tion. The anomaly, however, seems likely to relate to the genetic origins of Rett syndrome. If we suspect it is particularly associated with the Rett syndrome this will be a helpful, although not pathognomonic sign. More important it may provide a clue to the location of the genetic defect and the timing or nature of the developmental insult to the brain.

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Drug abuse in children and adolescents: an update

EDITOR.—I read with interest the annotation by H Swadi, which was a most helpful overview of drug abuse in children and adolescents. Although illicit drugs are one of the main sources of substance abuse, iatrogenic sources also form a significant proportion. Abuse of prescribed pressurised aerosols (antiasthma inhalers) by young children and adolescents is little known and possibly underestimated. Young asthmatics are at risk of this form of drug abuse and may manifest acute psychotic symptoms. Addiction is probably due to the fluorinated hydrocarbons used as propellants, rather than the active substance itself.

The medical profession, particularly general practitioners, must be made aware of this unusual cause of drug abuse, especially by young asthmatics presenting with bizarre behaviour.

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What do parents know about vitamins?

EDITOR.—‘Health professionals should also aim, and be reminded, to improve supervision of vitamin supplementation’, say Dr Ko and colleagues.1 I would draw a different conclusion: stop recommending routine vitamins, except to high risk groups. Parents are clearly indicating their lack of enthusiasm for this practice, and surely hard pressed health visitors have better things to do when the value of vitamins for all babies is questionable. Fluoride supplements, yes—but health professionals would be better advised to devote their energies to pressing for water fluoridation, than reminding parents to do their duty.

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SPRING BOOKS

Titillating book reviews

Why are first editions collected when second editions are rarer and better? If you are still reading this page I have achieved the first objective of a book reviewer, which is to entice the reader to start reading the piece. We ask our reviewers to produce a sparking first paragraph but perhaps we should encourage them to use the device of the literary supplements where irrelevant but titillating trash is used to ensure the reader. Recent revelations that reviews in these august periodicals are often compiled by close associates of the authors is in contrast with our policy of choosing a reviewer who is not known personally to the author. The book review section is the only part of the journal that is not peer reviewed and it is difficult to see how we could achieve that objective. We try to select a reviewer of appropriate experience but subjectivity is inevitably introduced, for example, an undergraduate textbook may be reviewed by a clinical tutor or an under-graduate.

We tend to avoid reviewing conference proceedings as the material is often published several years after presentation and long after the definitive peer reviewed paper has been published. The late Clifford Hawkins wrote reviews of new editions comparing them with the previous edition. The BMJ included a section on new books subtitled ‘What do you think?’. Perhaps the BMJ should consider carrying a similar section if there was a demand. Paediatric orthopaedic surgeons seem to produce a new book every few months and there must be a limit to the number of reviews of new books on this subject that will attract our readers. Book reviews should be entertaining as well as informative. Have you any tips that may help the editors to achieve this goal?

BERNARD VALMAN
Editor


There can be few British paediatricians unaware of the work currently proceeding in Southampton University regarding the early origins of adult disease. We have already noted that it is difficult to show that this work has changed the way we run clinics. It is probably more poignant for the public. If the evidence continues to build up this will add to the case for stronger public health action targeted towards preventing the birth of children at risk of disease in later life. "Fetal and Infant Origins of Adult Disease" is the third volume of a series that has already produced two other volumes. It is eagerly awaited by researchers in the field, and is a useful, comprehensive reference for those with an interest in this problem. However, this book is not just for professionals: it is clearly written and informative for all who are interested in the health of the young child and the way this may influence its adult health. I would recommend this book to anyone involved in the care of infants and young children and those interested in the public health implications of the findings. The chapters are written by leading experts in the field and cover a wide range of topics. The book is well organised and easy to follow. I would recommend this book to anyone involved in the care of infants and young children and those interested in the public health implications of the findings. The chapters are written by leading experts in the field and cover a wide range of topics. The book is well organised and easy to follow. I would recommend this book to anyone involved in the care of infants and young children and those interested in the public health implications of the findings.

I have heard senior paediatricians say that they never refer to textbooks but read only monographs and journals. I have never been one of their company. Perhaps they have perfect memories, know everything, and never need to stop to check a point. I envy them; I have an imperfect memory, know far less than everything, and need fairly frequent pit stops to check that my tyres aren't flat. I also have a fairly voracious appetite for journals and the odd monograph.) In recent years when I have needed to check on a general point in paediatrics I have gone to Forfar and Arneil or the latest edition of Nelson's textbook or, very often, both and have found little to choose between them. Last year saw the appearance of this fourth edition of Forfar and Arneil and the second edition of Berry's "Paediatric Infections". The former has been extensively revised, rewritten, and updated. They are of almost identical size and scope and their factual content is very similar. (It is not easy, of course, to assess the quality of the clinical advice given in the book. I have limited my comments here to the physical examination, which is the first chapter of the text. It is well written and covers all the physical signs that one would expect to see in a young child. It is a book that I would recommend to any student or junior doctor who needs a quick reference guide to the physical examination of children. It is a book that I would recommend to any student or junior doctor who needs a quick reference guide to the physical examination of children.
