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 most common paediatric conditions.


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 the obvious 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 of recent, my current edition. The result: I 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 in their revision. As for MCQs, the questions are a lot of ground that highlights some common problems. The questions accompanying the pictures aim to mimic those asked at the MRCP part 2 examination and so allow the reader to practice the technique of marking and the correct approach.

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 thereafter) concise and up to date summaries of common topics are welcome. They are also a great help in passing exams. Key Topics in Paediatrics contains well written, short accounts (none extending beyond four pages in semimonic form) of 100 topics spanning the alphabet from ‘abdominal pain’ to ‘vomiting’. In general the authors 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 Examination is in this format and can be called colour atlas. My practice of red waste paper. The cases are well chosen but the lack of illustrations and photographs do 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


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 the case with a set of questions and possible diagnoses relevant to the paediatric age group. This will influence the ancillary investigations performed and the final report. It is likely that as cases are investigated more directly. There is no section dealing with the skin in dysmorphic syndromes, and the picture of photodermatitis is fact fiction. Where has the Modigliani gone?

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 atlas. My current edition 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 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 geology 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 out an average of 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 examination. Having said that the photographs are frighteningly good it just seems a shame that cost, space, and text have to compete at their expense.

Cover 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 when someone asks me what the link is 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 might be able to ignore. Conditions that might disfiguring and stigmatising disorders needs to be dealt with directly. However, this book, with a rather dry text, doesn’t achieve this at all.

I feel that the book is fine in the emotional spectrum, questions 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 remembered myself that, if misused, this atlas may be both an obscure publication and a danger to the public. In that context, it is unaffordable. This is a child protection record which has been squeezed into the end of the book, there is no section dealing with the skin in dysmorphic syndromes, and the picture of photodermatitis is fact fiction. Where has the Modigliani gone?

Arch Dis Child first published as 10.1136/adc.72.3.278-b on 1 March 1995. Downloaded from http://adc.bmj.com/ on September 17, 2023 by guest. Protected by copyright.
individual character of many childhood deaths. Illustrations are of uniformly high quality and informative. Discussion on the pathophysiology of death, especially in circumstances where the mechanism is less obvious or uncertain is important, recognising as it does, that the presence of sometimes major pathology does not always readily explain death.

Ambitiously, the authors aim to be comprehensive in the range of conditions and diseases covered, and intentionally give prominence to the arcane. Descriptions are generally brief, and the book assumes that wider paediatric perspective is already held by the reader. Sometimes, the brevity is frustrating and amounts to little more than an indication that a particular entity can cause sudden death together with a single reference. Nevertheless, the 'listing' of possible rare causes, sometimes within the text, even if it means a prompt visit to the library, is valuable. Could I have put together 46 causes of childhood cerebrovascular accident? Probably not. It should ensure this text is browsed before, as well as after, a visit to the post-mortem room.

Byard and Cohle have produced a condensed summary of the pathology of sudden childhood death that is a valuable new addition to the literature. The investigation of paediatric sudden death is a specialist procedure and often straddles the border between paediatric and forensic pathology. This book highlights this and, for the UK at least, in the light of the events in Grantham and the 'Beverley Allitt' inquiry, could hardly be more topical.

**STEVEN GOULD**
Consultant paediatric pathologist

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Paediatric neurosciences have seen a flurry of new textbooks in the past few years. There is a place for a short textbook of paediatric neurology and neurosurgery, aimed at junior medical staff training in the specialities of paediatrics and neurosurgery. A handbook should be a pocket sized text covering the important disorders dealt with by a particular specialty with particular emphasis on management. In the preface, this book sets out to 'cover the basics of clinical paediatric neurosciences from the development of embryo through childhood and adolescence'. In doing this it tries to be an abbreviated textbook rather than a handbook. The chapter layout is disjointed. Chapter 1 appropriately begins with embryology; however, discussion of congenital brain malformations does not occur until chapter 6. Peripheral neuropathy finds itself sandwiched between spinal cord injury and childhood headaches, and the neuromuscular disorders are sandwiched between the degenerative diseases and craniosenosis.

The authors may wish this book to be used as a simple reference text. It is possible to look up any one of a large number of neurological conditions. There are no appropriate references, even to major review articles or textbooks, which I consider to be a major failing. Various tables are reproduced within the text without an indication of the source.

The presentation of information within the book is unsatisfactory. Many short textbooks are produced for individuals taking various higher medical examinations. It is common for these to produce information in list form, and this book tends to follow, making for tedious reading and lack of discussion. There are some sloppy errors in the text, for example chapter 3, on neurological examination, informs us that 'listening to the child speak allows for the detection of dysphasia'. This chapter also tells us that gross vision can be tested, with object naming, before 4 years of age with no discussion about some of the difficulties encountered attempting to check vision in very young children or the various techniques developed to overcome these difficulties. In chapter 32 adrenoleukodystrophy is described as an X linked recessive disorder occurring only in males. We are later told that up to 40% of female carriers develop a mild peripheral neuropathy or spastic paraparesis.

There is a place for a handbook of paediatric neurology and neurosurgery but this book does not meet the need and therefore I cannot recommend it to the readers of this journal.

**M A McSHANE**
Consultant in paediatric neurology

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There can be no question that the most significant alteration in the law relating to children and adolescents in this century has been the 1989 Children Act. This legislation aimed to have a dual purpose: firstly to correct the irregularities that have been increasingly identified and secondly to reflect a sea change in the importance that society places on the views and wishes of children themselves.

As with most legislation, the Children Act is lengthy and difficult for the non-legally trained person to understand. It is a pleasure, therefore, to be presented with a book such as this, by Dr Hendrick, an academic lawyer in Oxford, which sets out the legal position in 13 chapters, which are easily comprehensible.

The book is beautifully laid out and makes extensive use of case studies to clarify key areas of management under the new act. The case studies used range from the straightforward situations which occur daily throughout the country to those which are much rarer but represent a crisis for health care professionals (for example, when Jehovah's Witnesses refuse to allow their children to receive blood products).

A particular strength of the book is its handling of issues of parental responsibility, the rights of parents, and the grounds for the issuing of care orders.

This book is likely to be of interest to all health care professionals involved in the care of children and adolescents and will be an invaluable reference book for those involved in the legal aspects of children's care on either a regular or occasional basis. It is simple to find one's way around and it is thoroughly recommended.

**ELIZABETH KENYON**
Senior registrar in child and adolescent psychiatry