

bleeding, sexually transmitted disease, and tumours of the ovary, being useful for dipping in to. However, the trainee in gynaecology or paediatrics would need to be steered away from some of the more questionable approaches of other chapters, which serve only to demonstrate to the more experienced what wide differences exist in gynaecological practice on the two sides of the Atlantic.

SUSAN M TUCK
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Handedness and Developmental Disorder. By D V M Bishop. (Pp 208; £21 hardback.) Blackwell Scientific Publications Ltd, 1990. ISBN 0632-02842-4.

Is there any substance to the notion that autism and left handedness are related or that stuttering is a consequence of enforced right handedness? These, and the other controversies that are eloquently discussed in this book, have generated a good deal of heat over the last 60 years. Dorothy Bishop sheds some light.

The first half of the book guides us through the background to the subject. We are introduced to the motor learning and interference hypotheses for an advantage of handedness over ambidexterity—and we learn along the way that parrots show some left footedness and gorillas some right handedness. Other chapters discuss the relationship of handedness and cerebral lateralisation, genetic theories of handedness, and the normal early development of handedness in human infants. An excellent chapter covers the important issues of definition and measurement. Tests that measure direction of handedness and degree of handedness are compared. Validity, reliability, and sensitivity are lucidly discussed and we are shown how a strong hand preference on a handedness inventory can be consistent with a marginal advantage on proficiency testing and how strength of preference and consistency of preference may be confused.

Having demonstrated the anatomy and laid before us the instruments, Dr Bishop leads us, as it were, into the operating theatre. In the second half of the book, the evidence relating handedness and a variety of disorders—epilepsy, autism, Rett's syndrome, specific reading, and language disorders among others—is dissected. Paradox and contradiction are shown to arise variously from differences of definition, sample selection, measurement technique, and from conclusions that are not supported by the data presented. She discusses the role of publication bias in generating a momentum for associations that are in fact spurious. She concludes that much of the confusion could be resolved by an awareness of the methodological problems, a theoretical perspective that distinguishes different ways in which handedness and developmental disorder might be linked, and assessment procedures that are able to distinguish between such theories.

This book deals with a fascinating subject with wit and clarity. It is not for the bookshelf of the busy general paediatrician, but I would recommend it to those with a strong clinical or research commitment to the developmental disorders of children. It would also be valuable reading for any newly appointed clinical research fellow as the problems Dr Bishop identifies in handedness research have wider repercussions.

M PIKE
Consultant paediatric neurologist

The Stress of Multiple Births. Edited by David Harvey and Elizabeth Bryan. (Pp 140; £15 paperback.) Multiple Births Foundation, 1991. ISBN 0-9517709-0-X. (Available from the Multiple Births Foundation, Queen Charlotte's and Chelsea Hospital, Goldhawk Road, London W6 0XG.)

'Like babes in wombs
Urging slowly, surely forward,
forming endless,
And waiting ever more, forever
more behind'.

Walt Whitman—*Leaves of Grass*

Whitman captures in *Unseen Buds* a stress so often expressed by parents of multiple births. The feeling of the more having to be met by the less. What is so impressive about this collection of essays, is the 'more' understanding and thinking that is given to contain the stress of multiple births. The wealth of experience condensed in this incisive yet comprehensive collection of essays, will not only help and support those familiar with multiple births, but also the uninitiated. This book succeeds in raising our level of awareness of the stress surrounding this issue, and, in so doing, helps us to cope better with such stress.

The book is divided into five sections: antenatal, newborn, the early years, growing up as a twin, and higher multiple births. The collection of 13 essays starts with 'Obstetrical aspects of multiple births' by Ian MacGillivray, and ends with 'The long term outcome' by Ann Stewart. Pausing for thought along the journey with 'Ethical dilemmas' by Elizabeth Bryan *et al*, 'Family relationships' by Cherry Rowland, 'Twin relationships' by Stephen Isaacs and eight more interesting papers. The scope and content of the essays clearly meet their intentions.

