Dr Morley comments:

I appreciate the chance to comment on the letter from Dr Davis and Professor Sibert. They seem to have slightly misunderstood my paper, which was to share concerns about the difficulties and pitfalls with the published criteria for making a diagnosis of Munchausen syndrome by proxy and to suggest that the label is now unhelpful. Nowhere did I suggest criteria that could be used to protect children. I pointed out the difficulties with some of the present criteria that are being used. It is therefore inappropriate for them to say that children following my criteria may not be protected from abuse and could even die as a result. They suggest the term 'Munchausen syndrome by proxy' should be replaced with 'factitious illness spectrum disorder of childhood'. I don't think this is any better than Munchausen syndrome by proxy. I fail to see why we cannot describe exactly what is happening, that is, the mother is fabricating diarrhoea, or apnoea, or fever, or fits; or the mother is suffocating or poisoning her child.

With reference to the letter of Donald and Jureidini, I am sorry they feel I was overly defensive of parents and doctors. My intention was to point out the difficulty of making the diagnosis of Munchausen syndrome by proxy using some of the published criteria.

I agree with them that it takes two sides for Munchausen syndrome by proxy to take place – a mother fabricating or inducing illness and a doctor who misunderstands the problem. The doctors are involved in the creation of Munchausen syndrome by proxy by not recognising what is going on early and intervening to prevent it. I am sorry that they want to persist with the diagnostic label Munchausen syndrome by proxy, particularly as they cogently point out many of the difficulties with using this eponymous label.

SPRING BOOKS

Clinical Paediatric Endocrinology. Edited by Charles G D Brook. 3rd Ed. (Pp 807; £149.50 hardback.) Blackwell Science, 1995. ISBN 0-632-03632-X.

What a delightful surprise it was to find a copy of this book in my post, a gift from the editor. The only disadvantage was that I had to read all 800 pages in the summer's heat before composing a review; I recall a quotation that reading a book before review served only to bias the reviewer. However, I have stuck to my task.

Since the first edition of this text, the molecular biology revolution has struck and Charles Brook and his coauthors have tried to deal with its impact. This has been achieved by introducing completely new chapters which outline methodology and by modifying more standard areas of the text. This works very well and the result is readable, informative, and enjoyable.

A multiauthor textbook is inevitably a series of individual essays; those essays in this book are of two varieties, those with a traditional approach to clinical subjects, such as short stature and congenital adrenal hyperplasia, and those which deal with

subjects with no immediate relevance to what you or I would do in the clinic. This heterogeneity enhances the book but could be disconcerting to non-specialist readers, who may simply wish to know what to do in a given clinical situation.

Although it resulted in a minor degree of repetition, it was a splendid decision to include five chapters on surgical treatment in paediatric endocrinology. I guess no two surgeons would ever agree in detail about operative technique, but there is surely a consensus that operations on children should be carried out only by surgeons who have adequate experience of the particular procedures. The highlighting of how important surgeons are to children with endocrine disorders, by including these chapters, must help protect children from those doing occasional operative procedures.

Another good decision was to include a chapter on neuroradiology and many illustrations of abdominal ultrasonography. But I would recommend that, however good the key to a figure, there should be a small line drawing to the side of a scan clearly demonstrating the features; what is glaringly obvious to the radiologist can look to me like a part of the lunar landscape.

It was hard work carrying it around in order to read it between patients. But it meant that I had the book available in clinic, and so occasionally I could sneak a look at the next or previous patient's condition for enlightenment. It was not very useful.

Despite the title, this is not a book which can or should be used as a practical guide or clinical handbook. It is an excellent reference work which can be used as a take-off point for further study. Each chapter is exceptionally well referenced, with Magelone Forest winning a prize in her chapter on adrenal deficiency for including the most references (n=574)!

