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Book reviews

Hemorrhagic and Thrombotic Diseases in Childhood and Adolescence. By J J Corrigan Jr. Pp 216: £29·50. Churchill Livingstone, 1985.

A book that in its preface purports to present the essentials of normal and abnormal haemostasis in a practical concise manner for paediatricians should surely be welcomed, provided these laudable aims are satisfied. Unfortunately, this single author book fails to live up to expectations and will disappoint the practising paediatrician. The book is, in the main, descriptive rather than practical and accordingly loses much of its potential appeal.

There are six chapters. The first chapter defines the terms and describes mechanisms of haemostasis and fibrinolysis but is patchy and difficult for the non-specialist to follow. A potentially important contribution on the development of haemostasis in the fetus and newborn is restricted to one scanty paragraph, surely inadequate when compared to the detailed description given to the biochemistry of the vitamin K cycle.

The second chapter has a strong transatlantic bias in describing the clinical and laboratory evaluation of children with haemostatic defects. One or two of the flow charts could be useful for student teaching, but, in general, there is an implied lack of discrimination in investigation. Perhaps the tenor of this chapter is best illustrated by a detailed discussion of the need for routine preoperative haemostatic evaluation.

The four remaining chapters deal with the clinical manifestations and management of childhood haemorrhagic disorders, thrombotic disorders, and consumption coagulopathies.

The sections on idiopathic thrombocytopenic purpura and haemophilia are two examples of topics given an interesting, personal, and practical perspective that much of the book disappointingly lacks. Even within these sections there are omissions. The haemophilia section contains just two short paragraphs on the acquired immune deficiency syndrome and fails to mention HTLV III/LAV or associated problems, surely unacceptable in a book published in 1985. I find it difficult to recommend this book in its current form. There is inadequate detail for haematologists or specialist paediatricians and the lack of practical perspective limits its suitability for general paediatricians. The one group who might conceivably benefit are doctors preparing for postgraduate examinations in paediatrics or haematology, but I feel this book offers little not already found in several well known general books on paediatric haematology.

I J LEWIS

Neonatal and Pediatric Respiratory Medicine. Edited by A D Milner, R J Martin. Pp 242: £40·00 hardback. Butterworths, 1985.

This is a volume of 11 reviews by authors from the United States, Australia, and the United Kingdom. As the editors have remarked each subject has been chosen either because it is controversial or because it is a topic about which there has been rapid progress in recent years.

The reviews range from those of general interest, such as resuscitation of the newborn and obstruction of the upper airways, to those of more specialist interest, such as regulation of respiratory muscles in children, high frequency ventilation, and cardiorespiratory monitoring in sudden infant death syndrome. The average reader will find much of the physiology discussed in these latter three chapters rather difficult. Other subjects covered are about the use of the fibreoptic bronchoscope in infants, bronchopulmonary dysplasia, the lung in immunological disease, bronchial responsiveness, and allergy and infection in cystic fibrosis. The book concludes with a chapter on the outcome of respiratory disease in childhood. This successfully manages to document a massive quantity of information from population surveys and follow up studies in a well presented and digestible form.

Each author has himself made a considerable contribution to the field he discusses. The chapter on bronchoscopy is a particularly fascinating report; the findings in 613 infants (mean age 3·6 months) who have been bronchoscoped are presented, an account of personal experience unlikely to be repeated.

Although the information is detailed, comprehensive, and extensively referenced it remains for the most part accessible. The standard of presentation is high throughout, a welcome feature of a multi-author collection. The editors are to be congratulated on the balance of their choice of topics. The book is intended primarily for neonatologists and general paediatricians, but many readers outside these categories will find subjects of interest to them.

SHEILA MCKENZIE

Diarrhoeal Disease and Malnutrition. A Clinical Update. Edited by M Gracey. Pp 230: £30·00 hardback. Churchill Livingstone, 1985.

This 'clinical update' on the most important paediatric problem in the world begins with global statistics and an overview and ends with the World Health Organisation's response. In between, chapters include accounts of diarrhoea pathogenesis, gut immunity, the physiological basis of oral rehydration therapy, and a highly practical chapter on bringing oral treatment for diarrhoea to those who need it most. Each of the 14 chapter authors writes from vast experience. Inevitably, there are variations in style and approach. For example, the chapters on viral diarrhoea and parasitic infections are straight fact filled microbiology, while that on bacterial diarrhoeas is largely a fascinating account of transmission by contaminated food and water. These different emphases appropriately reflect priorities. The repetition that is often a feature of multi-author books is largely avoided, though perhaps one really good account (rather than three) of the biochemistry of secretory diarrhoea would have sufficed.

Paediatricians in less developed countries struggling with the problem of chronic diarrhoea may be disappointed that the full account of lactose intolerance is not accompanied by fuller sections on cows' milk and other protein intolerances and on management. The temptation to prescribe antidiarrhoeals and antibiotics in these children is strong, and the chapter on drug treatment is appropriately cautious and cautionary.

