Foley catheter technique is suggested for foreign bodies trapped in the oesophagus, whereas in Britain this would not be recommended and preference would be given to oesophagoscopy under anaesthetic. I enjoyed the superb line drawings, which are clear, uncluttered, and instructive.

final comments cover monitoring, vascular access, nutrition, ventilatory and respiratory support needs. The importance of critical care nurses is emphasised. A chapter entitled The Aftermath of Childhood Injuries covers the problems of disability, psychological consequences, and organ procurement. A section on speculative and hopes for the future of trauma care makes interesting reading. Twenty-four surgeons were asked their views on the two most important reasons for recent improvement and two hopes for the future. Answers were varied, but included improved training, life support courses, management protocols, and paediatric trauma centres as reasons for recent improvement.

The future for some contributors looks bright (there will be new mediator antagonists to aid recovery, synthetic oxygen carrying blood substitutes, better prehospital care). Others are more pessimistic and warn that trauma care will become less specialised, devolving to smaller units with less expertise.

I read this book; big, heavy, glossy paged, and well referenced. The sort of book it is a pleasure to read, easy on the eye, and seductive to touch. The contents do justice to the presentation. The sort of book you don't buy (too expensive), but persuade your library to buy, borrow frequently, and return reluctantly.

ELIZABETH MOLYNEUX Consultant in paediatric accident and emergency medicine


I suspect all of us have sometime craved for a book that helps us to sort out our diagnostic problems: one that points us in the direction of a few apposite tests, which will guide us to the hitherto elusive diagnosis. (I personally think that when one is in a tight corner with a sick child, the wisest course of action is to consult a colleague whose judgment one has learned to trust, but he may have been sent on a management course or be out of the country!)

Douglas Addy’s book aims to be such a guide. With a page size of 9.5 by 7.5”, and weighing 1 lb 6 oz (625 g), it hardly slips into the pocket, although at just £27.50 it doesn’t make too big a hole in it. Its 20 chapters are all by well known experts from the UK with a slight, but very understandable, predominance of the home team from Birmingham. All the major paediatric subspecialties are covered, including those in which general paediatricians may be insecure, such as ophthalmology, ear, nose, and throat, clinical chemistry, and genetics.

The editor and contributors have striven to keep in mind that the book is about investigations, whatever that means. Dame June Lloyd, in her foreword, emphasises that the most important investigations are a clinical history and a skilled physical examination. There is a risk of giving lists of possibilities, or tests, for any clinical situations, but sometimes even long lists, if systematically presented, can be very useful as aides-mémoires. Punts and

Booth manage this particularly well in their chapter on gastroenterology, even making lists of 44 causes of protracted diarrhoea and 32 causes of recurrent abdominal pain seem digestible.

Some authors convey their enthusiasm for their subjects better than others: the chapters by Wraith (metabolic disease), Tarlow (infectious disease), Kelly (infection in the (child abuse), and all have a vigour that makes for easy reading, and Rigby’s section on cardiology is a model of conciseness.

Much of the neonatal chapter (Stewart and Turner) contains information that can be found in the many excellent small, pocketable, handbooks, but it is right that for the sake of completeness that it be included.

Sarrot and Mont’s contribution on oncology is good too, although the recommendation that the urine of children with opsomyoclonus should be examined for catecholamines will, I fear, bewilder more than it enlightens, in this age when few schoolboys learn Latin, and still fewer study Greek.

My Dorland’s Illustrated Medical Dictionary fails to mention it, and even the current Nellon Textbook of Paediatrics makes the term ‘opsomyoclonus’ have gone out of fashion.

But this is a book review, not a retirement speech, I can’t mention everybody, but all the contributors pass muster. Robert J A F Bell


All medical students have at least ‘A’ level chemistry before they start preclinical training and they learn biochemistry for at least a year, yet within a year or so of the second professional examination, many appear to have lost all but the vaguest traces of this fundamental subject.

When I entered paediatrics a quarter of a century ago, what struck me most was its eclecticism; there was hardly any subject that I had touched upon in medical school that was not occasionally relevant. Biochemistry was clearly much more than that; whether in the acute management of a vomiting baby, a virilised toddler or an unconscious 10 year old, a knowledge of basic biochemical pathways was essential, and, remains, a sine qua non to good clinical practice.

The title of this large book edited by Dame Barbara Clayton and Dr Joan Round boldly proclaims its ambitions, and has a distinguished team of contributors to achieve those aims; which are partly to guide the clinician through those biochemical pathways relevant to paediatric practice, to explain the strengths and weaknesses of biochemistry, and to give the biochemist the paediatrist’s point of view. This is a second edition, 10 years after the first, and it contains many new chapters, reflecting growth particularly in fields where the commission had its 2nd MB more than a decade ago. This makes most of us — is most in need of guidance, including peroxisomal, mitochondrial, and lysosomal disorders.

It is firmly based on clinical practice, starting with instructions on how best to get blood out of babies. A chapter on the new genetics comes next and then the chapters follow the usual pattern of paediatric specialties, beginning with the neonatology. There is some duplication, for example the section on neonatal hypocalcaemia overlaps that on the chapter devoted to bone mineral metabolism, but that is no disadvantage, as it makes the book more useful as the work of reference it is: this is not a book for bedtime reading.

