children. Thirteen per cent felt that the children had suffered from the parents' limited physical participation in family activities, for example holidays. Interestingly, 10% felt that their children had 'benefited' in that they had become more caring with heightened common sense and sensitivity, although 14% did concede that excess stress had been induced. There was a perceived sense of inertia from the multiple sclerosis sufferers' point of view: 'They have become carers, which I don't like but I am powerless to stop it'.

Caring is a complex phenomenon for families which does not always need to be replaced by the statutory or voluntary agencies. It appears, for the younger physically adult, to be the rule rather than the exception and it requires recognition, careful appraisal, and possible proactive intervention.

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- 1 Aldridge J, Becker S. Children as carers. *Arch Dis Child* 1993; 69: 459-62.

Availability of data tapes from national infant feeding surveys in 1985 and 1990

EDITOR,—The first national survey of infant feeding practices was in 1975. These surveys have been repeated every five years and are internationally acclaimed. They offer unique high quality information about how this country feeds its infants. The first survey covered England and Wales only, Scotland has been included from 1980, and in 1990 Northern Ireland has also joined in. Some 6000 new mothers, chosen as nationally representative of their population, provide information on three occasions: at 6 weeks, at 4 months, and at 9 months after their baby was born. Apart from gathering facts, the questionnaires are designed to draw out information about influences on the parents' choices of how to feed their baby. The scope and style of the surveys can best be assessed by referring to the report of the most recent survey, which was published in 1992.¹

The surveys were conducted by the Office of Population Censuses and Surveys for the Department of Health. Readers may wish to be aware that the full data tape of the surveys in 1985 and 1990 is now available for independent researchers. It has become standard practice for the data tapes from diet and nutrition surveys to be deposited with the National Data Archive. Access to this information is available on request to this address: ESRC Data Archive, University of Essex, Wivenhoe Park, Colchester, Essex CO4 3SQ (Tel: 0206 872001).

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- 1 White A, Freeth S, O'Brien M. *Infant feeding 1990*. London: HMSO, 1992.

BOOK REVIEWS

ABC of One to Seven. 3rd Ed. By H B Valman. (Pp 144; £8.95 paperback.) BMJ Publishing Group, 1993. ISBN 0-7279-0768-9.

This book aims to be a practical guide to paediatrics for GPs, medical students, vocational trainees, nurses, and midwives. Based on a series of *BMJ* articles and first published in 1982 it has achieved deserved popularity because it is easy to read, profusely illustrated, and memorable. It packs most of the important topics of primary care paediatrics into its 144 pages.

The third edition has a new chapter on audit, examples of pamphlets for parents, and forms for recording results of child health surveillance, as well as revisions of several chapters. Many paediatricians would not, I think, agree that swimming should be avoided after insertion of grommets, or that steam inhalation often helps acute stridor. The statement that children with epilepsy should not ride a bicycle on the open road is at odds with the advice of the British Epilepsy Association. The emphasis on admission to hospital in the management of child abuse is surprising in the light of current practice and the Children Act.

This is a shame because many chapters are well written, informative, and up to date. Asthma, urinary tract infection, abdominal pain, minor orthopaedic problems, and sleep and behaviour problems are all well covered with plenty of sound commonsense advice – for parents as well as practitioners.

The four chapters on services for children, in primary care, the community, outpatient clinics and day care, in accident and emergency departments, and finally in hospital clearly describe the respective roles of each part of the service and offer models of good practice.

This ABC will continue to attract a wide readership simply because it is readable, cheap, and deals with common paediatric problems in a practical way. Its A4 size makes it a difficult book to handle as a study or bedtime read. It is more likely to be found on the mess coffee table where it will attract the passing trainee with a few minutes to spare while waiting for the next patient or episode of *Neighbours*. With any luck the author's evident enthusiasm will encourage him to read on.

K L DODD
Consultant paediatrician

Phototherapy. Treating Neonatal Jaundice with Visible Light. Edited by K Jährig, D Jährig, and P Meisel. (Pp 193; £35 hardback.) Quintessence Publishing Co Ltd, 1993. ISBN 3-86128-113-9.

This is a rather unusual monograph devoted to phototherapy for neonatal jaundice. Its first edition appeared in 1980 and was written in German. This expanded version has both

German and English editions and the original authors from Greifswald (formerly East Germany) have been joined by two contributors from Italy and one from Norway. I am not sure who was responsible for the translation from German but 'it can thus be stated that every hyperbilirubinaemia is a condition requiring treatment and, apart from its aetiology, the only question to be discussed is the limits of the indication', needs some clarification.

