

**Pediatric Ophthalmology.** Edited by David Taylor with Eduard Avetisov, Michael Baraitser, John Brazier, *et al.* (Pp 734; £135 hardback.) Blackwell Scientific Publications, 1990. ISBN 0-86542-117-X.

For the paediatrician who needs access to only one book on paediatric ophthalmology, read no further, *Pediatric Ophthalmology* by David Taylor and colleagues, is it. For those who want to know what makes this book stand out among its competitors, read on. There are a dozen contributors, and while not detracting from their excellent individual contributions, there is no doubting the overriding influence of David Taylor—this is his book. The consequence is a text remarkable in its clarity of style and consistent approach in both chapter design and content.

Who is this book aimed at? In the preface David Taylor carefully avoids directing attention at one particular specialty, simply stating his intention to provide a useful referenced text for referral and a practical guide to clinical ophthalmology. This has been achieved as the text can easily be digested by anyone medically qualified. One of the attractions of ophthalmology is its blend of surgical and medical aspects, but the paediatrician need not fear the dominance of the former, for as mentioned in the preface surgical details are not discussed in detail and the contributors have confined themselves to principles and indications.

*Pediatric Ophthalmology* contains 734 pages into which are crammed 45 chapters in six sections, and 21 appendices. The major sections are: (1) epidemiology, growth and development; (2) management; (3) infections, allergic and external eye diseases; (4) systemic paediatric ophthalmology; (5) selected topics; and (6) eye movements and strabismus. These titles are self explanatory except for section 2 on management, which deals with clinical history taking and examination, refraction, ophthalmic genetics and the visually handicapped baby and the family. The 21 appendices are concise sections on problem oriented topics. These include the red eye, reduced vision, optic atrophy, headaches, peculiar visual images, the abnormal pupil appearance in infancy, the child who fails at school, etc. Each appendix starts out by defining the problem, outlining a classification, and is then followed in most instances by a flow chart. These are a feature unique to this book, and especially valuable to the clinician who does not encounter these problems frequently, and in view of the range of topics covered, few do.

With such a wide range of subjects it is not appropriate to review chapters individually. Generally the standard is very high and many chapters are quite superb, setting a gold standard against which all future texts must be gauged. Given this high level of achievement it seems churlish to identify either high or low points—there are too many of the former, and the latter are very few. The section on nystagmus is fine as far as it goes, but would have benefited from expansion; perhaps the author does not appreciate how difficult most of us, who only infrequently encounter this sign, find this topic. Nystagmus is all too easily and frequently labelled congenital or neurological, and sometimes without adequately excluding an underlying subtle ocular disorder. Electrodiagnostic tests can be a vital component of assessment.

One of the major assets of this book is the number and excellent standard of the colour photographs, and as ophthalmology is such a visual subject they are important diagnostic

aids. By intention this is not a research text, but as it contains over 3500 references and provides such an excellent clinical overview of most clinical topics, it is a sensible starting point. Two minor quibbles: first, the spelling of paediatric, which is according to the preface a reflection of international market forces. Second, Marshall Parks in the forward states that nearly all specialties in medicine and surgery can be divided naturally into paediatric and geriatric portions. This is traditional and makes some practical sense with respect to paediatrics, but ignores the decades in between, and it is not a fundamentally sound approach to concepts of development and aging, the understanding a disease process, or elucidation of mechanisms. Furthermore it unnecessarily limits the scope of this book, much of which is relevant to ophthalmology of all age groups.

*Pediatric Ophthalmology* by David Taylor and colleagues is without doubt the best text available. Every paediatrician should have access to it, and no library is complete without it. Although not cheap at £135, this is excellent value. Every paediatric ophthalmologist I know has already bought his/her own copy. My case rests!

ALISTAIR FIELDER  
*Professor of ophthalmology*

**Hospital Care of the Recovering NICU infant.** Edited by M Douglas Jones, Christine A Gleason, Susan U Lipstein. (Pp 262; £31 hardback.) Williams and Wilkins, 1991. ISBN 0-683-04476-1.

