tion.⁴ The anomaly, however, seems likely to relate to the genetic origins of Rett syndrome. If as we suspect it is peculiarly 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.

A M KERR
Royal Hospital for Sick Children
and Quarrier's Monitoring Unit,
Quarrier's Homes, Bridge of Weir,
Renfrewshire PA11 3SA

P ROBERTSON
Royal Scottish National Hospital,
Larbert FK5 4SD

J MITCHELL
Department of Statistics,
Strathclyde University, Glasgow

- 1 Rett A. Über ein eigenartiges hirnatrophisches Syndrom bei hyperammonämie im Kindesalter. *Wein Med Wochenschr* 1966; 116: 723-6.
- 2 Kerr A. Rett syndrome: British longitudinal study (1982-1990) and 1990 survey in mental retardation and medical care. In: Roosendaal JJ, ed. *Proceedings of the European congress on mental retardation and medical care*. April 21-24, 1991. Zeist: Uitgeverij Kerckebosch, 1992.
- 3 Ray A, Haldane J. The genetics of a common Indian digital abnormality. *Proc Natl Acad Sci USA* 1965; 53: 1050-3.
- 4 Southall D, Kerr A, Tirosch E, Amos P, Lang M, Stephenson J. Hyperventilation in the awake state: potentially treatable component of Rett syndrome. *Arch Dis Child* 1988; 63: 1039-48.

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.¹ Although illicit drugs are one of the main sources of substance abuse, iatrogenic sources also form a significant proportion.

Abuse of prescribed pressurised aerosols (antiasthmatic inhalers) by young children and adolescents is little known and possibly underestimated.² Young asthmatics are at risk of this form of drug abuse and may manifest acute psychotic symptoms. Addiction is probably to the fluorinated hydrocarbons used as propellants, rather than the active substance itself.

The medical profession, primarily general practitioners, must be made aware of this unusual source of drug abuse, especially in any young asthmatics presenting with bizarre behaviour.

V P PRASHER
Department of Psychiatry,
University of Birmingham,
Birmingham B15 2QZ

- 1 Swadi H. Drug abuse in children and adolescents: an update. *Arch Dis Child* 1992; 67: 1245-6.
- 2 Prasher VP, Corbett JA. Aerosol addiction. *Br J Psychiatry* 1990; 157: 922-4.

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 profes-

sionals would be better advised to devote their energies to pressing for water fluoridation, than reminding parents to do their duty.

TONY WATERSTON
Newcastle Health Authority,
Community Headquarters,
Newcastle General Hospital,
Westgate Road,
Newcastle upon Tyne NE4 6BE

- 1 Ko MLB, Ramsell N, Wilson JA. What do parents know about vitamins? *Arch Dis Child* 1992; 67: 1080-1.

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 provide a sparkling first paragraph but perhaps we should encourage them to use the device of the literary supplements where irrelevant but titillating trash is used to ensnare 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 undergraduate.

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 editions as a regular feature in the *BMJ*. This journal could carry 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

Fetal and Infant Origins of Adult Disease. Edited by D J P Barker. (Pp 343; £24.95 hardback.) *BMJ*, 1992. ISBN 0-7279-0743-3.

There can be few British paediatricians unaware of the work currently proceeding in Southampton University regarding the early origins of adult disease, but probably not many have been able to study the full reports, or to have formed a view of the importance of the work. All this is provided in this volume, which includes 31 relevant articles from a large number of different journals, and is prefaced

by a very readable and balanced critique by Roger Robinson.

The work by David Barker and his group was initiated by the observation that geographical areas that had had high infant mortality rates in the earlier parts of the century were now those with high rates of adult ischaemic heart disease. This prompted a search for obstetric and infant health records dating from that time, and the follow up and examination of the health of the individuals for whom these data were available, as well as the use of data from two of the national longitudinal studies. The description of the ingenious methodology used itself warrants the purchase of the book. But the subsequent studies that relate placental weight and fetal and infant growth rate to adult blood pressure, risk of ischaemic heart disease and stroke, and to the risk of non-insulin dependent diabetes read like a series of detective stories, and can be recommended for holiday reading.

The results have led to a series of very plausible and sometimes complex hypotheses that raise basic and very important questions regarding influences on intrauterine growth and coping mechanisms when uterine nutritional supplies are constrained. The work also introduces the readers to the fundamental differences between birth cohort effects and effects stemming from the health behaviour prevalent during the period under study. Thus many of the conclusions have been questioned by those who see adult health behaviour such as smoking, diet, and exercise as having more influence than early experience. Almost certainly both are highly relevant, and what needs to be assessed is their relative importance.

