
Considering how common sleep disorders are in all sections of the community, and their potentially serious personal, social and even economic consequences, their neglect in medical education is highly regrettable. The consequence for children and adults alike must be that their sleep problems are commonly misdiagnosed and mismanaged.

Some attempts have been made, notably in the United States, to correct this educational deficiency by formulating an appropriate curriculum for undergraduate teaching, but even there (the birthplace of ‘sleep medicine’) little systematic impact on medical schools seems to have been achieved. The situation is not helped (except, perhaps, in the USA) by the fact that there is no research department. This is the case for a large part of the rest of Europe. This problem is not confined to medical education; the situation is equally poor, for example, in the teaching of psychologists who can play a central part in the management of many sleep disorders.

Clearly, a considerable effort is needed to give sleep disorders appropriate status and time in undergraduate and postgraduate teaching. In paediatric practice some forms of sleep disorder are particularly common but diagnostic uncertainty (if not confusion) is not rare. It seems that treatment opportunities are often missed for lack of familiarity with the range and effectiveness of therapeutic measures now available.

However, some progress is being made towards a wider appreciation of the scope and value of sleep medicine, partly through the publication of a number of books on the subject in recent years. Some are textbooks, largely concerned with adult sleep and its disorders although they include sections on children. Others, although written for parents, contain much useful information for clinicians. Pediatric Sleep Medicine by Sheldon and his colleagues is of the textbook variety and complements the other available books concerning children.

It begins with useful introductory chapters including accounts of normal sleep at a young age and basic sleep physiology and anatomy. The bulk is then given over to major categories of sleep disorder (non-specialists should not be put off by ‘disorders of initiating and maintaining sleep’ for which read ‘sleeplessness’). A long appendix contains an account of polysomnography (that is, physiological sleep studies) which actually makes only a few concessions to the technical requirements of working with children, normal values presented in graphic form, and hypnotic schemes for differential diagnosis based separately on clinical sleep disorders and polysomnographic findings. This last section reflects the basically adult orientated International Classification of Sleep Disorders and contains much terminology that will be unfamiliar to those without a special interest. A brief glossary concludes the text.

Overall, the book is comprehensive without being too detailed and too long. It is up to date and clearly written with a good balance between theory and practice. It is well produced and the price is not unreasonable. In places it strays into conditions which are essentially sleep disorders of adult life - an indication of the great potential for further clinical research into the sleep disorders of childhood. My own favourite chapters are those on disorders of excessive somnolence and sleep wake schedule disorders which illustrate very well this need for further study but which, nevertheless, contain much information and guidance to clinicians about these much neglected areas of sleep medicine.

The authors’ stated aim is to appeal to both clinicians and professionals in sleep disorders. It takes bravery to attempt to appeal to such different groups but the objective probably will be achieved, provided that the clinician is not intimidated by the formality of the book and some of the private language of the field of sleep disorders.

GREGORY STORES
Consultant in child and adolescent psychiatry


Tachdjian’s Pediatric Orthopedics is one of the great textbooks. It is a comprehensive highly referenced tour de force, an essential reference book for those involved in the orthopaedic care of the growing child. It has always provided details of commonly performed surgical procedures. This new atlas of paediatric orthopaedic surgery doubles the number of operative procedures described in detail. A short introduction outlines the principles of care, stressing the need for detailed preoperative planning, precise and accurate surgery and rehabilitation and a meticulous plan for postoperative recovery.

The operations are described by anatomical region moving from upper to lower limb and culminating in the spine. For each operation the indications are discussed, preoperative assessment and planning is considered, and the need for blood cross match, etc judged. The need for special operative instruments and radiographic control is noted. Finally the position of the patient at operation and the details of the surgical technique are discussed and illustrated. The technique works. The surgeon is made to think logically and clearly about the objective of operation and the precise steps necessary to accomplish his aim. The surgical descriptions are clear and straightforward.

The success of an operative manual depends in part upon the clarity of text but over-ridingly upon the quality of illustration. Four medical artists have largely been responsible for the drawings. While the style of each is clearly distinct the quality of illustration is throughout very high. The illustrators have not, unfortunately, always managed to make the bones look like children’s bones but this is a constant problem for medical illustrators.

No such operative atlas can claim to be fully comprehensive or fully up to date but it is a remarkable book in covering the great majority of commonly performed procedures and tackling also the complexities of the Ilizarov technique for correction of deformity, bone transport and bone lengthening. Although there are competitors in the field of operative surgery in children I have no doubt that Tachdjian’s position as the doyen of education and practical advice will be enhanced by these two major volumes.

MICHAEL K D BENSON
Consultant orthopaedic surgeon


My belief in the dictum that what you know is less important than who you know was reinforced when I was sent this rather large and extremely expensive book to review. The other registrars on the PICU were more than a little surprised and the odd anaesthetist was heard to mutter what does a paediatrician know about intensive care?

The book has been put together by Peter Holbrook, who is professor of both ‘anaesthesiology and pediatrics’ in Washington DC. It is written by a whole host of contributors, almost all of whom work in the US. This book benefits from its US origins, as paediatric intensive care is a more established specialty there than in the UK.

The book’s strength lies in its attention to basic mechanisms and pathophysiology, a knowledge of which is essential to an understanding of the multiple disease processes encountered in very sick children. The graphics are both plentiful and clear and the overall layout of the book is systematic and easy to follow.

In a rapidly changing field such as intensive care, books will always be considered of limited value but this one provides a wealth of useful information. At the end of each chapter there are multiple references (updated to 1991) which facilitate further reading.

The other registrars and nurses have all been borrowing this book and agree that I should recommend it. If anyone from the directorate is reading this perhaps they could buy one for the unit because I am keeping this copy! From personal experience, every PICU should keep this book chained to the desk in the doctor’s office.

IAN BALFOUR-LYNN
Paediatric senior registrar