and the latter will be of particular interest to paediatric neurologists. There are, of course, comprehensive chapters on psychiatric aspects of somatic disease and on psychological aspects of chronic physical illness, a new chapter on psychological reactions to life threatening and terminal illnesses and bereavement.

Overall the book remains a major achievement. It is rigorously and carefully edited. It is a must for every paediatric unit. Practising paediatricians will find it an essential source in gaining in-depth knowledge on the psychiatric perspectives of the common psychopathological aspects of paediatric practice.

M E GARRALDA
Professor of child and adolescent psychiatry


There is a shortage of books available which aim to come to the aid of the hard pressed young paediatrician preparing for the MRCP (Paediatrics) examination. Here are four candidates to help fill that gap. How far do they succeed?

MCQs for the MRCP: Part 1 Paediatrics enters the lists promptly after the introduction of a specifically paediatric part 1. It is set out in the familiar and convenient format of most MCQ books with questions on the front and answers on the back of each page. After some preliminary hints on how to approach the examination, the questions cover a wide range from common to through all major clinical subjects, including child psychiatry and community paediatrics, to poisoning. The questions seem of at least comparable difficulty to those in part 1. Except for a part in the neonatal unit, my current trainees found them very difficult, but of course you cannot really teach an endocrinologist who is not sure whether half the children with Wolfram syndrome develop their diabetes insipidus in the second decade (apparently they do not)!
The list of 'recommended texts and references' simply names the standard textbooks; most recent examiners can specify much shorter works they have found a real help for their students. (My Morley's was acquired as a freebie, has had an honoured place on the shelf ever since. To be honest, for a time it was relegated to sit between the Pan Book of Medicine and the Modigliani picture book in the living room because that was the only shelf tall enough to accommodate it. But I always knew where to find it when a new rash struck.)

One advantage of Dr Cohen's atlas is that it is 2 cm shorter (though still well over the 97th centile for a medical text) but then this is not merely a collection of maps. It is an atlas as suitably Atlantic in its proportions as it is transatlantic in its perspective. The scope is reassuringly global and contains some fine clear illustrations of the strata for those wishing to revise their human anatomy and helpful algorithms to guide the route planner. The problem is the text which occupies at least half the space on most pages and tends to compete with the excellent illustrations by squeezing the 'meat' between the half of the pages. Thus, reproduced half size, they vividly rekindle memories of squinting across a darkened theatre at the distant slides in the old membership exam. Having said that the photographs are frighteningly good it just seems a shame that cost, space, and text have to compete at their expense.
The cover is not original — a photograph of a close up of a skin lesion just below the right eye for some reason evokes a mixture of curiosity and sympathy for the afflicted child that urges the reader to delve further. Now where have I seen that before? Ah yes, between the mushrooms and the Modigliani.

Skin diseases in children are a problem for me. As a victim of a skin disease I reckon to have some consumer insight that others may find helpful when investigating a case with disfiguring and stigmatising disorders needs to be dealt with directly. However, this book, with a rather dry text, doesn't achieve this at all.

One of my sons, the atopic one, caught me browsing and seeing a picture of a particularly diseased finger said 'Look that finger's got the same eczema as mine'. This left me wondering first whether he was right, second whether it was what MY finger had got and thirdly whether that little boy's finger I saw last week.... Have I discovered epidemic sporotrichosis? What colour will I be after 3 months of 'treatment with an oral saturated solution of potassium iodide'? Finally I reminded myself that, if misused, this atlas may be both an obscene publication and a danger to the public. In that context, it is unwise to recommend that child protection section of the two children's sons, their arms, which I have squeezed into the end of the book, there is no section dealing with the skin in dysmorphic syndromes, and the picture of phagocytosis in the true fact panagenesis. Now where has the Modigliani gone?

RON SMITH
Consultant paediatrician


A colour atlas comprising the slide collection of an eminent paediatric dermatologist in a single volume is not new. For a decade one of my favourite textbooks has been Verbov and Morley's. In the 3rd edition, acquired as a freebie, has had an honoured place on the shelf ever since. To be honest, for a time it was relegate to sit between the Pan Book of Medicine and the Modigliani picture book in the living room because that was the only shelf tall enough to accommodate it. But I always knew where to find it when a new rash struck.

The sudden death of a child, especially when unexpected, is a devastating event and the least parents anticipate is an explanation for their loss. The necropsy is likely to be the single most important investigation. It should be self evident that the pathologist will need to place the available history in a paediatric context and approach a case with a set of questions and possible diagnoses relevant to the paediatric age group. This will influence the ancillary investigations performed and the analysis of the information required for final diagnosis; there may be no second chance. Importantly, the question of non-accidental injury must also be borne in mind and usually lies close to the surface when investigating death in this age group.


The sudden death of a child, especially when unexpected, is a devastating event and the least parents anticipate is an explanation for their loss. The necropsy is likely to be the single most important investigation. It should be self evident that the pathologist will need to place the available history in a paediatric context and approach a case with a set of questions and possible diagnoses relevant to the paediatric age group. This will influence the ancillary investigations performed and the analysis of the information required for final diagnosis; there may be no second chance. Importantly, the question of non-accidental injury must also be borne in mind and usually lies close to the surface when investigating death in this age group.

Sudden Death in Infancy, Childhood and Adolescence addresses these problems very directly and, although the foreword suggests it might be of interest to clinicians, it is primarily for the pathologist. It is a valuable contribution to the work of a forensic histopathologist at Adelaide Children's Hospital and a forensic pathologist at the Blodgett Memorial Medical Center Michigan, perceived a deficit in the literature and this book does not have a direct competitor. Ten chapters are devoted to a system by system review of 'natural' causes, including a lengthy chapter on sudden and unexpected death. It is recent enough to debate the effect of sleeping position. Two chapters are 'frenetic' and deal with accidental and non-accidental causes. Six brief appendices provide autopsy protocols for various case subtypes.

Chapter sections are well set out with clear, focused text. The referencing is up to date with the relatively high proportion of citations to individual case reports emphasising the