index enabling the general paediatrician to identify quickly most paediatric dermatological problems. This sets the scene for what proves to be quite a thorough book covering, in 20 chapters, dermatological aspects of paediatric practice, ranging from evaluation of the paediatric patient through to dermatopharmacology. In between there are concise, informative chapters on groups of disorders/clinical problems presented in an easily digestible but nevertheless comprehensive fashion.

The chapters on papulosquamous disorders and bullous diseases and mucocutaneous syndromes are particularly well written with excellent colour photographs of the various conditions throughout. Each of these chapters is subsectioned in a logical manner with brief outlines of the pathogenesis of the diseases, adding significantly both to the quality of the text as well as the reader's understanding of individual conditions. Also included in each chapter is a reasonable bibliography. On a personal note I would have liked to have seen more emphasis on the embryological development of the skin in the opening chapter. Furthermore, there are inevitable occasions when the requirement for more detail is not met.

In general, however, this book meets all its intended aims, including the specific needs of most clinicians involved in the primary care of children. It would make good reading for paediatricians in training as well as forming a useful part of the premembership reading schedule. The majority of paediatricians, I am sure, would be happy to have this book on their shelves and it would also be useful as a quick reference guide for those with particular interests in paediatric dermatology.

Most paediatric dermatology texts fail to inspire, however the authors in this case have managed to write a most enjoyable book!

PAUL BUSS
Research fellow in medical genetics

Genetic Disorders of the Skin. Edited by Joseph C Alper. (Pp 378; £97 hardback.) Wolfe Publishing, 1991. ISBN 0–8151–0111–2.

This is a good multiauthor book on genetic disorders of the skin that sets out to describe many common and rare conditions which have a genetic basis. The conditions are grouped under useful headings such as hypopigmentation disorders, nail disorders, genetic hair disorders, and biochemical diseases. The presentation, natural history, inheritance, pathological findings, and treatment are given for most disorders described. There is also an attempt to include rare one off case reports, which is helpful to more specialised readers. There are useful tables and figures and it is well referenced. For a reference book it is relatively short and there are omissions. However, the conditions it does describe are covered fully. Some disorders feature in more than one chapter, which is probably necessary for completeness, but there are some discrepancies between the texts reflecting the different authors which is irritating. Dermatologists often use specialised terms to describe syndromes and clinical findings and a glossary would have been useful.

This book seems to be geared to the non-geneticist (which is a shame as geneticists badly need a good reference book on skin disorders). There are three chapters on general genetic principles describing chromosomes and cell division and a very good chapter on genetic counselling. As an introduction to genetics they are very useful chapters, but my worry is that most busy clinicians do not read books from cover to cover but look up a specific disorder. It would have been more helpful to have had a genetic section written by a geneticist for every disease, rather than separate chapters. For example, X linked ichthyosis is described in good detail in the chapter on keratinising disorders but the genetic aspects are covered more fully in the chapter on genetic counselling which is not referenced in the index. In the main dermatological text the gene for X linked ichthyosis is described as being on the short arm of the X chromosome, whereas in the genetic text, it is revealed that the gene has been cloned, as indeed it has!

In addition, clinicians addressing the genetic issue of any disease need to know not only that a condition can be inherited as an autosomal recessive or dominant or X linked recessive, but need an appraisal of which is the most likely mode of inheritance and they want sibling and offspring recurrence risks. This area is not well covered. Many authors are out of date with their description of carrier and prenatal testing and some qualifying statement is needed to urge readers to check on the latest developments.

I think, however, this book covers a wide range of genetic conditions with dermatological features and would be a useful addition to any medical library.

KAREN TEMPLE
Consultant in clinical genetics

Tuberculosis in Children. Edited by Professor Vimlesh Seth. Publication of *Indian Pediatrics*. Official journal of the Indian Academy of Paediatrics, 1991. (Obtainable from: Cambridge Press, Kashmere Gate, Delhi 110006, India.)

Until computerised Medline facilities became readily accessible in our libraries the Indian journals of medicine and paediatrics were largely ignored by western physicians. Even now few British medical libraries stock Indian journals. Consequently a large and fascinating body of literature has remained undiscovered. In many areas of infectious disease the Indian clinical experience is vastly greater than in the west.

