The documentation of adverse events rather than the legal implications of such events also deserves more emphasis. One of the purposes of a clinical trial is to compare adverse events during drug treatment with adverse events occurring coincidentally or due to the disease irrespective of treatment. The patient of course must be informed of all reasonable anxieties about side effects. However, it is not enough to say 'This treatment may make you sleepy or constipated.' It is better to say 'This treatment may make you sleepy or keep you awake; it may make you constipated or give you diarrhoea.' Discussion with the patient about serious and permanent side effects is a different matter.

At £4 this is a good buy. It is not a substitute for a thorough understanding of the design of clinical trials, and ethical committees should not be persuaded that because an impressive and thorough protocol has been filled out the trial is necessarily scientifically valid.

S MCKENZIE

Liver Disorders in Childhood. By A P Mowat. Pp 408: £40 hardback. Butterworth Scientific Ltd, 1987. ISBN 0407-00480-7.

This book is the second edition of a volume that first appeared in 1979. As such it has been completely revised and updated to include the major advances that have occurred in the intervening period. In addition, there is a new chapter on the subject of liver transplantation. It is written primarily for clinicians, especially paediatricians, paediatric surgeons, and gastroenterologists, but it is also aimed at pathologists, biochemists, and laboratory research workers who are involved in liver disease in children. A lack of clinical training will not inhibit easy understanding of the relevant sections, particularly those related to inborn errors of metabolism in which the biochemistry is explained in clear terms.

The book can loosely be divided into three sections. The first two chapters deal with the anatomy and physiology of the liver and biliary tract, and the last two with

the laboratory assessment and investigation of hepatobiliary and biliary tract diseases. These last two are perhaps best read before embarking on the bulk of the book that consists of 20 chapters that cover the whole range of disorders of the liver and biliary tract. Some of these deal with conditions such as hepatitis and cholestasis in infancy, fulminant hepatic failure, chronic hepatitis, and cirrhosis which may arise from different aetiologies; others deal with disorders of related aetiology such as viral and non-viral infections, inborn errors of metabolism, and toxins. There are several chapters devoted to individual disorders such as Reye's syndrome, Wilson's disease, Indian childhood cirrhosis, and the complications of cystic fibrosis and sickle cell disease.

Written by an author who is pre-eminent in the field of childhood liver disease, it draws upon an unparalleled wealth of clinical material and is written in a clear style which is readily comprehensible to all who may wish to read it. Each chapter is peppered with statements of fact that are clearly based on this experience and do not have the air of being unsubstantiated dogma which has been 'handed down from Galen.' A minor quibble is that biochemical values are usually (though not consistently) noted in conventional units and translated (occasionally incorrectly) into SI units. I would have preferred the latter throughout but this does not detract from the value of this book as a welcome new edition that should be available in all departments of paediatrics.

J ALLGROVE

Clinical Care of the Diabetic Child. By Allan L Drash. Pp 135: no price stated, softback. Year Book Medical Publishers, 1986.

This book by the director of paediatric endocrinology at the Children's Hospital in Pittsburgh covers in 118 pages the epidemiology, aetiology, diagnosis, general outpatient management, and prevention of childhood diabetes. By avoiding details of

management it succeeds in travelling well across the Atlantic.

There are many nice touches illustrating the broad experience of the author with both children with diabetes and the literature (the book finishes with 200 references reflecting the recent literature up to 1986). These include forthright statements discriminating between clinical and research tools, and the use of immunosuppressants to prevent insulin dependent diabetes mellitus in healthy children at high risk put firmly in the latter category.

Despite its small size the book includes reference to such fascinating speculation as the protective effect of breast feeding against development of diabetes mellitus and the story of the Samoan children who moved.

Treatment goals are clearly defined and our limitations in reaching them discussed.

The management approach described might be considered conservative or realistic; I find the emphasis on avoiding harm due to therapeutic over optimism attractive; thus in Professor Drash's unit special care is taken to avoid hypoglycaemia in children under 5 years in case it leads to intellectual stunting, and before puberty most children with 'satisfactory metabolic status' are on one injection of insulin a day. 'The primary hazard to the intensive insulin approach' is noted to be 'failure resulting in frustration, disappointment' and the resulting pressure to falsify records or abscond from treatment altogether is highlighted.

Mixed beef/pork insulins get a better press than we might give them, partly on financial grounds, and the belt and braces approach to monitoring including glycated haemoglobin, capillary blood glucose monitoring, and regular 24 hour urinary glucose determinations will appeal to few children or their doctors in this country.

If I was a child with diabetes I would trust Professor Drash—he makes it clear that despite my best efforts, achieving near normal metabolism with the limited tools available is as much due to physiological luck as to family judgment. This is a good introduction to current outpatient diabetic care for students and junior doctors.

A-L KINMONT