Charles Brook is to be congratulated on drawing together a tremendous international team who have produced a major text on paediatric endocrinology. I may occasionally disagree with some of the views of the editor but they are always expressed with simplicity and clarity. Charles Brook has had a major influence on the development of paediatric endocrinology in this country. The new edition of his book will undoubtedly continue to influence the study of paediatric endocrinology in other countries.

D A PRICE
Senior lecturer in child health

Baillière's Clinical Paediatrics: Paediatric Gastroenterology. Edited by B S Kirschner and J A Walker-Smith. (Pp 235; £27.50 hardback.) W B Saunders Company, 1994. ISBN 0-7020-1866-X.

There seems to be an inverse law of usefulness which applies to textbooks: the larger a book is, the less likely it is to leave the bookshelf. There are very few exceptions to this rule, *Nelson Textbook of Pediatrics* is one, but very few of them are about paediatric gastroenterology. The one book in this field that I can honestly claim to have read with unalloyed pleasure is John Walker-Smith's medium sized monograph on diseases of the small intestine in childhood, so when I saw that he was one of the coeditors of this small volume (235 pages) in Baillière's Clinical Paediatrics series, my expectations rose.

The book consists of 11 chapters on some of the major topics of clinical paediatric

gastroenterology; all are by experts in their fields, all but one from either the UK or the USA, the exception being Martin Stern from Tuebingen. The multiauthor format has meant that the contents are up to date, even if they inevitably vary in style. Each chapter is independent of each other, with the basic science being included, and can be read in a reasonably short time.

The editors emphasise that this volume does not aim to compete with the standard textbooks of paediatric gastroenterology, but '... to select specific areas which would be of particular interest and importance to practitioners who care for children and adolescents'. Thus there are major omissions: while coeliac disease is discussed in the chapter by A D Philips and J A Walker-Smith entitled 'The role of small bowel biopsy in diagnosis', this important condition does not have a chapter to itself; similarly, while there is an excellent chapter on 'Oral rehydration therapy and its underutilisation', by Mamun Shahrier, there is no systematic section on infectious diarrhoeal disease.

If it does not claim to be a textbook, this little book contains much more useful guidance than many that do. Graham Clayden's somewhat immodestly titled chapter 'Optimal management of chronic constipation' gives a beautifully clear exposition of a problem that blights the lives of many children, and E Schmidt-Sommerfeld's section on gastro-oesophageal reflux gives similarly practical help, although UK readers may be surprised not to see any mention of alginate.

The casual browser who scans through the index of this book is likely to significantly underestimate its value, as several chapters have titles which give little clue to the gold nuggets contained therein. For example B S Kirschner's contribution, 'Recognizing inflammatory bowel disease', is much more than a chapter on the diagnosis of these serious disorders, it contains a crisp review of their management, and is sufficiently up-to-date to mention the recently described association between perinuclear antineutrophilic cytoplasmic antibody (p-ANCA) with ulcerative colitis and primary sclerosing cholangitis. Likewise Deirdre Kelly's succinct review of liver transplantation goes far beyond 'When to transplant the liver in childhood'.

J Timothy Boyle's article on abdominal pain certainly deserved a less turgid title than 'A new look at recurrent abdominal pain in children by subdivision of patients into symptomatic subgroups: simplifying the role of endoscopy in the diagnostic evaluation'. Other topics well covered are gastrointestinal motility studies (Milla), food allergy (Stern), gastrointestinal bleeding (Zien and Perrault), and home parenteral nutrition (Bisset and Meadows).

If any general paediatrician wants a quick refresher course in paediatric gastroenterology, this collection of essays will do very nicely, and the MRCP candidate who has already read the appropriate section of one of the general textbooks of paediatrics will gain more per unit hour of reading from it than anything else I can call to mind. If it is not in the hospital library, £27.50 would be well spent on it.

R A F BELL
Consultant paediatrician

Childhood Asthma and Other Wheezing Disorders. Edited by Michael Silverman. (Pp 516; £75 hardback.) Chapman and Hall Medical, 1995. ISBN 0-412-56900-0.

