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Dr Taylor comments:

I am most grateful to Drs Grange and Stanford for drawing my attention to the apparent association between reduced natural infection with *M bovis* in milk and the increased incidence of childhood leukaemia. The UK Childhood Cancer Study (UKCCS) is currently collecting information about episodes of infection and histories of immunisation in children with leukaemia and in matched controls. It should be possible to obtain preliminary indications from these data about any protective effect of BCG vaccination. The idea that therapeutic immunostimulation using BCG could be used to treat childhood leukaemia is not new. However, the results of the MRC's Concord trial in childhood acute lymphoblastic leukaemia¹ and more recent studies failed to indicate any significant benefit of BCG immunotherapy. In adult myeloid leukaemia combined BCG/allogeneic immunotherapy stimulated strong cell mediated immunity to donor, but not to autologous leukaemia cells,² and produced little long term benefit. The use and expense of prophylactic BCG vaccination as an immunological protective measure in childhood leukaemia would only be justified if it markedly reduced the incidence of the disease. Positive preliminary evidence from the UKCCS might justify a detailed case-control study of this question in the UK. However, bearing in mind Greaves' hypothesis that childhood leukaemia could arise from inappropriate immunostimulation,³ there is much to commend a cautious and considered approach to the use of prophylactic BCG vaccination as a preventative measure in childhood leukaemia.

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Cough - but is it asthma?

EDITOR,—Dr Sheila McKenzie has suggested that cough without wheeze should not be classified as asthma unless there is evidence of airway lability.¹ In practice, chronic persistent cough is most troublesome in preschool children who cannot reliably perform standard tests of lung function.

A study of 60 children under 6 years with chronic cough showed that 63% produced at least one positive reaction to skin testing with inhaled allergens (57% for house dust mite) compared with 75% of children with classical asthma and 10% of children without respiratory problems.² Chronic cough, like wheeze, was usually worse at night (75%), precipitated by exercise (85%), and associated with nasal discharge (70%) or sore throat (32%).

Two years after presentation 83% of children reported improvement or no cough

at all but 25% developed recurrent wheeze as well as cough. It was difficult to assess response of cough to treatment because of the tendency to spontaneous resolution.

Cough alone may just be a feature of the viral upper respiratory infection which can also induce wheeze in asthmatic children or it may be a manifestation of airway inflammation triggered by hypersensitivity to inhaled allergens such as house dust mite. Although most children with chronic cough do not have asthma, there is no reliable way of identifying those who eventually develop definite bronchospasm. For persistent cough a trial of inhaled β agonists or inhaled steroids is logical and potentially less harmful than other common remedies such as antihistamines, antibiotics, or even surgical ear, nose, and throat procedures.

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Growth standards for infancy

EDITOR,—We fully endorse the views of Wright *et al* on the need to develop new growth standards for infancy.¹ The comparison of their Newcastle data with widely used standards² and with the Cambridge Infant Growth Study³ illustrates this need succinctly. The Cambridge study is not, however, confined to breast fed infants. Although a high proportion (90%) were initially breast fed,³ this declined to 65% by 12 weeks, 54% by 24 weeks, and 18% by 1 year. Throughout most of the first year, the weights of infants breast fed to at least 24 weeks were similar to those bottle fed from 3 weeks. Both groups showed an increased weight gain compared with standards in the first six months, followed by a more marked relative decline, with only the breast fed boys showing a slightly slower growth after nine months compared with those bottle fed. At 1 year, the mean (SD) weights were: boys breast fed (n=54) 9.79 (0.93) kg, bottle fed (n=35) 9.93 (0.97) kg, girls breast fed (n=59) 9.17 (0.85) kg, bottle fed (n=24) 9.18 (0.80) kg, and the Z scores² were -0.4, -0.2, -0.5, and -0.6 respectively. Weaning practices are at least as important as mode of milk feeding. Energy intakes during and after weaning are lower now compared to the 1950s when the standards were prepared.⁴ In view of the differences in feeding practices and social circumstances, it is encouraging to find that the growth of Cambridge infants showed such similarities to the Newcastle data.

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- 3 Whitehead RG, Paul AA, Cole TJ. Diet and the growth of healthy infants. *Journal of Human Nutrition and Dietetics* 1989; 2: 73-84.
- 4 Paul AA, Whitehead RG, Black AE. Energy intakes and growth from two months to three years in initially breast-fed children. *Journal of Human Nutrition and Dietetics* 1990; 3: 79-92.

BOOK REVIEWS

Psychological Treatment in Disease and Illness. Edited by Matthew Hodes and Stirling Moorey. (Pp 230; £15 paperback.) Gaskell and the Society for Psychosomatic Research, 1993. ISBN 0-902241-57-5.

