

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 seeking 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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- 1 Bier DM, Fulginiti VA, Garfunkel JM, *et al.* Duplicate publications and other related problems. *Arch Dis Child* 1990;65:1289-90.
- 2 Lock S. Repetitive publications: a waste that must stop. *BMJ* 1984;288:661-2.

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 Latin scholars 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 being 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 face, prominent ear crus, 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. After a search, 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 essentially visual specialty by far the best provision is the photographic file of children with specific disorders at different ages. Most of the 'commoner' syndromes are well illustrated but some more rare or recently 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 syndrome 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 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 description 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 more information is needed 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 phenotype 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

Fits and Faints. By J B P Stephenson. (Pp 202; £21 hardback.) MacKeith Press, 1990. ISBN 0-632-02811-4.

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 the methods used in diagnosis 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 which relate to specific types of anoxic seizures, and electroencephalographic and electrocardiographic recordings are illustrated. In a selection of case histories described

the ocular compression test is used to confirm a diagnosis of anoxic seizures.

In the remaining chapters the book provides information on other causes of loss of consciousness and ends with a section on the management of fits and faints. There are comprehensive accounts of 'psychic and psychogenic seizures', 'funny turns and funny attacks' and 'fits and faints in a special setting'. Prognosis and management are discussed in general terms with emphasis on the history and clinical findings. Some mention is made about future research in drug treatment.

I welcome this book which stimulates questions about seizure disorders in childhood. It is a useful guide to those seeking a better understanding of such disorders as the information contained will provide insights about a range of conditions associated with loss of consciousness. It will also be a valuable addition to the university library in order to encourage the application of research to the clinical situation.

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Pediatric AIDS. Edited by Philip A Pizzo, Catherine M Wilfert. (Pp 813; £56.50 hardback.) Williams and Wilkins Ltd, 1991. ISBN 0-683-06894-6.

It is less than 10 years ago that the first report was published of a child with AIDS from the USA. AIDS in children is now one of the leading causes of death in the USA, is a major contributor to increasing infant mortality in places such as Africa, the Caribbean and some parts of South America, and is now appearing in most countries in the world. This is the first major textbook on paediatric AIDS and comes not surprisingly from the USA. It is written by leading experts in the American field and it is a credit to the editors that they managed to produce this book in such a short period of time, containing as it does so much up to date information.

The value of this book will be twofold. Firstly as a major reference for paediatricians who are directly involved in the field both clinically and from the research aspect (although likely to become out of date quickly in such a fastly changing field, it will be an invaluable summary of knowledge so far). Secondly it is a book which many libraries would do well to keep as increasingly all paediatricians are going to come across the problem of paediatric HIV.

The sections on clinical manifestation and treatment fill more than half the book. They detail and cover infectious complications and organ specific complications. The chapter on the epidemiology and perinatally acquired HIV (chapter 1) and treatment considerations (chapter 34) are excellent reviews of those aspects of the disease. Not surprisingly, perhaps, in such a large and rapidly produced book, there is some repetition and even occasional contradiction between authors of different chapters and further editing to reduce this would have been welcome.

My non-medical colleagues have commented that this is a very medical textbook. The complex psychosocial, family and public policy issues are covered in the last chapters of the book but in a not very inspiring way. They are 'very American' and may not be so relevant for other cultures and health care systems.

This is a tome of a book but to be welcomed as the first major book on HIV in children.

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Worldwide Variation in Human Growth. 2nd Ed. Edited by Phyllis B Eveleth and James M Tanner. (Pp 397; £25.00 paperback, £60 hardback.) Cambridge University Press, 1991. ISBN 0-521-35916-3 (p/b), 0-521-35024-7 (h/b).

