health care team the book states: 'The different members of the team (eg, a social worker, or a home help) may have different loyalties, and a doctor should exercise some caution when asked to participate in case conferences'. This worrying statement implies, to me, that a doctor should not necessarily reveal child abuse when attending a case conference.

The appendices set out in greater detail some of the issues referred to in the main text. Unhelpfully the text does not tell you this. On disclosure of information to the police you are told in the text that generally it is not an offence not to reveal information to the police about a crime, but there are certain statutes which require a doctor to answer questions even though he believes the information to be confidential. This leaves the reader up in the air wondering when this is the case. There is no indication that further advice is to be found later on. In fact, in appendix B, some additional, useful information is given. The book is priced at £9.95. This seems too much for what is simply an overview of source material.

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Bailliere's Clinical Paediatrics: The New Genetics. Guest Editor I D Young. (Pp 605; £27.50 hardback.) Harcourt Brace, 1993. ISBN 0-7020-1746-9.

Progressive technical advances, major funding and macro-organisation of research mean that the phrase 'the new genetics' has not lost its lustre 15 years after it was first coined. During this time there has been an exponential increase in molecular genetic information on diseases with a hereditary component. 'New' genes are discovered weekly and with the progress of the human genome project, the prospect of identifying the entire genetic component of any disease becomes a reality. There is therefore a huge potential for a widening gap between research and practitioner knowledge of a disease. *Clinical Paediatrics: The New Genetics* is a well organised book which has effectively sought to bridge this gap.

The book is organised into 11 chapters. The first three cover basic concepts and technical approaches to analysing DNA, molecular aspects of chromosomal abnormalities, and morphogenesis. These chapters should equip even those with no formal training in molecular genetics to comprehend the next five chapters which cover particular diseases in detail. Retinoblastoma, cystic fibrosis, Duchenne muscular dystrophy, fragile X, and haemoglobinopathies are examples used in elaborating how molecular genetics has led to the understanding of precise disease mechanisms. These examples have particular reference to paediatrics and the chapters are illustrated with both technical and clinical examples. The next two chapters are related to the application of this knowledge to a population, in particular, screening of populations, prenatal diagnoses of diseases and the uses of population genetic registers. Finally, there is an important chapter addressing some of the ethical issues that arise from the acquisition of all this genetic information. One of the problems with the rapidly expanding state of scientific knowledge is that it may outstrip understanding of the impact of such testing on individuals and it is important that ethical

issues are considered together with technical advances.

Although there is, inevitably, some overlap of subject material between chapters, and the most recent references are already somewhat dated (1992), this does not detract from the overall aim of the book, which is to provide a picture of how molecular genetics has changed the knowledge of diseases, not only in paediatrics, but in almost every clinical specialty.

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Bailliere's Clinical Paediatrics: Epilepsy. Edited by E M Ross and R C Woody. (Pp 609; £27.50 hardback.) Harcourt Brace, 1994. ISBN 0-7020-1862-7.

Given the prevalence of the condition and the scarcity of paediatric neurologists, most paediatricians will spend a considerable amount of time caring for children with epilepsy. Developments in imaging, neurophysiology, and the delineation of electroclinical syndromes (as well as the much publicised advent of new drugs) have markedly affected epilepsy management over the last decade. In his preface, Euan Ross identifies the challenge of keeping abreast of such developments for those who are neither producers nor consumers of the multiauthor textbook or the major monograph. This book aims to provide a distillate of current thinking with a clinical emphasis.

Chapters by O'Donohue and the Camfields on paediatric electroclinical syndromes and febrile convulsions respectively are models of clarity and concision. Frank Besag provides a salutary discussion of the various relationships between epilepsy and cognitive function and the important distinctions between permanent cognitive impairment and the potentially remediable impairment caused by non-convulsive status, drug toxicity, and persistent postictal confusion due to frequent seizures.

A chapter on genetics usefully addresses recurrence risks and contains a section on the fetal risks of antiepileptic medication. Neurophysiology is helpfully explained from first principles with sections on the evolution of the normal paediatric EEG and the electrophysiological characteristics of the different epilepsies of infancy and childhood. There are pertinent comments on the role of video-telemetry and ambulatory recording and valuable caveats on the pitfalls of misconstruing findings if unfamiliar with the spectrum of normal age related EEG variants in childhood.

While a useful chapter covers non-pharmacological treatments, including a balanced discussion of dietary therapies, there is nothing on the principles of drug treatment and the place of the newer antiepileptic drugs in the therapeutic armamentarium. Neurosurgery is oddly placed next to aromatherapy and might have merited a chapter on its own with more discussion of the criteria for referral to an epilepsy surgery team.

This volume is intended to be '... the written equivalent of a symposium ...' for paediatricians who care for children with epilepsy. As such it contains 'updates' written by a group of experts which are largely relevant and well written. It is a good, brief, and instructive read.

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Deafness, Children and the Family. A Guide to Professional Practice. By Jennifer Densham. (Pp 210; £32.50 hardback.) Arena (Ashgate Publishing Ltd), 1995. ISBN 1-85742-221-X.

The growing concern for the quality of life of deaf and partially hearing children and their families is one of the major issues tackled by this book. 'Quality of life' encompasses a variety of different concepts, not least of which are self identity and self esteem, as well as emotional health and good social relationships. Through her consideration of the communication process and its central role in establishing successful interactions both within the family and outside, Jennifer Densham stresses the need for professionals at all levels to be more aware of the consequences of their advice and practices.

