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