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 References to the availability to prenatal diagnosis are likely to go quickly out of date.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.

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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.

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