The book is aimed at doctors, educationalists, health visitors, and social workers who come into contact with the children and their families. The author highlights the responsibilities of those professionals towards them, in terms of how and when diagnoses are made, the amount of information made available after diagnosis, and an appreciation of the depth and range of emotions experienced by the parents. Interviews illustrate that while professionals may feel they provide an adequate service, many parents feel left out of the consultation process, suffer from a lack of information, or even misinformation, and may feel abandoned. The author highlights the need for greater systematic counselling of parents after diagnosis, an area of need which at present is largely unmet. She stresses that sensitive handling and appropriate counselling may have a direct effect upon the parents' reactions to their child. This, in turn, may affect the child's own self esteem and emotional development.

In the area of communication, the author highlights the need for greater acceptance and acknowledgment by the hearing population of the role of sign language for deaf children. The use of signing as a first language does not preclude the later use of speech and for many deaf children may prove to be their only hope of adequate communication. Its success as a communication system depends on the willingness of the hearing population to accept it as a valid language and to take steps to learn it, if only at the most basic level. For the deaf child, acceptance of signing as an alternative language by the professionals with whom they are involved, together with the opportunity for families to learn sign language, may be an enormous step away from the frustrations and confusion they face with spoken language. Signing will also provide access to the deaf community through which they may establish a greater sense of identity.

Overall the book provides a very good overview of problems experienced by deaf children and their families. A broad set of references for follow up reading were provided throughout the book. (However, some of the audiological references could be updated to include, in particular, Bamford and Saunders and McCormick.^{1 2}) Criticism is not aimed directly at any one professional group. But by providing us with valuable feedback from those at the receiving end of services, the author raises our level of awareness of the flaws in those services, and in so doing attempts to protect us from our own complacency.

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- 1 Bamford JM, Saunders E. *Hearing impairment, auditory perception and language disability*. 2nd Ed. London: Whurr, 1991.
- 2 McCormick B, ed. *Paediatric audiology 0-5 years*. 2nd Ed. London: Whurr, 1993.

Congenital Limb Deficiencies in Hungary. By A Czeizel, J Evans, I Kodaj, W Lenz. (Pp 420; \$54 hardback.) Akadémiai Kiadó, 1994. ISBN 963-05-6631-1.

Every month or two there is an article in one of the Sunday newspapers about the clustering of limb defects. The most recent scare concerned coastal areas. There was an extraordinary picture of several Russian children, all of whom had a deficiency of part of an arm – strangely enough all on the same side. All the children, we were told, came from an area to the north of Moscow. Most episodes of clustering go unreported and they are probably widely scattered. I remember, at a genetic outpatients clinic in the north of London, having to cope with five sets of parents who had met each other at the limb replacement centre in Roehampton and then discovered that their children had all been born within a six month period in a geographically small area in north London. They were clamouring for more research to be done and I lamely said that research in this area was difficult to do, an excuse which did not satisfy them. They left the clinic murmuring about pollution and why wasn't the government doing something about it.

The whole area of the causation of limb defects is confusing. The problem was recently highlighted by the explanation given in the press that the reason why thalidomide sufferers had given birth to children with the same limb defect was that somehow the drug had got into the genes and was making itself felt in the next generation. Much more likely

is that the wrong diagnosis had been made in the first place and that the limb defect was one of the known autosomal dominant conditions which can mimic the type of malformation well described in thalidomide days.

In order to look at trends, what is needed in the first place are good baseline figures for all the different types of limb malformations and there have been only a few studies which can be reliably referred to. The one outstanding study was that of Birch-Jensen in 1949, and the present study headed by Andrew Czeizel and his coauthors (including Professor Lenz, the acknowledged expert on thalidomide embryopathy), has addressed this task by studying limb defects over a 10 year period in Hungary. It is a register based study looking at malformations in general, and it has avoided the mistakes of other studies by differentiating between known genetic syndromes and single limb malformations and not counting each malformation in a single person as a separate entity. Professor Czeizel is a well respected expert in the field of malformations and ascertainment and diagnosis are reliable in his hands. Each single malformation is looked at in terms of the pregnancy history, possible teratogens, demographic features, family history, and many other parameters. There is a wealth of information in the book and it is one to refer to rather than to read. This is a book for the library shelf rather than for the office. Finally, I must confess that I was tempted to review this book only after looking at Professor Lenz's chapter on the history of limb defects. There are some extraordinary pictures and drawings dating back to the 16th century and Professor Lenz has suggested some diagnoses. Nothing changes, or does it, which is why Professor Czeizel has written this book.

MICHAEL BARAITSER
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Secrets in the Genes. Edited by Peter Turnpenny. (Pp 226; £12.95 paperback.) British Agencies for Adoption and Fostering, 1995. ISBN 1-873868-16-2.

Practitioners in the field of adoption and fostering may find this book useful to stimulate discussion. It has been produced to inform care workers in all disciplines about aspects of genetics which may affect their clients. With recent advances in genetic diagnosis and prognosis, adoption workers may face searching questions from putative carers and from children themselves. The editor states that the book is not intended to be read through but to be 'dipped' into as a source of referral in particular situations. This is certainly true in that much of it is repetitive.

Three main sections try to cover the knowledge needed by different disciplines. The first gives examples of common questions often asked of health professionals, for example, how hair colour or intelligence are determined; the answers given are clear if a little simplistic. This section also attempts to deal with ethical considerations such as who has the right to the knowledge – this is discussed again in the final section. Section two provides an introduction to basic genetics and molecular inheritance of common disorders. The third section deals with screening and issues of confidentiality. There is a tendency throughout this book to present the same information, using different perspectives for different professionals. It could be used as a source of reference for brief explanations – detailed information would need to be obtained elsewhere. There is a useful glossary of index words for use as quick reference, and also a list of regional genetic centres.

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