AUTUMN BOOKS

McCance and Widdowson – A Scientific Partnership of 60 Years. Edited by M Ashwell. (Pp 264; £19.95 hardback.) British Nutrition Foundation, 1993. ISBN 0-907667-07-4.

'Wizard' was a word frequently used by McCance to describe a good idea that appealed to his scientific imagination, and wizard is the word I would use to describe this book. It is a treasure trove of information – biographical, anecdotal, and scientific – about two figures who did so much to establish the scientific basis of paediatrics.

Known best in the paediatric world for their contributions to neonatology and childhood nutrition, there is hardly an area of experimental medicine that Robert McCance and Elsie Widdowson did not turn their hands and minds to. David Southgate writes about the creation of their classic *Chemical Composition of Foods*, Douglas Black outlines their work on mineral metabolism (which included McCance's determined attempts to make himself both salt depleted and alkalotic, that nearly finished him off), John Dickerson writes on body composition (Widdowson's appetite for cutting up dead animals of all kinds, fetuses, stillbirths and corpses: in her 80s she spent three weeks dissecting 20 seals at Washington zoo), Brian Wharton summarises their contributions to neonatal physiology, David Lister to growth, and Roger Whitehead to Third World nutrition.

In a scientific world dominated by genetic engineering and the prospective clinical trial it is wonderful to read accounts of elegantly simple, well designed experiments aimed at answering basic questions. My sketchy ideas concerning growth and body composition in early life have been clarified by reading the two reviews (McCance's Lumleian lectures of 1962, 'Food Growth and Time', and Widdowson's Sanderson-Wells lecture 'Harmony of Growth' of 1970, both published in the *Lancet*) included in the book. They are essential background reading for anyone taking a critical interest in David Barker's programming hypothesis.

The clarity of McCance and Widdowson's writing, passed on to many of their 'pupils' who have contributed essays or reminiscences, makes this colourful hagiography an enormous pleasure to read. Margaret Ashwell has done a great service in putting together such a rich record of two remarkable people who belong to an experimental tradition stretching from Harvey, through Lavoisier and Bernard to the present day. This book is an inspiration to those who wish to keep that tradition alive at a time that it is in danger of being eclipsed by molecular biology and the double blind trial. It conveys the excitement and trials of whole body human and animal research. There remains a place for physiological investigations on small numbers of subjects, and the work of McCance and Widdowson is a reminder of the great value of such an experimental approach.

L T WEAVER
Honorary consultant paediatrician

Food and Food Additive Intolerance in Childhood. Edited by T J David. (Pp 498; £19.95 paperback.) Blackwell Scientific Publications, 1993. ISBN 0-632-03487-4.

For some time I have been in need of a guiding light through the jungle of myths, fantasies, and legends that so often surround the problems of food and food additive intolerances that can affect the health of children. I have now found such a guide in this excellent book.

Its main aim is to examine critically what is known about food and food additive intolerances and to establish their importance to paediatric illness in general. Helped most ably by many acknowledged colleagues in Manchester and outside Professor David has succeeded well in these aims. An enormous number of references have been sifted through to produce this very readable book. All the definitions one would wish to have are given to equip the reader with the basic vocabulary of the subject. There are sections on the common intolerances: cows' milk, soya, egg, and cereal. The problems of various food additive and salicylate intolerances and the clinical role of hypoallergenic milk formulas feature, as also do the poorly understood contributions that food intolerances make to various chronic illnesses in children, especially asthma, atopic eczema, gastrointestinal disorders, and rheumatoid arthritis. Especially helpful are chapters on the investigations needed if dietary intolerance is suspected and the value of elimination diets and drug treatments. The book concludes with a fascinating account of unorthodox investigations and treatments – so aptly described by Professor David as 'adventures into the bizarre'.

There are altogether 18 major chapters divided into 78 sections each following a similar basic plan with important background information, basic and applied scientific details and aspects of diagnosis and treatment all very clearly presented. I found especially valuable at the end of each section a short summary of what had been previously described together with some key references each accompanied by a pithy synopsis. Where there are deficiencies in knowledge these are critically addressed and if the reader wishes to pursue any topic in further detail there is a very comprehensive list of references at the end of each chapter to satisfy this curiosity.

I would warmly recommend this book to all health professionals who have to deal with children. Its value to adult specialists who see children with gastrointestinal complaints, respiratory and dermatological problems should also not be underestimated. I will certainly have this book in my clinic as it will give me the confidence I need to deal with the increasing number of parents I see who, along with many of our professional colleagues, are only too pleased to attribute protean symptoms in their children to dietary intolerances.

D P DAVIES
Professor of child health

The Practice of Medicine in Adolescence. Edited by Charles G D Brook. (Pp 283; £65 hardback.) Edward Arnold, 1993. ISBN 0-34-54850-9.

'Too old for toys, too young for boys, I'm just a little in between.' Thus the doggerel definition heard many years ago for the age group of individuals considered and more accurately defined in this book. There is increasing interest and concern for the particular medical needs of adolescents. There is extensive literature on adolescent psychiatry, but relatively little on the broader aspects of medical care. This book attempts to cover the subject.

