concentrations within the clinic setting using commercial kits.

We submit probably too few patients with intractable epilepsy to surgery (Loyning). The results of the Norwegian and American experiences have been surprisingly encouraging. It is probably the paucity of centres with experience in selection procedures that has limited the numbers over the years. Alternative approaches to managing epilepsy along behavioural lines are explored by Dahl with a critical review of research in the area. The closing chapters deal with prognosis and halving the patient numbers on the family's community. The latter is detailed in a series of chapters describing the experiences of different Scandinavian countries.

In conclusion, this collection of chapters on paediatric epilepsy provides a very readable and up to date review on the current state of the art. Although its price and the somewhat Scandinavian perspective may discourage individual purchase, there is little doubt that it would be an invaluable addition to any general paediatric library.

R M BUCHDAHL
Consultant paediatrician


I believe the book has been written by two sociologists but no reference in the introduction to their profession is perhaps deliberate to keep the reader unbiased. It is all about the interprofessional relationships in a level III neonatal intensive care unit in the USA. The authors spent a lengthy period at one particular unit in America and then visited other countries including the UK, but there describing only the organisation of perinatal care. The book is really aimed at the American market and so some of the situations could only happen in the USA. However, there is something of interest for all in neonatal intensive care units in any country. If I were going to list the professionals who would get most out of the book they would be psychologists, social workers, managers, nurses, and then doctors in the order.

I loved the dialogue. A compilation of quotes from various parts of the book could be as follows:

'Patient at morning round: 'Last night I transported a preemie of 600 g who seemed [convulsed] all the way. He arrested on arrival so I resuscitated him. He was really crumping [deteriorating] all night but didn't have the theacy to check out [die]. If he makes it, he'll probably be a gork [severely retarded].'

'Resident: 'Does this kid have a murrum?'

'First resident: 'Interminably. . .'

'Second resident: 'I don't think so.'

'Third resident: 'Me neither'.

'Nurse: 'I do. I've heard it.'

'Fellow: 'Sarcastically: 'Then yes it is!' Mixed Blessings deals with referral to the neonatal intensive care unit, the running of that unit, and the ethical problems created. It describes with great insight the positive and negative aspects of working together and the behind the back gossipping and the heart rendering antburn out open sessions orchestrated by the unit psychiatrist. The good guys are the nurses, the bad guys are the doctors, and the really bad guys are the directors of the units who are out of touch and appearing only for the grand rounds. UK readers will smile at the thought of social worker rounds—not because it is a bad idea but because social workers are like gold dust. When present in great supply as in the unit described in the book, only the nurses attended the rounds which were boycotted by the doctors.

Although criticism is levelled at the inconsistency of ethical decision making, the authors present no better solutions. The book is not an exercise in philosophy but more a commentary on what actually happens. If one remembers that these are the views of outsiders looking at the drama of neonatal intensive care which we read and this evil of the book come through. On my unit, I see it as a helpful book for nursing projects on organisation, staffing, or ethics. Doctors will mainly have a good laugh but that’s how the book describes us and I wouldn’t want to ruin our image.

R M BUCHDAHL
Consultant paediatrician


This new edition comes only seven years after the last and perhaps illustrates the growing importance of paediatric respiratory medicine in North America. It is a large multiauthor textbook with mainly North American contributors. It has a reputation of being a ‘bible’ of paediatric respiratory medicine and this edition will help to maintain its place as an important reference book.

Although only 50 pages longer than its predecessor, it does weigh almost 1 kg more! It covers all aspects of paediatric chest medicine from neonatal disorders to the rare and esoteric. There are seven new chapters which include up to date information on infant lung function, exercise testing in children, sleep disorders, and chest problems in paediatric AIDS, all of which are useful additions. The chapter on chest problems in paediatric AIDS is particularly good. Many chapters have been updated and are excellent, including those on sudden infant death syndrome, a large section on respiratory infections, and the chapter on cystic fibrosis. However, some sections are disappointing. The chapter on asthma, although strong on pathophysiology, is weak on clinical management. It tends to portray American views on management with little mention of either sodium cromoglycate or inhaled steroids.

In general the accounts of physiology and pathophysiology are very good. Any multi-author book of this size will contain omissions, but it is still a very helpful reference book for paediatricians with an interest in respiratory medicine, as well as for juniors in training in this subspeciality. However, I would not recommend it for medical students, or for doctors who do not have a particular interest or knowledge of paediatric respiratory medicine. There are smaller and cheaper books available!

