pressure on the government to increase child and supplementary benefits?

(5) Unemployment. It is now accepted by a majority of schoolchildren in inner city areas that they will not get a job when they leave school. What is the psychological effect of the threat of unemployment on these children? Again the discussion on unemployment and health within the medical profession has been ignored by paediatricians.

The medical profession is one of the most powerful pressure groups within the country. There is no doubt in my mind that paediatricians if seen to be campaigning for the rights of children could be very effective—both in terms of changes in legislation and also by utilising the

mass media to get our message across to children. The question that remains is what will it take to get paediatricians into action?

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Professor Smithells comments:

Sir,

I would not take issue with anything Dr Choonara writes. I appreciate that mothers may have to go out to work for economic reasons, although my comment specifically excluded single parent families. The breast feeding/milk advertising issue is of principal importance in the Third World, whereas I was writing about English children. The other four specific issues mentioned by Dr Choonara are not primarily medical. Nevertheless, I asked 'Are paediatricians doing all they can . . .?', the implication being that I think not; and publication in *Archives* makes clear to whom my comments were primarily directed.

Sir,

Dick Smithells' provocative opening remark in his 'Point of View' paper<sup>1</sup> evokes a response in one who some years ago gave up the somewhat unequal struggle of supporting children against some aspects of British society today. He says 'Why do the English dislike children?' Why stop at the English: the inclusive term British might have been more appropriately used.

Professor Smithells only partially answers his own question, which reminded me of a comment made by a contemporary of mine many years ago in reply to a similar question. My colleague said 'The British don't actually dislike children, they just like dogs more.' Near as we are to the 21st century many British parents (some of whom are politicians and leaders of one sort or another) still cling to the tenets of the 19th century in rearing their children: 'don't spoil the brats, bring them up tough, build their character'. In short the 'stiff upper lip' syndrome is alive and well.

It has always seemed to me not without significance that our country has the *Royal Society for the Prevention of Cruelty to Animals*, the *Royal Society for the Protection of Birds*, and the *National Society for the Prevention of Cruelty to Children*.

Children have no votes and some politicians are content to leave them in a subsidiary, if not second class, position:

many parents are preoccupied with other things and, worst of all, have received no instruction in the arts of parenting. Surely this should now become a priority in education, and Tim Chambers' comment<sup>2</sup> on this subject in the same issue is highly apposite. Until we produce a generation (from which will come tomorrow's leaders) who respect and understand the needs of children we are unlikely to make much progress.

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Professor Smithells comments:

You, Sir, asked me to consider using 'British' rather than 'English' as a matter of editorial policy, and Dr Creery asks

for another reason. I was anxious not to generalise beyond personal experience. I also have a sneaking suspicion that in some respects at least, such as an appreciation of education, the Scots (perhaps the Welsh, too) may be less culpable than the English. Our hearts bleed for the children of Northern Ireland, but their cycle of violence is attributable, not to their parents, but to terrorists, most of whom appear too young to be able to think a generation ahead.

The NSPCC/RSPCA comparison is an old favourite, but not to be pressed too far. The NSPCC obtained its Royal Charter from Queen Victoria in 1895 (admittedly 70 years later than the RSPCA) and enjoys royal presidency and patronage. Its Scottish counterpart was granted a Royal Charter in 1922 and has been the RSSPCC ever since.

The most important point in Dr Creery's letter is in his opening sentence: 'some years ago' he 'gave up the somewhat unequal struggle of supporting children...'. 'Alone he cannot make progress; nor can I; nor, individually, can the many kind people from whom I have received messages of agreement. It is paediatricians collectively, through a strong national organisation and in concert with other professional and voluntary bodies that care about children, who must be joint advocates for the next generation.'

## Book reviews

**Ultrasound of the Infant Brain.** Clinics in Developmental Medicine no 92. By M I Levene, J L Williams, C-L Fawer. Pp 148: £12.50 hardback. SIMP/Blackwell Scientific, 1985.

The diagnosis of intraventricular haemorrhage in the newborn no longer depends on the finding of blood in the lumbar CSF and the arguments about whether it was a 'bloody tap'. We now have ultrasound and no major special care baby unit worth its salt would be without its scanner. Many of us using the technique are self taught, and with the increasing proliferation of machines and interest in this field a neonatal brain scanner's handbook has become an urgent need. This book admirably fulfils that need. In 13 chapters the authors cover the whole field of neonatal cerebral ultrasound scanning, including a chapter on the spine. Following a simple lesson in physics there is an important chapter on scanning techniques and normal anatomy. There are separate chapters on intracranial haemorrhage, periventricular haemorrhage, and its sequelae which relates to the development of ventricular dilatation and pencephaly rather than neurological handicap, which is beyond the intended

scope of the book. Intracranial cysts, non-cystic malformations, miscellaneous anomalies such as cerebral oedema, calcification, tumours, atrophy, and hydrocephalus are all discussed. There is a chapter on ultrasound appearances in the congenital TORCH infections and in acute meningitis. Finally, a comparison of ultrasound with computed tomography and nuclear magnetic resonance. The text is succinct and directed to the ultrasound appearances and interpretations of the disorders mentioned rather than to their aetiology, pathology, or management. There are over 200 scan pictures with explanatory diagrams and autopsy specimens. Each chapter has a comprehensive list of references.

I would recommend this book to all neonatal scanners to be kept near the machine as a reference atlas. My only caveat is the usual problem of the way *x* rays and scan pictures look so clear on the screen but are so disappointing when produced in books. All the scan pictures in this book are interpretable and some come out well, but many are rather dark and need close scrutiny. Nevertheless, well worth the money.

BRIAN SPEIDEL

**The Epilepsies.** Edited by R J Porter and P L Morselli. Pp 396: £36.00 hardback. Butterworths, 1985.

This book consists of 17 scholarly, well referenced chapters dealing with scientific and practical aspects of epilepsy, directed at neurologists and 'those in related fields'. It is one of the Butterworths International Medical Reviews in Neurology (the successor to Modern Trends) in which the series editors Marsden and Asbury aim to emphasise how basic research may change clinical practice. In this it succeeds and must therefore be seriously considered by the many readers of the *Archives* who are concerned with the problems of seizures.

The authors, mostly from the United States, some from continental Europe, are predominantly neurologists or neuroscientists without a specific interest in childhood, but there is much to interest paediatricians. Basic biochemical (neurotransmitter) and neurophysiological chapters are welcome, although these fields rapidly advance. The mechanism of action of antiepileptic drugs is discussed in considerable detail, but the reader should question whether the various proposed