Whatever the final outcome of the lively discussions that this work has initiated, David Barker and his team have performed a great service by carrying out and stimulating research in a field of fundamental importance, and by linking the interests of paediatricians and adult physicians. The book is entertaining, intellectually challenging, of a modest price, and highly recommended.

EVA ALBERMAN
Emeritus professor of clinical epidemiology

Forfar and Arneil's Textbook of Paediatrics. 4th Ed. Edited by A G M Campbell and Neil McIntosh. (Pp 2067; £125 hardback.) Churchill Livingstone, 1992. ISBN 0-443-04193-8.

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 fourteenth edition of Nelson. Both have been extensively revised, rewritten, and updated. They are of almost identical size and scope and their factual content is very similar. (It is not true, of course, that all American writers have the literary skills of Donald Duck whereas all

British authors are the natural heirs to Charles Dickens and Graham Greene.) Nevertheless there are advantages to British readers in a British book especially, for instance, in the chapter on social paediatrics and occasionally as regards therapeutics.

The new Forfar and Arneil is, like its predecessors, a good book. There are many new authors and much of it has been completely rewritten. Each chapter has a long list of references, many of them to further reading in books and important 'landmark' papers rather than to very recent original work, and that seems appropriate for a textbook of this nature. It is up to date, including references to topics such as oesophageal pH monitoring in gastro-oesophageal reflux, the value of steroids in bacterial meningitis, a full account of the peroxisomal disorders, the significance of dystrophin in muscular dystrophy, the importance of vitamin A in reducing mortality in third world countries, and the use of sumatriptan in migraine and of vigabatrin and lamotrigine in epilepsy. Surprisingly, neither in this nor in Nelson's textbook could I find any reference to Angelman's syndrome. Some topics chosen at random such as Prader-Willi syndrome or haemolytic uraemic syndrome were discussed more fully in the British textbook.

There is a surprising omission, however, and that is the chapter on disorders of ear, nose, and throat. Adenoids, glue ear or secretory otitis media, tonsillitis, and tonsillectomy have all been dropped from the index and deafness is dealt with in the chapter on neurology. If you look up 'tonsils' you will be referred to any entry which reads: 'Tonsils: size, presence of infection, exudate, pitting, peritonsillar swelling?'. The index entry 'ear, nose and throat problems' refers to a brief account of such problems in children with cleft palate. It is one of those crazy facts of modern life that the American book costs £60, the British £125.

Who will read this new edition? I shall, and I suppose many other consultant paediatricians will also use it as a standard reference book. Undergraduate students will need a more compact text for their basic reading but should use it to look up specific topics, and doctors studying for the MRCP in paediatrics should make a systematic assault on it to provide them with a personal database to be supplemented by journals and monographs. As a textbook of British paediatrics it has no competition and it remains an excellent work of reference which must be available in all paediatric departments in Britain, but the absence of the chapter on ear, nose, and throat disorders must surely be an error and there is clearly a marketing problem for British publishers faced with American competition. If we want British textbooks, and I would not like to think that the time will be forced upon us when we shall have no choice, then it looks as if we must be prepared to pay for the privilege.

DOUG ADDY
Consultant paediatrician

Coordination in Child Protection: A Review of the Literature. By Christine Hallett and Elizabeth Birchall. (Pp 380; £29 hardback.) HMSO, 1992. ISBN 0-11-494165-3.

This volume has come from a Department of Health funded research study into coordination policies and practices in child protection. Within 'Working Together' coordination, collaboration, and cooperation are seen as vital to effective child protection services and yet these

complex processes are little understood. There are two parts of this generally clear and logically ordered text. In the first, coordination is defined and explained in detail, in the second, working together in child protection is addressed. It is in the latter part that I found myself immediately drawn to find the hidden agendas of our professional relationships neatly and shamelessly laid out with the eye for detail we might expect from two experienced academic sociologists. The authors have consulted widely and in depth, although some of their many references are used repetitively.