The neonatal survivor about to go home probably deserves special attention. Whether you can write a whole book on the subject is another matter. This is an attempt to do just that and this book by a team of doctors mainly from Johns Hopkins University describes how the baby develops chronic problems, how best to detect them, and what the future may hold. Its very well written with enough, not only for the acute neonatologist, but for the other doctors, physiotherapists, and community staff who could become involved in further management.

When I first scanned the book I thought it was a hotchpotch of topics all of which could be found in any standard neonatal tome but relevant to the long term survivor. I still think that chapters such as neonatal skin conditions and hypothyroidism are out of place. They were patchy and not of relevance to the theme. The second time round, reading in more detail, the main thrust came over better. The key chapters on nutrition, viral infections, chronic lung disease, anaemia, and neuro-developmental outcome were informative and written by people with expertise. The pathophysiology of chronic problems was clearly explained without going over the heads of the wider readership at whom the book is marketed. I was left with a very favourable impression. I wouldn't put this book top of the list for the acute neonatal unit but somewhere on the shelf, there's a place for it.

J G BISSENDEN  
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**Pediatric Gastroenterology and Nutrition.** Edited by William F Balistreri and Jon A Vanderhoof. (Pp 400; \$95 hardback.) J P Lippincott, 1990. ISBN 0-397-58326-5.

This volume is part of a series of textbooks based on a meeting of Colorado paediatricians at Aspen, and represents the outcome of their meeting. The volume itself sets out to explore

some of the more recent changes and areas of interest to paediatric gastroenterologists, and therefore is not a comprehensive textbook of paediatric gastroenterology and nutrition, but rather represents the direction of the subspecialty at the current time. The chapters are all written by participants at the symposium and are written in the form of presentation.

The opening section of the book deals with the physiology of small bowel dysfunction, particularly malnutrition and the response of luminal nutrition to growth within the small intestine itself. Although there is little of practical help to the practising paediatrician within these sections, they are well laid out and give the basic understanding to some of the abnormalities of physiology encountered within malnutrition. The remaining section on small bowel pathologies undertakes chapters on coeliac disease reviewing the current developments in diagnosis, particularly antibody studies such as  $\alpha$ -gliadin antibody and the management of the short bowel syndrome. These are, in general, very detailed and provide a useful basis for the understanding of these conditions. The difficult subject of food sensitivity is also tackled, although very little practical information can be gleaned from this and, indeed, highlights some of the controversies involved in the diagnosis of food sensitivity at the current time. There is also a very instructive section on pseudo-obstruction and oesophageal dysmotility disorders which are becoming increasingly recognised and form part of the paediatric gastroenterologists' workload. Some of the more relevant and newer developments, particularly within the realms of new drugs, are also tackled within this section in the book, concentrating on drugs such as omeprazole, cyclosporin, and misoprostol.

There are sections relating to some of the newer enteric infections, which again concentrate predominantly on the pathogenesis and are in the main research based, but do give an understanding of some of the problems associated with the newer pathogens, such as cryptosporidium and also the management of acute infantile diarrhoea. There are some practical recommendations for rehydration, although these are very locally based to the American population. Inflammatory bowel disease is also covered, although this forms rather a small section of the book and is not really very much help regarding some of the newer issues within the management of these diseases. Liver disease is represented by primary sclerosing cholangitis, which is a rare syndrome and I would have felt that some more common paediatric liver disorders would have been of more use and interest to practising gastroenterologists and paediatric gastroenterologists. Nutrition is represented in this work by cystic fibrosis and some eating disorders in adolescents such as anorexia and bulimia. The discussion of more common disorders presenting to paediatricians may have been helpful such as obesity.

In summary—this is a book produced by a group of American paediatric gastroenterologists and very much represents their own experiences and research directions. This volume makes fascinating reading and in general is well laid out and well illustrated, although the sections of histology that are presented lose something in black and white. The references, although predominantly American, are also up to date and are numerous. This book provides a useful guide, particularly to practising paediatricians and paediatric gastroenterologists in the sort of areas that are becoming increasingly important