All the chapters are good, and given the star studded list of contributors, authoritative. It is almost invidious to select chapters for special praise, but the neonatal sections from Glasgow (Wharton, Scott, and Turner) and Paris (Poggi, Billette de Villemeur, Munni, and Franci) are the best. We have come across no clearer description of the management of neonatal hypocalcaemia anywhere and Alex Mowat’s chapter on liver disease positively exudes his enthusiasm for his subject.

The section on malignant disease from Alan Craft (Newcastle) and Jon Pritchard (Great Ormond Street) is not only readable but so brimming with good clinical sense that all doctors treating children with malignant disorders should read it. Incidentally this chapter is almost the only one that ventures to use molecular formulas in the description of metabolic pathways. I believe we are sufficiently chemically literate to be able to cope with the odd steroid molecule: the description of the types of congenital adrenal hyperplasia would have been much clearer and more interesting by their use.

Charles Brook contributes a characteristically robust chapter on growth problems, although many may be surprised by his statement that the diagnosis of myotonic dystrophy, ‘... in terms of chemical pathology, this is best done by measuring the gonadotrophin concentrations’ (my italics). That may be technically true, but a mention of chromatography surely in order in a book on clinical biochemistry. On the same page we are told, ‘The measurement of prolactin is an important guide to pituitary pathology’. So it is, but this reader sought in vain for the normal values for this hormone anywhere in the book.

J W Honour’s chapter on endocrinology seemed to me to suffer from the lack of a clinical context: blood changes are measured by ‘Dextrostix’, not ‘Clinisticks’ (sic), and while adrenal destruction may follow infection with ‘influenza, pneumococcal or haemolytic streptococcal infection ’; surely the meningococcus deserves a mention. While we are told, ‘No child with any allergic condition should be (ACTH) tested’, the next paragraph instructs us to do exactly that on children. This test is a rather worrying omission in the section on measuring blood renin and aldosterone concentrations, where we are advised that, ‘The patient should have a normal dietary intake of sodium and have been given potassium supplements’. Somebody forgot the word ‘not’ here; perhaps it isn’t as grave an omission as that of the pruners of the notorious edition of the Bible who omitted the same word from the
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seventh commandment; but it should have been picked up on proof reading. These are minor quibbles. This is a valuable book; it is not perfect but from it every senior paediatrician will pick up much he didn't previously know, and younger doctors will not only learn a lot, but also be able to use their hospital laboratory much more efficiently.

R A F BELL Consultant paediatrician


The first half of this clinically orientated manual, written by five paediatricians from the Schneider Children's Hospital New York, is dedicated to children's haematological problems, and the second half covers all common oncological diseases. Unfortunately the liberal use of tables within the text makes reading it difficult as does the use of tables (many of which last for two of three pages) frequently merge together. A useful feature at the end of each chapter is a section titled 'suggested readings' with relevant (and recent) references. The chapter on the haematological manifestations of systemic diseases is clear and informative (and would be particularly useful for MRCP part II), although a list of 21 occasions when blood is seen in the bone marrow is excessive. Disorders of platelets are comprehensively covered in 53 pages which include many long tables. The longstanding debate over whether children with thrombocytopenic purpura with steroids or not is well known to all paediatricians. However, in this chapter there is no debate about steroid treatment, just a straight dictat to start it when the platelet count is less than 30 000/mm³.

The second half of the book contains chapters on paediatric malignancies (there are 1400 new cases per year in the UK) with sections on the incidence and epidemiology, aetiology, pathology, clinical features, diagnosis, and treatment for each tumour group. The chapter on Hodgkin's disease is particularly readable and includes a very clear section on the possible complications arising from treatment. There is a discussion of the difficulties of staging Hodgkin's disease now that lymphangiography and surgical staging are rarely performed. Computed tomography is recommended despite the fact that it reveals splenic disease with only 19% sensitivity, but there is no mention of the use and sensitivity of magnetic resonance imaging. All the chapters on tumours contain details of specific American treatment protocols. For the majority of UK readers these will be of limited use as the majority of children in this country are treated according to MRC, United Kingdom Children's Cancer Study Group, or European protocols. In the final chapter on supportive care the Haematological Oncology units, units in the bone marrow are excessive. Disorders of platelets are comprehensively covered in 53 pages which include many long tables. The longstanding debate over whether children with thrombocytopenic purpura with steroids or not is well known to all paediatricians. However, in this chapter there is no debate about steroid treatment, just a straight dictat to start it when the platelet count is less than 30 000/mm³.

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There are about 1500 cases of malignancy diagnosed before the 5th birthday in the United Kingdom per year. Eighty per cent of these cases are treated by a regional centre affiliated to the United Kingdom Children's Cancer Study Group. Because of the workload involved, and distances which families must travel, many of these centres have developed the concept of shared care. This development has led to the need for careful supportive care in outlying hospitals which may have either no paediatric protocols or relied on the regional centre for guidance. A similar situation has developed in the United States where the USCCSG, realising that variations in supportive care might bias the outcome of clinical trials, has delegated the authors of this book to produce a definitive guide for all the cooperating hospitals.

One of the chapters is comprehensive, starting with anaesthesia, finishing with psychosocial care, and encompassing every imaginable aspect of supportive care along the way. Far from being the completely bland manual which many have either written or relied on for regional centres in the United Kingdom, this book contains details of the work of many long tables. The longstanding debate over whether children with thrombocytopenic purpura with steroids or not is well known to all paediatricians. However, in this chapter there is no debate about steroid treatment, just a straight dictat to start it when the platelet count is less than 30 000/mm³.

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