The editor himself writes that editing a multiauthor book is a nail biting experience. The book begins with his admirably concise account of physiological changes at puberty. There are then three longish overlapping chapters on psychology and psychiatry and their relation to illness in adolescence, of theoretical rather than practical content.

There is a chapter on genetic conditions, followed by chapters on specific disorders such as cystic fibrosis, which gets a longer account than the much more common asthma. It is curious that in a British book, diabetes is discussed by an American author who recommends pork insulin, expects his patients to test their urine for ketones every morning, and doesn't mention pen devices. There are other chapters on system disorders such as cardiology and renal disease. Here the book's major defect becomes apparent: there is no chapter on neurological disorders.

Under epilepsy in the index is a reference to the interference of anticonvulsants with oral contraceptives, but no discussion about epilepsy in general. There is, however, a chapter on trauma and orthopaedics. There are useful chapters on sexual abuse, sexually transmitted diseases, contraception (not 'too young for boys' nowadays), drug misuse, and eating disorders.

The final chapter discusses clearly the needs of school leavers with physical or mental handicap, though the book does not discuss their needs during their schooldays. School in general receives little attention throughout, though adolescents spend much time there and their various illnesses affect the progress of education.

The authors of this book are based in teaching hospitals. A different perspective on medicine in adolescence would be described by doctors working in a district general hospital. There is a chapter on conversion disorders (headache, abdominal pain, and limb pains), but nothing on glandular fever or the group of quite disabling conditions loosely described as postviral fatigue syndrome that affect a number of individuals in any secondary school. Acne is a scourge for many adolescents but it is barely mentioned, again only because antibiotics taken for the condition might affect the efficacy of contraceptive pills.

For the size of the book, each chapter is followed by a long list of references enabling the diligent reader to pursue the topic further.

In summary: a useful but incomplete account of the practice of medicine in adolescence.

C M GABRIEL
Consultant paediatrician

Recent Advances in Paediatrics 11. Edited by T J David. (Pp 236; £22.50 paperback.) Churchill Livingstone, 1993. ISBN 0-443-04754-7.

Tim David has developed an unerring eye for picking ripe fruit from the tree of knowledge for his loyal readers, and the latest volume in this deservedly popular series offers a wonderful and at times exotic collection. The 11th volume opens with a clearly written and

thorough exposition on the important condition of meningococcal septicaemia, which sets a high standard that is followed for the remainder of the book. The discussion of pain control in neonates and children is a subject which often provokes many emotional discussions but few effective suggestions but the chapter by Aynsley-Green and Ward Platt cuts cleanly through the twaddle, lucidly summarising the known facts and making sound recommendations. I particularly enjoyed the chapters on surfactant treatment (Wilkinson), the latest contribution to the debate on the origins of cerebral palsy from Hagberg and Hagberg, and a view on cerebral ultrasound from Leeds. I also read with interest about Kawasaki disease, Ehlers-Danlos syndrome, and acute encephalopathies in infancy. Lynn Staheli from Washington helped me enormously with her contribution on common minor orthopaedic problems in infancy – no longer will I have to struggle for an explanation or need help with problems such as intoeing, flat feet, or the mysteries of 'searching toe'. A great chapter which I will refer to many times after outpatients and which will help me reassure parents with new found confidence. Professor Baum and Dr Woolridge round off a great deal of useful common sense about breast feeding.

Having heaped praise upon this latest edition and while I would have no hesitation in recommending it as excellent *pot-pourri* from which very few paediatricians will fail to learn, I would like to be allowed one small criticism. While I enjoy scanning through other people's favourite selections from the vast pool of published material – and Professor David's choice was interesting and contained the odd important paper I'd missed – I wonder about the wisdom of devoting 28 pages of a book of this size to this pursuit. My main reason for resenting this use of the space was partly because I would have enjoyed another chapter, and partly because such surveys are inevitably well out of date by the time a book appears. With the increasing availability of computerised searching perhaps the time has come to drop this exercise. However, do not let this put you off buying the book and reading it.

JANET M RENNIE
Director of neonatal services

An Atlas of Clinical Syndromes. A Visual Aid to Diagnosis. 2nd Ed. Edited by H R Weidemann, J Kunze, and H Dibbern. (Pp 564; £94.50 hardback.) Wolfe Publishing, 1992. ISBN 0-7234-1648-6.

Up to the 1980s British paediatrics tended to look towards our English speaking colleagues in the Commonwealth and across the Atlantic, as evidenced by library subscriptions to major American paediatric journals. Now, however, with political changes and changes in employment legislation we are meeting more and more graduates from the EC as both junior and senior colleagues.

An Atlas of Clinical Syndromes. A Visual Aid to Diagnosis, which is dedicated to the contributions of, among others, Meckel, von Recklinghausen, Fanconi and Ullrich, is a timely reminder that there has been much paediatric tradition, practice, and research in Europe. This is an English translation of the third edition (1989) of a book, that started life entitled *Characteristic Sydromes*, and was published in five languages. The senior author, Hans Rudolf Weidemann is well known to most British paediatricians as one half of the eponym for the Weidemann-Beckwith syndrome and while many of the contributors are from Germany, there are some from the USA, from Scandinavia, and from the rest of Europe.