Acute asthma or wheeze is the commonest cause of childhood hospital admission in the developed world. A book updating the epidemiology, aetiology, and management is welcome. The main theme is that if not all that wheezes is asthma then what else could it be? A host of internationally renowned authors answer with evidence for distinct clinical varieties of wheezing disorders and the means to manage them.

The chapters on developmental processes include discussion of how airway calibre and differential growth rates of alveoli and peripheral airways may make small children more prone to wheeze. Further, there may be periods of immunological vulnerability in infancy. Although atopic IgE mediated disease has hitherto not been thought relevant in viral associated wheeze, evidence is presented in the chapters on immunology and histopathology that viral associated wheeze may involve IgE and eosinophil mediated mechanisms.

A critical review of epidemiological studies suggests that there has been a real increase in the incidence and prevalence of wheezing disorders. The effects of antenatal and postnatal cigarette smoke, air pollution, and allergen exposure are discussed at different points in the book and summarised in a chapter on preventive measures.

I found the chapters on lung function and the measurement of bronchial responsiveness informative. The account of the rapid thoracic compression technique and its limitations was particularly clear.

Conditions sometimes ascribed to 'asthma' are discussed by a number of contributors. In the absence of wheeze one should not be forced into labelling persistent cough as asthma. The case is made that more evidence is needed for any therapeutic benefit on cough of bronchodilators and anti-inflammatory treatment.

The chapters on clinical management, pharmacology and therapeutics, are comprehensive. From practice nurse to specialist pulmonologist this book is an essential buy, not least for the practical advice it gives on the use of aerosols, spacers, and masks. A review of the management of wheezing disorders in infancy is a timely update. I learnt in this chapter that nebulised adrenaline, more than any other bronchodilator, has a part to play in the management of acute virus associated wheeze in infancy.

I have few criticisms. Perhaps the chapter on gastro-oesophageal reflux assumes too readily that the condition is a disease of infants rather than a normal phenomenon. I am not sure how much infant wheeze could really be ascribed to it. Given the breadth of medical and scientific expertise, perhaps the editor should have considered a chapter written by an asthma nurse, a breed of professional of increasing importance in managing childhood asthma.

In his preface the editor speculates whether the era of the textbook may be over. He is right to dismiss the notion. With this volume, I for one, will have decidedly less need of the Internet or Medline. He should be encouraged to keep the book up to date.

ROGER BUCHDAHL
Consultant paediatrician

The Child's Eye. Diagnosis of Ophthalmic Disorders in Children. B Dhillon and G Millar. (Pp 133; £24.95 paperback.) Oxford University Press, 1994. ISBN 0-19-262302-8.

One does not meet an ophthalmologist by chance as often as one does colleagues in many other specialties. Ophthalmologists have their own operating theatres, special rooms in outpatients, and sometimes their own hospitals. Patients can tell if they have an eye problem and so referrals are comparatively unusual. Our eye colleagues are, in my experience, very knowledgeable about their own practice, and a courteous group with whom it is a pleasure to work. They know their business and we are expected to know ours.

The Child's Eye is written by ophthalmologists and is a brief account of the eye problems that occur in childhood. It is concise. It is very easy to read and superbly illustrated. So much so that it is as much an atlas as a textbook.

Common ophthalmological problems are well described. The section on squints and their elucidation is an outstanding example of simple descriptive writing. All who read this will be able to perform and understand the cover test without difficulty. I like some of the clinical manoeuvres described: a piece of card or plastic in front of the eye is less well tolerated than the examiner's thumb gently pressing down on the upper eyelid, apparent squints can be demonstrated to the mother by gentle compression of the bridge of the nose.

Dhillon and Millar do not want us to invade their ground. They often invite us to refer children to them. I would like them to teach us how to use the indirect ophthalmoscope, which gives so much more information about the fundus of a child who cannot fixate away from the ophthalmoscope light. A section on ophthalmological diagnostic tests and procedures would be helpful.

