

the development of sleep-wake cycles and diurnal rhythms. The fetus and newborn brain stem therefore performs most of the function of the central nervous system with the higher centres coming on-line over the months after birth. It is clear that understanding the fetal and neonatal nervous system depends on an understanding of the function of the brain stem. This book, on that subject, grew out of a Physiological Society Symposium held in the Oxford University Department of Physiology in June 1989. The contributions appear to have been updated and the book covers a wide range of developmental neurology issues. The book contains 15 chapters each written by an expert in the field. The contributions review carefully the basic science and apply this wherever possible to the clinical situation. It is clear, however, that the jump from animal work (mainly lambs) to the human is a somewhat tenuous one but this is acknowledged in the text. The main clinically relevant areas are in the control of breathing and the obvious relevance this has to cot death. It is of interest that the effects of hypoxia on the brain stem vary considerably depending on the maturation of the structure and this is clearly important in the understanding of cot death.

This is such a good book and of such a consistently high standard that it is invidious to highlight any one chapter as outstanding. This book deserves to be read by all fetal medicine specialists and paediatricians interested in neurological development and I strongly recommend it.

MALCOLM I LEVENE  
Professor of paediatrics

**Congenital Perinatal and Neonatal Infections.** Edited by Anne Greenough, John Osborne, and Sheena Sutherland. (Pp 245; £29.50 hardback). Churchill Livingstone, 1992. ISBN 0-443-04508-9.

Do we really need another book on congenital and neonatal infections, given that *Infectious Diseases of the Fetus and Newborn Infant* by Remington and Klein (W B Saunders) is one of the great reference textbooks? The two main weaknesses of Remington and Klein are that the book is not really helpful for practical, daily decision making in dealing with neonatal infections, and that it is not up to date in some of the more recently described infections. Greenough, Osborne, and Sutherland have produced a book which addresses the latter, though not the former, deficiency.

The introduction to this book states that it grew out of a working party on TORCH screening. Its main strength is certainly in the field of congenitally or perinatally acquired infections, particularly the newest ones. Where it is uneasy is in deciding the extent to which neonatal bacterial sepsis should be included.

There are four short, general introductory chapters on obstetric and paediatric aspects of congenital infections, techniques of prenatal diagnosis, and the laboratory. The remaining 16 chapters are devoted to reviews of individual organisms. In addition to the TORCH organisms (toxoplasma, rubella, cytomegalovirus, herpes simplex virus) there are chapters on *Chlamydia trachomatis*, enteroviruses, hepatitis B virus, varicella zoster virus, HIV, gonococcus, and syphilis. These are all short, pithy chapters which are clinically useful, but somewhat sparsely referenced. There is an excellent chapter on human T cell leukaemia virus type I (HTLV-I) which contains infor-

mation hard to find elsewhere and a useful summary on parvovirus B19 infections. Bacterial sepsis is confined to chapters on group B streptococcus, *Escherichia coli*, and listeria.

This book is extremely useful for dealing with congenital or perinatal infections if you know or have a strong idea of the organism responsible. It is less valuable for dealing with day to day problems with suspected sepsis, although to be fair this was never the book's original intention.

DAVID ISAACS  
Associate professor in immunology  
and infectious diseases

**Pediatric Pharmacology: Therapeutic Principles in Practice.** Edited by Sumner J Yaffe and Jacob V Aranda. 2nd Ed. (Pp 663; £73 hardback.) W B Saunders Company, 1992. ISBN 0-7216-2971-7.

This is the second edition of a book which was first published in 1980. Coincidentally, a UK book—*Paediatric Therapeutics*, edited by Baltrop and Brueton—has been published this year. I have also reviewed that book and it is impossible to avoid comparisons. I commented that such textbooks cannot hope to be comprehensive and despite this new megaversion with 663 pages, 81 authors and 52 chapters, there are still obvious gaps. The only subjects which do not require a regular update are the general areas of pharmacokinetics, two compartment models, drug monitoring, etc. These are extensively covered in the 180 pages before an individual drug gets a mention.