Nowhere is this more true than in the field of tuberculosis. In India the annual rate of infection is about 3% and 3·4 million children are estimated to have tuberculosis. Perhaps another 94 million children are at risk of infection. No western books on paediatrics have provided a comprehensive update on the subject of childhood tuberculosis, especially in the context of the developing world.

It is therefore to the credit of *Indian Pediatrics* that they have produced an updated compilation of papers in the form of a book *Tuberculosis in Children* edited by Professor Vimlesh Seth from the Division of Tuberculosis in the Department of Paediatrics at the All India Institute of Medical Sciences. Professor Seth herself has written most of the early chapters on epidemiology, diagnosis, immunopathogenesis, and the immunology of BCG vaccination and the tuberculin test. These chapters are readable, comprehensive, and well referenced. There have been many recent advances in mycobacterial immunology and it is to Professor Seth's credit that she has managed to be so concise. The chapters on imaging in childhood tuberculosis by Doctors S Mukhopadhyay and A K Gupta from the Department of Radiodiagnosis, All India Institute of Medical Sciences present a unique collection of x ray films and computed tomograms which are of reasonable quality and reproduction considering the price of publication.

Perhaps the most interesting feature of the book is the chapter on neurotuberculosis by Professor P M Udani, the elder statesman of paediatric tuberculosis in India. He presents a summary of his vast clinical experience in Bombay and highlights the fascinating array of new clinical pictures and syndromes which have emerged over the last decade, largely because of the extensive coverage of children with BCG vaccination and the misuse of powerful antituberculous drugs. Consequently the clinical manifestations of neurotuberculosis have altered.

John Stanford of University College and Middlesex School of Medicine is one of only two non-Indian contributors and elegantly reviews the use of new tuberculins in studying the development of the immune response in children, the assessment of vaccine efficacy, and the value of skin tests in the assessment of immunotherapy.

This is an excellent book and the editorial staff of Indian Pediatrics deserve great credit for its rapid publication. If there is one criticism it is the absence of a review of community based strategies to improve the control of tuberculosis. The book is heavily clinically orientated. Experience of community based programmes to improve case detection, follow up, and monitoring of resistance patterns would have been valuable. At 125 rupees ($15) this is a mandatory buy for any physician contemplating working in a developing country.

ANTHONY COSTELLO
Senior lecturer

Pediatrics—An Approach to Independent Learning. 2nd Ed. Edited by C W Daeschner Jr and C J Richardson. (Pp 548; £22 hardback.) Churchill Livingstone, 1990. ISBN 0–443–08758–X.

Medical students choosing textbooks usually have to decide between a handbook containing brief summaries of common conditions, or a tome with detailed monographs on every rarity. In either case, they may well feel that what they read does not prepare them for their encounter with a patient in hospital or in the community. This book, which was designed as a companion to the clinical paediatric course at the University of Texas at Galveston, offers an original approach to teaching about patients rather than diseases.

The authors' objectives of teaching 'real life' paediatrics is reflected in their arrangement of chapters: forsaking the usual strategy of listing diseases by organ system, they describe a number of common clinical presentations, such as the child with fever, abdominal pain, or enlarged lymph nodes. The main text of each chapter is preceded by a statement of the objectives and a test of prerequisite scientific and clinical knowledge. Much emphasis is placed on assessment of indicators of illness severity. The student will learn how to decide which children may be treated at home, which need further investigation, and which are in 'pre-arrest status'. The text is profusely illustrated with short clinical histories and each chapter is followed by 10 to 20 multiple choice questions, often on patient management problems. One or two sections, such as the chapter on congenital heart disease, revert to a traditional didactic style, but in the main the problem orientated approach is maintained, and there is a consistency of style.

Unfortunately, the same attention to real clinical practice limits this book's usefulness for the British student, who will be unable to learn as independently as the title suggests. He will, for example, need guidance from his tutor on transatlantic differences in immunisation schedules and child protection laws.

