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 perspective. I feel that this book is a much expanded (though slightly more manageable) collection of the 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 embryology through all major clinical subjects, including child psychiatry and community paediatrics, to poisoning. The questions seem of at least comparable difficulty to those in the 1994 edition, my current list of past papers. I have 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. The format is novel in examination mode. Although designed for part 1 candidates this compilation of questions will also be useful to DCH and MRCP part 2 candidates.

Books of picture tests obviously cannot encompass all the conditions that might turn up in the examination but 100 Paediatric Picture Tests and atlas of growth and development, by S Siddiqui, highlights common problems. The questions accompanying the pictures aim to mimic those asked at the MRCP part 2 examination and so allow the reader to practise the technique successfully and to assimilate it. The lack of a mock marking scheme somewhat decreases the value of this book for the examinee. The short notes on the answers are useful. The high quality of the photographs greatly enhances the pleasure of reading this book. I found it very useful and will await these authors’ next 100 cases.

Paediatrics is such a wide specialty that at every stage of training (and presumably there after) concise and up to date summaries of common topics are welcome. They are also a great help in passing exams. Key Topics in Paediatrics strikes back. It is an abridged version of the lists contained well written, short accounts (none extending beyond four pages in semimodern form) of 100 topics spanning the alphabet from ‘abdominal pain’ to ‘vomiting’. In general the author key in to the important points well. I have found the discussions useful for teaching sessions and group examination practice. Obviously these brief accounts do not contain the fine detail that is available in many full textbooks but the important sociobehavioural and psychological aspects of paediatric care are not ignored and I found these summaries well balanced.

Most candidates preparing for the MRCP part 2 written examination are especially anxious about the ‘grey cases’ and practice is not easy to obtain. Paediatric Cases for Postgraduate Examinations is in this format and can be called colour atlas. My copy, however, is a draft version, so the cases are well chosen but the lack of illustrations and photographs does limit its value. The mock marking schemes and discussions on the questions are helpful and the reference lists are useful.

In their different ways all four of these books can make a contribution to the arduous task of preparing for the membership examination in paediatrics. I can recommend them.

SARAH EL NEIL
Paediatric registrar


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. When it 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 Pathology 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 translatic in its perspective. The scope is reassuringly global and contains some fine clear illustrations of the strata for those wishing to revise their human geography 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/glimpsing/reading half of the pages. Thus, reproduced half size, they vividly rekindle memories of squeezing 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 affected child that urges the reader to delve further. Now when I see a face that bears a resemblance to the Modigliani I am inclined to have a closer look, not to theModigliani but to the skin lesion below the right eye, to see if it is true. 

The book does not have a direct competitor. Ten chapters are devoted to a system by system review of ‘natural’ causes, including a lengthy approach to congenital anomalies. Perhaps someone should consider the possibility of producing a second volume of this book, one devoted to acquired, iatrogenic causes and to the emotional problems and fears the children have when diseases are dealt with. This book comes to an end on page 199, but it should not. There is still another one chapter, and perhaps another 3 to 4 months of work, that should be devoted to acquired causes and their emotional aspects.

RON SMITH
Consultant paediatrician


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 evident that the pathologist will need to place the available history in a paediatric context and approach the case as a set of questions and possible diagnoses relevant to the paediatric age group. This will influence the ancillary investigations performed and can establish continuity of care. The pathologist will normally be 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 aimed at the clinical pathologist. This is a comprehensive account by a highly respected paediatric pathologist at Adelaide Children’s Hospital and a forensic pathologist at the Blidgett 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 approach to congenital anomalies. Perhaps someone should consider the possibility of producing a second volume of this book, one devoted to acquired, iatrogenic causes and to the emotional problems and fears the children have when diseases are dealt with. This book comes to an end on page 199, but it should not. There is still another one chapter, and perhaps another 3 to 4 months of work, that should be devoted to acquired causes and their emotional aspects.

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 emphasizing the