I enjoyed the debate on the ethics of drug research in children and also the reference to the child being a therapeutic orphan. It is correct to be cautious with prescribing but children could be missing out on valuable drugs because the literature states 'insufficient information available to recommend its use in children'. I believe the trend to use drugs on a named patient basis will grow otherwise information will never become available. Ciprofloxacin and gangcyclovir are two such examples.

The clinical section on either the drug (for example gentamicin) or the condition (for example diabetes) was in part excellent, in part ordinary. The concise chapters were well referenced with, for example, 251 citations on fungal infections. Disappointingly, there were few more recent than 1988. It is always going to be the case in a changing world that the print is barely dry before a new drug is manufactured which is too recent to get a mention but is now the leader of the pack. Adenosine does not appear in the cardiac arrhythmia section and surely there could have been a stop press section for surfactants. The neonatal section was otherwise quite detailed with a whole chapter devoted to the prevention of bronchopulmonary dysplasia by alternate day injections of vitamin A.

There were some interesting contrasts with UK therapeutics. Despite not suffering from the same pressure of litigation as the US, our prescribing is more conservative. For example, in the section on the gastrointestinal tract, it was demonstrated how effective metoclopramide and loperamide can be in a specific situation. We have an indoctrinated bias against the use of these drugs because of the well known side effects. This book reminds us of their potential benefits. Another group of drugs fashionable in the US and not in the UK is amphetamines for the hyperactive child. Reviewing their benefits makes me feel that,

through excess caution, we can deprive our children and their families of genuine therapeutic benefits. In contrast the chapter on asthma made me feel that this was a hand out given to wheezy Klingons visiting the star ship Enterprise. Intal is a curiosity drug, theophyllines are first liners, and salbutamol does not feature. Subcutaneous epinephrine is still recommended for status asthmaticus.

Despite these reservations, it is a well written book and I feel a lot wiser having read it. I am not convinced that there is a market for a large text book of paediatric therapeutics, but for those interested, I would go for the UK version because the drugs will seem more familiar. With the money saved, another vade mecum can be bought to replace the one that's just disappeared from the ward.

J G BISSENDEN  
Consultant paediatrician

**Medical journalism. The Writer's Guide.** Tim Albert. (Pp 111; £12.95 paperback.) Radcliffe Medical Press, 1992. ISBN 1-870905-28-8.

Why do so many doctors want to be writers? Worse still, why do so many think they are writers? Journalists may have fantasies about being surgeons but I doubt if they try to act them out in the editor's office or the Duchess of York's driveway or wherever it is they congregate.

None the less, the urge is there, as editors of medical journals know to their cost; whether it be the medical knight who believes his every word is sacrosanct or the professor of gene splitting who can put pen to paper only in the style of scientific ponderous.

Tim Albert's guide is a gem; I'm not surprised as he has an impressive track record in turning medical sows' ears (and boars, for that matter) into journalistic silk purses. Spawned by the *Guardian*, *World Medicine* (of blessed memory) and matured at *BMA News Review*, he is now—in the words of Michael O'Donnell's forward, 'widely recognised as the leading trainer in medical journalism . . .'

Albert takes the reader through five stages of writing a feature article: setting a brief, planning, research, writing, and revision. He describes how to get started, how to comprehend the wide market for medical writers, and how to work to deadlines and wordage limits.

There are lists of phrases to 'avoid like the plague' (such as avoid like the plague?) and pomposities are listed with their sensible alternate ('many' for 'considerable proportion', for example; perhaps a copy should go to 10 Downing Street for Christmas.)

Those who are natural writers may not ever have realised what they are doing but Albert points out that they use the active voice, are positive and use words which are simple, specific, suitable, and sensuous.

For the few who are venal rather than literary, he even tells us how to sell the finished product. Coping with rejection, subeditors, proofreading, and marking are all dealt with.

Just to show not all of his colleagues are reptiles, Albert quotes in full the code of ethics of the National Union of Journalists. Hands up all those who think he made it up in the bath? There is a useful glossary of journalistic jargon such as 'LUNCH: well-tested technique for gathering information, cultivating contacts and producing ideas. Not liked by accountants'. CONTACTS, incidentally, are a 'journalist's name for someone

who will be useful to him. Not to be confused with FRIENDS'.