This is definitely an ophthalmological view of children's eyes. There is no help here for the physician puzzling over the medical causes of an eye problem. The red eye is well described and illustrated but an adequate differential diagnosis is missing. A section on the preventable causes of blindness makes no mention of diabetes, retinopathy of prematurity, or raised intracranial pressure. There are no comments on screening for visual handicap or the indications for looking for eye problems in children with learning difficulties.

Who will buy it? Children's ophthalmological disorders are in a specialised field and comparable books are all major reference works. Standard undergraduate textbooks have very short sections on eyes. Reference paediatric textbooks contain more information which is reliably complete but not so much fun to read. This is not a reliable reference source, but if you want a well illustrated book which is easy to read you will find that it is possible to learn about children's eyes without getting spots in front of your own.

C H CHEETHAM
Consultant paediatrician

Pediatric Cytopathology. Kim Geisinger and Jan F Silverman. (Pp 379; \$165 hardback.) American Society of Clinical Pathologists, 1995. ISBN 0-89189-378-4.

One is always impressed by colleagues in adult cytopathology who determine major treatment from a few cells on the corner of a slide or provide outpatient diagnoses using fine needle aspiration (FNA). In this book's introduction, the authors suggest that, with regard to diagnostic cytopathology, children have been sorely neglected. One of the aims of

the monograph is to stimulate the incorporation of cytopathology into the diagnostic repertoire.

The book is divided into two main sections: exfoliative cytology and FNA. Chapters focus on individual sites or organ systems and there is a single chapter on radiological imaging. The text is set in single column with a pithy phrase extracted from the main body and highlighted in the adjacent space. Pathological descriptions reflect the authors' wide personal experience and awareness that they may well be read more by adult than paediatric pathologists. Frequent reference to only isolated case reports provides some indication of the paucity of the paediatric cytopathological literature. The quality of the illustrations is above reproach, although it is an occasional irritation they are set apart from the text. All the cytological photomicrographs are in excellently reproduced colour. The black and white electron micrographs, computed tomograms, and ultrasound are of equal quality and would augment and grace most paediatric pathology lectures.

But what of the authors' case for more paediatric cytopathology? Cytology is well established in fields such as paediatric neuropathology or haematopathology and the examination of ascitic fluids or effusions is a routine, if highly selective, procedure. Material from bronchoscopy is valuable in the investigation of infection, but the benefits of other analyses of lavage fluid is less clear – certainly diagnostically. It is, though, in the use of FNA that the major questions arise. Acknowledged and discussed by the authors, this is a potentially traumatic procedure for small children. FNA cannot afford to be a duplicate investigation and must remove or reduce significantly the likelihood of further diagnostic procedures such as biopsy for which a general anaesthetic might be necessary. There are occasions when FNA may be more appropriate than biopsy and this book persuasively indicates these, particularly in the work-up of lymphadenopathy. In other situations the case for FNA is less convincing, partly because excision is the likely outcome whatever the diagnosis, and partly that, compared with biopsy, FNA may yield insufficient material to either generate a specific enough diagnosis or answer ancillary questions. But this is changing. For example, molecular technology needs only a few cells to investigate specific chromosomal translocation in an increasing number of sarcomas or N-myc in neuroblastoma.

This book is more likely to benefit the adult cytopathologist, who can apply the wealth of their daily experience to paediatrics, than the paediatric pathologist who may never feel comfortable with experience limited to an occasional cytological specimen. Nevertheless, it will be for those working more directly in the paediatric field, clinician and pathologist, alert to the advances in diagnostic methods, who should recognise the changing potential of the technique.

STEVEN GOULD
Consultant paediatric pathologist

Otitis Media in Infants and Children. 2nd Ed. By Charles Bluestone and Jerome Klein. (Pp 310; £45 hardback.) W B Saunders Company, 1995. ISBN 0-7216-4818-5.

As the preface to this book states, otitis media is the most frequent illness resulting in visits