BOOK REVIEWS


This little manual is in fact a collection of 112 one to two thousand word essays. A strict editorial style has been imposed on the various American authors so that the solid pages of text are not relieved by a single subheading, table or diagram. The result is worthy but slightly indigestible reading, not suited to those with a short attention span. Although called a Manual of Clinical Problems in Pediatrics, it is really a manual of diseases; for example there is a chapter on congenital adrenal hyperplasia rather than on ambiguous genitalia. A slight change of format would make it much more useful. You would get a larger return for help with a clinical problem as you will not find flows diagrams, drug dosages, or lists of normal values. Each chapter is followed by a couple of pages of annotated references, although they are not keyed in with the text. The annotations are brief one or two line comments and lack the critical entertainment value of the Year Book of Pediatrics. Many of the pages are review articles but there are relatively few beyond 1986, which seems to have been a bumper year for quotable sources. There are a few lighter moments; one paper referred to is on ‘the spelling of medical students’, to which is added the comment, ‘a humbling note, dear reader’.

The 1989 edition has been updated with new chapters on various subjects including systemic murmurs, encopresis, Kawasaki syndrome and, of course, AIDS. The chapter on systemic murmurs gives an excellent explanation of the pathophysiology of different types of murmur. In the chapter on encopresis, there is the interesting titbit that ‘almost all Swiss children are regularly placed on the potty chair between 6 and 12 months’. Does this support the theory that national characteristics are the result of toilet training?

Who would want to buy a book like this? The back cover suggests ‘the busy student or clinician who needs a quick overview of pediatric disorders’. The student maybe, especially if they have an urgent essay to write. They could copy it out, almost word for word, provided they were not found out! However, British students tend to be less studious than American ones and I doubt that they would make much use of the extensive references. The busy clinician?, I doubt it. There is a lack of practical information, and some of the treatment regimes do not accord with mainstream practice on this side of the Atlantic. For example, few paediatricians would treat uncontrolled first urinary infections with 10 to 14 days of sulphonamides and pyelonephritis for a minimum of two to three weeks. It might, however, be useful as a reference source to complement a major textbook as this edition cites over 2000 publications.

One final quibble. This is a spiral bound manual but unfortunately the front and back covers are very flimsy with the result that the book suffers from severe postural hypotonia. If it were useful enough to carry around in your pocket it would not survive one week intact. The Manual of Clinical Problems in Pediatrics is not likely to have a very wide appeal; there are much better student texts around and the American orientation will deter many. It is a book short on practical information though long on statistical data. I would look elsewhere, dear reader.

J HULSE
Consultant paediatrician


There is much to be said for therapists writing textbooks for their own students. Several of the occupational therapists who have contributed to this book are teachers in academic posts. The publishers have priced an attractively presented book though it might be considered indulgent to have 26 blank pages.

‘The occupational therapists book lists of titles and historical references’ would be an appropriate subtitle. The chapter on learning disabilities has about 30 lists but fewer than a third of the references are more recent than 1980. As an appendix to the chapter is a 30 page list of tests used by therapists. More than half of the introductory chapter consists of lists. Only five references in the chapter on mental retardation are post 1980.

Doctors have an interest in the knowledge of their colleagues so, if therapists want to include sections on medical causes, it is reasonable for us to expect them to be accurate and up to date. The chapter on mental retardation makes no reference to fragile X. Neither does the chapter on autism, which also neglects tuberous sclerosis, infantile spasms, and Asperger’s syndrome. The chapter on cerebral palsies implies that the conditions are the result of forms of brain damage or malformation and does not refer to autosomal recessive disorders, which are among the commonest causes of symmetrical ataxic, or athetoid forms. Nor is there reference to influential authors such as Ingram, Hagberg, Crotters, and Paine among the doctors, or Susan Harris and her colleagues, or David Scruton among the therapists.

It is also reasonable to expect teachers to include an evaluative component in the discussion of treatment techniques. To describe sensory integration therapy, the theoretical basis for which is dubious, in an uncritical manner is not good practice for teaching.

European readers will have difficulty accepting the assertion that 3% of preadolescent children suffer from attention deficit disorder (hyeractivity), which is much more fashionable in North America and occupies a chapter. Also the 20 page lists of North American suppliers will be of much greater use to American readers.

There is a good short section on feeding and oral motor skills. However, the chapter on communication disorders is brief and refers to no recent literature. Therapists would be advised to refer to other books on the subject. That this should be much shorter than the chapter on rheumatoid arthritis may reflect the greater involvement of occupational therapists in the latter. There are selective short chapters on miscellaneous medical disorders and psychosocial disorders, the former containing a useful section on burns. A useful short section on visual impairment is written in the chapter on management of physical disorders.

A less ambitious, better referenced, more critical book with rationing of lists would be worth considering as a second edition (dare I say it, with friendly paediatric advice?).

I A McKinlay
Community child health


Research into genetics in the last decade has produced a giant leap forward in the clinical applications of this science. Indeed, an American project promising to map the entire human genome by the year 2000 will absorb the effort and funding equivalent to that expended in putting man on the moon. The almost daily discovery of the site and significance of different genes means that any doctor who qualified more than five years ago is likely to be completely out of date as far as genetics is concerned. This short book, despite its mundane title, goes a long way towards redressing the problem on a practical clinical level, and provides an easy revision course for those taking diploma examinations. It is also indispensable for those involved in planning local and regional services for prenatal diagnosis and genetic screening.

The first chapters deal with the epidemiology of congenital malformations, the scope of prenatal diagnosis, and some crystal ball gazing into what tests will be available in the future. There are specific chapters on ethnic minority groups, genetic counselling and education, and the organisation and evaluation of services, all set out in an easily readable format. The lists of addresses of support groups, voluntary organisations, and clinical genetics centres make this a valuable reference book for a paediatric department, although the cost for a thin A4 size paperback will encourage photocopying rather than purchase. It makes a pleasant change to find a book on service provision which has no reference to the white paper, but this will not prevent the report from being essential reading for anyone who wants to make a case for expansion and development of genetic and prenatal diagnostic services.

J Chapple
Consultant perinatal epidemiologist

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