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 interrelationship 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

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of the words. In fact, the lack of sophisticated and precise measures of social factors means that residual confounding is almost inevitably a problem and that interpretation of apparent causal relationships requires caution.

Smoking unquestionably has serious effects on health but the consistency of social class gradients in health across populations and over time, in spite of very different patterns of smoking, makes it difficult to accept that smoking now accounts for all or most such differences. The need to reduce smoking must not obscure the need to confront all the health effects of deprivation. Similarly, while randomised trials of smoking intervention programmes in pregnancy, such as those reported here, are welcome, the social context in which women 'decide' to smoke cannot be ignored. The lack of discussion of this social context mars an otherwise interesting and important book.

STUART LOGAN
Senior lecturer in paediatric epidemiology

Sickle Cell Disease. By Graham R Serjeant. 2nd Ed. (Pp 631; £27.50 paperback.) Oxford University Press, 1992. ISBN 0-19-262231-5.

Professor Graham Serjeant's book *Sickle Cell Disease* has, since its first publication in 1985, come to be known as the 'Bible of sickle cell disease'. This second edition will perpetuate the book's position and role as the basic library reference book for the field. The new edition has been expanded with an extra 100 pages of text and over 600 up to date references. It covers the basic concepts, including haemoglobin structure and synthesis, laboratory diagnosis, its pathophysiology, the epidemiology, pathology, and clinical manifestations, the interactions of the sickle gene with other haemoglobin variants and thalassaemia genes, the natural history and causes of death, and a short section on screening and counselling for sickle cell disease. There are some 30 pages devoted to the management of sickle cell disease. Thankfully, the author has not succumbed to the idea that the title of the book should be changed to sickle cell disorder from sickle cell disease.

There is no doubt that this is an excellent book that should be available to all physicians caring for patients with sickle cell disease. It will continue to be the first book doctors turn to for descriptions of clinical syndromes in sickle cell disease and to find references for junior doctors preparing case presentations.

The clinical management proposals are strong when they are based on published data and Serjeant argues, frequently and cogently, for proper research trials of the many therapeutic protocols, for example blood transfusion, where only anecdote and clinical experience are presently available. A paediatrician reading through the book would learn much about the late and adult complications of the disease but would have to read most of it to glean the information needed for the day to day management of the paediatric population with sickle cell disease. This is a text aimed at an international readership and the treatment suggestions, outside those proved by clinical trial, are not optimal within the British National Health Service and as a result, I suspect, for much of Europe and North America. No one textbook can be all things to all doctors and the strength of this book is in the descriptions of epidemiology, natural history, and pathology.

SALLY C DAVIES
Consultant haematologist

Colour Guide - Paediatrics. By Roslyn Thomas and David Harvey. (Pp 160; £7.95 paperback.) Churchill Livingstone, 1992. ISBN 0-443-04633-6.

Although there is really no substitute for seeing patients and acquiring clinical skills at the bedside, picture guides may help to fill gaps and aid the recognition of childhood disorders.

This short book includes photographs and a brief text covering a variety of common (and less common) childhood disorders. Additionally there are sections on developmental milestones, nutrition and growth, assessment, and children in hospital.

A book such as this is inevitably only as good as the quality of the photographs. I started by flicking through the pages to see whether I could make a 'spot' diagnosis without looking at the text. Apart from a handful of photographs, the colour prints are of a high standard and the diagnosis was obvious.

The text is brief but generally pertinent and complements the photographs. Most of the cases would be appropriate for undergraduates or the DCH. Candidates for the Part 2 of the MRCP might also benefit from looking through this book as part of their revision. Some very rare disorders such as progeria and Menkes' syndrome are included, which seem out of place in this book.

It is difficult to know who will buy this book; it is certainly not an alternative to a standard textbook of paediatrics at undergraduate or postgraduate level. However it would be a useful book to have in a medical or nursing library or on the children's ward.

A W BOON
Consultant paediatrician

Twins and Higher Multiple Births: A guide to their nature and nurture. By Elizabeth Bryan. (Pp 259; £35.00 hardback.) Edward Arnold, 1992. ISBN 0-340-54452-X.

'Ah ha' thought I, 'a guide to twins and supertwins, light bedtime reading'. 'Oh no', I soon discovered this book is much more than a guide; with over 35 pages of references this is a reference book. 'Nature and nurture' does however reflect the author's dual approach to the subject, for she covers the book at two levels, the science behind twins and twinning (nature) and her sensible approach (nurture) to twins within the family and society.

The early chapters on the biology of twinning provide an excellent background for understanding the prevalence of and factors determining zygosity. Chapters on pregnancy and twins as fetuses follow with in depth reviews of the problems to which they are prone, including twin to twin transfusion and congenital and acquired anomalies. The explanation, aided by very clear diagrams, of the variations in placentation associated with monozygotic and dizygotic twins clarified a field that I had always found difficult.

The second half takes us from the delivery of twins and the recognised neonatal problems to their first year and then onto school. The chapter on feeding again reflected her personal approach. An ardent supporter of breast feeding she has demonstrated that with continuing support, over 90% of mothers wishing to breast feed their twins were still breast feeding at 6 weeks.

The intrapair relationships of twins is well discussed and provides a useful insight into this field of behaviour as does the section on the effect of the death of a twin on its sibling and the rest of the family. The final chapters deal with supertwins or the higher order births with helpful reviews on the ethical issues of infertility treatment and fetal reduction.

Bryan's personal approach to the subject kept reminding me of the huge stress that twins and supertwins can put on a family and how often this goes unrecognised. My attitude to and knowledge of twins has been greatly improved by this book and the challenge has been thrown down to improve our service to twins and their families.

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