Large textbooks are not my best friend – they are too heavy to carry, too intimidating to read, and I am too mindful of my own ignorance. Instead I stick to thin reviews and updates, but inevitably seek refuge from time to time in *Nelson Textbook of Pediatrics*. More often than not I am surprised either by a startling new fact or by the discovery that what I thought was new information is actually rather old.

While working in rural Asia I had no access to a large textbook, relying instead on the many smaller offerings provided by organisations like Teaching Aids at Low Cost. There were many times when I wanted more information in depth about the complexities of malnutrition, tuberculosis, and child health problems relevant to the community in which I was working. In India, where first and third world paediatrics live side by side, the need for a comprehensive textbook has long been recognised. In 1968, the executive board of the Indian Academy of Paediatrics first mooted the idea and the then president, P M Udani, planned a textbook for undergraduates. After a decade of struggle, it was decided to rewrite the manuscript for postgraduate students, and now finally in the 1990s Professor Udani has revealed his opus major. It is a stupendous work of 3000 pages produced at a cost of under £30. Udani, known for his section in *Nelson*, has skilfully harnessed contributions from the best names in Indian paediatrics.

It is strongest when it deals with issues of particular significance to India. Many of these are written by Udani himself. The sections on history taking and physical examination, tuberculosis (390 pages long!), nutrition, and on social aspects of Indian paediatrics, are all fascinating and contain a wealth of information difficult to obtain elsewhere drawing as they do on source material not found in Western libraries. There are fascinating sections on the development of Indian babies, the problems of migrant children, the difficulties of children on a temporary visit from developed to developing countries, all of them relevant to the practice of paediatrics in Britain. Udani's awareness of the socioeconomic context in which paediatrics is practised permeates the book, and there are excellent sections on child labour and perinatal care at the community level. The more conventional sections on organ specific, paediatric conditions are comprehensive if at times, scientifically, a little out of date. This is perhaps understandable for a work which had such a long gestation period and faced enormous logistic difficulties.

This textbook should sit on every library shelf in India and hopefully in Western countries too. It will be the definitive textbook of paediatrics in the subcontinent for many years to come. It represents a challenge to the next generation of Indian paediatricians to maintain and update a classic text as a tribute to its editor, one of India's great paediatricians.

ANTHONY M DE L COSTELLO
Senior lecturer

Notes for the DCH. By N J Gilbertson and S Walker. (Pp 370; £19.95 paperback.) Churchill Livingstone, 1993. ISBN 0-443-04375-2.

Imagine you are an examiner for the DCH. Into your room comes the candidate. He or

she is nervous but well prepared. The child who has been seen by the candidate as a long case has headaches as one of her symptoms. 'What do you think may have concerned the parents?' you ask. 'The possibility of a brain tumour' comes the wise reply. 'Can you expand a little?' you probe. At this point the candidate starts an exposition of the different types of childhood primary central nervous system tumours classified by site, manifestation, treatment, and five year survival. The truth dawns on you. You turn to your co-examiner. 'I bet he's got *Notes for the DCH*!'

This book is crammed full of useful paediatric information. The range of subject coverage is wide enough for any GP or junior paediatrician and the authors have not been frightened to explain clearly what some doctors may feel should be known by a medical graduate. It is logically presented in the list fashion beloved of pre-examination medical students and people who search for truth in an uncertain world and as such is a good book for doctors working with children. However, this is not necessarily the type of preparation the DCH candidate requires. The sheer volume of facts in this book might intimidate an aspiring diplomat. I would hate to think that this level of knowledge was what the examiners are seeking, although much of what is in this book is vital basic paediatrics.

I have to say that this book does contain jewels for the candidates. The section on demography is a useful introduction and the hints on passing the DCH confers a definite advantage on the prospective candidate. The well ordered text will enable the reader to check up any facts about which he needs to be reassured and I could find no areas uncovered.

