temperature. We suggest that mode of feeding to be added to the list of factors being investigated with regard to increased heat production

Differences between breast fed and formula fed infants in metabolic rate, which is directly related to heat production, have already been reported, and we have recently found that metabolic rate to be significantly higher in formula fed compared with breast fed infants at age 12 weeks. Furthermore, total daily energy expenditure (TDEE) measured by isotopic methods, has also been shown to be significantly greater in formula fed than breast fed infants. In a longitudinal study in the first year of life, TDEE was found to be significantly greater in formula fed infants at 3, 6, 9, and 12 months but to be similar between the diet groups at 6 months and 9 months (P S W Davies, unpublished data). This pattern correlates with the reported distribution of SIDS by age. A number of studies of SIDS have reported higher rates of formula feeding in cases compared with controls. Because SIDS does occur in breast fed infants, formula feeding should not be considered a major risk factor. Some authors have suggested that the relationship between formula feeding and SIDS incidence is an artefact of the relationship between SIDS and social class. However, it is more likely that the reverse is true, and that variables such as family size, social class, maternal age and interpregnancy gap are related to SIDS incidence because of their effect on aspects of infant care, of which formula feeding might be one.

If this hypothesis is correct, one explanation might be that the amount of energy in contemporary formulas is high in comparison to the mean energy content of breast milk. This view has been increasingly supported from recent studies of nutrition, growth, morbidity, and development of breast fed and formula fed infants. These findings support the need for a thorough review of energy requirements in infancy and especially the adequacy of the energy density of infant formulas.

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The physician's hands and early detection of neuroblastoma

EDITOR.—The data from some developed countries show that within the past 25 years, the five year survival rates in neuroblastoma have increased two fold from the initial 25%. The outlook for patients presenting over 1 year of age with stage IV remains dismal (20% five year survival). The drop in mortality rates is related to more frequent detection of the neoplasm at an earlier age and before their disease is advanced as well as more frequent incidental detection of the neoplasm. Some authors (TDEE) have reported distribution of neuroblastoma from zero to 14%. Among children with incidentally detected neuroblastoma, stages I and II predominated (16 of 20). The criteria for the treatment of neuroblastoma was 250, and nearly one half of all 53 long term survivors were found incidentally or had “spontaneously regressing” tumours. In Germany the use of prospective analyses of childhood malignancies has been especially below 1 year of age, during obligatory frequent check up visits to which almost 99% of parents faithfully report, allowed the incidental detection of neuroblastoma in every sixth patient with this tumour. Out of 65 children at stage I and 60 patients at stage II, incidental detection of neuroblastoma occurred, respectively, in almost every second and third patient with this disease. This may suggest that a systematic approach, a greater awareness of the relatively high incidence of this tumour (the most common solid tumour in children), and the need for good abdominal examination may increase the detection of children with neuroblastoma before the onset of symptoms. The shift to diagnosis at earlier ages and stages may result from more frequent chest radiographs and use of ultrasonography of the abdomen. Sawada et al. found that even a small abdominal tumour of neuroblastoma can be detected by careful examination. Out of 293 infants suspected of neuroblastoma on the basis of urinary screening, physical examinations revealed a tumour in more than one half of the patients. A careful abdominal examination is of great importance in neuroblastoma (the primary tumour is in 75-95% of the cases located within the abdomen).

The hands and eyes of a physician have always been and continue to be the most important tools in detecting diseases. A physician may notice slight, rare symptoms of a disease at the stage where a new form of neuroblastoma, such as Horner's syndrome and associated heterochromia, the watery diar- rhoea syndrome and the dancing eyes and dancing feet of children, may be detected.

Never in his entire life is a human being subjected to medical examinations as often as in early childhood. This is dictated by obligatory periodic check ups, physical examinations before vaccinations, and a mother's loving care, prompting her to seek medical assistance any time she sees a sign or symptom which makes her anxious. The skilful hands of the physician, examining the abdomen on these occasions, can contribute to early detection of the low stages of neuroblastoma and to the decrease of mortality rates in this tumour. It is possible to perform this type of screening throughout the world.

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S P R I N G
BOOKS


At last—a book about my craft which I can identify with and recommend to trainees and others who may be wondering what we actually do. For me this book fills a gap, amplifying those textbooks that have focused on describing the various conditions or predicaments which we deal with as child and adolescent psychiatrists. The aim of this book is to help paediatricians and other doctors address the psychiatric aspects of children's health problems. The editor, Professor Elena Garralda, adds that she hopes this book will be of interest to not only doctors but also teachers, social workers, and to our own psychiatric trainees. She also hopes that the book will help in the referral of disturbed children to specialist services. The contributions have all been reprinted from the series in the Archives entitled 'Types of Psychiatric Treatment', and which ran for 14 issues.

