AUTUMN BOOKS


One suspects that British paediatricians fall neatly into two camps: those that favour this text’s ‘big brother’ and those that prefer the weightier, although more comfortable British equivalent. This new volume is designed as reading material for the paediatric student/resident—it being too heavy to carry in the white coat, and rather wordy and light on treatment to work as a quick reference manual. How then might one assess this ‘half Nelson’?

The star chapter without doubt is the first, covering development and behaviour in a clear and very comprehensive fashion. There is a new (and vastly improved) Denver chart and proper coverage of behaviour, language, hearing assessment, and cerebral palsy. The broad sweeps of the next few chapters—nutrition, genetics, perinatal and adolescent medicine—differentiate paediatrics from adult medicine. These are generally very comprehensive and set up the more standard systematic chapters that follow. The appendix (drug dosage) is very poorly set out in total contrast to the very clear text and line drawings. An added bonus is the reference list at the end of each short section, making it easy for the reader to identify important text rather than struggle through a list of publications at the end of each chapter. Each list also directs the reader to the relevant section in ‘big brother’.

The reader is naturally drawn to those chapters which interest him most and I found little to quibble with that would not be explained by translatic practice. Having just returned from my annual refresher some of the sections appear slightly out of date but this volume is factually much more complete than its rival.

A major concern in recommending this valuable text is, however, its North American bias. Drug names, biochemical values, immunisation schedules, and spelling may all lead the unwary examinee into dire trouble with the examiner if this is the sole source of his revision. Despite these drawbacks, it is surprising how well this volume succeeds. Please could we have a ‘translation’?

NEIL MARLOW
Consultant senior lecturer


This introduces the new challenger for the heavyweight crown of general paediatric textbook. This challenger weighs 3-42 kg and has a reach of 2100 pages, while the reigning champion—Forfar and Arneil’s Textbook of Paediatrics—weighs 4-55 kg with a reach of 2059 pages. The challenger is trained by Oski, together with three assistant trainers and 261 helpers.

The book begins with a general section of interesting chapters on, for example, ethics, the scope of paediatrics, the economics of medicine, reading medical literature, and the consultation. Immunology, allergy, and inborn errors are included here, which seems rather inappropriate. The next section concerns the fetus and newborn, with useful chapters on adaptation to extraterrestrial life, and on interstitial pneumonia as a systemic description of neonatal diseases.

The next 500 pages are devoted to ambulatory paediatrics. The aim of this—that is, non-inpatient—chapters, it is discussed, and its advantages, medical (‘the hospital remains a not very safe place for children’), emotional, and financial are stressed. This section includes prevention, chronic illness, developmental problems, abnormal behaviour, emergencies, adolescent medicine, and so on.

The meat of the book (1000 pages) is a comprehensive description of childhood diseases, which it is hard to fault. It is clear, concise, liberally illustrated, and contains many useful tables.

The final part of the book is called ‘Important things you forgot to remember’. It is much more than its title suggests. There is a thoughtful chapter on evaluation of laboratory tests, followed by one on laboratory values. Fifty of the commoner syndromes are described and illustrated, and there is a liberal description of some practical procedures. The text ends with lists of the causes of presenting signs and symptoms divided into the common, the uncommon, and the rare.

The presentation of this book is excellent with numerous tables and line drawings. Reproductions of radiographs, computed tomograms, and scans from magnetic resonance imaging are good, and there are many clear clinical photographs. As expected, there are plenty of references, some as recent as 1988, often to comprehensive reviews—for example, one is to 94 cases of neonatal septic arthritis.

This book is written for American paediatricians and at first sight some of the articles might not seem applicable on this side of the Atlantic. However, with implementation of the white paper it seems probable that American problems today will be ours tomorrow. Thus the emphasis on cost effectiveness would warm the Munster’s heart.

There is some criticism—once we could all heed: we are encouraged to provide a quality service which is caring, compassionate, and personalised. At the same time we are urged to balance our professional life with our family and social lives, and admonished that one’s own family should remain a priority. Litigation should be prevented by ‘sound medical judgement’. We are however, urged to have an aggressive accountant and obtain a lawyer!

Overall this is a first rate textbook of paediatrics, whose contributors are to be congratulated and buy at about half the price of its main competitors.

MARTIN MONCRIEFF
Consultant paediatrician


Does glue ear matter? More specifically does it affect development? The question is one of great practical importance, as glue ear is a common condition and the insertion of grommets is among the most frequently performed of all paediatric operations. The world literature contains well over 1000 references on the subject, but unfortunately the conclusions they offer are varied and contradictory. This volume by Chalmers and colleagues describes a further attempt to resolve some of the outstanding questions. The authors conducted a prospective study of the cohort of children born in Dunedin, New Zealand, in 1972/3. The Dunedin cohort and the investigations based on it are well known to readers of this journal. It has been one of the most productive of all cohort studies, having resulted already in well over 100 publications in international journals.

The authors set out to overcome many of the criticisms made about previous studies. The relationship between glue ear (properly called ‘otitis with effusion’) and child development is complex and there are of course multiple other factors that also determine the level of development which a child attains at a particular point in time. In addition, it is very difficult to determine how long a particular child has otitis with effusion and what effect this has on his hearing levels during the early childhood years.

The results of this extensive investigation are reported in considerable detail and there is a wealth of information about background factors for otitis with effusion, the correlation between various diagnostic measures, and the levels of hearing loss associated with the condition.

The conclusion is that bilateral otitis with effusion does indeed affect language acquisition, speech, and behaviour. The differences between the affected children and those without significant middle ear problems are convincing and in most cases are of the order of half a standard deviation.

This study represents a further important contribution to the literature on otitis with effusion and development, but although it is published as a book rather than a paper, it must not be regarded as the last word on the subject. By eliminating many of the methodological flaws of previous studies, the authors have provided support for the view that this condition does indeed affect development. This will perhaps come as no surprise to most paediatricians interested in language development. However, important as the results of this study are, further studies will need to address the early natural history of middle ear disease, the factors which decide whether or not a particular child will be vulnerable to the effects of the condition and the ways in which these high risk children can be identified. It seems highly unlikely that otitis with effusion is a homogeneous condition either in aetiology, in severity, or in chronicity. The hypothesis that some children are likely to suffer much more severely than others from the condition remains to be investigated. New methodological approaches will be required to answer these questions.

This book also contains a comprehensive literature review and many readers will find this invaluable. There is also a summary of the study’s main conclusions which, of course, is essential in a book length research report. The chapters which describe the results in detail will probably be the sections most unfortunately will be studied in depth only by those with a personal research interest in this ‘sticky’ problem.

D M B HALL
Consultant community paediatrician

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