The book details over 270 conditions, the majority of them with illustrations. In the first clinical part of the book there is a section detailing 69 minor anomalies. After the 'contents' index listing the syndromes there follows a handily placed section of 28 subgroups entitled 'diagnostic overview' to help with diagnosis.

The syndromes themselves are clearly described and cover not only genetic syndromes but also problems related to pregnancy such as drug embryopathy. The syndromes themselves are easily referenced with text on the left hand page and illustrations on the right. The illustrations (black and white) are generally of excellent quality and key references are included. The scientific aspects of the syndromes are explained as far as possible up to the state of knowledge at the year of publication, and such complicated concepts as the origin of the anomaly on chromosome 15 determining whether the child has Prader-Willi or Angelman's syndrome are included.

Any book of syndrome identification must inevitably have to stand comparison with *Smith's Patterns of Human Malformation*, which for years has been the standard reference book for many paediatricians. The format of this book is in many ways similar to 'Smith' with the descriptions, and the section aiding syndrome identification, and while there are syndromes in this book that are not listed in Smith, Smith too has syndromes listed that do not find a place in this book. Like Smith this book is one to browse through at leisure for interest and inspiration (I managed to clarify the diagnosis of two patients), to search through when faced with a diagnostic problem, and to reference when more detailed knowledge about a particular clinical syndrome is needed. In many respects the two books are complementary as the illustrations of similar syndromes in the two books may differ thus emphasising the heterogeneity of many syndromes.

This book from Europe does therefore stand comparison with the established standard and is to be recommended and welcomed as a reference book for paediatric departments.

JOHN A SILLS
Consultant paediatrician

Multiple Congenital Anomalies. A Diagnostic Compendium. By Robin M Winter and Michael Baraitser. (Pp 342; £125 hardback.) Chapman and Hall, 1992. ISBN 0-412-49190-7.

This first supplement to *Multiple Congenital Anomalies. A Diagnostic Compendium*, by the same authors, will be of interest to all those who are familiar with the original volume published in 1991. The increasing interest in birth defects is reflected in the fact that 400 new or significantly updated syndromes are contained within this book. Together, the two volumes function as a hard copy of the London Dysmorphology Database (Oxford University Press) and are books for the specialised dysmorphologist. Their main use will be in situations where there is no access to a computerised database, for example in a peripheral clinic. This second volume will only be of use in conjunction with the first, however, and their combined weights will deter even the keenest dysmorphologist from carrying them around too much.

The book is divided into two sections. The first section lists each syndrome under the headings of mode of inheritance, abstract, features, and references. The second section functions as a diagnostic aid, listing clinical features in alphabetical order. Advice as to how to choose the best diagnostic handles is given, but as with a computerised database, the degree of success is operator dependent and the authors assume a reasonable knowledge of dysmorphology among their readers.

I personally found the syndrome abstracts, which contain a critical appraisal of the literature, and the comprehensive and up to date lists of references, very useful.

This supplement is considerably easier to manage than the initial volume at a mere 342 pages. Unlike the first volume it also contains a useful index. It undoubtedly has a place on the shelves of the departmental library next to its sister but at £125, and bearing in mind that there are likely to be future supplements, collecting this particular diagnostic compendium is likely to involve a considerable financial outlay.

JILL CLAYTON-SMITH
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Pediatric Infectious Diseases. Vols 1 and 2. 3rd Ed. Edited by Ralph D Feigin and James D Cherry. (Pp 2395; £169 hardback.) W B Saunders, 1992. ISBN 0-7216-3656-X.

This is the definitive work on paediatric infectious disease in the English language. Substantial in more than weight (equivalent to that of two full term babies), it is the third edition of a work first published in 1981.

Although there have been advances in knowledge of infection in the past 10 years, the authors have done far more than just keep pace with these. The book starts with an interesting section on the host-parasite relationship, fever, and the pathogenesis of infectious disease. There is then a section on the specific organ systems, the newborn, and opportunistic infection. The last part of the book discusses specific micro-organisms.

Rather than read every page, I tried to judge the book by taking a number of subjects I thought I knew a lot about, as well as those that receive scant attention in the literature. It appeared excellent in both aspects. The accounts are comprehensive, critical, contain practical advice about management, and provide full bibliographies. There is plenty of new material about HIV, opportunistic infection, and new vaccines. Important controversies such as dexamethasone in bacterial meningitis receive balanced reviews.

My criticisms are few and relate to omissions. Why is there a long chapter on phagocytic cell dysfunction but only a brief mention of agammaglobulinaemia, defects of cell mediated immunity, and severe combined immune deficiency.

It was difficult to find a number of important subjects in the index. The absence of neonatal meningitis led me to believe mistakenly that this subject was not included.

P T RUDD
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