educational and activity projects to improve cooperation and help children to understand and respect others.[1] This encourages children to feel involved, and grow as responsible adults.

As a volunteer I got the opportunity to attend some weekend camps. Here I had to improvise games, make toys, and join the children in play to kindle their enthusiasm, before they could accept me as their peer. Once accepted, they discussed their personal problems and worries.

In one of the camps, I noticed a girl aged 12, who was withdrawn, and not actively participating in games. When she got to know me better, she confessed that 'her walk was funny', and so wanted to avoid any one noticing it. I could not see any abnormal gait, but understood that she had developed a complex. Her father had always mocked her walking. After a long discussion, and involving her friends, we restored her confidence. Similarly children who had concealed their asthma medication, coughed all night. Once I got to know about this, I helped them to understand their illness, and they took their medication regularly. These informal discussions with children helped me to understand their problems, and improved my communication with them.

I feel that every doctor or a nurse who is working with children should seek similar opportunities, and attend camps to educate themselves, and learn the art of communicating and understanding their young clients better. Encouraging this type of activity helps children learn to cooperate with others, and live in harmony as well behaved youngsters. This may help us to keep youngsters off the streets, and also decrease their antisocial activities in the community.

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1 The Woodcraft Folk. *Annual report.* London: The Woodcraft Folk, 1995.

Cardiac effects of growth hormone in short normal children

EDITOR,—In our recent article the formula for body surface area was stated incorrectly.[1] It should read body surface area = weight$^{0.425}$ × height$^{0.725}$ × 0·007184 (height in cm, weight in kg).[2] The relative merits of formulas versus nomograms have been previously underlined.[3] Such formulas are rarely seen in print and it is therefore important for safe practice for them to be correctly documented. The calculations, however, were all based on the correct formula.

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1 Daubeney PEF, McCaughey EM, Chase C, Slavik Z, Betts P, Webber SA. Cardiac effects of growth hormone in short normal children: results after 4 years of treatment. *Arch Dis Child* 1995; **72**: 337–9.
2 DuBois D, DuBois EF. Clinical calorimetry: X. A formula to estimate the approximate surface area if height and weight be known. *Arch Intern Med* 1916; **17**: 863–71.
3 Briars GL, Bailey BJR. Surface area estimation: pocket calculator *v* nomogram. *Arch Dis Child* 1994; **70**: 246–7.

BOOK REVIEWS

Surgical Emergencies in Children. A Practical Guide. Edited by P A M Raine and A A F Azmy. (Pp 355; £65 hardback.) Butterworth Heinemann, 1994. ISBN 0-7506-1389-0.

This new publication covers a range of surgical emergencies affecting children and gives some background to the surgical conditions and concentrates on first line management and investigation. It tackles subjects by clinical presentation rather than pathology and is aimed at the non-paediatric surgical specialty trainee, casualty, and nursing staff. It covers a wide range of presenting symptoms, though by nature of the book, many rather superficially.

This topic has been poorly covered by recent texts, the majority of which have been major in-depth texts, unsuitable for quick reference by non-specialist staff. It is well laid out with short paragraphs, an easily readable concise style, bullet lists, and subtitles.

It is a shame that in the first chapter on emergency surgical admission, there is no stress on basic resuscitation, neither do APLS (ATLS) techniques appear here nor as a preface to a general trauma section. The illustrations are well chosen and helpful, though a few more examples of practical procedures would be useful, such as suprapubic aspiration and reduction of hernia. It would also be useful to have covered the role of the regional and supraregional specialist unit and transfer of the sick child, in particular neonates. The authors have set out to cover a large subject in an easily accessible format. The cost of this to some extent has been to lose any impression of the multiple controversies that exist within paediatric surgery. In picking a simple treatment plan, there are management suggestions that would not be acceptable in other centres in the UK, for example, that it is ever preferable to perform a pyloromyotomy under local anaesthesia or that it should ever, with careful management of the underlying electrolyte including potassium deficiency, be impossible to correct the electrolyte imbalance.

In general I feel the book is well written, well presented, with good illustrations. It will form a much needed up-to-date source of reference for medical students, nursing staff, and junior hospital doctors in the non-specialist environment.

ROWENA HITCHCOCK
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Photosensitive Epilepsy. By Graham F A Harding and Peter M Jeavons. (Pp 182; £27.95 hardback.) Cambridge University Press, 1995. ISBN 1-898-68302-6.