Whether you want to write for fun, for money, or even to impress editors of learned scientific journals, Albert's guide is a must. After all, if it results in just one acceptance it must be worth it—and its cost is probably tax deductible.

HARVEY MARCOVITCH  
*Consultant paediatrician*

**Significant Harm.** Edited by Margaret Adcock, Richard White, and Anne Hollows. (Pp 155; £9.00 paperback.) Significant Publications, 1991. ISBN 0-9518761-0-4.

One of Wittgenstein's aphorisms (indeed, to be honest, the only one I can ever remember!) goes 'The meaning of a word is the way it is used'. This is particularly apposite in relation to the 1989 Children Act. The act stipulates that before certain action to protect children can be taken, the court must be satisfied on certain specific issues that appear in a checklist. Is the child suffering or likely to suffer harm if action is not taken? Is the child's health or development impaired? If the child has suffered harm, is it significant? Is the harm attributable to care given or likely to be given? How does the child's health and development compare with what could reasonably be expected of a similar child? Is the care given or likely to be given at a level that 'it would be reasonable to expect a parent to give'?

Now clearly all these terms require definition, and are likely to be interpreted in different ways. How bad does harm have to be before it is 'significant'? How likely is 'likely'—does this have to be a 30% chance or a 70% chance? What does one mean by 'a similar child'? Does this mean a child with the same IQ and temperament or a child from a similar social class background? Do 'reasonable parents' beat their children, at times quite hard? Should one take ethnic status into account when making this judgment?

These matters of definition are already being tested in courts up and down the land. To help practitioners, paediatricians, psychiatrists, social workers, and others in their thinking on these matters, a group of experts drawn from the social work, medical, and legal professions who are involved in the preparation of training material before the act was implemented, have produced this manageably sized publication. I found it very helpful. Paediatricians are likely to find Margaret Lynch's chapter 'Significant harm: a paediatrician's contribution' particularly useful, but they will also find interesting Annie Lau's chapter on cultural and ethnic perceptions of the act and Arnon Bentovim's section that puts significant harm in a developmental and family context.

Most of us are likely to find ourselves in court giving evidence on these matters at some time. Anyone who wishes to reduce their adrenalin level by preparing for hostile questioning would do well to have consulted this book the evening beforehand.

PHILIP J GRAHAM  
*Professor of child psychiatry*

**Current Paediatric Practice.** Edited by Peter Procopis and Geoff Kewley. (Pp 320; £25 paperback.) W B Saunders Company, 1991. ISBN 0-7295-0397-6.

*Current Paediatric Practice* is a compilation of

almost 100 short and easily read reviews which have been collected over the last 10 years from *Clinical Bulletins* published in the Medical Journal of Australia and Australian Family Physician. The editors have brought together the contributions from a group of physicians and surgeons working at The Royal Alexandra Hospital for Children, Camperdown, Australia into a volume which spans the major areas of clinical paediatric practice.

The reviews, which vary in length from two to nine pages, are clearly laid out and are illustrated in black and white. The text is aimed at a wide audience and would interest paediatricians working for their MRCP, nurses who have an interest in paediatrics, and general practitioners looking for an easy to read review. The standard of the individual reviews is variable and as some were written up to 10 years ago their content is not always right up to date. Only a half of the reviews are referenced and in some areas such as haematology and endocrinology there is incomplete coverage of a number of common paediatric problems.

The reviews generally reflect the personal experience and practice of the reviewer and thus opinions may at times differ between the reader and reviewer about how to manage a particular problem. Although I have little disagreement with the accuracy of most of the reviews, I have difficulty in recommending either dilute carbonated drink or fruit cordial in the treatment of acute diarrhoea.

The reader should not expect state of the art clinical paediatrics in this book, more a chatty informal tutorial on a broad spectrum of paediatric problems.

