as the 'young Turks' of their respective fields, many are established leaders in their subject. The illustrations and photographs are, in general, of high quality, as are the reproductions of radiographs and echo Doppler recordings.

Each chapter is preceded by a useful historical perspective (though surely 'Nicholas Stensen 1671, provider of the first anatomic description of the tetralogy of Fallot', is the same individual as 'Steno 1672, the first recorded anatomic description of TGA'). I am uncertain as to the value of the exhaustive reference lists, which occur in many chapters, when the CD ROM *Index Medicus* is now ubiquitous for those who wish to be so comprehensive. Inevitably, in an area where advances are rapidly occurring, many chapters seem already dated. The section on diagnostic modalities would benefit from a more detailed review of the role of cross sectional echocardiography, and Doppler techniques, rather than the prominence given to diagnostic catheterisation, and angiography, which have a diminishing role in this age group. Colour flow mapping is barely mentioned, and magnetic resonance imaging not considered at all.

The text suffers in other areas from its predominantly American bias. The section on specific disorders is strangely ordered. To those of us nurtured on sequential segmental anatomy and classification, the lack of consistency in nomenclature will be particularly irritating. If there was any doubt as to the benefits of descriptive, over alpha-numeric taxonomy, the confusing chapter on tricuspid atresia settles any argument. The restriction to the first month of life leaves some sections, including this chapter, hanging in the air. Where the aims of neonatal treatment are preparation for subsequent definitive correction, it would not be out of place to discuss the subsequent treatment more fully.

Despite the carping this is an excellent book, even if, understandably, biased towards the neonatologist. However, the care of the fetus and neonate with congenital heart disease, involves close cooperation between the obstetrician, neonatologist, paediatric cardiologist, and cardiothoracic surgeons who will all find this book instructive.

E J LADUSANS
Consultant paediatric cardiologist

Emergency Cardiology. By Derek J Rowlands. (Pp 296; £55 hardback.) Butterworth Scientific Ltd. 1989. ISBN 0-7236-0731-1.

Emergency Cardiology is primarily for the adult physician, intensivist, or casualty officer with only two chapters dealing directly with paediatrics. Other chapters do not, for the most part, pretend to cover paediatric aspects. It is, therefore, surprising that this commendable book appeared on the desk of the editor of *Archives of Disease in Childhood*.

The chapters on cardiac emergencies in neonates and children are concise and up to date. However, although two of the major agents used in the treatment of supraventricular tachycardia in the United Kingdom are adenosine and flecainide, neither are mentioned. In the final chapter, misleading information about the use of captopril in management of neonatal coarctation is provided.

This book is, therefore, not for the paediatrician unless he or she personally has angina, hypertension, or other cardiovascular problems!

M L RIGBY
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Advances in Pediatrics. Edited by L A Barnes, D C De Vivo, G Morrow, F Oski, and A M Rudolph. (Pp 483; £48 hardback.) Wolfe Medical Publication Ltd, 1989. ISBN 0-8151-0513-4.

The editors of this American Year Book have once again managed to select a wide ranging and interesting selection of current topics in paediatrics, covered by commentators of a high standard. The scene is set by an opening chapter on the current state of knowledge and understanding of the peroxisomal storage disorders by Hugo Moser, who has contributed so much to our understanding of these disorders. His review of this complex group of heritable diseases is timely, now that prenatal diagnosis is possible for some of these conditions, and there is a possibility that some of them may be alleviated by appropriate treatment.

The recent developments in Gaucher's disease have also been carefully reviewed, and include the latest information on the primary structure of the missing enzyme and its mutations. The possibility that the clinical features of the disease might be halted or reversed, by appropriate treatment using retrovirus mediated gene transfer techniques, which have been successful in tissue culture, is an exciting possibility which nevertheless may raise more ethical and clinical problems than are desirable. Treatment of hyperphenylalaninaemia, another topic discussed, would seem to be potentially more fruitful. However, there is a timely reminder by the authors that even transient deficiencies of tetrahydrobiopterin in early life may lead to long term developmental delay. Thus our views about the management of hyperphenylalaninaemia may need to be reassessed.

