This package provides a very good basis for training sessions for general practitioners and other health care workers involved or becoming involved in child health surveillance. It should prove useful for both initial training and for update sessions for more experienced practitioners. The video consists of four parts (introduction, communication skills, the examination, and outcomes) plus as an 'activity' 18 slides of situations likely to be found in a surveillance check, where the participants are requested to write down the action they would take. There are two other activities based on sections of the video and very useful handouts, together with an evaluation form to complete the half day session. The package is designed to be highly interactive and to accommodate participants coming from varied levels of experience. It can be used flexibly with modifications to suit local needs.

The quality of the video varies from fair to excellent. Some of the slides used in the 18 situations section and elsewhere are of poor quality rendering interpretation difficult. There are some inconsistencies in the presentation, inevitable in such an unedited and rather controversial area of child health presentation on terminology is discussed. In one section ‘the doctor’ who appears to be either a clinical medical officer or already a general practitioner doing surveillance is advised to sit down and discuss her findings with ‘the health visitor’ and with ‘the GP’ (a person who appears in another section of the tape as the link worker). Some may find the slightly patronising and proselytising tone of the presentation somewhat irritating especially the rather protracted section on the need for good communication.

Overall, however, the package is well thought out, well presented, and well worth buying for departments undertaking training in child health surveillance.

BRENT TAYLOR
Professor of community health

The School Entrance Review. A video training package. Commissioned by: Nottingham Health Authority. Production Company: Chrysalis Television Midlands. Cost of training package (video and manual): £195; additional trainer’s manuals £6 each. For details contact: Mrs B Whitchurch, Training Office, Nottingham Health Authority, Community Unit, Memorial House, Standard Hill, Nottingham NG1 6FX.

However much paediatric experience the newcomer to community work may have, some time must be devoted to teaching the particular skills of the trade. This tends to follow the time hallowed industrial principle of ‘sitting by Nellie’ for a few sessions until deemed ready for useful work (not wishing to offend the one and only Nellie, listed on page 45 in current BPA handbook, by whom any aspiring community paediatrician would be well advised to sit; she cannot be expected to provide for the whole country). Properly organised classroom instruction in basic as distinct from the leading edge aspects of the craft remains rare. The ever innovative Nottingham department of community paediatrics has done us all a service in designing a course of instruction for both medical and nursing recruits to school health based around an instruction manual for the organisers, work sheets for participants, and a 45 minute, four part video. The trainer’s manual contains important lessons too for old stagers (your reviewer included) who could be subtly updated by exposure to this training package in the role of trainer. Selected parts of the package would be useful for teachers because it could help them to see what the school health service is all about and how they can work cooperatively with us. The same applies to school governors.

The trainer’s manual tells one how to lay on the course, the equipment and type of venue needed, when to break for coffee, and the families one will need to recruit for demonstration purposes. The course starts with a historical overview of school health: where it came from, what it does now, and exposes the group to the current debates about its future, tendency to side with preservation of the status quo, which should be taught to all paediatricians in training whatever their discipline. Carried out conscientiously, with first rate instructors, and good organisation, the manual on its own would form the basis of an excellent course. Video is a very powerful teaching tool; it is easy for armchair critics to carp and forget that it is exceedingly difficult to make well and expensive to accommodate second thoughts. I am glad that real professional staff and families were used instead of actors. I did not like all the messages and examples given, and although she was an excellent role model, would criticise the doctor’s excessive use of leading questions. The manual goes into ‘questioning techniques’ in some detail and if used properly should correct this fault. I do not think that examining the upper abdomen of children who are standing up is good practice and it is a pity that testicular examination was not shown. The video, however, is only part of the course and local tutors are expected to expand on these points. The manual will be easier to modify in the light of experience as opposed to the video.

The school nurse in the video sat in the background and in real life I hope that she would have used her time more productively. The weighing scales used (£7.50 when I last visited Asda) take economy and inaccuracy to extremes. As long as people of this type are recognised and discussed no harm will result. What must not be done is to lend the video on its own to a new recruit to take home. It will be the intelligent use of the manual and the resulting group dynamic that will make or break this course; the video is a supplementary basis for discussion.

EUAN ROSS
Professor of community paediatrics

Every so often there is a piece of work bringing together research and thinking on a subject and acting as the source of reference for the next few years. In 1965 Vernon and colleagues published a comprehensive survey of literature on the effects of hospitalisation and illness in childhood.1 Ten years later Pless and Pinkerton not only collected and sifted the literature, the psychology of chronic childhood disease, but began to provide a conceptual model of adjustment and maladjustment of the child with a chronic disorder in his family and society.2 In the same year the psychologists Rachman and Huguelet published a brief but encouraging description of ways in which psychologists had already applied their skills to the problems of medical conditions and treatments, wrote one of the first tentative calls to clinical psychologists in Britain to turn their own attentions to the field of medicine.3 Now Christine Eiser demonstrates how far the psychologists have come in the last 15 years in one area alone: the psychological effects of chronic disease on children and their families. This book reviews and draws together the results of well conducted studies, and emphasises the relevance for clinical practice. Throughout, the emphasis is on children’s illness and treatment experiences in the context of their development, and other aspects of their social lives. The book is kept to a reasonable length by large blocks of text set out in sequence, with footnotes on motor disabilities, blindness, deafness, and mental handicap.