R M BUCHDAHL
Consultant paediatrician


As stated in the preface, this book has been produced to bring together current knowledge on the cellular and molecular biology of the lung, together with up to date information on the anatomical and physiological development of the respiratory system and how this can be affected by pathological processes. There is an initial statement on the way technology to our understanding of lung disorders, followed by a very clear section on the factors controlling the development and repair of the lung at cellular level. The remainder of this second section is on the prenatal and postnatal development of the lung and the pulmonary circulation and how these processes can be disturbed by cardiovascular disorders. The third and largest is on the developmental physiology of the lung including the development of upper airway reflexes and laryngeal function, lung mechanics in the developing infant, and what is currently known about the transport of oxygen and carbon dioxide, fluid, and electrolytes in the lung. The remainder of this section is concerned with respiratory control before and after birth, including respiratory interactions, neural control of the lung, bronchial reactivity, and exercise. The fourth section on developmental biochemistry is concerned largely with the surfactant system in the newborn, and also a very good reference section on oxidants and antioxidants and airway sections. The next section is concerned with the development of pulmonary defence mechanisms including inflammation and mucus clearance, and the remaining 50 pages on lung imaging, nuclear medicine, aerosol treatment, and current concepts in high frequency and jet ventilation.

This book is likely to have a fairly restricted readership, but will prove invaluable to anyone with a significant interest in the respiratory system, particularly those about to commence research work to the growth development and physiology of the lung. I personally found this one of the most exciting books that I have come across for a long time. It should certainly be held by all the major medical libraries in the country and available at the high price of £69.50, represents excellent value.

A D MILNER
Professor of paediatrics


Tumours provide a supreme example of the way that specific disorders may be linked to particular periods of development. In the newborn infant neuroblastoma and teratomas are the most frequent forms of tumour. Leukaemia is the major fatal tumour, and malignant tumours of the kidney are almost unheard of. Within the first year of life the whole range of paediatric tumours may become manifest including three different varieties of malignant renal tumour alone.

This changing pattern of developmental tumours with age provides a major incentive for Hart Isack's new monograph dealing specifically with tumours seen in the newborn or infant. Initial chapters on aetiological...
of photographs of haemophilic boys enjoying a range of physical activities, despite some Willebrand's disease, hepatitis, and that 'he
the parents
The book is comprehensive and written in languages.
raise
hospital whole
The work is very readable and in general up to date, providing an excellent review of the subject. An occasional failure is recognisable. Thus while quoting reports of the occurrence of primitive neuroectodermal tumours in macerated fetuses the author omits to mention more recent evidence that such 'tumours' are usually artefactual. A major criticism is the small size and poor quality of most of the illustrations, some of them being unintelligible and detracting from, rather than enhancing, the value of the text. A linked problem is the use of a different and, for this aging reviewer, less legible typeface for the legends than that used in the text. Despite these visual drawbacks the book can be thoroughly recommended as a useful work of reference to pathologists concerned with the diagnosis of paediatric tumours and also merits consideration by paediatricians and paediatric surgeons.

J S WIGGLESWORTH Professor of paediatric pathology


The best thing the old General Nursing Council did was to put a question in the final nursing examinations about haemophilia. Since then, nurses regularly attend the Haemophilia Centre for training in hospital and home care, and the whole hospital seems more aware of the disease and its problems. Dr Jones' book is written for the haemophiliac and his family, and describes all they need to know and more about the disease. It should similarly raise awareness about the disease for the layman. This is the third edition. It is comprehensive and comprehensible. The details are written in terms which all can understand and the diagrams are clear and simple. The popularity of earlier editions can be judged by the fact they have been published in six other languages. Over the years I have forgotten how many copies my department has bought to lend to patients, but they are numerous. Once they go, they rarely come back.

How does this differ from earlier editions? The book is now printed with more words to the page, the informative box is slightly larger. A new first chapter reassures the parents of a newly diagnosed child. The statement that 'he has as much chance of being captain of one of his country's sports teams as his father' may be taken two ways. Other new chapters include information on side effects of treatment such as liver disease and infection, HIV and AIDS, and on haemophilia care in developing countries. Diagnostic and management protocols including hepatitis B. There are many new diagrams and increased information about contraception, factors VIII and IX, von Willebrand's disease, and circumcision. Another innovation is the inclusion of photographs of haemophilic boys enjoying a range of physical activities, despite some obviously bad knees and legs. These are all improvements.

