and I hope that we see them collaborating in the future!

Health warning—this book could seriously affect your future approach to paediatric neurological investigation and hopefully for the better.

B M MACARDLE
Consultant paediatrician

The Hereditary Hemolytic Anemias. Edited by William C Mentzer, Gail M Wagner. (Pp 476; £52.50, hardback.) Churchill Livingstone, 1989. ISBN 0-443-08242-1.

When the nineteenth century investigators first squinted down the microscope at blood cells and identified diseases they had no idea of the explosion of knowledge that would follow. A blood specimen is so easily obtained that the red cells have been studied in enormous detail, and a vast amount is known about their diseases, some of great rarity. Professor Mentzer is a paediatric haematologist and Dr Wagner is an adult haematologist. Their book is a comprehensive review by a selection of authors from the San Francisco Bay area of the hereditary red cell disorders which lead to haemolysis. After an introductory chapter by the editors, there are chapters on diagnostic strategy, and subsequent chapters on the thalassaemia syndromes, sickle cell disorders and unstable haemoglobins, membrane disorders, metabolic disorders, haemolytic disease of the newborn, mechanisms of red cell destruction, and a final chapter, which is the shortest in the book, on treatment.

The book is not written specifically for paediatricians. It is strong on pathophysiology and weak on management. The chapter on haemolytic disease of the newborn is an exception, so although the subject is not really hereditary, it is well worth reading. The other chapters are useful for reference. The need to be comprehensive means that a page and a half of table is given to classifying the 29 variants of glucose phosphate isomerase associated with haemolytic anaemia. Fortunately the editors have resisted the temptation to include the 150 variants of glucose-6-phosphate dehydrogenase. This is a problem with the haemolytic anaemias: all this information has to be recorded, but its relevance to the day to day management of the haemolytic anaemias that make up the day to day business of a paediatric clinic is slender in the extreme. Nevertheless, this is a good book for looking up the rare disease, for help with an unusual problem, and for throwing light on the dark mystery of the unsolved cases of haemolytic anaemia which puzzle every haematology department.

D I K EVANS
Consultant haematologist

Paediatric Clinical Examination. By Denis Gill, Niall O'Brien (Pp 188; paperback.) Churchill Livingstone, 1988. ISBN 0-433-03956-9.

'Learn to see things' is one of many quotes included in this book, and it is sound advice by Leonardo de Vinci, applicable to the field of paediatrics as well as to art. It can be remarkably difficult to 'learn to see things' in children without adequate guidance and practice, and yet little has been written on the subject. Denis Gill and Niall O'Brien aimed to fill this gap with an entertaining, concise and

readable handbook that provides a simple approach to clinical examination of children.

The book is aimed at undergraduate medical students taking their paediatric course and also at postgraduate doctors commencing their first post in paediatrics. It provides a simple and thoughtful approach to history taking and examination at different ages, particularly in the newborn, infant, and preschool child. The text is written in a very humorous way which makes it easy to read as well as instructive. The authors' prime objective is to put the principles into practice by examining as many children as possible. If they fail to do this in some cases, I think it suggests that the student would be better suited to another specialty, rather than reflecting badly on the text.

In conclusion, I think that this book fills an important gap in the literature, and that students in paediatrics will find it an invaluable guide to the art of approaching children.

C SMITH
Senior registrar in paediatrics

Linear Growth Retardation in Less Developed Countries. Edited by J C Waterlow. Nestle Nutrition Workshop Series, Vol 14. (Pp 295; \$50 hardback.) Raven Press, 1988. ISBN 0-88167-378-1.

This book contains a wealth of interesting information about human growth and nutrition. Unfortunately it cannot give a definite answer to the key question 'Is stunting accompanied by biological functional impairment?'

The size of the problem is not in doubt; 39% of preschool children in developing countries are stunted, less than -2 standard deviations below the most widely used reference figure for height for age (National Center for Health Statistics). This compares with only 12% who are wasted, with a weight for height less than -2 standard deviations (Kellar, chapter 2). The importance of stunting is less clear. Studies from Zaire (Van Lerberghe, chapter 14) do not confirm earlier findings from Bangladesh that there is an increased risk of death in children who are stunted. Most authorities accept that stunting has a definite association with poverty, poor living standards, and incomplete recuperation in adverse environments. Waterlow declares that 'both physiological and political aspects of stunting are important', but Tanner, the high priest of auxology, considers that 'height is only important as a proxy for social deprivation between groups'.

All who are interested in child growth should read this book, and no paediatrician can deny a concern about a process so fundamental to our specialty. Here are a few points, not all related to linear growth, to whet the appetite. Many are not new but some are based on recent research.

In malnutrition the growth related hormonal systems that are most affected are those of growth hormone - somatomedin (Rappaport, chapter 7). After malnutrition there is little catch up in height until there has been an increase in weight so that the weight for height ratio exceeds 85% of the reference values (Golden, chapter 9 and Nabarro, chapter 10). Zinc deficiency does cause decreased linear growth and supplementation increases growth rates in stunted male but not stunted female infants (Golden, chapter 9). Zinc increases the metabolic efficiency of dietary energy utilisation (Tomkins, discussion after chapter 9).

