BOOK REVIEWS


I recall my senior consultant physician informing me wearily, but proudly, that he kept up to date by reading Price’s Textbook of Medicine from cover to cover every year. We paediatricians are more fortunate. The Yearbook of Pediatrics provides an annual review of the world’s literature and is liberally seasoned with commentaries that are both readable and memorable. The Yearbook aims to comment on the important issues in paediatrics and contains 19 chapters covering all the system specialties as well as ophthalmology, dentistry, otolaryngology, therapeutics, toxicology, and adolescent medicine as well as an interesting miscellaneous section. Topics range from bedtime cereal to Behçet’s disease, and from liver transplantation to Lyme disease.

A total of 280 articles from over 100 journals are abstracted together with one or two tables or figures where appropriate. Each is accompanied by a commentary written either by one of the editors, Frank A Oski and James A Stockman, or by an invited expert. They vary from brief, witty, and sometimes caustic comments to sound commonsense based on broad practical experience. Often controversial, sometimes irreverent, and on occasions deliberately irrelevant, they provide both a valuable aide memoire and a stimulus to read on.

Inevitably a book of this size cannot cover the whole of paediatrics comprehensively, but the range is impressive and serious omissions few. Surprisingly there are only two abstracts on AIDS and one on sexual abuse, presumably both have been well covered in previous years. The Yearbook has both a subject and author index with useful cross references between chapters and to previous editions; however this is not a reference book and should not be consigned to the library shelf. It is a book to be read at leisure, chapter by chapter, by paediatricians whatever their specialty and will delight all who remain general paediatricians at heart.

Sadly for those who have admired Oski’s editorship and commentaries over the last 13 years, this is his last volume. His quotes and misquotes do much to enrich the book. ‘Even if you are on the right track, you will get run over if you just sit there’, ‘pepsy pestivirus’, and ‘smoking is one of the leading causes of statistics’, are some of my favourite quotes from this edition. He has yet to find the meaning of the Chinese proverb ‘when walking through a melon patch, don’t adjust your sandals—any offers?’

KEITH DODD
Consultant paediatrician


Upon reading this book I discovered to my great relief that most of my ‘personal’ congenital abnormalities and those of my children are indeed all part of normal variation and have no other sinister significance. Dysmorphology is commonly thought to be a subject studied only by those with a fascination for small print and a memory for long names. With no formal training programme, it remains a mysterious question as to how one can actually acquire skills as a dysmorphologist. Based on the analogy of Sherlock Holmes solving a mystery, this book offers an excellent introduction to dysmorphology with a clinical approach to the identification of dysmorphic features.

An overall summary of the scope of dysmorphology is followed by a useful guide to the history and examination of the dysmorphic patient. Each anatomical region is then covered in turn, dealing with embryological development, anatomic relations, examination techniques, minor variants, and abnormalities. It is good to see that features are not missed out as an important clue to dysmorphological diagnosis. Strategies for arriving at a final diagnosis are discussed, with emphasis being placed on the ‘Sherlock Holmes’ method. This approach takes into account the ‘intuitive’ aspect of dysmorphology as well as the more methodical sifting of signs and symptoms and emphasises that a combination of the two is probably the best answer. It would have been useful to include a couple of cases which had been worked through according to this approach to demonstrate the final step of seeking the specific diagnosis.

This book is intended only to instruct one on how to choose the correct diagnostic area. It is not a compendium of differential diagnoses and does not contain any information on cytogenetics, molecular genetics, or other laboratory data. There are ample black and white figures throughout, although not all are of good quality. The reference section provides a comprehensive list of catalogues and computer programs to consult thereafter.

In this book Jon Aase examines dysmorphological diagnosis from a wide viewpoint, considering the social and emotional issues involved in affixing a diagnostic label as well as the clinical features. It teaches us to seek not just a name for a condition but to ask ourselves why it happened, and shows that with logical thinking and careful attention to detail, most clinicians can learn to recognise dysmorphic features from normal ones, and more importantly, guard against the inappropriate ‘labelling’ of a child and the consequences thereof.

Like all good detective stories, I couldn’t help reading this book right through once started. It would make excellent reading for all those involved in the care of the normal newborn, as well as general and community paediatricians. Those already experienced in dysmorphology will also learn something new and it is a ‘must’ for those among us who have always wondered why an umbilicus looks the way it does.

JILL CLAYTON-SMITH
Clinical research fellow


Adult and Pediatric Urology, a two volume boxed set, totalling nearly 2500 pages is hardly light reading. The paediatric section alone represents the equivalent of a substantial textbook. For the average American paediatric urologist, this format makes good sense, as most train initially as adult urologists and maintain close links with the specialty. Elsewhere in the world the potential purchaser is likely to be deterred by the weighty coverage of adult urology, which is a pity as the paediatric section represents the most up to date and authoritative account of the specialty currently available.

The first 100 pages reflect the new face of paediatric urology—prenatal diagnosis. A brief introductory consideration of genetics leads into a lengthy but readable account of perinatal urology including fetal intervention. The bread and butter of paediatric urology: hydronephrosis, obstruction, reflux, and hypospadias, is well served by clearly written chapters which cover embryology, diagnosis, and surgical management. Singling out individual chapters is difficult as the overall standard is consistently high. Snyder’s chapter on the principles of paediatric urinary reconstruction is a tour de force which encompasses the many innovations in this exciting field. The contributions on paediatric urological oncology and renal transplantation in childhood are excellent, having been co-authored by internationally acknowledged experts in their respective fields. Less successful are the chapters on the undescended testis. Perhaps this is not surprising given the diversity of opinion on the subject and the paucity of hard facts. Reviewing his extensive experience of testicular histopathology, Hadziselimovic puts forward the case for hormone treatment. A case which is then immediately refuted in the next chapter entitled ‘An additional viewpoint’. Second thoughts on the part of the editors? A number of studies have confirmed the superiority of laparoscopy for locating an impalpable testis but surprisingly the technique receives no mention.

These criticisms apart, the paediatric section is difficult to fault. Judged in one right it would make an excellent textbook. For paediatric urologists and surgeons outside the United States the publishers should perhaps consider binding and marketing the paediatric section as a separate volume.

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