

vanadium, and even arsenic. In general the toxicity of elements was appreciated before their essentiality, so although the latter elements have only been shown to be necessary for laboratory models their importance for man may yet be discovered. Human deficiencies of zinc, copper, molybdenum, and selenium have only been proved in the past 20 years, and the contribution on the diverse metabolic roles of manganese suggests that a similar clinical importance of this element may soon be demonstrated.

Further work on the metabolism of trace elements depends on new approaches including multielemental analytical techniques, the use of low abundance stable isotope tracers rather than radiolabels, and the measurement of proteins that regulate the metabolism of the elements (for example, the role of metallothionein in regulating zinc, copper, and cadmium); all are well described here. These techniques will be needed to solve the perennial problem of how to determine if an individual is at risk of developing a deficiency or toxicity or is actually in such a condition. Certainly anyone who reads these chapters will justifiably become sceptical of claims that simple analyses of hair or plasma are indicative of an individual's trace element 'status'—whatever that may be.

Readers, irrespective of their degree of experience in this area, would find new information, insight, and inspiration from the work presented here, but the book is expensive and it would be best consulted in a library rather than bought personally.

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**Topics in Pediatric Genetic Pathology.** Edited by John M Opitz. Pp 469: \$90 hardback. Alan R Liss, 1987. ISBN 0-8451-4242-9.

This volume is subtitled 'The Enid Gilbert-Barness Festschrift', and is a collection of papers by friends and colleagues in honour of Enid Gilbert, a leading contributor to the field of paediatric and genetic pathology. It is also published as a supplement of the *American Journal of Medical Genetics*. Being a Festschrift it has no clear theme

and no other declared purpose, but is a pot pourri of papers and reviews loosely embraced by the main title. The book is divided into six sections, the first of which deals with general principles and methods. The chapters on molecular biology applied to prenatal diagnosis and developmental pathology, a review of prenatal death in humans, and papers on midline developmental 'weakness' and neurotomes as the basis of some multiple congenital malformations are of general interest. There is also a useful paper on the differential diagnosis of posterior cervical hygromas in preivable fetuses. The second section on developmental effects of aneuploidy and chromosome abnormalities includes a discussion of cytogenetic abnormalities among spontaneously aborted preivable fetuses, and a series of case reports of cytogenetic syndromes. The other sections cover skeletal dysplasias, biochemical and metabolic aspects of developmental pathology, syndromes and malformations complexes, and cardiac teratogenesis. Papers on short rib polydactyly syndromes, the pathology of the liver and kidney in Meckel's syndrome and a discussion of the causes and pathogenesis of cardiac malformations appealed to the reviewer.

This book achieves its aim as a remarkable tribute to a distinguished pathologist and paediatrician. It is not a book which most non-specialist readers will want to own, but they should browse through it to indulge their own interests.

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**Children with Asthma: A Manual for Parents.** 2nd ed. By Thomas F Plaut. Pp 269: \$11.95 paperback. Pedipress, 1988.

This book is written by a paediatrician who clearly knows a great deal about children, parents, and asthma. He believes that, with proper information and understanding, parents can undertake most of their children's care, reducing emergency visits and hospital admissions to an unavoidable minimum. Basic facts about asthma and its management are presented in a clear, positive manner and supplemented by parents' descriptions of their children's problems and how they coped with them.

The sections on the assessment of asthma by monitoring 'The Four Signs of Asthma Trouble' (wheezing, recession, prolonged expiration, and increased respiration rate), keeping records, and using a peak flow meter are excellent and could be read with benefit by many doctors. Clear instructions are given on the use of metered dose inhalers, spacer devices, and nebulisers, but the drugs recommended are sufficiently different to confuse British parents (for example, nebulised metaproterenol instead of salbutamol). Dry powder inhalers, so widely used in this country, are not mentioned. Prophylactic treatment is based on theophyllines, though sodium cromoglycate is also approved. Inhaled steroids rate only a brief paragraph and are not mentioned at all in the case reports.

