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

These are minor quirbles. This is a valuable book to own, but it is not easy to read. I think even a senior paediatrician will pick up much from it and would not previously know and younger doctors will not only learn a lot, but also be able to use their hospital laboratory more efficiently.

RA 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 difficult as the table titles are not enclosed in square brackets (many of which last for two or three pages) frequently merge together. A useful feature at the end of each chapter is a section titled ‘suggested readings’ with relevant (American) 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 the place of bone marrow in some 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 chapters on Hodgkin’s disease are 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 long list of oncological emergencies, clear guidelines are given on tumour lysis syndrome, hypercalcaemia, superior vena cava compression and spinal cord compression. Febrile neutropenia is discussed together with the management of specific 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 disorders, 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 oncoologist


There are about 1500 cases of malignancy diagnosed before the 18th 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 have either no oncology 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.

The list of chapters is comprehensive, starting with pain management, finishing with psychosocial care, and encompassing every imaginable aspect of supportive care along the way. Far from being the completely critical approach I had hoped, 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 practise between North America and the United Kingdom. The indication for use of steroes hormone 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 lipoasomal 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 prefer a brief spinal anaesthetic as both safer and more effective. Otherwise the chapter on pain is very good and includes a section on nursing responsibilities during postoperative care or continuous infusion of opiates.

Drug extravasation is a not infrequent problem, but while the authors state that there is no consensus on how to deal with it, they do not mention the substantial problems with the subcutaneous flushing procedure and indeed perpetuate the notions of various antidotes, cold or warm compresses, and hyaluronidase.

One criterion against 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 be less concerned to cope on the ward where, no doubt, it will need frequent replacement.

CHRISTOPHER MITCHELL
Consultant paediatric oncologist


Paediatric 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 these countries have had 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 status asthmaticus is clearly only applicable in the intensive care environment and nowhere else. Guidelines for treatment of asthma and convulsions are hazy compared with the detailed, straightforward 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 to 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
care are also considered in detail, dealt with from an American perspective. This book is recommended to the aspirant intensivist, providing useful, at times, controversial views on current paediatric management.

IAN MACONOCHIE
Research fellow


A new comprehensive textbook on childhood and adolescent diabetes has been long overdue and Dr Chris Kelner and his many coauthors have produced what must approach the definitive text for 1995.

The text and clinical approach is predominantly British with 35 of the 46 chapters written by UK authors. The contributor list is impressive and lengthy, totalling 70 different contributors, 46 UK based and 24 prominent international contributors from the United States, Australia, Denmark, and Israel. Contributions come not only from scientists and clinicians but also from the ranks of highly experienced specialist nurses, dietitians, and those involved in the general welfare of the child with diabetes.

Diabetes has for a long time been the Cinderella of paediatric endocrinology, looked upon by the endocrine scientists as too clinically based to be interesting. This book serves to redress the balance and puts paediatric diabetes on a firm scientific base. It achieves a good balance between the hard endocrinology and deranged metabolic state of diabetes, the immunogenetic aetiology, and the pharmacology and the ‘art’ of diabetes management (the family/child/clinician interaction, the psychological, the practical aspects of care and support).

The book is divided into six sessions though each is without a clear subheading. The first covers the basics of energy homoeostasis and important chapters on normal physical and psychological growth and development through childhood and adolescence and their relation and interaction with diabetes. The second section outlines the history and current knowledge of the aetiology of diabetes. The third section, which is perhaps the most conventional, brings to the reader a wealth of clinical knowledge and experience on the management of diabetes from a wide variety of experienced clinical practitioners and contains important sections on eating disorders and other psychological aspects. Clear guidelines on many management aspects are given without being too didactic and allowances made for the debate between various management options. Part four details the interaction of the child with diabetes and its family and surroundings. Parts five and six provide fascinating chapters on current knowledge on screening, prevention, complications, and their avoidance, and also new strategies for future treatment and management. The book finishes with two appendices of the St Vincent and ISPAD declarations.

It is an essential read for all those involved in childhood diabetes management. With such a large number of contributors, overlap is inevitable but has been kept to a very acceptable minimum by the editor. The book is impressively uniform, easy to read, and very well referenced. Progress in the immunogenetic aspects of this disease is rapid and inevitably it will date quickly. I trust the authors are already working on the next edition.

IAN G JEFFERSON
Consultant paediatrician


In the preface to this volume Hugh Sampson anticipates that the reader will gain an appreciation of those ‘views and recommendations which are based on substantial scientific information, and [of those] which remain highly speculative’. It is soon evident (if we didn’t already know) that despite advances in immunology and numerous clinical studies, speculation in the field of ‘food allergy’ is rife.

