development of motor control, intestinal motor activity in the preterm infant, and the development of the lower oesophageal sphincter in the preterm infant. The second section deals with disordered oesophageal function in two chapters. One deals with gastro-oesophageal reflux in infancy. The second deals with reflux and chronic bronchopulmonary disease. The third section covers small intestinal disorders and colonic function in five chapters. The first is on intestinal pseudo-obstruction and the last on constipation. The final section covers therapeutics and the use of prokinetic agents.

Despite its multiauthorship Peter Milla has achieved a cohesiveness of style, clarity, and brevity. Each chapter has useful references. It is inevitable that there will be a slight degree of overlap between different authors but this is a minor fault in a book that should be useful in the understanding and management of this difficult area of paediatric gastroenterology. It should find a useful place in the libraries of general paediatricians as well as of those working entirely in paediatric gastroenterology.

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Treatment and Prognosis: Paediatrics. By
G S Clayden and R L Hawkins. Pp 370:
£17.50 paperback. Heinemann Medical

This volume is one of the Treatment and
Prognosis series, a multiauthor text edited
by Clayden and Hawkins. The remit of the
book is to provide a rapid update for these
aspects of 'all important diseases of child-
hood' and this impossible task is valiantly
attempted by the editors.

The book is designed for busy paedia-
tricians, those preparing for examinations,
and general practitioners desiring infor-
mation on likely current practice at their
specialist centres as well as some indication
as to treatment that can be started at home.

Each bodily system is dealt with in a
separate chapter, with extra chapters on
neonatal disorders and poisoning. There is
a pretty consistent format of around a page
of text for each individual disease within
these systems, starting with a brief descrip-
tion of the condition and followed by
numerically arranged treatment options,
then paragraphs on prognosis and a plan of
follow up. Some authors tend to include
suggestions about investigations within
the treatment protocols, though this is not
generally part of the discussion. The lack
of information on pathophysiology, differen-
tial diagnosis, and investigation is initially un-
settling to one not used to the concept of
this series.

It would be easy to criticise the balance
of such an ambitious project; the neonatal
section is very brief and contains only 20
lines on meconium aspiration syndrome.
Pylopic stenosis is not covered at all in the
book whereas benign liver tumours receive
two pages and dengue one page, respecti-
vely. Having said this most chapters are
very well conceived and comprehensive,
although not all would agree with the
opinions of some authors as to first choice
treatment.

The book performs best as a source of
references for the interested clinician
to explore further the 'Treatment and
Prognosis' of the commoner, and indeed
less common, childhood disorders and can
be recommended for this task, although
there will always be a need to read further
about the other aspects of these conditions.

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Interviewing the Sexually Abused Child. By
David PH Jones and Mary G McQuiston.
ISBN 0 902241 23 0.

The publication of this book comes at a
most opportune time given the major
concerns about both the physical examina-
tion and the interview of children suspected
to have been sexually abused. This is in fact
the third edition of this particular publica-
tion in three years, which indicates the
speed of change in this area of major
concern to many professionals whose
interests centre on the potentially sexually
abused child, whether they be medical,
social workers, or police, because sexual
abuse is at the same time a traumatic
event with both physical and psychological
consequences, a criminal act, and a form of
child abuse requiring the possibilities of
consideration of care. Because a small
proportion of children show unequivocal
physical signs it is essential that guides to
interviewing be authoritative, and assist
those who interview children to conduct
both reliable and valued interviews.

David Jones and Mary McQuiston's book
begins with an exploration of the predicament of the child sexual abuse
victim looking at both the effects and the
considerable problems that exist for children
in being able to speak at all. They then
review important issues for interviewers
such as the fact that children are far more
reliable as witnesses than was thought previously, and that their memory for
central events even in the earlier years of
childhood can be excellent. They examine
some general principles of good interview-
ing including comments on the setting,
presence of other parents, ways of record-
ing a session, and which professionals
should conduct such interviews and their
general experience. They give an extensive
guide to the interview itself, including a
good exploration of language, anxieties,
the use of toys and play material including
the anatomically correct dolls and various
forms of questioning styles and behavioural
observation.

There is a good discussion of the use of
facilitation which has been recommended
in the Cleveland Enquiry Report as being a
second stage examination by skilled and
experienced interviewers. There is also an
important discussion of the process of
validation including the introduction of
statement validation techniques which
have begun to be developed in both
Europe and North America.

This is an excellent introduction to the
field of interviewing the sexually abused
child, and will be of great value to all those
professionals whose task it is to compli-
ment the skilful physical examination of
children.

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The Child with Febrile Seizures. By Sheila
Wallace. Pp 182: £25 hardback. Wright,

Unless my mathematics is seriously flawed,
the febrile convulsion rate in England and
Wales is about one child every half hour. It
is hardly surprising, therefore, that the
subject is one which continues to provide
for paediatricians both employment and