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.

IAN MECROW
Senior paediatric registrar

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

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.

JANET HISLOP
Senior registrar

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 Versabraille 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 (Dyński-Klein, Milner and Herber, Booth and

This book is not a textbook but it provides enough information on an enormous range of topics to justify a place in the libraries of schools, hospitals, assessment centres, community units, and anywhere involved in special education. Its great strength is that it brings together information from a variety of disciplines in a most accessible format. I am filled with admiration for the author and editors, such interdisciplinary accord is rare!

MARY McKAY
Lecturer in child health

Common Problems in Pediatric Surgery. Jay L. Grosfeld. (Pp 310; £43 hardback.) Mosby Year Book, 1991. ISBN 0-8151-3949-7.

The aims of this book are clearly defined in the preface and achieved with great success and brevity. Instead of providing yet another 'comprehensive' but dry text, here are 42 clinical topics, each 'tackled' by a different North American author.

The book is written for busy surgical registrars requiring a brief essay on the relevant aetiology and pathophysiology, but authoritative guidelines on clinical presentation and management. The authors are well chosen for their clarity of style and their depth of experience. Each chapter finishes with a short list of references. Although most of the topics do present commonly in children's units, some, like choledochal cysts and achalasia, are rarities. The chapters on inguinal hernias are excellent and important. Topics such as trauma and vascular access are included.

This book is strongly recommended for all hospital libraries and any surgeons responsible for the care of children. Although primarily for surgeons in training, experienced surgeons will find this a most useful book, particularly when preparing lectures.

DAVID P DRAKE
Consultant paediatric surgeon

The Evidence of Children: The Law and the Psychology. J R Spencer, R Flin. (Pp 362; £19.50 paperback.) Blackstone Press Ltd, 1990. ISBN 1-85431-040-2.

The issue of the evidence of children, the law, and the psychology is an alive issue currently. With proposals for changes in practice using videotapes of evidence, as recommended by Pigot, there is a major need for an authoritative text on the examination of these issues. Both authors, J R Spencer and R Flin, have played a key part in bringing these issues to professional and public attention. They have provided an equally authoritative text which gives an excellent outline of both the English and Scottish legal systems, as well as the concept of evidence, the requirement for a detailed account of the accusatorial system within which evidence occurs, and a detailed account of the rule against hearsay.

The authors then give a full account of the issues raised when videotapes are used, for example, notions about the corroboration necessary for evidence, and the role of expert assistance. They are critical of the rules of evidence, and provide a detailed review of the psychological evidence as given by child witnesses. They then describe the proposals and the ways in which children give evidence in other contexts.

Sadly, although the case has been argued by Spencer and Flin, both in this book and in many other contexts, there is still a tremendous resistance to ensuring that the evidence given by children will have the fullest opportunity to be presented in court. Unfortunately the battle to ensure that the child's voice is heard remains to be won, and although it would appear that videotapes of children's evidence may be admissible, it also appears that children may still have to be cross questioned on that account at the time of trial rather than soon after they have given their evidence initially. The battle between the child's best interests and a defendant's best interests is a difficult one to win. Although the law has not changed entirely in children's interests, the evidence is present in this book to convince some future legislature about the need to do so.

ARNON BENTOVIM
Consultant psychiatrist

Play in Childhood. By Margaret Lowenfeld. (Pp 246; £28 hardback.) Blackwell Scientific Publications, 1991. ISBN 0-901260-84-3.

What a pleasure to reread *Play in Childhood* now published in the series *Classics in Developmental Medicine*. I began anxiously wondering how relevant the book would be. It was first published in 1935 but her holistic approach and emphasis on the children themselves and practical ways to facilitate play has much to offer in the 1990s.

The book describes the observation of play and through a series of chapters describes play as bodily activity, play as repetition of experience, as demonstration of phantasy, realisation of environment, and preparation for life. There are chapters on group games, the comic element of play, and children who cannot play.

The chapter on observation of play is practical, describing ways of encouraging play with children, and the material of play. The chapter on play as preparation for life reads of a different childhood and expectations of the roles of boys and girls and reminds us of changed perceptions about gender, but other chapters are full of practical suggestions and lively records of children's conversations in play.

There are practical descriptions of the objects used and the function of her 'world' material with examples of how children use this material. The book is clearly and coherently written empowering the reader to want to use her ideas unlike many other books on play of that period that deskill the reader with a less pragmatic approach. What clearly shines through this book is Margaret Lowenfeld's capacity to put children first and hear what they had to say.

Finally as Lowenfeld emphasised the sensory experiences of play, may I thank the publishers for the thickness and texture of the pages in the book—a pleasure to touch for the adult/child.

ANN CATTANACH
Dramatherapist-play therapist

Operative Pediatric Orthopedics. Edited by S T Canale and J H Beaty. (Pp 1159; £116.50 hardback.) Mosby Year Book, 1991. ISBN 0-8016-0392-7.

New books on the techniques and details of

operative orthopaedics are currently fashionable. This book, edited by Drs Canale and Beaty is, however, from a stable from which textbooks of operative orthopaedics have come for more than a generation. The Campbell Clinic has for many years been the authority to which many orthopaedic surgeons refer before operations and their *Campbell's Operative Orthopedics* remains a classic. This book considers the problems of operative orthopaedic surgery in children and is managed in the same format. Multiple authors deal with the various orthopaedic problems in children, although Dr Canale and Dr Beaty cover nine of the 19 chapters. The valuable opening chapter deals with the common orthopaedic realignment procedures used to correct rotatory and angular deformity. Although much of this chapter is conventional, the author's method of identifying the amount of correction and the size of the wedge to be removed is not only original but very useful. In considering the general aspects of children's orthopaedics the procedure has been followed as in *Campbell's Operative Orthopedics* of detailing individual procedures, their indications, and prerequisites without being severely critical of the indications and merits. The reader is not always left with the definite view of the author's management of a particular individual case. Each section of the book is well provided with references to allow the reader to research widely around the subject. Having made this criticism it must be accepted that this is a book on operative orthopaedics and space cannot be found for all aspects of diagnosis. It does have a great deal to commend it and is undoubtedly a great contribution to the enlarging literature not only for its general quality but also to the extent to which it covers all aspects of children's orthopaedics. I am sure it will be of great value to the orthopaedic resident and the practising orthopaedic surgeon for its completeness not only of its operative surgery but also its bibliography. It could act as a source of reference for medical students and interns but its detail may be beyond them. There is no doubt, however, of the value of this text which is currently concise at just over 1100 pages and one volume. Further editions may result in a multivolumed text.

ANTHONY CATTERALL
Consultant orthopaedic surgeon

Common Problems in Pediatric Urology. E Gonzales and D Roth. (Pp 485; £50 hardback.) Mosby Year Book, 1991. ISBN 0-8151-3616-1.

This book covers a broad range of paediatric urological problems, which are presented in a stimulating manner. Each chapter commences with a short case presentation and the management is subsequently discussed by a recognised expert. Most of the chapters are of a high standard, but there are a few that lack detail.

The clinical cases have been chosen well and include most of the clinical problems facing a practising full time or maximum part time paediatric urologist.

This book is attractive as it is comprehensive, relatively short, and easy to read. It is very clinically orientated and yet provides an excellent up to date overview.

P G DUFFY
Consultant paediatric urologist