The book is packed with information, some of which is useful and some much less so. Generally the clinical section is more helpful than basic physical principles, but the authors come over as dedicated advocates of phototherapy: 'phototherapy is recommended for infants with levels exceeding 10 mg/dl (170 µmol/l) up to the 5th day of life'. None of the 'lighter touch' here. 'To what extent bilirubin is of physiological importance as a scavenger of oxygen radicals in the neonatal period and whether it helps to prevent cerebral damage by oxygen radicals precisely during the treatment of newborns with hypoxia, is too speculative at present for any new therapeutic conclusions to be drawn from it'. In other words phototherapy is unlikely to be harmful so if in doubt treat. If the reader wants to obtain a flavour of the recommendations of this monograph he could turn to p 155-9; Summary: phototherapy in the approach to the treatment of neonatal jaundice.

Recommended for reference in the local medical library rather than to buy.

H L HALLIDAY
Consultant paediatrician

Pediatric Respiratory Disease. Diagnosis and Treatment. Edited by B Hilman. (Pp 953; £148 hardback.) Harcourt Brace Jovanovich, 1993. ISBN 0-7216-4683-2.

This is a major textbook on paediatric chest disease, of similar size to Kendig. There are 97 chapters and 127 contributors, all but two from North America. Chapters are grouped into sections. The first called 'general information' has five chapters: pulmonary mechanics, pulmonary defences, respiratory mucous, epidemiology, and self management programmes. The second considers evaluation and includes diagnostic methods. The last called 'management' includes chapters on environmental control, surgical procedures, ventilatory support and resuscitation, and several chapters on drug pharmacology. The remainder consider disease categories. Each section is amply supported by diagrams, graphs, tables, radiographs, lists, and drawings. References up to 1991 are in the Vancouver style.

One striking omission is the exclusion of the management of respiratory infection in the developing world. The World Health Organisation recently claimed that its much publicised acute respiratory infection programme has resulted in a 25% reduction in mortality. If true this huge advance in the care of respiratory disease in children is surely worth mentioning. Diphtheria, another major disease with a huge mortality, is not mentioned at all.

This textbook compares very well with Kendig, a valuable source of references and information. But should a textbook not also be a learning tool? The problem with texts written by so many authors is that while all

are authorities few are teachers. There seems to be no paediatric equivalent to John West, for example, who is able to describe pulmonary physiology and pathophysiology in simple language with simple drawings. Anyone who hopes to understand the difference between static and dynamic lung compliance by consulting this book will be disappointed. Lists leave a lot to be desired. Often they look as if they have been included simply to break the text. Items are given the same weight and the text has to be read very carefully to understand the list. Perhaps that is reason enough for including them. Would it not be better to use more modern presentations of information such as 'key points' charts? An example of a list in this book that could be truly misleading is one entitled 'wheezing in the otherwise healthy child' which includes anaemia and hyperthermia. I was unable to relate these to wheeze and the text gave me no help. Tables and drawings have sometimes been taken from adult literature. There is one borrowed illustration in which the model is an adult female and on the opposite page is a table that lists values of immunoglobulin subclasses in smokers and non-smokers.

It is possible that the time has come to reconsider the place of the comprehensive reference book? Perhaps a series of small volumes, something like an encyclopaedia, would be more practical for an editor and easier to keep up to date. More time could be given to quality as well as quantity. Such books would greatly benefit from professional advice about the design of tables, graphs, and so on. Better presentation would then add interest to information.

Hilman costs £148. I am glad I was asked to review it.

SHEILA MCKENZIE
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Pediatric Cardiology. A Problem Oriented Approach. By I Gessner and B Victorica. (Pp 283; £34 hardback.) Harcourt Brace Jovanovitch, 1993. ISBN 0-7216-4564-X.

This book is aimed at general paediatricians and, particularly in its early chapters, is orientated towards practical management of children with suspected heart disease. The problem orientated chapters deal with physical examination, chest radiography, electrocardiography, basic echocardiography, cyanotic heart disease, heart failure, murmurs, chest pains, and syncope and are followed by more specific chapters on rheumatic fever, rhythm abnormalities, cardiomyopathies, Kawasaki syndrome, endocarditis, genetics of heart disease, transplantation and cardiac surgery, along with chapters on 'integrated cardiovascular health promotion in childhood' and 'lifestyle issues'.