My own experience tells me that the earlier editions served their purpose well, and I have no doubt that this edition will do the same. Its message, as the author states, is 'life first, haemophilia second'. However, in his attempt to reduce the anxieties of parents newly faced with a diagnosis of haemophilia, the author plays down the severity of the disease. For many patients, even with first class management, the disease presents major problems for them and their enjoyment of life, ability to work and play, and their prospects. Even so, all families of a child with haemophilia should read and study it. If they do, they will know more about the disease than their paediatricians.

Thus Jenner. Of the last hundred years, I can only advise that paediatricians should read it too, and make it compulsory reading for nurses, physiotherapists, teachers, and others who may deal with haemophilic children.

D I K EVANS Consultant haematologist


Inoculation against smallpox appears to have been first used in the 6th century BC by the Chinese, who implanted bamboo splinters dipped in putrid material into the nasal mucosa of uninfected individuals. The protective effect of cowpox against natural smallpox infection was folk wisdom for many generations before Jenner. Over the last hundred years immunisation has been an even larger contributor to the health of individuals and nations. With the development of gene manipulation by molecular biology, and the ability to produce purified antibody by in vitro techniques, its day is only just dawning.

This book then appears at a watershed in the development of immunisation, and provides a bridge linking scientific advances with common knowledge on the one hand, with everyday clinical practice on the other. It has been rapidly and professionally put together by the British Paediatric Association Standing Committee on Immunisation and Vaccination.

The book is directed towards all concerned in paediatric primary care, junior hospital staff, paramedical staff, and parents, and is divided into sections. The first of these discusses the general diagnosis and management of common infections in childhood from a problem orientated viewpoint, for example, the child with a rash and the child with diarrhoea. The second section provides short summaries of specific childhood infections, with particular detail of recently recognised conditions such as AIDS and Kawasaki disease.

This is followed by a short section on the collection of specimens for laboratory diagnosis and a long and comprehensive section on immunisation, including a very helpful discussion on practical problems. Should you immunise a child with diarrhoea or a chest cough when they come to clinic? What about the baby who is said to have had whooping cough or measles? What is the relevance of a history of fits or febrile convulsions?

The book concludes with detailed advice on travelling abroad with a child, a series of useful appendices, and a bibliography for further reading.

This second edition has been expanded and brought up to date and is beautifully laid out, simple, straightforward, and authoritative. Demanding a place in every GP's surgery, accident and emergency unit, and in every general paediatric ward in the country, it is a model of its kind. The book and its editors wished all medical texts were half as good as this.

MICHAEL TARLOW Senior lecturer in paediatrics


My personal paediatric library is kept up to date by the editors of the Archives supplying me with excellent books, ostensibly for review. I'm beginning to wonder though, is this just kindness or a subtle hint that the editors heard something that I haven't?

This latest splendid edition to my bookshelf is based on the most recent paediatric conference held by the Royal College of Physicians. A number of distinguished subspecialists review changes in practice over the last five years, and speculate on how these will influence paediatrics in the next decade.

The chapters include up to date opinions on aetiology, investigations, and treatment. For example there is a thought provoking review on the aetiology of cerebral palsy, and in addition the author stresses the present and probable future role of surgery and highlights the tremendous importance of counselling performed by psychologists, psychotherapists, and psychiatrists.

The chapter on epilepsy illustrates the circle fully turned with the use of magnetic resonance imaging to detect small focal lesions in the temporal lobe with subsequent surgical removal. A useful resumé of risk versus benefit of drug treatment follows.

Opinions are revised on what were sometimes overall controversial issues. Thus under 'imaging of the urinary tract', cystography is not even mentioned, and the ESPGAN criteria of three jejunal biopsies for the diagnosis of coeliac disease is no longer valid.

The philosophy of changes in treatment is epitomised by the chapter on paediatric oncology headed 'towards cure at least cost'. For many malignancies current research is aimed at identifying poor prognostic groups for more intensive treatment while reducing treatment for cases with a good outlook.

Current new treatments, such as pancreatic transplantation, and somatic gene therapy are discussed with their attendant difficulties, which surely will be overcome in the next 10 years. The book concludes with a thoughtful