should also be expected to be a good research worker has never been explained. These are different jobs requiring different skills and interests. Animal physiologists asking for promotion would look askance if rejected on the grounds that they were poor veterinarians—and yet good clinicians are frequently rejected on the grounds they are poor researchers. No wonder they retaliate by producing a large quantity of second-rate work that clogs up the journals. It has been argued that the number of publications is one way of distinguishing one candidate from another in a close field. Why not use another irrelevant measure instead: skill at tightrope walking for instance? This would reduce the present volume of substandard publications, save the time of authors, editors and readers, and might even lead to an improvement in the quality of consultant appointments.

In the meantime you have the task of distinguishing between those papers that are written with genuine scientific endeavour and the desire to inform and those written merely to improve a thin looking curriculum vitae. In this you have my sympathies.

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The editors comment:
It is not the role of editors to influence medical appointment boards and we do not mind what motivates people towards research. The need to improve a curriculum vitae may lead to important scientific findings and conversely an altruistic desire to break down the barriers of science may result in substandard work. Our main job is to produce a high quality journal and for this we rely to a large extent on peer review. We publish only one third of the papers submitted to the Archives of Disease in Childhood and if we were really clogging the journal up with second rate work our readers would vote with their feet. Instead our circulation is increasing.

SOFTWARE REVIEW

POSSUM. Version 2.5. Melbourne: Murdoch Institute, 1990. CP Export Pty Ltd. POSSUM, full title, Pictures of Standard Syndromes and Undiagnosed Malformations, is the rather contrived title for a computerised pictorial dysmorphology database from Australia (get it?). For Londoners it also translates as 'I am able'. The program requires a microcomputer, a video disc player, and a video monitor so the initial outlay on hardware is expensive. There is an instruction manual which is reasonably easy to follow, but I found the introductory video tutorial on how to use the system more helpful. Unfortunately, this video section is dropped from the new edition, due out soon, to make more use of space on the disc.

There are several main components to the system. The illustrated trait directory is a very useful part. Dysmorphology like all other specialties has its own language, and it is helpful for those new to the discipline to see what exactly is meant by a keel shaped forehead, triangular combination ear, camptodactyly, etc. The two main components of the system are the search/diagnostic facility and the listing of features of known syndromes. To initiate a search one has to set up a list of traits observed in the patient. The instruction tutorial recommends that between five and 15 features are entered. Personally I would go for as few and as distinct or unusual anomalies as possible and avoid `soft' common features. Traits can be made optional, major, specific, or excluded in a search and there is the useful facility to check with the pictorial trait directory to ensure the correct term is used for a particular anomaly. For each syndrome, a list of possible diagnoses is presented. For each disorder it is possible to access a brief description, a list of traits, and a few selected references. For an anomalous variant with a much higher incidence the photographic file of children with specific disorders at different ages. Most of the 'commoner' syndromes are well illustrated but some more rare or currently described syndromes have no illustrations.

The second main use of the system is to review known disorders in the instances where one suspects a diagnosis but needs to confirm this by comparing with similar cases. Each disorder, with a few exceptions, has illustrations of affected children at different ages, many from the files of the Melbourne Children's Hospital. The value of the study of syndrome natural history and the phenotypic changes which occur with age has been recently recognised but most textbooks don't contain such a wealth of photographs. There is one tiny video clip of a patient with Rett's syndrome; more videos of other syndromes especially those with movement abnormalities are promised on the next videodisc update. Like syndromes natural history the value of the study of behavioural phenotypes is being recognised and it is an excellent feature of this system that the importance of movement in syndrome diagnosis has been identified.

The section of this system that I would not imagine using much in clinical practice is that of unknown cases. I believe this section badly needs pruning, as many children are included with rather soft signs, and even if one had a similar case there is so little distinctive in diagnosis to make a confident match. An unknown database, at least for general viewing, should only contain details of children with very distinct phenotypes.

The system is very user friendly and it is easy to get from one section to another. It is comprehensive in the range of disorders covered, but in some instances there is insufficient depth in the pictorial representation of a syndrome and in the references given. Clearly only if a diagnosis is being considered would there be a need to go to the literature, but I feel that in many instances it is necessary to exclude a diagnosis. I understand a number of inaccuracies are being corrected for the next update. This is needed especially in the sections on chromosome abnormalities where the karyotype nomenclature is frankly wrong in many instances. The accuracy of individual diagnoses where a diagnosis relies on phenotypic alone is good, but for some disorders rather questionable cases are included and for others the 'blackout' required to preserve anonymity also hides diagnostic features.

POSSUM is designed for use by specialist geneticists and paediatricians as a diagnostic aid and for tutorial assistance for specialists in dysmorphology. As a dysmorphologist my main usage would be in verifying diagnoses and in teaching. It is a marvellous teaching aid for those in training and those trained in other disciplines and its ease of use makes self teaching an option. There are a number of rival systems especially the London Dysmorphology Database which has the edge in comprehensiveness of description and references of syndromes, but it currently is not illustrated. I think POSSUM has the edge as a teaching aid.

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BOOK REVIEWS


This book provides information about conditions leading to loss of consciousness in childhood with emphasis on various types of anoxic seizures. As a history of loss of consciousness should not always lead to a diagnosis of epilepsy Stephenson analyses various clinical conditions in childhood and describes a series of case histories drawn from personal practice. A wide range of conditions are considered including common breath holding attacks, loss of consciousness due to vasovagal syncope, unusual cardiac and circulatory conditions, syncope which is self induced by the Valsalva manoeuvre, profound asphyxia, and seizures brought about by anoxia, epilepsy, or psychic disturbances. Anoxic seizures are dealt with extensively with a discussion of various types and an attempt is made to bring together relevant research from other disciplines including circulatory physiology and neurophysiology. Our understanding of anoxic seizures and their mechanisms is assisted by a useful reference section which draws attention to the author's own contribution over the years.

The first five chapters guide us through the definition of seizures, the extent of the problem in childhood, the importance of the clinical history in the diagnosis of paroxysmal disorders, fits and faints, and the differential diagnosis of fainting episodes. Having established this framework the next seven chapters are about various types of anoxic seizures. There is a detailed account of clinical manifestations with particular emphasis on the specific types of anoxic seizures, and electroencephalographic and electrocardiographic recordings are illustrated. In a selection of case histories described