The contributors provide succinct overviews of two subjects fundamental to any understanding of the pathogenesis of food allergy – the ontogeny of mucosal immunity, and the mucosal uptake of macromolecules. Then follows a review of two studies of neural/mucosal interactions. This is narrow in its focus, and leads only to a conclusion that ‘...under some circumstances stimulation of nerves can ... promote the equivalent of allergic manifestations ...’. The next chapter is in more rational sequence, being intended as a discussion of the characteristics of food allergens. Unfortunately, this largely focuses on observation and extrapolation, and there are few clinical implications. Then we are told of cross-reactions between birch, pear, and peach allergens, but the clinical correlates of such observations, if any, are not mentioned.

A chapter on intestinal hyperreactivity makes clear our limited understanding of the immunopathology of colonic disease, let alone even more poorly characterised gut disorders. The doubts raised by the challenges of DBPCFC (double blind placebo controlled feeding challenge) are central to the investigation of food allergy, and a chapter on this subject provides clear and practical advice. The essential point is made that just a few foods (nuts, milk, egg, wheat, soy, fish, and shellfish) are responsible for the vast majority of DBPCFC confirmed reactions. Hugh Sampson reviews the non-intestinal manifestations of food hypersensitivity in some detail, and emphasises the high incidence and variety of allergic reactions in patients with atopic eczema. Then follows a somewhat difficult and confusing chapter on the controversial role of food allergy in infant ‘colic’. Here, the problems of defining the clinical entity, let alone identifying an allergic aetiology, are all too obvious.

The second half of the book focuses on efforts at prevention and treatment. There are excellent discussions of the phenomenon of ‘oral tolerance’ – the induction of systemic antigen specific non-responsiveness by enteral administration of proteins. Finally, a series of chapters addresses the complex area of clinical trials aimed at preventing allergic disease in childhood. Attempts have been made to reduce allergen exposure by maternal dietary restriction during pregnancy and lactation, breast feeding, the use of protein hydrolysates, and the delayed induction of solids. In contrast, some studies have attempted to induce oral tolerance in the early exposure to potential allergens. Although a consensus was not apparent, the general view emerged that breast feeding, and possibly maternal/infant dietary restrictions, may delay or prevent food allergy. Given the unsatisfactory design of many clinical studies, controversy will certainly continue in this area. The absence of objective clinical and immunological endpoints is a particular problem.

Inevitably this is a difficult book, bring into sharp focus the fundamentally different challenges which face laboratory and clinical investigators. In his concluding remarks, Alain de Weck makes the telling point that he has never attended a meeting about allergy ‘...so peaceful, so polite, so nice!’ This is not a textbook for the busy clinician seeking a succinct overview of ‘the facts’.

M STEPHEN MURPHY
Senior lecturer in paediatrics and child health and consultant paediatric gastroenterologist


One assumes a book on keeping a clinical confidence could be aimed at health professionals. The objective could be to enable them to develop their skills in professional practice within the framework of the law. The introduction describes for whom the book is intended but I found the description of the intended reader less than helpful, and if it is aimed at health professionals it is deficient in achieving its aim.

What is very useful is the gathering together of a number of sources, from statute, guidance and case law, dealing with the issue of confidentiality in a wide variety of circumstances. These range through issues such as AIDS, suspicion that a crime has been committed, child confidentiality, and mental incapacity. It also supplies a helpful bibliography. With respect, the book is rather little more than gather information. There is no consideration of the discussion of any difficult issues arising out of the various sources. Specifically, in dealing with some important issues arising out of case law, the book makes the telling point that he doesn’t know what the case decided. In dealing with the issue of child confidentiality the summary is so brief as to be positively misleading. Discussing the extremely important decision of the House of Lords in Gillick v Norfolk and Wisbech Area Health Authority, the authors rightly state that the actual decision was concerned with the giving of contraceptive advice. However, despite it being widely accepted that the remit of the decision is not confined to this single issue, the book subheads the discussion: ‘People Under 16 and Contraception’, and gives the impression that the Gillick decision has this narrow application. Furthermore, it does not even go on to consider the question of refusal of treatment by a minor.

The ‘guidance’ is often so vague as to leave the reader entirely unclear as to what is being said. For example, in discussing sharing information among colleagues this advice is provided: ‘When it is necessary for the disclosure of information between members of a health care team, it is again up to the individual clinician to make a decision as to what information he is willing to disclose’. Even more bafflingly, when discussing the keeping of medical records and sharing information in a