The topics range from the humble circumcision (an operation which nevertheless is often badly performed) to the technical *tours de force* of cloacal reconstruction and exstrophy closure. Dr Duckett on hypospadias, Dr Pena on persistent cloaca, and Mr Mundy on cystoplasty are just a few examples of the many chapters written by acknowledged masters of their field. The 'bread and butter' operations of paediatric urology are also well served by excellent chapters on pyeloplasty and ureteric reimplantation. The surgery of Wilms' tumour and congenital adrenal hyperplasia is also well covered. Surgeons are individualists and it would be surprising if one could not find points to quibble about. A more serious criticism relates to the limits that the editors have imposed upon themselves. In their wish to avoid a 'multivolumed encyclopaedia' they have omitted descriptions of endoscopic techniques. This is a pity. The average reader might reasonably have turned to this book for guidance on endoscopic urethral surgery, laparoscopy, and possibly the submucosal Teflon injection (STING) technique for correcting reflux. Surgical procedures for the treatment of urinary calculi have been excluded—on the grounds that adult urologists will already be familiar with these. Perhaps so, but paediatric surgeons may not be and paediatric surgeons surely represent a sizable section of the market this book will be aimed at. Other omissions include ureteric plication procedures, the valuable Mitrofanoff operation, and artificial sphincter surgery.

Every surgeon who operates on the paediatric urinary tract will value this beautifully illustrated book—but many will wish that the coverage of the subject had been more complete.

D F M THOMAS
Consultant paediatric
urologist/surgeon

Your Child with Congenital Adrenal Hyperplasia. By G L Warne. (Pp 32; \$8 paperback.) G L Warne, 1989. ISBN 0-7316-5816-7. (Requests to: Department of Endocrinology and Diabetes, Royal Children's Hospital, Parkville, Victoria 3052, Australia.)

Surveys suggest that the general public, although showing a great interest in medical and scientific topics, have in fact a poor understanding. Giving parents insight into the underlying basis of their child's medical problem can be difficult but rewarding. Booklets explaining childhood disorders are a useful aid to families, and well established in clinical practice. The available literature is now extended to include 'Your child with congenital adrenal hyperplasia'.

This is a bright attractive book written for parents in simple language, well illustrated with colourful diagrams and cartoon pictures. The contents include an introduction about the adrenal gland, the biochemical disorder in congenital adrenal hyperplasia, maintenance and emergency treatment, the cause and management of virilisation, comments on inheritance, and prenatal treatment. Topics are tackled concisely, but readers without any

medical or scientific background will have difficulty understanding some sections. The function of adrenal enzymes, or the sexual differentiation of the fetus, will always require a careful patient explanation from a paediatrician with an interest in this area.

Undoubtedly some parents will not attempt to read this book and others will only derive limited benefit from it. However, it should be available in any clinic treating children with congenital adrenal hyperplasia as a valuable supplement or stimulus to discussion.

D J CARSON
Consultant paediatrician

Down Syndrome—The Facts. Edited by Mark Selikowitz. (Pp 197; £5.95 paperback (£10.95 hardback)). Oxford University Press. 1990. ISBN 0-19-261901-2 (0-19-261872-5).

For parents facing anxiety and disbelief at being told that their child has Down's syndrome, this easily read paperback would provide some answers to the myriad of questions resulting from their emotional turmoil.

The book begins with a comprehensive range of reactions which may be experienced by the parent, offering some reassurance that their feelings are not unusual. There are straightforward biological explanations of the condition, a grasp of which helps parents greatly in coming to terms with the situation. There follows an introduction into the health and development of children with Down's syndrome, with information about the various educational pathways which may be available.

For the more distant future, the book outlines the rapidly changing attitudes of society to people with intellectual disability, emphasising increasing opportunities for employment and social integration.

The positive style in which the book is written does much to encourage parents to begin the task of giving the love and support essential to their child's future.

If the book has any irritations, it is the occasional feeling that 'doctor knows best'. Many parents of handicapped children require explanations of the reasoning behind any advice given; this enables them to take a more active role in making important decisions as to the most appropriate course to follow for their child.

RICHARD BURDEN
Parent

Metabolic Bone Disease in Children. Edited by Salvador Castells, Laurence Finberg. (Pp 408; \$119.50 hardback.) Marcel Dekker, 1990. ISBN 0-8247-8153-8.

Metabolic bone disease is not a common problem in general paediatrics but it is impossible to avoid it entirely. The spectrum of subspecialty interest in bone disease is illustrated by the diverse background of the 30 contributors to this book. The clinically orientated chapters are interesting, although a little repetitive. Topics covered include the various

causes of rickets, hyper-responsiveness to vitamin D, osteopetrosis, osteoporosis, osteogenesis imperfecta, and skeletal dysplasias. The short chapter by the late Harold Harrison was especially clear and his characteristic style of including case histories could have been adopted by other authors with good effect. The more scientifically orientated chapters on vitamin D, circadian rhythms, and resistance to vitamin D are probably of less interest to the clinician. The researcher may also be disappointed for although the scientific developments are well covered, none of the 1200 references have been published within the last three years.

A lot of information is made available in this relatively small but expensive book. It may be of interest to some paediatricians some of the time but will not suit any group all, or even most, of the time. Those paediatricians with subspecialty interests in metabolism, nephrology, neonatology, genetics, and orthopaedics will have more extensive sources of information already available to them.

D J CARSON
Consultant paediatrician

Respiratory Illness in Children. 3rd Ed. By Peter D Phelan, Louis I Landau, Anthony Olinsky. (Pp 403; £59.50 hardback.) Blackwell Scientific Publications, 1990. ISBN 0-632 02567-0.

All paediatricians see and manage many children with acute and chronic chest disease and this book provides an excellent and comprehensive account of both common and uncommon paediatric respiratory disorders. This is the third edition in not many years and illustrates, not only the increased awareness and importance of respiratory illness in children, but also the advances in better understanding and treatment. It originates from perhaps the leading paediatric respiratory department in the world and combines a scientific and practical approach; much of the objective data comes from their department with the clinical and therapeutic advice being based upon the authors' own extensive clinical experience. The format of this book is similar to the previous editions, with the chapters on epidemiology of respiratory infections and asthma, the management of asthma, and cystic fibrosis being updated and providing a 'state of the art' account.

Other chapters cover neonatal disorders, suppurative lung disease, tuberculosis, rarer lung diseases, congenital malformations, and a new chapter on lung defences and infection in the compromised host. There are useful chapters on respiratory noises and cough; even the chapter on physiology is not too difficult to follow and should be read by candidates preparing for the higher examinations.

All paediatricians, whether in hospital or the community should have access to this book. Indeed, if this were so, the work load of one paediatric respiratory physician would be reduced.

P H WELLER
Consultant paediatrician