
Child Psychiatry and the Law is a distillation of theory and practice that will carry the new or experienced practitioner through the rigours of report writing or presentation in court with confidence. This excellent second edition has followed hard on the heels of the Children Act but also from other new legislation, from case law, clinical practice, and research. There is a welcome increase in the discussion of international, transnational, and transcultural issues.

The book is divided into two main sections, and Section 1 gives general advice on report preparation and on attendance in court, followed by chapters on specific areas, for example, juvenile justice. It is an inevitable 'how to...' guide, giving advice from the most sophisticated to the most mundane, with useful checklists at the end of most chapters and cross-references between chapters. The chaperonation of reports, etc. the law is rather disappointing. The prose is legalistic, losing the sensitivity and clarity which characterises much of the text. Section two consists of examples of specimen reports, which are all the more interesting for the inclusion of information on outcome. The updated reference list complements the careful discussion of the important issues to be considered in the preparation of reports, etc. There is also a useful glossary of terms at the end.

However, the scope of Child Psychiatry and the Law goes beyond reports and court work. It explores the role of the child psychiatrist as a professional, independent from the judiciary, and social services. The emphasis is firmly on the child psychiatrist's primary goal being the best interest of the child, and it challenges the practitioners to make the most of opportunities to maximise his or her influence where possible.

With its emphasis on good practice, the book is of value to all child psychiatrists, whether or not they practice in England and Wales. It will be of interest also for professionals working with children and their families in the light of the new Children Act, and, for those requiring the services of a child psychiatrist, it gives an indication of what may be expected of them.

The law is constantly evolving, through legislation, through interpretation by the courts, and through practice. At the time of writing this review, there is further controversy over the issue of consent by minors following the Court of Appeal's judgment Re J (the anorexic teenager). In the autumn of this year there will be a new Criminal Justice Act which will lead to further changes, especially in the field of abuse work. Child Psychiatry and the Law will require regular revision, but this second edition is a timely aid for professionals coping with the complex world of the child in our society now, and sets the standard to which we should all aspire.

ALISON WESTMAN
Senior registrar in child and adolescent psychiatry


Effective Care in Pregnancy and Childbirth was published in two volumes in 1989 and was immediately recognised as a major work of reference of considerable importance. Indeed, the Department of Health was so impressed by it, they sent a free copy to every obstetric unit in the country which, at £225 for the set, was really quite generous of them.

Effective Care of the Newborn Infant is the neonatal companion to this obstetric book and is an equally outstanding publication. Every neonatal unit should have a copy but don't rush out and buy it just yet for, who knows, the Department of Health may one day send for paediatrics what they've done for obstetrics and send us all a free copy! At only £95 it is cheap at the price. In fact, you do need all three volumes to cover the whole of neonatology.

Effective Care of the Newborn Infant is not a standard textbook of neonatal pediatrics, it is primarily a book on treatment and is based upon the statistical technique of meta-analysis. The authors have reviewed all the randomised trials on neonatal care that they could find in the literature and have carried out some 2000 new analyses of them. From these analyses, overviews are presented and conclusions drawn as to what, on the present evidence, is the best treatment for any particular condition. The book is in three sections: methods, interventions, and diseases. There are 38 contributors, 31 of them come from North America and, while neonatal practice over there is not the same as in Europe, in this case the differences don't seem to matter because they have analysed the randomised trials world literature to produce their reviews, presenting the evidence for the reader to see for himself. All the contributors have also used a standardised approach to review the evidence on their own topics.

The first section, on methods, which is only 15 pages long, describes the principles used in writing the book and explains how the published evidence has been assessed, and the statistical methods used to analyse the effects of the various treatments, and so produce the overviews. If, like me, you are not entirely clear what a meta-analysis is, it is fully explained in this section. The interventions that have been analysed in this way cover: care in the delivery room and resuscitation, thermal environment, fluid therapy, various aspects of feeding, oxygen administration, and mechanical ventilation. There is also an interesting chapter analysing studies that have been done on 'bonding', and 'attachment'. The diseases whose management has been reviewed include: birth asphyxia, congenital heart disease, respiratory distress syndrome and other acute lung disorders, anaeptic attacks, blood disorders, jaundice, infections, necrotising enterocolitis, glucose homeostasis, periventricular haemorrhage, and retinopathy of prematurity.

Within each chapter there is an introduction to the clinical problem but only sufficient to provide a background to the various management that have been tried. These are then reviewed in some detail, after statistical analyses of the literature. Each chapter ends with a short summary with implications for current practice and future research, and as might be expected, the list of references is extensive.

Neonatology is a rapidly developing specialty and the number of new publications on the subject each year must be enormous. It is inevitable therefore that a book of this nature will need to be regularly updated if it is to maintain its present status as a major reference work.

As mentioned earlier, this is not a textbook of neonatology, for example there is nothing in it on malformations, but what it does tell you is the present consensus on how to manage a particular condition, and it will be invaluable to anyone drawing up his, or her, department's protocols and that is a Family: guidelines. It will certainly change many opinions on present practice and I suspect there are some personal practices that will find no support. For example, it is stated that bicarbonate should be given for acidosis before giving calcium. Indeed, there is no evidence of any benefit, we do not recommend its use: hurrah! it is also great for ending arguments on neonatal ward rounds.

BRIAN SPIEDEL
Consultant paediatrician


'Like a bomb hitting', is how parents remember the diagnosis of a disabling or fatal condition in their child. For the affected family the diagnosis of any one of a thousand rare syndromes can be the trigger for bewilderment, depression, and even anger. Contact a Family, that has done so much to help families in touch with sources of information and emotional support, has now produced a catalogue of all the support groups available to families. Anybody involved in the diagnosis of such a condition will need this directory close to hand.

Nearly 200 organisations and the umbrella organisations that act for the more frequent neurological, cardiac, and metabolic conditions have been included. For each condition listed there is a page of background information and a contact address or phone number. The specific society will usually be able to provide the family and their support team with more detailed advice about the condition and its management. The support association will often have more experience than these condition-specific organisations available locally. This publication can complement the general practitioner and the general paediatrician. Contact with other families allows parents to share their thoughts and fears, to reduce their grief, but each family must be allowed to dictate the pace at which they can cope with this information. The directory should not be a substitute for sympathetic counselling on