Growth is very seasonal in Nepal, stunting is maximal in August to November but the peak weight gain occurs within the same period, mid August to mid October, followed by the peak height gains from mid December to mid April. Children between 12 and 24 months of age grow 1.5-2 cm in three months, but show no growth in height the rest of the year (Nabarro, chapter 10). There is no causal link between stunting and developmental delay or impaired intellect, both are associated with the effects of poverty and deprivation. Mental development is highly dependent on biological and environmental influences in the first two years of life. There is evidence that early stimulation can to some extent compensate for the negative effects of early malnutrition. 'The family environment . . . is a fundamental determinant' (Colombe, chapter 12). Physical work capacity, as measured by maximal oxygen consumption, is largely dependent on muscle mass which correlates with nutritional state. There are implications that undernourished children will become adults with a reduced physical work capacity (Spurr, chapter 13).

In the final chapter on the significance and implications of the findings of the symposium for health policy, Gopalan introduces some interesting unpublished data from India about the associations between birth weight, nutritional state, and family income. He also makes a few inaccurate over simplifications, 'stunting is . . . invariably associated with poverty'. However, in the context of a scientific meeting supported by the largest infant food multinational corporation he speaks out courageously about the abuses of commercial baby foods by the urban poor. He has data to show that 22-30% of the poorest mothers in Indian cities are using commercial milk substitutes with 'results that can only be described as disastrous'.

W A M CUTTING
Senior lecturer

The Baby Under 1000 g. Edited by David Harvey, Richard W I Cooke, Gillian A Levitt. (Pp 353; £65 hardback.) Butterworth Scientific Ltd, 1989. ISBN 0-7236-0952-7.

This book concerns the management of babies under 1000 g. It has been rather extravagantly claimed (not in this book) that a full term baby has more in common with a teenager than with a baby of 24 weeks' gestation. Certainly very preterm babies are different. Hence this book.

Some aspects of management are not that different, however, and despite valiant efforts by the contributors some chapters read much the same as they would have done had the title of the book been 'The Ill Baby under 2000 g'. Some such chapters, for example the one on ventilator care, are nevertheless very enjoyable. The authors of the chapters on the skin, calcium and phosphorus metabolism, and renal function have an easier time of it. Other stimulating chapters include those on monitoring and neurological abnormalities.

The 32 contributors to this book between them work in 18 different centres—all but three of which are in the United Kingdom. As well as 17 chapters on different aspects of the medical care of the baby under 1000 g there are eight chapters on the subjects of epidemiology, obstetric management, nursing care, emotional needs of the family, cost of care, and outcome. Most subjects are covered clearly and practically with remarkably little repetition. A lot of references are cited.

I would have liked more discussion of the

relative roles of pulse oximetry and skin electrodes in monitoring oxygenation both with and without an indwelling arterial catheter. There are too many abbreviations; 77 are listed in the glossary.

The publishers claim it is the first book to deal specifically with the baby under 1000 g. This book would be enjoyed by any paediatrician who looks after very preterm babies.

B W LLOYD
Consultant paediatrician

Celebration. By Margaret Spufford. (Pp 121: £2.95 paperback.) Collins, 1989. ISBN 0-00-627449-8.

This is a remarkable book. Written by the mother, it describes the discovery and progress of the daughter's cystinosis and the mother's own agonisingly painful idiopathic osteoporosis. It shows the need despite these afflictions to provide as loving and as normal a family environment both for the son's childhood and one in which, despite the family's extra tribulations, the father could function and work as the breadwinner. It is written with the impartial clarity of her profession as an academic historian. Even when describing severe stress and extreme suffering there are discerning and important observations about the medical world including occasions when despite the most stressful circumstances, the family could see with wry humour the absurdity of the predicaments in which they found themselves.

While the doctors sought to establish the diagnosis of cystinosis in her daughter by a series of invasive tests 'now I discovered, as I held a baby who was increasingly only capable of screaming "Mummy" that my instinct to defend her threatened to override my instinct to protect her in the long term, and therefore to get a diagnosis'. 'We were long past wanting her to live at any cost for possessive reasons, because we had so much wanted this child. What was intolerable was watching her learn fear'. 'She learned fast. I am never going to be able to forget the sound of her screams'.

It is of the greatest importance at this time when reorganisation of the NHS is being considered to listen to Dr Margaret Spufford when she says 'I have come seriously to doubt whether life should be sustained when it can only be done through massive and repeated medical intervention, especially when there is no community care, apart from the family, to which these young adults can suitably move on'. It is a message of the greatest medical and social significance that this girl, who on three occasions had been prevented from dying by major medical procedures, had in her adolescence become friendless, and acutely lonely. Sadly the parents realised that while they had been able to help a baby and a small child that they were much less able to help a girl of 18. They realised that she had lost her peer group as a result of the innate effects of the disease and of too much isolating medical experience. 'By definition she needed such a group above all things. As parents we had become less resilient to conquer the next obstacle in our fifties than in our early thirties. We had learned by now that there always is a next obstacle'.