Any book which, in the opening few sentences, can give a name check to Hippocrates, Descartes and Freud, is clearly not going to come last in the erudition stakes. Of more importance is whether it can perform equally well - or better - in the areas of elucidation and education.

Happily for the reader, the answer is a resounding yes. This book addresses, both clearly and highly informatively, major developments in the psychological treatments of psychosomatic and physical disorders.

The stimulus for this book was provided by a conference entitled 'Psychological Treatment in Human Disease and Illness' which was held in 1990. Expansion and updating of original talks enable the editors to proclaim the text as 'state of the art'. Of additional benefit is that the book is coherent and authentic as a whole and does not suffer the disconnectedness of some texts derived from conferences rather than *de novo*.

The book is divided into two sections. In the first, there is an overview of psychoanalytic, cognitive behavioural, and family psychotherapy approaches in dealing with psychosomatic and physical disorders. The second section looks at the application of psychotherapeutic approaches to particular conditions such as somatisation disorder, irritable bowel syndrome, chronic pain, brittle diabetes, and anorexia nervosa.

The major strengths of the book are its clear description of both theory and practice, and its ability to bring the two together harmoniously.

Theoretically, there are good outlines of the ideas behind the different therapeutic approaches. Particularly strong is Tom Sensky's description of cognitive therapy, succinctly covering the important aspects of the cognitive model (including dysfunctional beliefs, negative automatic thoughts, and cognitive distortions), and its therapeutic approaches. He makes the important point that especially in physical illness, not all false beliefs are dysfunctional and not all dysfunctional beliefs are false. For example, denying the seriousness of illness or even its presence can sometimes serve as a protective function and is therefore not necessarily dysfunctional. Conversely, the belief of 'not having long enough to live to achieve what I want' might be true but might also be dysfunctional if it results in the ill person focusing on nothing other than this belief and giving up trying to achieve anything. Dr Sensky stresses that the focus of therapeutic work in cognitive therapy is to focus on dysfunctional beliefs, not to

correct all false beliefs or simply to help the person to 'think positively'.

The second section of the book is fascinating due partly to the range of disorders addressed but particularly due to the vivid descriptions of the different psychotherapeutic techniques used. Among others, there are outlines of a cognitive behavioural approach for chronic pain, a family therapy approach for anorexia nervosa and a psychoanalytic approach to the treatment of brittle diabetes in children and adolescents. One of the interesting findings of this last approach, described by Peter Fonagy and George Moran, was that presence of themes of conflict in the analytic material foreshadowed improvement in diabetic control, which in turn appeared to increase psychological symptomatology some weeks later. The efficacy of the approaches used is – for the most part – shown in tables and graphs that clearly describe research findings.

In contemplating this book, there is one area of significant concern for clinicians treating children. A considerable part of the text refers to the treatment of adult patients. However, these issues are largely of relevance to a younger age group and assist in the overall understanding of psychological treatment of psychosomatic and physical disorders. Overall, this is an informative and useful book. It is also readable and much enlivened by numerous clinical vignettes.

One of the authors rightly comments on the importance of liaison between physicians and psychiatrists. This book reinforces that view and by being accessible to both physicians and psychiatrists, should be of assistance in achieving the goal.

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Children, Politics and Medicare: Experiences in a Canadian Province. By G C Robinson and G R F Elliot. (Pp 340; price not stated, paperback.) University of Calgary Press, 1993. ISBN 1-895176-31-X.

On first seeing the title of this book, my interest was aroused as there are few books dealing with the important relationship between children, their health, politics, and the health care delivery system. I had hoped to find experience of advocacy on behalf of children and perhaps some useful insights into how children's health can be made a 'political' issue; in other words, how to influence politicians.

Having read the book, I was disappointed. Though the authors recognise the importance of political decisions to child health and that health must be socially created by a 'healthy community', the book remains a rather heavy description of the development of population based services for children in British Columbia. The development and present state of each individual service for children from services for children with cancer and children with cerebral palsy to the British Columbia ambulance service are painstakingly described. Interesting insights and parallels with the development of children's services in the UK can be found in each chapter including a link with the BPA through Dr Donald Paterson, a BPA founder member and former Secretary and President who developed a handicapped children's register in British Columbia. However, the authors' analysis is concerned mainly with the role of key individuals in the medical profession touching only occasionally on the role of

Politics with a big 'P' and how best to influence political decision making as it affects children.

