seventh commandment, but it should have been picked up on proof reading.

These are minor quibbles. This is a valuable book; it is not
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

Manual of Pediatric Hematology and Oncology. 2nd Ed. Edited by Philip Lanzkowsky. (Pp 696; £80 hardback.)

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 the contents very difficult as there are 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 (or the authors) 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 foam cells are 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 childhood idiopathic 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. Computer 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, not only do the oncological agencies, clear guidelines are given on tumour lysis syndrome, hypercalcaemia, superior vena cava compression and spinal cord compression. Febrile neutropenia is discussed together with all specific treatment protocols in this area. Problems. Interestingly, recommendations for prophylaxis against Pneumocystis carinii pneumonitis with co-trimoxazole include a wider group of patients than in the UK, for example brain tumour patients receiving craniospinal irradiation and patients with stage 3 or 4 rhabdomyosarcoma or neuroblastoma. Only three pages out of the complete manual are allocated to clinical use of stem cell factors.

Undoubtedly this manual contains a lot of useful clinical information (unfortunately some of the oncology is already out of date) which could be of value to all members of the paediatric team, whether looking after general paediatric patients, children with blood disorder, or with malignancies. It covers comprehensively both haematological and oncological disorders which few other books of this length do. However, it is confusing to use because of the lack of clarity caused by the many long tables within the text and I fear many of this book’s potential readers in the UK would be put off by the inclusion of so many detailed American chemotherapy protocols.

KATE WHEELER
Consultant paediatric oncologist


There are about 1500 cases of malignancy diagnosed before the 30th 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 outpatient hospitals which have either independent protocols or relied on the regional centre for guidance. A similar situation has developed in the United States where the USCSCG, 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.

The list of chapters is comprehensive, starting with premedication, finishing with psychosocial care, and encompassing every imaginable aspect of supportive care along the way. Far from being the completely comprehensive text that is supposed to be, the editors and contributors have included some of the reasoning behind their conclusions and have indicated those areas where firm conclusions cannot be reached.

It is difficult to criticise this book when much of it is admirable, given the differences in practice between North America and the United Kingdom. The indication for use of zoster immune globulin is slightly confusing, and a table showing dosage adjustment of acyclovir in renal failure ought to have ‘acyclovir’ in its legend. There is no mention of liposomal amphotericin or single daily dose antibiotic regimens, and only passing reference to fluconazole. The indications for irradiating blood products should have been delineated more clearly. The section on controlling pain during procedures places general anaesthesia after various suggestions which include the combinations of diazepam or midazolam with morphine or fentanyl, i - and I suspect most of my British colleagues would not be particularly surprised to learn that they were taking them. I would suggest that photographs should be taken of the whole child so as to refute or confirm the presence or absence of injuries at a later date.

The value of necropsies, significant ethical issues, and outcome evaluations of intensive

Drug extravasation is a not infrequent problem but while the authors state there is no consensus on how to deal with it, this is not necessarily the case. There are no specific instructions on the flushing procedure and indeed perpetuate the notions of various antidotes, cold or warm compresses, and hyaluronidase.

There is a critical appraisal of which in the overall context of the book are minor – I think every senior house officer or registrar who has more than passing involvement with paediatric cancer patients could make use of a copy of this book. I would leave one copy on the ward where, no doubt, it will need frequent replacement.

CHRISTOPHER MITCHELL
Consultant paediatric oncologist


Pediatric intensive care is still in the early phases of development in the UK. As a specialty it is fully established in Canada, Australia, and the USA; many UK paediatric intensivists have spent time training in centres abroad and so the country’s future will have a large influence on the management of critically ill children in this country. This collection of dissertations from paediatric intensive care units in the USA provides an up to date overview; some are relevant to British practice, others largely to American medicine.

Topics include pain relief and adequate sedation, emergency access to the body’s circulation, novel treatments in acute respiratory failure (which include liquid ventilation, bringing to mind the necessity of future intensivists having to obtain a ticket of proficiency in scuba diving!), infections caused by viruses and by nosocomial means.

Overall the approach is practical where it refers to management in the intensive care setting; for example, the recommendation of sedation in the treatment of apnoea is that amytal is clearly only applicable in the intensive care environment and nowhere else! Guidelines for treatment of asthma and convulsions are hazy compared with the judicious approach in the section on the injured child. This approach is didactic and is the most workable in a trauma case, with resuscitation being directed in order of priority to airway, breathing, circulation, disability, and exposure with appropriate interventions followed by secondary detailed examination of each part of the body.

On a few occasions the suggested practical tips are odd, for example the evacuation of subdural haematomas in infants with a 22 gauge spinal needle at the bedside is somewhat heroic.

Child abuse is dealt with briefly and in the context of intensive care. Sensibly the authors emphasise the importance of a thorough history and examination and apply caution the medical practitioner not to be accusatory – it is not often clear at first who is the perpetrator.

The authors correctly place importance on photographing lesions and these pictures should be signed along with the time and date they were taken. I would suggest that photographs should be taken of the whole child so as to refute or confirm the presence or absence of injuries at a later date.

The value of necropsies, significant ethical issues, and outcome evaluations of intensive