The two editors, David Harvey of Queen Charlotte's and Elizabeth Bryan of the Multiple Births Foundation, are sensitive throughout to the fact that 'women least likely to want twins are those at greatest risk of conceiving them'. With their extensive experience they show the intricate interdependence between the physical, emotional, and financial stresses of multiple births. In conclusion, they suggest a number of resolutions (collected into three groups, that is counselling and support, infertility treatment and higher order births, and long term studies), to help professionals recognise the special problems concerned with the stress of multiple births.

ALAN LEVY
Principal child psychotherapist

Neonatal Clinical Pharmacology and Therapeutics. Edited by George Rylance, David Harvey, and Jacob Arando. (Pp 291; £50 hardback.) Butterworth-Heinemann Ltd, 1991. ISBN 0-7506-1353-X.

This book arrived in my pigeonhole just as I was about to leave Cambridge for a walking holiday in Madeira. As a consequence I can vouch for the quality of the binding, which survived a week's battering in a rucksack, and the paper which possesses resistant properties to both water and alcohol. The text stood up better than most medical books to being read rapidly cover to cover like a novel. The editors have sought contributions from different expert authors writing 20 separate chapters and the topics covered include apnoea (Aranda), antibiotics (De Louvois), anticonvulsant

therapy (Rylance), analgesia (Levitt), vitamin therapy (Wispe) in addition to a useful general revision of pharmacokinetics, the transfer of drugs across the placenta and into breast milk, and the effects of drugs taken by the mother both therapeutic and addictive.

There is much useful material in this book, although similar information could be found in recent review articles it is undoubtedly convenient to have the facts gathered together. Reference lists are adequate and as up to date as is possible in a textbook, although the same single case from a 1979 *Lancet* letter referring to the effects of maternal indomethacin appears in two successive chapters, and I found it surprising that I could not find any reference to the meta-analyses of maternal betamethasone and ritodrine. The book is far from being a comprehensive manual of neonatal therapeutics and there are significant omissions and some overlap. There is no material on chronic lung disease—no discussion of dexamethasone, bronchodilators, or diuretic therapy and nothing on pharmacological prophylaxis of periventricular haemorrhage. Blood transfusion is covered but there is no mention of the use of human albumin solution or immunoglobulin prophylaxis of infection.

The balance of the remaining material suffers both from an attempt to cover vast areas in a small number of words and from a failure to reflect the relative importance of the treatments described. Indomethacin treatment for patent ductus arteriosus merits only two pages, for example, whereas there is a considerable amount of space devoted to anti-arrhythmic therapy. Reading the chapter on antibiotic therapy feels like a mental gallop through the field with no space allowed for advice regarding the treatment of specific infections. Similarly the chapters on total parenteral nutrition, hypoglycaemia, and transfusion therapy are too compressed to allow adequate discussion and left this reader feeling unfulfilled. The book does not contain an appendix with dosage regimens. The lack of specific therapeutic advice in several sections would make it unsuitable as the sole text to recommend to junior staff.

A good idea and a useful try, but perhaps not the first choice for any book tokens still lurking dog eared in the debris of one's wallet.

JANET M RENNIE
Director of neonatal services

Child Health—A textbook for the DCH. 2nd Ed. Edited by David Harvey and Ilya Kovar. (Pp 454; £32.50 paperback.) Churchill Livingstone, 1991. ISBN 0-443-04026-5.

Authors of a book intended to help candidates pass an examination have a hard task if the examination changes in content and this is the case with the DCH. In my view the second edition of *Child Health* has not kept up in reflecting the reform of the examination towards a problem orientated approach based on primary care presentation, with a greater content of developmental child health, and a health rather than disease emphasis.