This is a readable and well referenced review of the last decade's advances that should be available in the library to stimulate and inform our students and MRCP

candidates but that is primarily targeted at the 'paediatricians, nurses, primary health workers, public health workers, medical administrators, and policy makers' who work with the children of the world's poor.

M S TANNER

Sickle cell disease. By G R Serjeant. Pp 478: £35·00 hardback. Oxford University Press, 1985.

Dr Serjeant is Director of the Medical Research Council Laboratories in Jamaica where there are 2000 cases of sickle cell disease under study with an additional 550 children followed from birth in a special cohort study. He describes the structure of haemoglobin, the distribution and different types of the disease, its pathophysiology, the effects on different organs, and its treatment and epidemiology. There are 90 pages of references and good illustrations—in particular, some excellent pathological photographs by Dr L W Diggs of Memphis.

Paediatricians who look after cases of sickle cell disease will find out all about features as disparate as nutrition and growth, the hand-foot syndrome, cardiac function, and immunological state. Dr Serjeant is not an enthusiast for folate supplements. Prevention of pneumococcal sepsis in Jamaican toddlers and infants called for regular monthly injections of penicillin at home by nurses. Pneumococcal vaccine is recommended at 2 and 4 years.

The book is nicely set out and well written, with a good selection of figures and tables. I had expected a personal account of sickle cell disease in the West Indies but found an extensively referenced monograph on the clinical and scientific aspects. Sickle cell disease is, however, not only a physical illness: it produces major effects on the social and emotional lives of its sufferers. These are hardly touched on. In a chapter on the painful crisis only a couple of pages cover treatment, with two skimpy paragraphs on pain relief. Dr Serjeant acknowledges that the management of pain is heavily influenced by social and cultural factors; but even so, it seems that Jamaican patients get very little analgesia, and what there is is very simple. In this country control of painful crisis is a major problem for those affected and their doctors. Another subject of current interest is antenatal diagnosis; but its value is only briefly discussed. Its role in Jamaica is dismissed in four lines. What this book does best, and does well, is to describe the physical effects of sickle cell disease.

D I K EVANS

Genetic Biochemical Disorders. By P F Benson, A H Fensom. Pp 670: £55·00 hardback. Oxford University Press, 1985.

This book is designed to help paediatricians and others to diagnose and manage inborn errors of metabolism. It summarises the clinical and biochemical features of over 200 disorders grouped according to the area of metabolism affected. The biochemistry is well explained and the results of recent experimentation authoritatively discussed. Clinical descriptions are in general adequate, although some helpful points are omitted—for example, mouth ulceration and recurrent otitis in type 1B glycogen storage disease, hypotonia with hyperreflexia in some of the organic acidaemias. Differential diagnosis is seldom discussed, and if you require a list of biochemical tests you should consider in a child presenting with recurrent encephalopathy or with developmental delay and coarse facial features you will have to construct your own as you read this book.

Advice to the paediatric chemical pathologist is patchy. In the chapters on mucopolysaccharidoses and disorders of glycoprotein catabolism there are details of which substrates are to be preferred for enzyme assays, but the urea cycle disorders are discussed without any reference to the pitfalls of estimation of plasma ammonia concentration, and urinary organic acid determination is deemed too complex to be discussed at all. Treatment is covered, but details of management of the acutely ill metabolic patient are lacking. Prenatal diagnosis is authoritatively discussed, and the book has a very comprehensive reference list (occupying 185 out of 670 pages). Comparison with *The Metabolic Basis of Inherited Disease* by Stanbury *et al* is inevitable. The authors have succeeded in covering most of the same ground in a smaller and cheaper volume, thus answering the prayer of every new junior doctor on the metabolic unit. I will suggest they read it, but I continue to nurture the hope that someone will write a problem orientated metabolic book. Such a book would be more likely to increase the number of diagnoses we make than this one.

PETER CLAYTON

Hyperactivity: Diagnosis and Management. By M Prior, M Griffin. Pp 282: £14·95 hardback. William Heinemann, 1985.

Hyperactivity is a tricky subject.

In the first part of this book the authors describe their understanding of hyperactivity and its relation to other disorders, suggested causes, and contributory factors. The second part discusses management techniques, with a good deal of practical detail. Professor Rutter's introduction commends the book but highlights many of the uncertainties in dealing with the topic. The point is well made that young children almost never refer themselves for diagnosis and treatment but are seen because someone else finds their behaviour uncomfortable and disturbing. It would be interesting to know more of the children's views.

Attempts to distinguish hyperactivity from a situation dependent conduct disorder do not seem fruitful. The pseudospecificity of the term 'attention deficit disorder' is also unsatisfactory. On the whole, children are more active than adults would like them to be.

There is a useful discussion of adolescence and prognosis into adult life. The references are extensive, up to date, and international, being mainly drawn from the psychiatry and psychology published works.

Although the authors have been diligent and it is difficult to disagree with much of the content, the style is slow moving. It sent me to sleep!

IAN MCKINLAY