As a newly appointed consultant, I was perplexed and challenged by Scott, a severely handicapped little boy who would be brought into the consulting room and promptly have a seizure on staring at the tartan squares on the carpet. If his mother could distract him from the carpet, his gaze would seek the linear patterns in the curtains, or worst still my striped blouse, and further absence attacks would occur. Neither the books nor my more erudite colleagues could help much but his mother was convinced that he was sensitive to patterns.

The new edition of *Photosensitive Epilepsy* sheds much light on the phenomenon of pattern sensitivity and tells us far more besides about photosensitive epilepsy. The text is based on the authors' study of the largest cohort of photosensitive patients ever achieved (now over a 30 year period) and details new diagnostic techniques, prognosis, and genetic implications of the condition.

The authors strongly argue that attention to correct EEG technique is essential to demonstrate photosensitivity reliably. A photoconvulsive response is often familial, is twice as common in females, and presents typically around puberty (although the history often suggests it may have been present for some years before it is recognised). Long term follow up studies indicate that a quarter of patients lose their photosensitivity with age.

In western Europe the commonest precipitant of photosensitive epilepsy is television viewing (due to AC mains supply which alternates at 50 Hz). In 1993, 'videogame' epilepsy was given much footage in the European press as increasing numbers of seizures were reported in children who watched videos. Most video monitors are 70 Hz (and thus likely to be outside the photosensitivity range) and many children seized as a result of playing with hand held modules or in game arcades. Thus, there was an additional factor other than simple photosensitivity. The authors were in the vanguard of opinion that this was likely to be pattern sensitivity and they discuss their evidence for this.

The fascinating subject of self induced photosensitive epilepsy is considered in which children have a compulsive attraction for TV (sometimes being drawn across a road to watch TV in shop windows). If they can get close enough to the set, they will have a seizure. Self induced pattern epilepsy is much rarer and is usually found in children with learning disability.

There is a chapter on treatment and, although avoidance of stimuli is still recommended, there has been a change of view regarding drug treatment. It is now recommended that all young people with primary photosensitive epilepsy are treated with sodium valproate because of the increasing exposure to provocative visual stimuli in modern day life. The book contains a large number of useful and fascinating facts, including pattern testing techniques and the stringent testing techniques applied to pilots, divers, and train drivers.

I would consider the book essential reading for all doctors who treat patients with epilepsy.

GAYNOR F COLE
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Recent Advances in Paediatrics – 13. Edited by T J David. (Pp 233; £26.50 paperback.) Churchill Livingstone, 1994. ISBN 0-443-05100-3.

'When I was a boy: World a better spot
What was so was so: What was not was not'

There are different approaches to the problem of keeping up to date. The least effective is that of the ostrich, stick your head in the sand

and pretend nothing changes. Scarcely more effective is the white rabbit approach, frenetically rushing around chanting 'I must keep up, I must keep up'.

How do you keep up to date? I adopt the 'heapie' approach, scan the journals, read what catches your eye and park the rest in a 'heapie' or under a 'round tu it'; you will get round to it sometime!

Some publications regularly receive more attention than that; *Recent Advances in Paediatrics* is one of these, now in its 13th incarnation under the eye of Professor Tim David. This edition is a profitable mixture of reflection, review, and research. The topics include those which are important and common such as fever and asthma, and the rare and important such as paediatric rheumatology as well as pervasive developmental disorders. There is a nice balance in the research, the pathogenesis of respiratory disease in cystic fibrosis and cytokines and adhesion molecules in acute inflammation; both a mixture of genetics, host response, and pathogenicity clearly explained.

The book can be read enbloc without indigestion or browsed without loss of interest; David Hull on the uncertainty principal of paediatrics, the hazard of thinking we know the answers; Platts-Mills abolishing the need for radical catectomy in asthma, the most difficult operation formerly known to medicine, but replacing it by serial washing of cats; I expect a dissertation of the resurgence of cat scratch fever in the 15th edition. Kluger on rigors and beneficial fever, Davidson reminding us of something old and something new in rheumatology, rheumatic fever. There is much of interest.

If I must take issue with one author I would have to say to Dr Wright in her clear exposition of failure to thrive that 'some hospital paediatricians were brought up to show interest in non-organic failure to thrive'.

Enough from me, I am back into the things we do not know about retinopathy of prematurity.

'Now I'm a man: World have changed a lot
Some things nearly so: Others nearly not'

This book deserves to lie open atop your 'heapies' and be browsed frequently.

DAVID KINDLEY
Consultant paediatrician

Practical Paediatrics. 3rd Ed. Edited by M J Robinson and D M Roberton. (Pp 683; £35 paperback.) Churchill Livingstone, 1994. ISBN 0-443-04869-X.