It will be difficult to persuade students to buy a book such as this which will not act as a complete reference text. However, I would strongly recommend it for those who teach paediatrics to use as a framework for their own teaching courses.

J DEVLIN
Tutor/senior registrar

Long-term Paediatric Nephrology. By C R J Woodhouse. (Pp 215; £49·50 hardback.) Blackwell Scientific Publications, 1991. ISBN 0–632–02936–6.

In previous decades childhood illness was clearly divided into medical and surgical problems, the former being the responsibility of the paediatricians and the latter that of the surgeon. As the title of the book suggests, there is now a need for regular long term follow up and active medical and surgical management of many childhood nephrological problems through adolescence and into adult life.

Although the book has been written from a surgical perspective, there is a strong emphasis on the importance of good medical care, aspects of growth and development, communication with parents and children, and recognition of the independence of the young adult with chronic disease. In this respect, it emphasises the need for collaboration with colleagues in related specialties, particularly between urologists, paediatricians, nephrologists, transplant surgeons, geneticists, obstetricians, and psychiatrists.

The first four chapters are particularly valuable in setting the scene for a young adult who has emerged from up to 20 years of life with a urological problem, worried over by parents, operated on by surgeons, and coaxed along by paediatricians. The author touches on many aspects of paediatric nephrourological care along with the problems of psychosocial dysfunction consequent on chronic illness in a broad and practical manner, touching on areas rarely covered in standard nephrology or urology texts.

It is clear that for many adolescents and young adults, anxiety about body image and poor self esteem are closely linked to uncertainty about sexual performance and fertility—an area poorly addressed by most paediatricians. Discussion in this area extends to cover the likely outcome of pregnancy and genetic aspects of urological problems, as well as sexual function.

On the surgical side, there is a series of straightforward accounts of procedures with emphasis on newer techniques used now either because of better cosmetic results or to preserve renal function. In addition, there is an extensive review of the literature of long term follow up of important conditions and treatments. The author's personal practice in controversial areas has been stated and while I may not agree with all his views, I enjoyed reading his book. It will make a valuable contribution to the long term management of children and adults with serious urological problems starting in childhood, and will be particularly valuable to adult and paediatric nephrologists and urological surgeons.

K VERRIER JONES
Senior lecturer in paediatric nephrology

Screening for neuroblastoma

Over the last 25 years the overall five year survival for neuroblastoma patients has improved from 25% to 50% or more but in those presenting at over 1 year of age with widespread disease the outlook is still poor with less than 20% five year survival. Could earlier detection by screening improve survival?

An international panel of experts met in Chicago under the auspices of the American Cancer Society in September 1990 to discuss the value of mass screening for the disease and their consensus statement was published in the *Lancet* in February (Murphy *et al, Lancet* 1991; **337**: 344–6).

Work in Japan, Canada, and the UK has shown that screening by testing for high concentrations of catecholamines in urine is feasible. Mass screening at 6 months of age was introduced nationally in Japan in 1985 and by 1988, 337 cases of neuroblastoma had been detected of whom 328 (97%) were alive in 1990. The evidence suggests, however, that many of the tumours detected had an intrinsically favourable prognosis and some, if not many, of them would have regressed spontaneously. Thus national data suggest that screening in Japan has not altered mortality rates there compared with the UK where widespread screening has not been done and there has been no fall in numbers of children in Japan presenting with advanced disease over the age of 1 year. Many of the tumours detected by screening had biological features suggestive of a good prognosis. There was a substantial increase in the recorded incidence of the disease after the introduction of screening indicating that some of the tumours discovered would never have presented clinically.

The Japanese results are clearly very disappointing. It is not known whether screening repeatedly or at a later age would give better results.

The ethical aspects of this screening have not been mentioned by the consensus panel but there are obvious problems. Clearly if screening detects tumours that would regress spontaneously then there is a high price to pay. Parental distress must be incalculable and the children have been treated with surgery and chemotherapy. The *Lancet* report does not give enough data to allow a detailed analysis of the problem. Perhaps studies continuing in North America and the UK to compare screened and unscreened populations will provide such data. From the evidence of this paper the cost-benefit balance at present seems heavily weighted on the side of cost.

ARCHIVIST