I liked the advice on how to choose a doctor (minimum criteria: gives written instructions, teaches and monitors use of devices, measures peak flow at each visit), when to seek specialist advice, and how to deal with accident and emergency departments and hospital admission.

Parents who can select appropriate information would benefit from reading this book and it could be a valuable basis for discussion at local asthma society meetings.

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**Computing for Clinicians.** By Tim Chard. Pp 136; paperback £18. Elmore-Chard, 1988. ISBN 0-9512981-0-0.

This is an excellent small book which goes where few have dared to go. The author has bravely attempted the equivalent of organising a barbecue for vegetarians in writing a book for the clinician, who has even at this late stage in the millenium, no prior knowledge of computing.

The book succeeds in covering the basics and gently takes the reader into more complex areas. Those who have a reasonable experience of computers in medicine will find this a valuable source of references and succinct explanations which they might quote. Those who dare to confront their technophobia and would like a concise guide to the potential of computers in medicine should find this book stimulating.

A wide variety of topics are covered:

medical administration, explanation of the computer as part of medical machines, advice on computer data collection, computer aided diagnosis, treatment, and teaching. I found the section on computer aided medical decision making very helpful as it explained some of these concepts so clearly that I was able to continue to understand it beyond the time of actually reading it. The author backs up his opinions and explanations with good references and provides other valuable information such as addresses of on line databases (such as Medline).

Another word to those who instinctively dislike computers: they are here to stay, they can work evil by tangling confused clinicians into time wasting tasks, and they may be used by those in power to spread illusory irrelevant information to hide vital problems. However, they are strengthening our vision in computed tomography, extending our memory in on line literature databases, and supporting our wisdom in decision making. They have no morality but we have the responsibility to remain vigilant by understanding their potential for doing both good and harm. This book, provided it is updated as time moves on, is a valuable weapon in this important role of the clinician.

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**The State of the World's Children 1988.** Pp 86: £2.95 paperback. UNICEF, Oxford University Press, 1988. ISBN 0-19-261723-0.

The best thing about this book is its ability to inform the reader in under 100 pages what we (as paediatricians and as citizens) can do to make children healthier. For those who wish to read no further, the keys are:

- Better information to parents and children about simple health technologies.
- Antipoverty measures (including fairer trade and aid policies).
- Common cause between health workers, educators, the media, and big business in putting children first.

The *State of the World's Children* is UNICEF's Annual Report on global child health, aimed at a lay readership. It is cheap and well presented with fine graphics. It emphasises achievements rather than dwelling on tragedies and sometimes the glowing reports are too good to be true. The book is a marvellous source of good examples and a reminder of our global responsibilities, as well as of what we have in common with many developing countries. The data that pack the last few pages are a source of chilling wonder; they encourage inter country comparisons, suspect though these may be. Contrast Costa Rica (gross national product \$1300, under 5's mortality 23/1000 live births) with Saudi Arabia

(gross national product \$8850, under 5's mortality 105/1000 live births):

	% Rural population with access to drinking water	% Adult literacy rate (male/female)	TV receivers per 1000 population	% Defence expenditure
Costa Rica	82	94/93	77	3.0
Saudi Arabia	68	35/12	269	36

\*% Of central government expenditure.

Many examples are given that we can learn from. In Bangladesh, immunisation messages appear on matchboxes and in Colombia on electricity bills. Again in Colombia, high school pupils visit families at home to discuss oral rehydration. In Nepal, comic books and songs describe hygiene and diarrhoeal disease. The report emphasises the power that knowledge conveys and is critical of doctors for failing to inform their patients sufficiently.

This report should be at the elbow of every paediatrician and their unit manager. When will we have a 'State of Britain's Children'? It might just embarrass us into action.

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Arch Dis Child: first published as 10.1136/adc.1989.64.1.438

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