The contents cover hospitalisation and pain management and the effects of chronic disease on educational achievement, self esteem, behaviour, and family life and other relationships. The developmental approach is exemplified in the discussion of the development of coping strategies, for instance, as the child experiences illness, and death and the consequent importance of appropriate communication of information to sick children of differing ages to aid their realistic understanding and contribution to compliance with treatment regimes. Chapters on the encouragement of coping strategies, and important issues which may inform and determine future research, round off this comprehensive review.

This book stands a good chance of becoming the source book on the psychology of chronic childhood disease, at least until Christine Eiser needs to bring it up to date.

ROY HOWARTH
Consultant psychiatrist

and I have found the dosage schedule easy to use in an emergency.

I have few criticisms. A magnifying glass is required to read the nomograms for calculating surface areas. The section on parental nutrition is not too useful as every hospital has its own regimen. The inclusion of a section on analgesia and sedation would have been very handy.

What about its main rival from Alder Hey which has just appeared as a new fifth edition? The book from Liverpool can still fit in a filofax and is also cheaper. Unfortunately due to its small size less information is given with no list of emergency drugs. My main worry, however, is the potential source of error in giving drug doses as total daily dose as all hospital drug charts require individual doses to be prescribed. I can claim neutrality but would always recommend the Guy’s formulation.

Every paediatrician should carry this book and not rely completely on memory. Paediatric departments should make sure copies are freely available in the casualty department as well as on the ward for occasional paediatric prescribers. At £6 a copy it is a very cheap investment in these days of massive payouts by the courts.

IAN BALFOUR-LYNN
Paediatric respiratory research registrar


This book serves the important purpose of bringing together neonatal paediatricians and specialists in the field so that they can share an interest in perinatal infection. The coverage is wide ranging, from a stimulating first chapter on the cellular and biochemical pathology of the inflammatory response, and a chapter on post-mortem findings, the chapters on specific types of infection (nosocomial infection, listeriosis, group B streptococci, viruses in general, HIV, sepsicaemia, and meningitis), sections on laboratory tests and treatment possibilities, and finally maternal infection.

In neonatology there is an inevitable preoccupation to treat at the earliest suspicion of infection. However, there are considerable unit to unit differences in practice in this difficult area. There is an attempt in this text to put local prejudices into a scientific and historical perspective. One specific problem is the accurate diagnosis of bacterial infection, and although laboratory diagnostic tests are not foolproof, it is suggested that combinations of them can be of use in rationalising the starting and stopping of antibiotics. One contentious topic discussed including the choice between a combination of penicillin/amoxicillin and a newer cephalosporin for early sepsis, and the place of routine lumbar puncture in ‘infection screening’. The section on HIV, although it may age quickly, is a welcome review and practical guide. Going on to treatment, there is a detailed analysis of evidence for the choice of anaesthetic support, and a mention of therapeutic manipulation colonising flora. However, the most exciting suggestion is that of ‘inflammation modulating therapy’, which could favorably alter the many secondary manifestations of infection.

There is some repetition of material on bacterial infection, and poor coverage of some topical issues in non-bacterial infection. For example, the chapter on viruses avoids subjects such as rubella, cytomegalovirus, and hepatitis B, and describes in some detail respiratory syncytial virus infection, which is not strictly a neonatal concern.

Overall, this collection of essays provides a useful update and source of references for infection for the clinician caring for the newborn.

GOPI MENON
Lecturer in Renal Registrar


Parents, and even their children, are well educated today about matters of health and disease. Consequently they expect much from modern medicine, usually nothing short of complete cure for their illness. If this is denied them they tend to feel that something has gone wrong and somebody is to blame. The location of the source for litigation are sown. These are good reasons for giving the very best in medical communications. The best reason, however, for rendering optimal communications, is that the patients deserve it and none more so than children and their parents. In short, optimal communication is what the major part of this book is about, especially that which is needed when what could be life or death decisions are required for determining the type of treatment given to a child with congenital heart disease.

The author presents the problems of effectiveness and efficiency in parent counselling and the bioethics of decisions based upon her study of paediatric cardiology and cardiac surgery in the Hospital for Sick Children, Great Ormond Street, and the Brompton Hospital in London. Messages are of general application. The first part of the book provides conversations with parents and with doctors of all ranks. The subject is consent for treatment, be it surgical, investigational, or neither. The matters are awareness, willingness, and trust between doctors and families.

Good communication before consent is recognised increasingly in the requirement for a greater depth and complexity where children are concerned and the agonising, wrestling with information in part or whole, guilt, and worry are of a greater order. Readers of the book are likely to change their practice as a result of learning much from parents who have partaken of the experience and comments of the author who has received much help in the task. For physicians who do not have to obtain consent nevertheless could learn much about talking with parents and children.

The final pages are devoted to ‘biotics’, which is compared with wandering in a jungle; diagnosis and treatment. Examples of the subject are shown. It is worth reading to understand this aspect of doctors’ practice. Subjects like deontology, duties, rights, utilities, respect for rational persons or autonomous persons, beneficence, morality, and clear reasoning are dealt with—hardly bedtime reading.

The author states that ‘ethical medicine combines justice with care, principled deci-