Child Health is organised in a traditional way with its 29 contributors writing 34 chapters that mainly follow disease systems. There are useful additions at the end on 'ethical dilemmas' and 'examination techniques'. Twenty four of the authors are hospital based paediatricians and hence it is not surprising that the majority of chapters devote more space to secondary aspects of disease than

to primary. For example, I could find no mention in the relevant chapters of developmental delay associated with iron deficiency; no mention of district handicap teams; no mention of common sleep disorders; little discussion on asthma management at school, and also inappropriate advice such as 'stool examinations should include culture' in the home management of diarrhoea.

There are also deficiencies in the 'preventive' chapters. There is scanty discussion on the format, content, and evaluation of a surveillance programme that now forms a central part of child health in general practice (though the hard to credit statement is made on p 56 that 'for most children, pre-school surveillance is undertaken in child health clinics organised by the child health services'). The increasingly recognised public health aspects of child health in relation, for example, to accident prevention receive no mention. The contraindications to pertussis given on p 38 are incorrect and do not detail the definition of a severe reaction (which is the only absolute contraindication). I have some carping comments about omissions, too—hyperactivity, the distraction hearing test, torticollis, and blocked tear ducts are not to be found in the book but all may crop up in the examination, and are important problems in clinical practice.

There is much to learn in the chapters on epidemiology by Stuart Logan, on child abuse by Jane Wynne with its clear illustrations, and on genetics by Sarah Bunday, which has valuable data on recurrence risks.

I very much hope that the editors will take a fresh look at the format of the book before the

next edition to ensure that it is fully compatible with the reformed DCH.

TONY WATERSTON
Consultant community paediatrician

Handbook of Pediatric Imaging. Edited by Lori L Barr. (Pp 224; £80 hardback.) Churchill Livingstone, 1991. ISBN 0-443-08697-4.

'The *Handbook of Pediatric Imaging* guides the general radiologist through a thought provoking review of pediatric radiology'. This quotation from the preface provides a standard with which to compare this text.

In general, there is an uneven allocation of space to topics. It is a necessary editorial duty to control the enthusiasm of contributors for their special interests and to balance the content of the book.

There is a long contribution on dental radiology, mainly accurate and interesting, but out of proportion to other sections of wider interest. The pulmonary problems of the preterm infant receive less space and, due to the method of grouping by findings such as 'hyopneation' and 'multiple cysts', some disease processes are described in several sections. The best description of pulmonary interstitial emphysema does not relate to respiratory distress syndrome, but appears under a section headed 'Mediastinal air'.

This system is of value in preparing candidates for examination where clinical information may be lacking, but does not help with clinicoradiological correlation. In the bone section, Scheuermann's disease has three short

and partly repetitive mentions, inaccurately recorded in the index.

In conclusion, this book is best used as a 'spot' primer for examinations: it is too uneven in content and style to be a major addition to the texts on paediatric radiology already available.

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Atlas of Rare Chest Diseases in Children. Edited by J Rudnik and R Kurzawa. (Pp 192; no price stated, hardback.) Rabka, Poland: National Institute of Mother and Child, 1990. ISBN 83-00-03293-2.

The National Research Institute of Mother and Child in Rabka, Poland have put together a collection of interesting rarities in this book. They have impressive facilities, but the atlas unfortunately reflects their lack of access to modern investigative resources such as computed tomography, magnetic resonance imaging, and fiberoptic bronchoscopy. Bronchograms are used in most of their cases, whereas we rarely perform one, and the contrast medium may soon be unavailable. The illustrations, although lavish, are often poorly reproduced, and the reference list has important gaps. In summary, an enviable collection of material, but it is difficult to know to whom to recommend this book for purchase.

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Correction

Early thrombocytopenia in HIV infection

We wish to clarify any ambiguity in this paper by R M Beattie *et al* published in September (pp 1093-4). In case 1, the last sentence of the second paragraph should read: 'He continued to receive this [intravenous immunoglobulin] every four weeks for six months'. In case 2, the third sentence of the third paragraph should read: 'He is currently on intravenous immunoglobulin every four weeks, daily zidovudine, and alternate day prednisolone'.