Common problems associated with the diagnosis and treatment of cardiac arrhythmias, and an update of childhood hypertension, especially in view of the clearer recognition now of the role of atrial natriuretic factors, which appropriately receives a separate chapter, are excellent reviews. Also, in relation to matters cardiovascular, there is a stimulating discussion on the reappearance of rheumatic fever in the United States. For many years it was assumed that the rate of decline of this disease in the developed world had led to its almost total abolition, although the aetiological agent was still prevalent. The recent outbreaks in the United States reverse this view, and appear to be rather different from earlier descriptions in that they are due to unusual strains of group A streptococcus, and have very mild preceding illness which usually fails to alert younger physicians who have not seen a case before. It would appear that we still have much to learn about the interaction between the bacterium, the host, and the environment in this condition. As the authors point out, as antibiotics have not been the answer to effective control of this disease in the United States, then they are not likely to

be effective in developing countries, where the disease is more prevalent.

Other topics covered include platelet-endothelial factors, extracorporeal membrane oxygenation, Epstein-Barr virus diseases, neurological aspects of sickle cell disease, milk nutrition, cocaine abuse, and the regular annual feature reviewing recent pharmacological advances. There is a brief but stimulating view on the role of arachidonic acid metabolism in parturition, and the adjustment of the fetus to extrauterine existence. Finally, a thought provoking discussion on the disenfranchised father, in these days of increasing incidence of single parent families and divorce, made excellent reading.

This text is an essential addition to every medical library, and just within a price bracket which might make it worthy of purchase by the general paediatrician.

C A PENNOCK
Clinical pathologist
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Fetal, Neonatal, and Infant Cardiac Disease. James H Moller, William A Neal. (Pp 1061; £146.35 hardback.) Appleton and Lange, 1990. ISBN 0-8385-2575-X.

Does a paediatrician really need another text book dedicated to paediatric cardiology? There are already a number of large volumes, even a two volume work with an established place in the world literature. This volume represents a new departure worthy of active consideration from any paediatric department. This comprehensive work has a wider scope than smaller volumes available devoted to the particular cardiac afflictions of infancy.

There is a first impression that the volume is for paediatric cardiologists or those aspiring to acquaint themselves with the subspeciality. This would be erroneous; general paediatricians should find much of interest, and will find a wealth of practical information concerning the care of the very young with heart disease. Indeed many will benefit from reading even the most apparently 'specialist' chapters—for example, cardiac catheterisation—as it details inter alia, useful practical points for gaining rapid vascular access in the collapsed infant. The general chapters on developmental aspects of the circulation and management conditions collate in readable form much important abnormal physiology, together with therapeutic considerations relating specifically to early life.

The central (and longest) section of this book covered the various congenital cardiac lesions. Even in this section there is a novel approach as the wider implications of a particular lesion receive note—for example, the relationship of the conducting system as relevant to an individual lesion—or surgical details important to the investigation; this allows the general leader insight into case selection.

Perhaps the most important feature is the authority of its authorship; the contributors are all in active daily contact with the discipline in North America (with two exceptions), each chosen to provide a particular expert and interested view. The resulting text is still uniformly readable, without a repetitive style, yet conforming in relation to the individual lesions to a basic pattern. Most of the illustrations are of high quality, some of the echocardiograms and a few angiocardiograms are from an era of lower resolution. The line drawings are clear and are used to good effect.

This will be a useful book to general paediatric departments whose workload includes a substantial proportion of the very young. Despite its bias to the most formative years of life, it will provide a most satisfactory choice as a single large text for any student of paediatric cardiology, and its price not out of proportion to current trends for this standard of publication.

J F N TAYLOR
Consultant paediatric cardiologist

Child Development and Child Health. By Martin Bax, Hilary Hart, and Susan M Jenkins. (Pp 417; £18.95 paperback.) Blackwell Scientific Publications, 1990. ISBN 0-632-02048-2.

With general practitioners embarking on child health surveillance and baby clinics, there will be a demand for books to fill gaps in their knowledge. This book is clearly designed to meet that need, and will do so to some extent.

The book covers child health and development from 0-5 years, drawing heavily on the authors' research at the Thomas Coram Research Unit. It includes normal development, developmental problems, health and health problems, with background information on social and environmental influences. It is a book to be read, rather than to be used for reference.