There can be few books which provide such a complete coverage of any scientific subject as this. To present in one volume, in a form acceptable and assimilable to a reader, vast quantities of data from hundreds of growth studies, undertaken in over 40 countries with differing methodology, may seem wellnigh impossible, but the editors have achieved this. The first edition, published in 1976, was a monumental undertaking, and largely the outcome of 10 years of studies under the auspices of the International Biological Programme. Now the editors have repeated their work, achieving the same standard of excellence and admirable presentation. So many new data have been forthcoming since the completion of the previous programme, through more sophisticated and extensive studies from all over the world, that this second edition largely replaces the first. There are only occasional references to the earlier studies when nothing has subsequently superseded them. This volume, which includes all serious studies of child growth from 1974-88, is by far the largest series of growth data ever assembled, and discusses growth in terms of height, weight, skinfolds, limb circumferences, and skeletal diameters.

As in the previous edition the book is introduced by a description of methods and standards for comparative growth studies. In the ensuing six chapters the authors discuss comparisons of growth patterns between races, both in their native environments and following migration to other continents. A further section considers population differences in the rate of maturation as shown by skeletal, dental and pubertal development, and knowledge of these aspects in particular has increased dramatically over these recent years. The significance and relative roles of genetic and environmental (notably nutritional) influences in explaining the differences in growth patterns shown by these studies is evaluated in further chapters—the genetic component from two main aspects—family likenesses, and large group comparisons of Europeans, Africans, and Asiatics. The final chapter is new to this edition, considering how susceptibility to disease relates to growth and development and the outcome in adult life. The essentials of the raw data are presented in tables in a lengthy appendix, which is followed by a comprehensive reference list. The book is well indexed.

It is hardly surprising that much of this book does not lend itself to reading straight through (though some readers will find it interesting and valuable to do that) but is more a source of reference, in which context it is unique and invaluable. It should certainly find a place world wide in departments concerned with child health, but I would also highly recommend it to any individual who special-

ises in physiological, epidemiological, or clinical aspects of growth.

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Developmental Examination of Infants and Preschool Children. By Dorothy Egan. (Pp 84; £15 hardback.) Clinics in Developmental Medicine. Blackwell Scientific Publications, 1990. ISBN 0-632-02844-0.

Like hundreds of other young doctors, I was inspired by the teachings of a small, frail paediatrician in her eighties who exuded a tremendous vitality and enthusiasm for child development. Dorothy Egan, who has been an outstanding clinician and teacher at Guy's Hospital for over 30 years, has now summarised her accumulated experience and wisdom in a short monograph. This book is designed as a practical guide for general practitioners and health visitors involved in preschool surveillance rather than a comprehensive textbook of child development. Its strength lies in the description of the art and style of developmental assessment rather than the minutiae of periodic developmental examinations. This descriptive strength is, however, underpinned by population based research. After many years spent refining simple developmental tests in clinical practice, Dr Egan has standardised them on 425 normal children, and presents the normative data in graphical form.

The book opens with a useful overview of normal development summarising normal stages up to 4.5 years. The best parts of the book include sections on: 'when to worry about children', which gives sensible advice illustrated by case histories, and a short chapter on the craft of developmental examination. These are the areas of developmental assessment which are most difficult to learn, and Dr Egan usefully summarises years of experience.

The second half of the book has chapters on clinical tests of hearing and vision, the assessment of language, performance, and gross motor skills. Written in an abbreviated style, almost in note form, they provide guidance rather than a critical assessment of the strengths and weaknesses of the tests. The best section is the one on language, which includes a detailed description of the Egan bus puzzle test, which is a simple test of language development from 20 months to 4.5 years of age. The results of the standardisation of this and other common tests are clearly presented in a graphical format which identifies children in the lowest 20% as requiring further follow up and investigation.

Whether or not this is the correct threshold for referral is debatable, but the standardisations do provide very helpful illustrations of the range of normality for simple tests which can be used in a primary care or outpatient setting. The final chapter describes the Egan modification of the Sheridan miniature toy test and its standardisation. This time consuming test requires considerable experience to interpret it correctly and is not suited to primary surveillance, making this chapter seem out of place.

The descriptions of the tests are illustrated by photographs, many of which are dated and, although pertinent, do not enhance the contemporary relevance of the text. Although the style varies from lucid prose to an abbreviated