The chapters cover the nature of coordination, types of interorganisational relationship, and the facilitators, inhibitors, and outcomes of coordination. It is as well to remember that professionals do contest the nature of child abuse and a chapter discusses the disagreements about definition and theoretical conflicts. Agency profile and function, the individual influences on practice, and the inherent problems and limitations of the knowledge base about child abuse on which judgments are based each earn a chapter. It is, however, frustrating to read that the frequency and mode of diagnosis in sexual abuse remains highly controversial. A number of references from the Cleveland era (yes it was over five years ago) rather date the text as much useful information has been published since then including the report of the Royal College of Physicians on 'Physical signs of sexual abuse in children' published in 1991 which is not quoted. The book is likely to perpetuate the mistaken view that physical signs in sexual abuse are unreliable, uninterpretable, and generally unhelpful.

Issues of caring compared with compulsion (for example when to call the police) including the difficulties of assessing treatment outcomes is also covered. Other chapters deal with the actual processes of working together, child protection registers and conferences, and the final chapter looks at resource issues given the quadrupling of registered cases in a decade.

This is a book for those interested in the professional process of child protection rather than clinical child abuse and from it much can be learned about ourselves, our practice, and our colleagues. It can be definitely recommended.

C J HOBBS
Consultant community paediatrician

Syndromes of the Head and Neck. 3rd Ed. By Robert J Gorlin, Michael Cohen, and L Stefan Levin. (Pp 977; £150 hardback.) Oxford University Press, 1992. ISBN 0-19-504518-1.

The authors of this third edition decided to keep this title for the sake of tradition because the book has been known as *Syndromes of the Head and Neck* since 1964. In fact, the scope of this volume goes far beyond craniofacial syndromes and now also includes comprehensive information on a wide variety of disorders including metabolic diseases, skeletal dysplasias, teratogenic effects, and chromosomal syndromes. The information is arranged in 29 different sections, grouped by subject rather than alphabetically. This is a great help when considering the differential diagnosis and not only encourages the user to read about related disorders, but indeed, makes it impossible to resist doing so. The detailed information contained within the text reflects the vast personal experience and encyclopaedic knowledge of the authors, who have been aided by 18 collab-

orators, mainly from the USA but with some input from dysmorphologists in Europe and Australia.

In addition to covering the clinical features of the disorders therein, the epidemiological aspects, embryology, pathogenesis, natural history, and mode of inheritance are documented. Information on genetic linkage to chromosomal loci and DNA probes are mentioned briefly. There are abundant, good quality black and white photographs, line diagrams, and tables that summarise the clinical features of the more common conditions. One particularly useful aspect of the book is the critical analysis of the literature covering each topic and the extensive, well researched references, mainly from the American and European literature. The appendices include tables of craniofacial measurements and some intriguing statistical information about dental and oral anomalies, as one would perhaps expect in a book written by oral pathologists. Although this section may not be the most useful to many readers, nevertheless I was interested to find out that 7-10% of the general population can touch the tip of their nose with their tongue!

I couldn't help learning something new every time I picked up this book and while a lot of the information contained therein covers extremely rare conditions, this book also contains a wealth of general information and would therefore be a useful text to have as a reference source on a paediatric ward, neonatal unit, or even in a general medical clinic. It is fairly expensive and is likely to be purchased for departmental rather than personal use, although many who have a particular interest in dysmorphology will no doubt wish to have their own copy.

JILL CLAYTON-SMITH
Senior registrar in clinical genetics

Clinical Paediatrics for Postgraduate Examinations. By Terence Stephenson and Hamish Wallace. (Pp 170; £12.50 paperback.) Churchill Livingstone, 1991. ISBN 0-443-04172-5.

Examinations are a fact of life for the trainee in any area, but perhaps it is because the MRCP (UK) is an essential requirement for entry to specialist training that it generates an unfortunate degree of anxiety. Drs Stephenson and Wallace have produced a thoughtfully written book that will aid those who follow their advice and who take every opportunity of practising what they preach. The authors avoid the trap of trying to discover trick methods of fooling the examiners and concentrate instead on advice on the conduct of clinical examination that will equip these young doctors with skills that will inevitably help their young patients. The chapters are well organised and take the candidate through the important systems, giving useful practical hints on how to achieve maximum cooperation and the most successful recognition of clinical signs.

However, they have succumbed to the temptation of providing too much information about the technicalities of the exam, such as the marking scheme, which like any other growing and responsive system is subject to continuous modification and improvement. Readers should read the sections on past exam subjects and the methods of adding marks of various sections of the exam as interesting historical anecdotes rather than a description of current practice. The authors sensibly advise their