The information is presented in a confusing order, and is hard to summarise. The chapters on normal development are interrupted by one on growth. Some chapters include normal and abnormal (for example, feeding), and sometimes normal and abnormal are in different parts of the book (for example, development). There are three chapters on normal development, which is covered in some detail, and one on growth. This is followed by an interesting and useful discussion on the effects of the environment on development. There is a chapter on feeding, and one on immunisation, which is inevitably out of date, but this possibility is referred to and the reader is advised on keeping up to date. A section on problems follows (development, health, and behaviour). The final chapters are on the services and the interrelation between health development and behaviour. Appendices include growth charts and yet another summary of development.

There is a lot of repetition, particularly in the chapters on development. Normal development is described, then developmental testing, then a summary, as well as a summary in the appendix. In the chapter on behaviour, the management of a behaviour problem is separated from its description, leading to inevitable repetition. The odd order of subjects leads to anomalies, like the description of cover testing for squints in the section on six week checks.

The differences between surveillance and assessment is not made clear. One might infer that doctors should be doing detailed developmental assessment on all children at several ages. There is some attempt to emphasise the importance of observation of children and listening to what parents say, but the overall message is that doctors should be doing developmental 'tests' on children, which is a retrograde step. A description of hearing tests implies that doctors can do this without training. It includes scraping a spoon on a cup and whisper tests, both of which have been discouraged for some years, and will lead to misdiagnosis of hearing problems.

In a small book covering a wide area, it is hard to know what to leave out, but the balance in the chapter on developmental problems seems inappropriate. It goes into great detail on motor problems (20 pages), leaving one page to cover both hearing and visual problems. There is no mention of birth marks, which cause a lot of queries at the time of the six week check.

The best parts of this book are the general chapters on social and environmental factors, and on the relationships between child health and development. I hope the rather unappealing baby on the front cover does not put people off.

C R PULLAN
Consultant community paediatrician

Pediatric Intensive Care. 2nd Ed. Edited by Eliezer Nussbaum. (Pp 964; \$150 hardback.) Futura Publishing Company Inc, 1989. ISBN 0-87993-343-7.

The task of the editor of a textbook on paediatric intensive care is probably insuperable, if the subject is to be contained and controlled, if indeed it can be defined. Dr Nussbaum has approached the second edition of the original 1984 text with a vast increase in size, number of contributors, and topics covered. To know how to limit the potential content is the prob-

lem, for all aspects of acute paediatric care can be included.

In the major reorganisation of the text, the editor has continued with a multisystem approach, but has broadened this extensively with 25 extra chapters, which provide reviews and therapeutic regimes for conditions not covered in the first edition. Other chapters are updated and some appear totally unchanged. As would be expected, there is a wide variation of quality and content, with 58 contributors. There is some overlap and repetition, which tighter editing would have prevented. The quality and clarity of the tables, which was such a feature of the first edition, is not apparent in all the chapters of the second. The reviewer must take the proof readers to task for many spelling errors and a lack of consistency in the use of abbreviated forms (cc, ml, and mL all appear as do torr and mm Hg). A more serious typesetting error is the loss of alignment in the chapter on poisoning, where on adjacent pages it is impossible to cross refer accurately, with potential danger to the patient.

What lifts this second edition out of a 'run of the mill' competent category, is the section written by Dr Radetsky on ethics, informed consent, treatment limitation, and brain death. Although this is for an American audience, with a base of its laws and attitudes, it is riveting reading for all doctors.

There are some surprising omissions. The paediatric intensive care unit (PICU) is not considered as an entity from an organisation and management view point; there is no allusion to medical audit; outcome predictors and therapeutic scorings are neglected, as are transport, costs, and use of information technology. Pain relief in children and sedation in the PICU, are two vital topics that receive but scant attention.

Paediatric intensive therapy is not as yet a recognised subspecialty in the UK. Although multidisciplinary PICUs exist in the major children's hospitals of the conurbations, it is not feasible for them to receive all the children with multisystem failure. Whether or not they do, this new edition of Dr Nussbaum's book, despite the criticisms, will be of considerable value to the doctors in the major centres, and peripherally, in the various disciplines providing care. It brings together in one volume a theoretical background and much sound practical advice, and detail on a wide range of clinical problems.

E A SHAW
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