The first chapter gives an introduction to cardiac anatomy with line drawings that in some cases are poorly reproduced and are copied from a previous (14 year old) publication. The descriptions of heart sounds and of physical examination include some of the author's personal ideas which would not be universally accepted – for example that the first sound is due 'mainly to papillary muscle contraction' and the recommendations that foot pulses should be palpated instead of femoral pulses and that auscultation should begin with the bell at the second right inter-

space. The chapter on chest radiographs is useful but the quality of illustrations is so poor in some cases that no lung markings can be seen. There is a useful series of electrocardiograms with concise explanations of the abnormalities present. The approach to cyanotic heart disease is sensible overall but also contains inaccuracies: tricuspid atresia is listed as a cause of inadequate pulmonary blood flow; it is erroneously stated that the ventricular septal defect in tetralogy of Fallot 'cannot be small or restrictive'. Eccentricities also creep into the recommendations for treatment. If British paediatricians were to adopt the suggestion to ventilate all babies who are on prostaglandin E, they would have angry cardiologists and a large number of blocked intensive care unit beds filled by unnecessarily ventilated babies! Similarly, the suggestions that there is great value in close monitoring of lactic acid concentrations in duct dependent circulations and that oxygen is contraindicated in such patients are overzealous. The recommendation that babies with total anomalous pulmonary venous drainage should be ventilated only with air is even more extreme. Dopamine is not advised as an inotrope as it may cause rhythm disturbances, amrinone is the only phosphodiesterase inhibitor mentioned, and there is no mention of fluid restriction in the treatment of hyponatraemia. The chapters on more specific aspects of heart disease are on the whole concise, readable, and useful. The chapter on Kawasaki disease is excellent. The sections on health promotion and lifestyle issues contain common sense on leading a healthy life along with some advice on pregnancy and contraception in adolescents and adults with congenital heart disease.

The overall approach to heart disease in this book is sensible. However, the quality of illustrations is poor in places, in some instances personal opinion is stated too strongly and some of the recommendations on management do not seem in keeping with current practice in Britain, making it difficult to recommend the book as a guide to paediatric practice here in the UK.

JOHN L GIBBS
Consultant paediatric cardiologist

Practical Management of the Newborn. 5th Ed. By I M Balfour-Lynn and H B Valman. (Pp 294; £14.95 paperback.) Blackwell Scientific Publications Ltd, 1993. ISBN 0-632-03574-4.

This is a good basic book on the practical management of newborn problems, specifically excluding intensive care. It is the 5th edition of *Practical Neonatal Paediatrics* with a new title. The book is intended as an introduction and as practical advice for junior medical and nursing staff.

There are particularly good and clear chapters on examination of the newborn, resuscitation, and practical procedures, and a wealth of helpful hints throughout the book, such as the scoring scheme for risk of infection after prolonged rupture of membranes. Some of the practical information is the sort that tends to get passed down in neonatal units by word of mouth. This book will ensure that such information is accurate.

Because intensive care is excluded, the chapter on small babies is very brief, less than half the length of the one on heart problems.

However, many problems of small babies are adequately covered in other chapters. Practical procedures described include arterial cannulation but not insertion of a chest drain or umbilical artery catheter. Inclusion of these procedures and a more detailed discussion of small babies might have enhanced the range of the book, but the authors have sensibly drawn the line at information which the new senior house officer needs and no more.

Although resuscitation is well covered, the management of postasphyxial problems finds itself out of place in an earlier chapter. I disagreed with advice to send babies with breathing difficulties to the x ray department for better quality of x ray films, and many paediatricians would not agree with the old definition of hypoglycaemia in small babies. The neonatal electrocardiogram is barely mentioned in an otherwise excellent chapter on heart disease. At less than 300 pages this could be a pocket book but the publishers have made it slightly too big for most pockets I tried. The margins could have been trimmed with some loss of elegance but greater practical benefit.

Despite these minor quibbles, if I knew that my senior house officers had, in the first week or two of their new job, absorbed the knowledge and advice this book contains, I would feel confident that they were well prepared to manage neonatal problems sensibly. The detail is just right for their initial needs but if they have to cope with neonatal intensive care they will also need an additional source of reference. A good starter for new senior house officers and general practitioner trainees.

J W T BENSON
Consultant paediatrician

Care of the High-Risk Neonate. 4th Ed. Edited by Marshall H Klaus and Avroy A Fanaroff. (Pp 538; £34 hardback.) W B Saunders, 1993. ISBN 0-7216-3709-4.

This book by Klaus and Fanaroff has a house style that sets it apart from other textbooks. The text is interspersed with comments, highlighted in bold type, from the editors themselves or from one of a group of international experts. These comments may reinforce a view expressed in the text, sometimes adding one or two key references. In other circumstances they urge caution over an expressed statement or recommendation and occasionally they present an opposing view. Most of the comments are interesting (sometimes more interesting than the adjacent text), some are highly perceptive, a few are gratuitous or even silly. The other feature is inclusion of case reports at the end of many of the chapters. A few lines of history are given and then a series of questions are asked, inviting the reader to pit his wits against the contributor by suggesting the appropriate course of management. This is fun, so much so that it is difficult to resist turning to the end of each chapter for a quick peek at the questions. The style has the effect of breaking up the text and therefore making it easier to read. It makes this a textbook to be read a chapter at a time, not a reference work where an item can be looked up quickly.

This is the fourth edition of the popular US textbook of newborn intensive care. The first appeared in 1973 when positive pressure ventilation was becoming established as a