Despite failing to live up to my perhaps unreasonable expectations, the book does seek to establish some important principles. Firstly, population based programmes and services are essential if the medical needs of all children are to be met; secondly, personal medical services are inadequate for meeting these needs; thirdly, population based and personal services need to be integrated as part of a plan for child health at regional and national level. In a country such as Canada, sitting as it does in such close proximity to the USA where these principles have yet to be accepted, their reiteration is vital in resisting the political temptation to financially starve population based services. In the NHS's new 'internal market', these principles will need to be defended and developed.

The authors have provided a worthy defence of population based services from the experience of one Canadian province but their book makes little original contribution to the debate as to how political decision making can be influenced in order to protect and promote the health of children.

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Examination Paediatrics. By W Harris, R Choong, and B Timms. (Pp 351; price not stated, paperback.) MacLennan and Petty Pty Ltd, 1992. ISBN 0-86433-064-2.

This book is aimed to help candidates for the FRACP Part 1 Examination in Paediatrics and it is also relevant for the MRCP (UK) Part 2 Examination (paediatric option). Details given about the examination are all relevant to the Australian examination but the general approach and the advice on the preparation would be very valuable for candidates in MRCP UK. The main body of the book comprises short and long cases relevant to the various anatomical systems, with instructional material structured to support long and short case examination. The information in this section is clear and detailed. This would be extremely valuable for all those preparing for these postgraduate examinations. There is a liberal use of tables and structured notes as well as diagrams, although some of these diagrams contribute little other than confusion and a challenge to recognise the relevance of some of the drawings of the standardised sick child. However, this may be a stimulus to learning in its own right.

The very strong point of this book is the care taken to prepare the candidate psychologically for the examination. This section is very entertainingly written and leads to compulsive reading. The reader is given advice on how to build up confidence by using a series of useful psychological devices. Advice on personal presentation is also provided even down to the potentially politically incorrect suggestion that female candidates should avoid sexy clothing. This section is sprinkled with amusing quotations from diverse sources from the extremes of Star Wars through to Nietzsche. There are details given of how to prepare for the examination and even how to visualise failure as a temporary setback, unless accepted as a definite indication that a change of training is indicated. This realistic approach is helpful but the projection of the examiner as the 'enemy' may not be as psychologically beneficial as it is entertaining.

Perhaps it would be more constructive for

the authors to describe the examiner as a person who is keenly anticipating an excellent performance by these fruits of the training scheme in the same way as an opera lover sits with bated breath throughout the overture. It is a shame that the authors do not give the candidates advice on the mental picture of the examiner concentrating on providing a fair examination in the hope of their success, but being aware that they stand as guardians not only of the health of children, but also of the candidates themselves who might fortuitously pass the examination, but find him/herself in a position of responsibility for which they are not adequately prepared. Every examiner knows that giving a fail mark is desperately disappointing for the candidate, but they also know that the same candidate's life can be more damaged if that candidate goes on to make a fatal error in the management of a sick child.

It would also have been helpful for the candidate to have more direct advice on how best to study, especially in the use of active memory recall and perhaps the organisation of self help groups for long and short case practice. Overall, this is an excellent book with pages of valuable information and a useful reading list. This book is surely a must for paediatric trainees in Australia and would be of great help to all those preparing for MRCP (UK).

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Accidents and Emergencies in Childhood. Edited by Jo Sibert. (Pp 134; £14.95 paperback.) Royal College of Physicians of London, 1992. ISBN 1-873240-50-3.

Although new technological principles have been used in many ways to create a safer living environment and have resulted in some spectacular medical advances, they have also been responsible for the development of new problems with which we have to struggle. This publication, based on a paediatric conference at the Royal College of Physicians, reviews the current situation with regard to accidents, accident prevention, and emergency medicine and clearly defines the areas where further work is needed. It also pays attention to child protection issues particularly accidental/non-accidental injury and the causes of burns and scalds. It would be wrong to imply that a great deal of attention has not already been paid to safety issues at home and in the workplace. The conclusion in the text that there is not much evidence that Britain is approaching the problems with the seriousness and resolve it requires is worrying. It perhaps points to the end for a cultural change in our attitudes and the political will to meet the challenge. If, as the text reports, changing the environment is often easier than changing behaviour then new innovative ideas are required in the educational field. The call for accident and emergency departments to rise to the challenge together with their paediatric colleagues gives a clear message which needs urgent action. The text would not have been complete without a commentary on the social issues of disadvantage and neglect and their impact on child development and safety. This I was glad to find laid out in the penultimate chapter. This book is an excellent review and can be recommended to all those involved in emergency work, accident prevention, and the wider aspects of child health.

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