I am often asked by our paediatric senior house officers to recommend a textbook. They want a book that is easy to read, of practical relevance yet comprehensive, covering most aspects of the discipline. The large textbooks are comprehensive but not easy to read and often impractical because more emphasis is given to rare conditions than those common ailments paediatricians see every day.

I believe that this Australian textbook is the solution. It is easy to read, but gives a more than cursory account of problems. It covers all aspects of paediatrics, and most importantly, does so in a way that accurately reflects practice, with emphasis being placed on common conditions; for example, there are separate chapters on wheezing in childhood, asthma in childhood, and persistent cough in childhood – conditions we see most days.

The textbook was written for undergraduates and general practitioners. It is also appropriate as a reader for paediatric senior house officers, particularly those studying for examinations such as Diploma in Child Health, and the first part of the MRCP. However, to get full value, it should be read throughout. It has not been designed as a quick revision text with numerous lists of differential diagnoses and complications. Candidates for the second part of the MRCP would need to supplement with a more extensive textbook.

The chapters on epidemiology and social paediatrics naturally give an Australian perspective, but the general principles are equally applicable to practice in the UK. Community paediatrics in Australia is different from the UK, and immunisation schedules are slightly different, but this does not detract from the usefulness of this book. There is a chapter on poisoning and envenomation, and although the latter has little relevance in the UK, it made interesting and somewhat hair-raising reading.

One excellent aspect of the book is the way it gives an overview of some of the ethical dilemmas that face paediatricians in clinical practice. Another is the frequent use of clinical examples. These illustrate the points made in the text, and make the problems real and relevant.

There are also self assessments at the end of each section: 19 in all. These reinforce the important points made in the preceding chapters. The answers are given with full explanation, so readers can easily see what points they have missed or misunderstood.

Generally the book is easy to understand and chapters are set out logically. Some of the chapters are particularly good, including those on posture and orthopaedic problems, child injury, the hyperactive infant and child, fluid and electrolyte homoeostasis, neuromuscular disease, the child with a headache, the eye, and the teeth.

MAUD MEATES
Consultant paediatrician in ambulatory paediatrics

Respiratory Illness in Children. 4th Ed. By P Phelan, A Olinsky, and C Robertson. (Pp 414; £65 hardback.) Blackwell Scientific Publications, 1994. ISBN 0-632-03764-4.

Respiratory Disease in Children. Diagnosis and Management. Edited by Gerald Loughlin and Howard Eigen. (Pp 870; £112 hardback.) Williams and Wilkins, 1994. ISBN 0-683-05190-3.

The guilt I feel over taking too long to review these books is tempered by the knowledge that they have been well tested over a score of interesting cases and both performed well. Phelan *et al*'s book is a new edition of an old favourite and varies little in style or content from its predecessor. The emphasis is on clinical disorders and many chapters are symptom based. There is an excellent chapter on respiratory noises and the chapter on epidemiology of acute respiratory infections is recommended for a good review of knowledge that is not easily available elsewhere.

The American book is a multiauthor and more comprehensive text with sections on respiratory system maturation, diagnostic techniques, principles of treatment and disease specific sections as well as a symptom based section. Unusually for an American textbook, the seven symptom based chapters describing the clinical approach are excellent and my only quibble is the excessive use of lists. A list of 42 associated conditions will not help me to assess the next child I see in clinic with chest pain. An enormously successful part of the book are the nine chapters in the principles of therapy section. The reviews of aerosol delivery systems and oxygen treatment are excellent.

Two disorders are often poorly covered in textbooks. The winter plague of bronchiolitis and tuberculosis, an infrequent but complex problem in childhood. Both these books deal with them well. Loughlin and Eigen has a good well referenced review of bronchiolitis. The section on bronchiolitis in the book by Phelan *et al* is included in the chapter on 'Clinical patterns of acute respiratory infections'. Both books mention the controversy over the use of bronchodilators; predictably the American text comes down in favour and the Australian against. Phelan gives the clearer explanation of the pathogenesis of tuberculosis and has a straightforward outline of treatment but unfortunately omits the management of the infant born to the mother with active disease. Loughlin and Eigen is comprehensive.

Phelan *et al* remains the ideal medium sized textbook for membership candidates with an easily readable style and a limited but comprehensive coverage of respiratory illnesses in childhood. Loughlin and Eigen is a more ambitious text and competes with the other major American textbooks. I would place it above Hilman's *Pediatric Respiratory Disease* and a close second to Kendig's *Disorders of the respiratory tract in children*. It is an ideal reference text for those with a serious interest in respiratory medicine.

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