Why then call her experiences 'Celebration'? In this short review it is not possible to describe the difficult pathway by which Dr Margaret Spufford reached the stage when she could see that the family's experiences con-

tained genuine achievement and reason for celebration as well as so much pain and suffering.

While this book describes how one individual family won through and how her religious faith was crucial to the mother's personal contribution, there is help here for people of many different beliefs as well as practical advice for both those needing care and those who provide it whether they are religious or non-religious. This is an important book for all those involved with medical ethics as well as those concerned with the future of our health services both inside and outside hospitals.

F BRIMBLECOMBE
Honorary professor of child health

Health. By the children of Walsall.

This little booklet was written by children of varying ethnic origins who attend a school in Walsall. It deals with their reports of their illnesses and accidents: it reveals their attitudes, priorities, and imagination.

The first priority would appear to be 'How many days off school for this'—they can tell you almost to the day!

Heroism—its here. 'I fell down my grandad's stairs—a four inch nail went through my head. Nobody knew for three weeks'. You'd have thought they would have noticed when combing her hair!

Misfortune—'When I was two, I was crying because I had fallen over. My mother took me upstairs to cheer me up. After a while I fell downstairs'. Shades of Gerard Hoffnung!

Attention to detail—'Over in America I had an accident in a car, I went in the car and I put my gear on and the car started to move. It hit a restaurant'.

Frustration—'When I was born, I turned blue. For two weeks I was stuck in an incubator with half a plant pot on my head'. The seeds of an idea?

Children as therapists: tummy upset—'Drink brandy and wine and go to the toilet' (seems like a good idea!) and warts—'Rub some bacon on it'. Lumps—'If I had lumps, I will go to the doctor and get some medicine and lie down. In two days I will feel better'. Such precision. Something in my eye—'I would tell my brother to blow it'. Why? What had he done wrong? Cannot sleep—'I imagine a sheep and I say this sheep is green, it is 11 years old it is 7 stones and its name is Samantha and I just close my eyes when I'm saying it'.

We should all read this booklet. It is refreshing, joyful, and unstuffy. It reaffirmed my decision to look after children.

G MCCLURE
Consultant paediatrician

Paediatric Hepatology. By Stuart Tanner. (Current Reviews in Paediatrics.) (Pp 363; £29.50 hardback.) Churchill Livingstone, 1989. ISBN 0-443-03393-5.

This latest edition in the series of *Current Reviews in Paediatrics* published by Churchill Livingstone aims, along with the preceding editions, to provide an overview of a current topic relevant to acute care paediatrics. These books are published by single authors and represent the experience of someone at the forefront of the field. In this sense Dr Stuart Tanner is a more than suitable choice for this particular edition.

The book starts with a description of the assessment of liver function, including both physical examination and history taking, and the current developments in biochemical investigation and imaging. The chapter is a well drawn out introduction to the topic and contains many of the latest advances that are currently available. The succeeding chapters are of particular relevance to neonatologists in the dealing of both cholestatic jaundice and hepatitis in the neonate and infant. These are set out in an extremely practical way and furnished with a lot of useful, up to date references and quick and easy to follow tables. The section on hepatitis has at last made clear to me the complexities of antigen and antibody rises and falls and their aid in the diagnosis of, particularly, hepatitis B infections and have certainly cleared up several of the problems surrounding hepatitis B screening in the antenatal population.

The latter part of the book deals successfully with metabolic diseases, more specifically Reye's syndrome, and the role of trace elements within the liver. In this section Dr Tanner has done an excellent job in calming the fears of the non-biochemists among us in providing a suitable and easily readable account of some of the more complex disorders of enzyme deficiencies within hepatology and I certainly found this section very helpful.

After the discussion of topics including cystic fibrosis, liver failure and cirrhosis, the book ends with a chapter on the current state of play in liver transplantation. This is an extremely important chapter with the current focus of media attention upon liver transplantation in young children and, in my opinion, almost justifies the reading of the book. The latest figures are presented in an easily accessible way and both the complications and indications for liver transplantation are well set out.

In conclusion, Dr Stuart Tanner, in producing the latest addition to this series has kept up the excellent tradition maintained by his predecessors. The book is moderately priced and as such should be available in most general paediatric departments and is certainly well worth reading for those people about to embark on the Membership examination.

N MEADOWS
Consultant paediatrician

Surfactant Replacement Therapy. Edited by Donald L Shapiro, Robert H Notter. (Pp 321: \$69.50 hardback.) Alan R Liss, 1989, ISBN 0-8451-4281-X.

In the past few years a deluge of knowledge of surfactant has opened on the unwary, jobbing paediatrician. The effect has been to excite, confuse, and alarm but, most importantly, to expose our ignorance. This volume of over 300 pages sets out to rectify this last problem while maintaining our excitement; these aims have happily been achieved.

The volume consists of two sections dealing with the fundamentals of lung surfactant and the clinical aspects of surfactant replacement therapy. The first is probably of more interest to the clinician as this is the area with which we are less familiar. Some little part will be above the heads of most of us but most is written lucidly and, whereas the subject is complicated, the reader will finish with a profound knowledge of the complexity of the subject.