W MICHAEL BISSET  
*Lecturer in child health*

**Lecture Notes on Paediatrics.** 6th Ed. By S R Meadow and R W Smithells. (Pp 259; £12.95 paperback.) Blackwell Scientific Publications Ltd, 1991. ISBN 0-632-03113-1.

This paperback has recently undergone its sixth revision in 18 years reflecting the rapid growth and maturation of paediatrics as a specialty; the authors are to be congratulated on their efforts to keep it up to date. It is designed primarily for use by medical students and paediatric nursing staff, though junior paediatricians may find it of use.

Does it continue to be good enough to persuade the near destitute student to part with the meagre resource of his or her grant? The short answer is 'yes'. Although (as a Nottingham graduate raised on *Essential Paediatrics* by D Hull and D Johnston) the text was unfamiliar to me, I found it neatly laid out and sympathetically written. The first two chapters provide an excellent overview of child health and the third offers some sensitive advice and useful tips on how to examine children and escape with eardrums intact. Although the chapter on the newborn is clear and brief, I wonder whether, with the rapid expansion of neonatology as a specialty within paediatrics, it should be included in a text of this kind, particularly as there are several good concise neonatal handbooks available. The main factual content is covered in chapters dealing with problems by system, with information given in note form in short paragraphs. These have been updated and are well balanced.

There are some minor flaws. I was astonished that a picture of a child with hypothyroidism was titled simply 'A cretin' particularly as earlier chapters had stressed the merit of

avoiding this way of referring to children. In addition, I feel that basic paediatric texts should draw attention to the existence of areas of controversy even though a full discussion may not be appropriate. The reader may otherwise fail to identify areas where controversy exists. An example of this is that many paediatricians would not embrace the concept espoused in this book of mandatory lumbar puncture in meningitis, and would consider the presence of papilloedema to be a clear contraindication.

In general then, a good first paediatric text book which is, by comparison with other medical texts, excellent value for money.

IAN MECROW  
*Senior paediatric registrar*

**Pediatric and Adolescent Gynecology.** Edited by Sue Carpenter and John Rock. (Pp 493; Price \$86.50 hardback.) Raven Press, 1992. ISBN 0-88167-839-2.

Some aspects of American medical practice and language do not translate well to this side of the Atlantic, and this book unfortunately provides numerous examples of such differences, which will inevitably reduce its appropriateness for the British bookshelf.

There is an irritatingly wide spectrum of styles in the book, with each chapter having different authors, and it is difficult to detect what readership the editors were intending to address. Some chapters are written at a very simplistic level appropriate for GCSE biology students, such as those on the menstrual cycle and on dysmenorrhoea (the latter with a remarkably enthusiastic recommendation for treatment with TENS, transcutaneous electrical nerve stimulation, more normally found in the north London National Childbirth Trust class than the teenage classroom!), while others are overloaded with heavyweight science and rarities, such as the 21 page chapter on 'Hirsutism in the Pediatric Patient' (with 179 references!).

There is considerable overlap and repetition (often mutually contradictory) between the chapters, which are frequently longwinded, such that one is not surprised to read the advice that it is necessary 'to allot one full hour' for the examination of a paediatric patient.

A particular difficulty for the British reader is the description in several early chapters of elaborate and intrusive techniques for the gynaecological examination of young girls, which are not practised in this country on adult women, let alone children. The use of the colposcope is advocated for routine examinations. The knee-chest position is described as ideal, with the alternative of labial traction to augment the supine position, neither of which are used in the United Kingdom. Data on transhymenal diameters are quoted religiously, although the wide normal ranges given serve to demonstrate why this isolated parameter is held, in this country, as being of limited use in the diagnosis of child sexual abuse. Perhaps, therefore, the most fortunate example of inconsistencies in content of different chapters is the much more measured view of the appropriate assessment of possible victims of child sexual abuse given in a later chapter. The last chapter, on the difficult topic of the gynaecological care of mentally handicapped children, is a notable inclusion.

On reflection, I would see this book as being available for reference in the hospital library, with the comprehensive chapters on vulval disease, vaginal discharge, abnormal