

weight in reverse. The paediatrician who knows only the overall incidence of cerebral haemorrhage in his patients is in no position to account for why some die.

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1 Cooke RWI. Trends in preterm survival and incidence of cerebral haemorrhage 1980-9. *Arch Dis Child* 1991;66:403-7.

#### Professor Cooke comments:

While I agree that 'it cannot be assumed that the overall incidence of cerebral haemorrhage as shown by ultrasound during life is identical to its incidence at death', I doubt that it is very different. Nowadays, most preterm infants dying in intensive care units do so after several days, when most cerebral haemorrhage has already occurred. Postmortem examinations were permitted in just over half those infants dying, and correlation with antemortem ultrasound diagnosis was very good. The timing of cerebral haemorrhage by daily ultrasound scans is likely to be considerably more accurate than necropsy.

The intention of my paper was to show that improved survival during the last decade has not been matched by a reduction in cerebral haemorrhage (in both survivors and those dying), implying that the causes of mortality and cerebral morbidity were not necessarily the same. I was not trying to suggest that haemorrhage either caused death or promoted survival.

If annual haemorrhage rates are examined according to whether the infant lived or died, no significant changes are seen over the decade. The chances of surviving with cerebral haemorrhage of any grade increased significantly from 50 to 70% over the decade because of increased survival overall. The survival of infants with major haemorrhage remains unchanged at 40%.

While appreciating the value of a good perinatal pathology service, which Dr Barson naturally seeks to emphasise, I still believe that a more complete cohort for studying survival and cerebral haemorrhage rates is likely to be achieved in vivo rather than by postmortem studies.

Wozniak). A few hours spent working through a collection of 'data interpretation' problems such as that compiled by Walter, Lenton, and Gabriel (Butterworths) was time well spent.

Although many of my contemporaries based their reading around the standard British paediatric text by Forfar and Arneil, I personally found the American equivalent, Nelson (Behrman and Vaughan) to be more user friendly, though the fact that it reflects American practice is a drawback. In addition, I enjoyed working from many smaller specialist texts. I liked the layout of *Heart Disease in Paediatrics* by Jordan and Scott (Butterworths) and found *Respiratory Illness in Children* (Phelan, Landau, and Olinsky; Blackwell) another text capable of keeping me interested and awake after a night on call.

As previous contributors to this section have noted, the mysteries of child development were never so well unravelled as in Illingworth's *The Development of the Infant and Young Child* (Churchill) and it was read from cover to cover. Other texts grubby with use are Robertson's *Manual of Neonatal Intensive Care* and the Department of Health's publication *Immunisation against Infectious Disease* (particularly recommended as it was free).

Time did not permit exhaustive coverage of many of the specialist texts available and so *Liver Disease in Childhood* (Mowat), *Paediatric Neurology* (Brett; Churchill), and *Practical Paediatric Gastroenterology* (Walker-Smith, Hamilton, and Walker; Butterworths) were delved into on a (sometimes highly) selective basis.

I have always tried to keep copies of good reviews of a particular topic and have found the *North American Clinics in Pediatrics* to be a prolific source of these. The latest in the series of *Recent Advances in Paediatrics* series (edited by David; Churchill) maintains the high standards set by previous authors and is useful preparation for the viva part of the clinicals. Further recommended preparation for the viva includes a review of the past year's annotations section in this journal. Streetwise candidates will also have searched recent leader articles in the *BMJ* and *Lancet*, reading those with a paediatric bent, and only those intent on resitting will have failed to research the literature on anything paediatric receiving recent media attention!

There are, of course, many more things to be read and in retrospect the task seems no less enormous. Good luck to all those attempting the leap.

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many children from collapsing under a strain, and the positive benefits of stress for personal growth. For those interested in research in this field, there are numerous hints about areas where all is speculation and guesswork, which would benefit from further investigation.

The author also draws threads together from biochemistry, physiology, and psychology to help to explain both how people react differently under similar conditions and the mechanisms by which this happens. Different techniques involved in psychological research are described.

The final section of the book is probably of the most practical use to the paediatrician or child psychiatrist. This grows out of previous chapters to suggest how to investigate and treat children whose current problems may stem from past experiences. Included is some advice regarding post-traumatic stress disorder, so much in the news recently, but with particular reference to children. The book concludes with a welcome section on how insights from psychological research should guide public policy related to children and families in the future.

There are extensive references and a useful index. As a paediatrician with an interest in aspects of child guidance I found this book informative, though requiring concentration as much of the jargon was unfamiliar. In this context, the few minor misprints were irritating and distracting. However I would recommend it as an interesting book for all who work with children to dip into and particularly as a review of the state of the art and 'where to next' for those interested in research in this field.

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**The Special Education Handbook.** Phillip Williams. (Pp 434; £55 hardback.) Open University Press, 1991. ISBN 0-335-09314-0.

Every profession has its own jargon and special education brings together teachers, therapists, doctors, psychologists, nurses, and social workers. Anyone new to the field knows what it is like to feel bamboozled by unfamiliar terminology. They, like me, will find this book invaluable.

The term 'handbook' is somewhat misleading, this is a comprehensive reference book with items as diverse as Apgar scores and Versabril explained. Topics are presented in alphabetical order and the whole spectrum of special educational need is covered. I was impressed by the medical entries: Down's syndrome, diabetes, and fragile X syndrome are among the many conditions that are clearly and thoughtfully discussed. The emphasis is on practical information that is relevant to education, but all the important facts are included. Medical contributions are not limited to specific conditions, there is mention here of items such as distraction testing, exclusion diets, and child abuse.

As a doctor I have found this book useful as a reference for educational terms such as DATAPAC, and for providing information on the various psychological tests in use. As a newcomer to Britain I have found the synopses of the Warnock, Fish, and Swann reports and the information on relevant legislation very helpful. Entries are readable, concise, and up to date and references for further reading are supplied throughout the text. The summary of the Children Act 1989 is one of the best I have seen so far.

## SPRING BOOKS

### Books I used while working for the MRCP

Knowledge, it has been said, peaks early in the career of a paediatrician, around the time that membership is undertaken, and is thereafter in steady decline, supplanted by the acquisition of clinical experience. How then to achieve a peak sufficiently high to ensure the clearing of the MRCP hurdle?

In preparing for the written exam I worked, more than once, through the collections of 'grey cases' by Field and Stroobant (relatively easy) and Joss and Rose (more taxing and probably more representative!) and devoured any and all of the colour atlases (Dynski-Klein, Milner and Herber, Booth and

**Life Experiences, Development and Childhood Psychopathology.** Ian M Goodyer. (Pp 292; £39 hardback.) John Wiley and Sons, 1990. ISBN 0-471-91602-1.

My first thought on receiving this book was—this is what we need, something that tells us what proved effect life experiences have on children. The author attempts to tackle this large and difficult subject, and approaches it developmentally, taking into account the different effects of the same event or stress on children at various developmental stages. Deliberate effort has been made to sort out 'fact' proved by research, from assumption and gut feeling, and to tease out key factors leading to psychopathology from those which have only a secondary effect, acting via intermediary forces. Time is also taken to elucidate the protective factors which prevent