

examination); and concentrated rather more on the 'knicker up/down' approach. Certainly they did emphasise that buggery is much more common than previously suspected, as is sexual abuse of boys.

The chapters on helping young children describing their experiences and family assessments were good. The chapter on the group therapeutic work is excellent, and with further experience in the field, may produce part of a therapeutic input that indeed may have great influence on family healing.

In summary, patchy, but quite excellent in part.

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**A Practical Approach to Pediatric Otolaryngology.** By C M Myer III and R T Cotton. Pp 247: £28.50 paperback. Wolfe Medical, 1988. ISBN 0-8151-1865-1.

There are very few books available specifically on paediatric otolaryngology which is, perhaps, surprising in view of the number of children who present to general practitioners and paediatricians with disorders of the ear, nose, and throat. Myer and Cotton have produced a readable book which all doctors who look after children will find useful. They sensibly assume a low level of basic knowledge and the first chapter is devoted to the anatomy of the relevant structures and their examination. After this is a brief chapter on audiological examination that summarises the methods available and emphasises their shortcomings, particularly in very young children. The remainder of the book deals with disorders of the ear, nose, and throat in a problem orientated way. As well as chapters on otitis media, nasal obstruction, dizziness, and other topics one would expect to find,

the authors have extended their brief to include sections on language disorders, facial paralysis, and salivary gland disease. The result is a comprehensive, though not exhaustive, book that encourages a logical approach to the disorders encountered in everyday practice and perhaps most importantly, indicates when specialised help should be sought.

The book has few failings. All the illustrations are in monochrome and of generally good quality but photographs of the tympanic membrane and of the larynx would have been greatly enhanced by colour. There are several useful algorithms but it is difficult to follow some of these because of their small print size. There is an otherwise useful chapter on facial trauma in which no mention is made of non-accidental injury and its characteristic physical signs. Nevertheless, I would recommend this book to general practitioners and the libraries of paediatric and accident and emergency departments.

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**Assuring Quality Out-Patient Care for Children. Guidelines and a Management System.** By C D Cook and J Heidt. Pp 197: £27.50 hardback. Oxford University Press, 1988.

Although readable and interesting, the title of this American book is misleading. It bears no relationship to my own hospital outpatient practice. It is about a computerised management system that involves guidelines, decision trees, structured encounter forms, and parent education material—for acute conditions that are usually dealt with in this country at the primary care level or as a direct acute hospital admission. It costs \$35 000 per hospital to implement and \$7.85 per case!

The book is based on the author's experience of this system in a downstate New York paediatric ambulatory care service, which is dealing with 200–600 walk in patients daily. The patients often had to wait up to six hours to be seen by the next available paediatrician of whom there are over 100 working in a given month! Eighty per cent of the patients present with either upper respiratory infections, pneumonia, diarrhoea and vomiting, acute abdominal pain, urinary tract infections, wheezing, or seizures. The whole book, therefore, is directed solely at these disorders.

Although an immense amount of work has been achieved, the approach is typically American—for example, the decision trees are branched with cut off values for age, specific temperatures, and the proverbial white cell count and its shift to the left. Specific drug therapies are often not pertinent to this country—for example, salbutamol is not part of their armamentarium for the treatment of asthma. Otherwise most of their management strategies and guidelines I would have little to disagree about. The parent education chapter particularly contains useful material that we could all use. I was disappointed that the ingredients of the 'pudding' take up the first 182 pages, yet the results of implementing the system and the 'proof in the eating' is covered in just over nine pages. What few data they give are impressive, showing better antibiotic prescribing, improved clinical recording of information, and a decrease in the number of investigations ordered.

The book would be better entitled 'Standard Setting and Performance in General Practice' but as the authors state on the last page that 'the system cannot be a substitute for inadequate resources' I cannot see that its aims could ever be achieved in this country, however laudable. Don't waste your money!

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