The first two contributions deal with the identification of psychiatric disorders in children followed by a brief overview of the types of available psychiatric treatment, as well as the all important question of efficacy. The remainder of the book then amplifies the types of treatment and management approaches which we use. I cannot pick out one or two chapters for special mention, which is an indication of the high level of each of the
as to their relevance. It does not, of course, but it is a satisfyingly complete account, well suited to its function as a clinician's handbook.

The text covers each of the major areas of abuse, including chapters on sexual abuse of children with special needs, fetal problems, and poisoning, suffocation, and Munchausen syndrome by proxy. Some of the material has been previously published in the 'ABC' series, but this is here considerably and usefully expanded. There is a good deal of helpful forensic and pathological data, and I was pleased to see the nonsense often written about the ages of bruises receiving a thorough and authoritative treatment. As a result, findings will continue to spark controversy for some time yet, but the account here is by and large well balanced.

Developmental, emotional, and social factors are well covered in the remaining chapters as are some of the more difficult and ambiguous emotional features of child sexual abuse. Useful case histories illustrate the points made.

Some later chapters deal with management, psychological and legal aspects. It is useful to have a table of 'tricks' that barristers play, but techniques in dealing with them would have been very welcome! Sadly, the memorandum of good practice seems to have missed the mark.

The book is clearly written, and well illustrated with 102 plates. Again, several of these appeared in the ABC series. One small point, placing a black mark across a child's eyes in a photograph is rather irritating when the legend asks us to note the child's 'radar-like gaze and ... sunken eyes!'

I did not find the editorship to be of a comparable high standard. There is considerable duplication, so that child protection conferences are for example covered once under physical abuse and again in the chapter on management. A case history given in the chapter on fetal abuse is suspiciously similar in every detail except the subject of the child to one given in the chapter on neglect. My main grumble, however, is with the way the book handles some of the grey areas. Disputed custody issues, for example, two sentences on developmental false memory syndrome is not referred to. Ritual abuse seems somewhat uncritically accepted, without mention of the supposed supernatural events reported, lack of forensic evidence, lack of dual witness corroborations, or the manipulation of the subject by some religious groups. Some excellent reviews of the subject are quoted from so selectively and so far out of context as to be unrecognisable.

I have gone to that off my chest, overall I would say this forms a useful introduction to the subject for aspiring paediatricians, and source of useful data and food for thought for the more experienced practitioners.

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Thomas Huxley once remarked that the great tragedy of science was the slaying of beautiful hypotheses by ugly facts. The research into cystic fibrosis is a classic example but at long last there is real hope that the pool of knowledge obtained from molecular studies with the delta F508 and other cystic fibrosis associated in-use and their role in the development of effective medical treatments. Anyone with whatever interest in cystic fibrosis will find these and other issues discussed in this delightful volume, which contains a wealth of independent scientific essays. Although there are 34 contributors, predominantly from the USA and Canada, the data are well presented and written in succinct fashion. Inevitably some subjects overlap, but this is not a distracting nuisance. The text consists of three parts, each devoted to genetics, cell biology, and clinical aspects respectively. If you enjoy physiology then you will find the descriptions of the gene fairly easy to understand. The section dealing with cell biology will exercise your 'little grey cells' to the full and you will enrich your knowledge of the epithelial ion transport, CFTR (cystic fibrosis transmembrane regulator) and its functions, and the ABC superfamily of protein transporters which is a great deal of excruciating in some scientific circles. It is perhaps behav- ioural and cognitive behavioural approaches which are undertaken with the child directly, as opposed to the child and adolescent psychiatry which are well covered in the book.

It is customary for trainees in general psychiatry to have an opportunity to work in child psychiatry as part of their training. However, child and adolescent psychiatry practice varies considerably from adult psychiatry. This book has elements as part of a series of Royal College of Psychiatrists seminars intended to help junior doctors during their training years. It is a multiauthored book by experienced child and adolescent psychiatrists. It provides a comprehensive and practical introduction to the subject which often includes a developmental stage at which they are most troublesome or apparent. There are sections describing the various treatment modes in child psychiatry as well as specific chapters on child abuse and disorders of parenting, forensic child and adolescent psychiatry, liaison work, and on continuities between child and adult problems.

The book is probably of more relevance to a psychiatrist than a paediatric reader and there is limited coverage of the problems most commonly encountered at the paediatric clinic. It should, however, be useful as an introduction to the subject of child and adolescent psychiatry for trainees in psychiatry.

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