

MRCP (UK) Part 1 examination: new arrangements

EDITOR.—From October 1993 the Part 1 examination may be taken in either general medicine or in paediatrics. Candidates who have previously sat the Part 1 examination will be able to take their remaining attempts either in general medicine or paediatrics. Candidates who have already had four attempts at Part 1 will not be eligible to sit the examination in paediatrics. Candidates who take Part 1 in general medicine or paediatrics may take Part 2 in either general medicine or paediatrics, regardless of the option in which they were successful in Part 1.

The examination paper contains 60 multiple choice questions, 30 of which will be common to both the general medicine and paediatric options. The Part 1 examination is designed to assess a candidate's knowledge and understanding both of the basic sciences relevant to medical practice and of the common or important disorders, to a level appropriate for entry to specialist training. The examination paper will cover elementary statistics, epidemiology, and clinical sciences. Increased emphasis will in future be given to basic science topics. Questions in both options may be set on relevant principles of cell, molecular, and membrane biology, immunology, genetics, and on biochemistry, as well as anatomical, physiological, microbiological, and pharmacological topics.

Exclusively paediatric topics will no longer be set in the general medicine option. In the paediatric option, a knowledge of embryology, fetal and child physiology, child and adolescent growth and development, and child and family psychology may also be tested.

Further information is available from the examination offices in each of the Royal Colleges of Physicians.

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BOOK REVIEWS

Infections in Immunocompromised Infants and Children. Edited by Christian C Patrick. (Pp 980, £130 hardback.) Churchill Livingstone, 1992. ISBN 0-443-08857-8.

That a textbook of this magnitude and quality should be produced is in itself a reflection of the massive sea change that has occurred in paediatric practice over the last 20 to 30 years. The book contains much that we did not recognise even a decade ago. The impact of the human immunodeficiency viruses and the havoc that they have wreaked has focused attention increasingly on the problems of the immunocompromised and their susceptibility to infection. This most comprehensive text, produced by a glittering galaxy of American experts, attempts to address the whys, the hows, and the whens of infection in the

compromised host and to help us cope with the clinical situations which we face.

The text is divided into nine sections, commencing (predictably) with an ontogeny section to set the scene and then some useful immunology. Inevitably this section is hard going for the uninitiated.

The third section, a single chapter, endeavours to help us understand what the factors are that make the particular patients they discuss in subsequent chapters more susceptible to infection. For me, this was the most novel component of the book. In such a comprehensive text, inevitably paediatricians will dip into the component with which they are most commonly dealing, but all groups are here from the premature neonate, through cancer patients, to those who have had transplants or who have cystic fibrosis.

Walter Hughes provided an interesting insight into the impact of malnutrition on infection that has such an additive role in so many parts of the world. Within the main section on infections of the compromised host there is an intriguing and useful anatomical location section dealing with pyrexia of unknown origin, sinopulmonary infections, enteric infections, the central nervous system, and the skin.

The fifth section deals with specific organisms, particularly those which are very much a problem in the immunocompromised, and attempts to put the organism and specific infections in context, and help us to understand the site of infection, diagnosis, and optimal treatment. Immunisation procedures in the immunocompromised host cause paediatricians and primary care physicians not a little anxiety and anguish and there is an excellent section by Lee and Kobayashi, recognised authorities in this field.

The final three sections deal with prophylaxis, immunoglobulin treatment, and then the best way to get to the diagnosis and prove it microbiologically.

Inevitably such a text produced from a single country (no matter how large the country is, with such a wealth of experience) will have some biases. American authors tend to be invasive in their pursuit of diagnoses to an extent that is not always acceptable elsewhere, and by contrast they would find our greater emphasis on empirical treatment less acceptable. I am not convinced that always their algorithms are very easy to follow as so often patients do not fit into straight lines and arrows, but for teaching general principles, there is no doubt that they are an excellent *aide-mémoire*.

In the past, one would have doubted the universal need of such a text in every paediatric centre, but the impact of AIDS and the increasing prevalence of children with leukaemia, cancer, and post-transplantation of a variety of sorts, means that most paediatricians are exposed to at least an occasional patient for whom this text would be helpful. For the cancer, transplant or HIV unit, this looks to be the best volume to have close by on the shelves into which one would dip at frequent intervals.

O B EDEN
Professor of paediatric oncology

A Guide to the Measurement and Assessment of Growth in Children. By L A Cox. (Pp 54; £6.50 hardback.) Castlemead Publications, 1993. ISBN 0-948555-13-0.

It is interesting that 26 years after Tanner's growth charts were first published there is still

a need for a book demonstrating the correct technique for height measurement and the use of charts on which to record the data.

This excellent small pocket publication starts with an introduction on the variability of measurements that should be noted by all readers who so often put divine faith in the recording they obtain. Next follows 14 pages on the technique of measurement which is a must for anyone practising in child health. I would however personally do without the cornflake packet as an aid to measurement and use a book instead, although both are of practical value. Furthermore, the Minimetre does not necessarily require two measurers, a statement that may put off some community health workers.

Pages 19 to 53 are a summary of all the growth charts published by Castlemead. The most important are based on Tanner's original data collected in the 1950s but reference is given to the use of other data for more recent years.

There is a good description on the use of height and height velocity charts, although I would disagree with the value of the three month velocity measurement when the error of a height recording at either end of this period is ± 3 mm.

It is a pity that the book does not contain constructive criticisms over the validity of some of the charts. For example, those for sitting height are known not to be representative of the population and very few people would use charts (ref 42) of stature against sitting height.

Overall this book is a good summary of the published data available on growth and although I have been critical over certain points, I feel it is a must for all within the paediatric field who are concerned with the growth of children.

PETER BETTS
Consultant paediatrician

Effects of Smoking on the Fetus, Neonate, and the Child. Edited by D Poswillo and E Alberman. (Pp 230; £40 hardback.) Oxford University Press, 1992. ISBN 0-19-262260-9.

This book, reporting the proceedings of a symposium held in 1990 on the effects of smoking on pregnancy and child health, will probably appeal mainly to those interested in the continuing debate about the inter-relationship between smoking and other social factors and their effects on health. It includes a number of interesting reviews and as a source of references is invaluable.

There has been a tendency in recent years to ascribe many of the class differences in child health to parental smoking. David Rush, in his excellent review, addresses this question head on, as do some of the other authors. Rush points out that smokers are known to differ in social status, behaviour, and personality from non-smokers, even within social class strata. He concludes that reported differences in the cognitive and neurological development of their children, while statistically significant, cannot be interpreted straightforwardly as cause and effect. Some of the other reviews are perhaps less critical in their interpretation of apparent adverse effects of smoking. It is unfortunately sometimes assumed that, having used statistical methods to 'control for social class' in a multivariate analysis, social factors no longer affect the results, a confusion between the statistical and everyday meaning