Sadly, I was not surprised to find an uncritical acceptance of alternative medicine in a mainstream medical environment. How odd to look in the index and find under 'H', 'hypnotherapy' and 'homeopathy' but not 'health visitor'. I know which one of those I will want the candidate to know about, and which one is more useful to children.

I am delighted to own this book, which I will find very useful as I go about my daily life as a GP and I commend it to my colleagues, but it needs a little health warning for the DCH candidate: 'Aspire to this level of knowledge. Learn to organise your thoughts in the way demonstrated in this excellent book. But seek guidance from your teachers to help you concentrate on the priorities'.

LEONARD PETER
General practitioner

Rett Syndrome – Clinical and Biological Aspects. Edited by Bengt Hagberg. (Pp 120; £25 hardback.) MacKeith Press, 1993. ISBN 0-521-41283-8.

It was better than a video. Bengt Hagberg unleashed on the podium intense jerky hyper-ventilating and rubbing his hands in front of his face in stereotypic frenzy. I was one of those with the 'Aha response', instantly recognising previous children (after whom I sent Dr Alison Kerr in hot pursuit). Several people probably discovered Rett's syndrome independently in different countries and at different times but it was at the beginning of the 1980s that recognition exploded.

I have the memory of a pleasant evening at St Catherine's College Oxford in September 1981 where the European Federation of

Child Neurology Societies was meeting. Dr Robert Ouvrier from Sydney came up to Dr Jean Aicardi from Paris: I think I may have a new syndrome, nine patients all with ... Are they all girls? How did you know that? Now, 12 years later, hundreds of papers have been devoted to Rett's syndrome which even features in undergraduate final examinations.

The present book enthusiastically summarises the Swedish experience (of the 16 authors one is from the USA – Dr Alan Percy). It deals primarily with clinical and laboratory aspects, and is not intended to cover social, psychological, and educational aspects. If I interpret the aim right it is to further stimulate research into the mechanism or mechanisms underlying.

But underlying what? We find patients described with classic Rett's syndrome, forme fruste, Rettoid phenotype, Rett variant including some with infantile seizures. It is comforting for such tragic families to feel part of the larger family of Rett's syndrome to help in promoting research, but we still do not know how many disorders Rett's syndrome encompasses. In the pre-Rett's syndrome era I regarded these children as having a static severe mental retardation syndrome not really obvious to the parents until towards the end of the first year. Genetic instructions forced them to move on to more complex cortical pathways which they did not possess, hence regression, but not dementia. The wheel is now full circle with the latest neuropathological evidence from Professor Dawna Armstrong suggesting decreased dendritic branching in particular areas of neocortex.

If one should take this book with a little pinch of salt and a dusting of Popper – in so far as a single solid exception may demolish the grandest hypothesis, one will be able to enjoy its flavour to the full.

J B P STEPHENSON
Consultant in paediatric neurology

Pediatric Gastrointestinal Disease: Pathophysiology, Diagnosis, Management. Edited by Robert Wyllie and Jeffrey S Hyams. (Pp 1217; £125 hardback.) WB Saunders Company, 1993. ISBN 0-7216-3128-2.

'Do you know who made you?!' 'Nobody, as I knows on,' said the child, with a short laugh – 'I 'spect I grow'd' (from *Uncle Tom's Cabin*). Current literature devoted to paediatric gastroenterology is also growing, with the recent publication of two comprehensive texts. This is the first edition of a book which shares the same title as that edited by Walker *et al*,¹ but in contrast, is a single volume and has an almost exclusively North American authorship. It gives wide coverage to all areas of clinical paediatric gastroenterology and touches on liver disease and paediatric nutrition.

There is a clarity of writing style throughout, giving up to date information which makes the book a good read despite its size. Early chapters cover gut ontogeny, immunology and neuroendocrine areas, followed by a problem orientated section devoted to the interpretation of symptoms and signs. The body of the text deals with the gut by region.

I found it difficult to review this book without comparing it with the publication of Walker *et al*, which has the advantages of prior publication, an international authorship, and a favourable status as a standard reference