

BOOK REVIEWS

Child Psychiatry and the Law. 2nd Ed. Edited by Dora Black, Stephen Wolkind, and Jean Harris Hendricks. (Pp 200; £10 paperback.) The Royal College of Psychiatrists, 1991. ISBN 0-902241-41-9.

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 which came into force in October 1991, and which is affecting the practice of all those who work with children and their families.

There has been a thorough revision of the text encompassing not only changes and debate arising from 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, transracial, and transcultural issues.

The book is divided into two sections. 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 excellent '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 chapter on children and 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 practitioner 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

copied 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 of the Newborn Infant. Edited by John C Sinclair and Michael B Bracken. (Pp 650; £95 hardback.) Oxford University Press, 1992. ISBN 0-19-261737-0.

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 do 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 paediatrics, 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 vast majority of the 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 topic.

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, patent ductus arteriosus, respiratory distress syndrome and other acute lung disorders, apnoeic 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 based on the meta-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 speciality 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 management 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, on sodium bicarbonate they say, '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 SPEIDEL
Consultant paediatrician

The CaF Directory of Specific Conditions and Rare Syndromes in Children with their Family Support Networks. Edited by Christine Lavery, Harry Marsh, and Carol Youngs. Published by Contact a Family, 1991. (A5 loose leaf pages indexed in a ring binder.) ISBN 0-964-0703. £45 plus £3 postage. Optional £10 per annum for two six monthly updates. (Contact a Family: 16 Strutton Ground, London SW1P 2HP.)

'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 put 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 in the rare conditions than those carers available locally. This partnership can complement the general practitioner and the general paediatrician. Contact with other families allows parents to share their thoughts and fears, and work through 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

our part. A medical and genetic glossary together with a cross referenced index will allow non-clinical readers to find their appropriate entry. The directory has been produced as a loose leaf folder, ideal for photocopying individual entries (and Contact a Family approves of this). Update sheets are planned every six months. I could not think of any condition for which you would not be able to find help somewhere in this directory.

This directory emphasises the need of the family to have a name for their child's condition. Which organisation should we suggest for the child with multiple problems, where investigations are continuing or where no unifying diagnosis can be made? If used inappropriately the directory might invite parents to 'shop around' among the support groups for their own diagnosis. Perhaps it would be a compromise to let families skim through the index and try to find the best niche for them. We have no control over what the individual groups will be saying to families. Small societies and individuals with rare conditions may give a very directive account based only on their own experiences. I understand that there is an informal vetting process of the organisations listed by Contact a Family. References to the availability to prenatal diagnosis are likely to go quickly out of date. It would be safer to ask families to seek specific advice, before starting another pregnancy. The £45 price does seem expensive, but it represents money well spent by every paediatric department and community assessment unit.

IAN ELLIS
Senior registrar in clinical genetics

Protein Energy Malnutrition. By J C Waterlow. (Pp 407; £50 hardback.) Edward Arnold, 1992. ISBN 0-340-50127-8.

This is a splendid book. Although entitled *Protein Energy Malnutrition*, it covers much more than might be suggested by the title and is the distillation of a lifetime spent in research and clinical involvement with nutrition. The book is not only a useful reference manual for those whose practice includes children with kwashiorkor, marasmus or undernutrition (the problems embraced by the title), but provides a thought provoking read for those with no experience of childhood malnutrition but who are interested in nutritional physiology. Professor Waterlow's experience with malnutrition must be almost without comparison and he is as ready to question his own research hypotheses and experiences as those of others; the book frequently presents the author's personal views in a stimulating, undogmatic way.

Early chapters discussed the physiology and pathology of protein energy malnutrition, changes in body composition, changes in organ function and in metabolism, the role of free radical activity, and the pathogenesis of the oedema of kwashiorkor. After a practical chapter on management, the book continues with a wide ranging discussion of issues relevant to the prevention and prognosis in protein energy malnutrition, infant feeding, nutrition and infection (with A M Tomkins), and the effects of malnutrition on mental development (with S Grantham Macgregor). The chapter on the anthropometric assessment of nutritional status is a uniquely, clear description of the problems and pitfalls of the various methods available for assessment and

is presented in a way comprehensible to non-statisticians.

This is the third book on protein energy malnutrition published by Edward Arnold; the second and third books are not later editions or updates of the first, but totally new books. Waterlow describes his book as a personal review which includes some accounts of the heated debates of the last two decades on the strategy and tactics for the prevention of protein energy malnutrition—debates in which he often featured as a major protagonist. The last chapter, on the prevention of malnutrition, highlights the issues behind these debates. It is sometimes stated that for all the research, nutritional science has done nothing to help the malnourished of the world. This is unfair. Nutritional research has provided guidance on the foods which should be used in the prevention and treatment of malnutrition, as well as guidance on the diagnosis of significant malnutrition, and had made advances in the management of malnourished individuals. Its failure is that it has been no more successful than other disciplines in providing peace, economic development, stability, agricultural success, and population control. But nutritionists are the ones who have shown that it is not through medical or nutritional management, but through political, economic, and environmental measures that the massive problems created by malnutrition today will be solved.

Let us hope that, when Edward Arnold publish their fourth book on protein energy malnutrition, the problems and debates on prevention will be history, Sadly I cannot believe this will be so.

E M E POSKITT
Senior lecturer in child health