Heart Disease in Infants, Children and Adolescents including the Fetus and Young Adult. Vol 1 and 2. Edited by G Emmanouilides *et al.* (Pp 1824; £225 hardback.) Williams and Wilkins, 1995. ISBN 0-683-02999-1.

The price of this massive two volumed tome could buy you 10 or maybe even more continuing medical education (CME) credits at a symposium to update you on advances in diagnosis and management of cardiac lesions in the fetus, child, and young adult. However, even though no CME credit would be obtained, the value of studying this book would be greater. There have been dramatic changes in heart disease and the information given here on any of a number of topics is detailed, logical, well presented, and extensively referenced. Fetal diagnosis and management of cardiac abnormalities, the management of hypoplastic left heart syndrome, heart transplantation, paediatric cardiac electrophysiology, and the molecular biology of heart muscle disease are a few examples of areas where the last five years has seen extraordinary changes; all are well covered. Other expanding areas are well dealt with in this book, just as are the systematic descriptions of structural and functional heart disease. Nearly all the 130 contributors are currently working in North America and not surprisingly the references are biased, but not unacceptably so, towards North American publications. Differences in emphasis reflecting transatlantic practice are not a major drawback and there are a number of very helpful clinically orientated sections dealing with such common paediatric problems as chest pains, syncope, near syncope and ventricular ectopics and physical activity.

Nowhere is it stated at which professional group this book is targeted. It is the successor, albeit twice the size, of a well established textbook and there is no doubt that it would more than satisfy paediatric cardiologists and paediatric cardiothoracic surgeons. However, it makes no assumptions and builds up from simple basics to complex considerations. There is much in it of great value to the non-cardiac paediatrician as well as being a superb comprehensive textbook of paediatric cardiology.

As a comprehensive multiauthor text on the subject of heart disease, as encountered by paediatricians, it is second to none.

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Primary Pediatric Cardiology. Edited by Michael H Gewitz. (Pp 473; £65.50 hardback.) Futura Publishing, 1995. ISBN 0-87993-560-X.

When I was asked to review this book, my initial plan was to spend at least two hours a night for at least two weeks in reading it. However, I was surprised to find that I could go through the whole book in a week without losing interest. I was attracted to the style of presenting complicated concepts in simple language. *Primary Pediatric Cardiology* deals with basic clinical skills and the most recent technological advancement in cardiac imaging and echocardiography; it maintained the delicate balance between them. I was reassured to read the emphasis on the importance of acquiring basic clinical skills in history taking and physical examination because 'the days of the stethoscope are not numbered'.

The editor (assisted by 13 other authors) has managed to combine epidemiological genetic and clinical presentations of heart diseases in children as well as ECG features, echocardiographic findings, and simple schematic data from cardiac catheterisation to produce an up to date and easy to read manuscript. Because echocardiography has developed so rapidly in recent years, it is not surprising that a detailed chapter was devoted to it with many illustrations and images. Also included are two chapters on important subjects of current interest, the prevention of coronary heart disease and the advanced cardiac life support.

Although aimed at paediatricians attending patients with heart disease in a primary setting, I felt the book may be more useful for those in their early years of training requiring a systematic overview of the subject. However, for a practising paediatrician who may use the book as a reference when facing a clinical problem, it provides only limited help in several areas. My experience is that, when inquiring into clinical situations, many books provide only information I know already and very little on what I want to know. Therefore, before starting to read this book systematically, I decided to test its contents by looking up two subjects (long QT syndrome and ductus dependent heart lesions requiring prostaglandin infusion). Although the second subject was fully detailed, I could find no useful information on the first.

In multiauthor publications, the editor should be strict in his policy on the use of terms and abbreviations. In this instance, a group of disorders are referred to as CCMV, for congenital cardiovascular malformation, in one chapter and as CHD, for congenital heart disease, in another. To make it even more confusing, CHD was also used for coronary heart disease.

In general, I enjoyed reading the book and found it a good addition to my mini-library. Paediatricians in training, and those preparing for paediatric postgraduate examinations, may find it helpful in understanding paediatric cardiology.

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Baillière's Clinical Paediatrics. Leukaemia and Lymphoma. Edited by J M Chessells and I M Hann. (Pp 175; £30 hardback.) Harcourt Brace, 1995. ISBN 0-7020-2075-3.

The guest editors, Judith Chessells and Ian Hann, are two of this country's leading authorities on haematological malignancies. They are both well known for their succinct, clear and, at times, dogmatic approach, a style that is effectively continued throughout this book.

Leukaemia and lymphomas account for over 40% of all cancers in childhood; in the UK this is approximately 450 cases per year. They have clinical, epidemiological, and pathological similarities and are all primarily chemocurable. The nine chapters written by 15 well chosen specialist authors (both national and international) cover topics which will be of interest and use to both general paediatricians as well as those specialists directly responsible for the care of children with leukaemias and lymphomas. Three chapters—on infectious complications of treatment, psychosocial support and symptoms and management, and late effects—contain clear up to date information relevant to any paediatric malignancy. The section on late effects has tabulated practical recommendations for clinical follow up of patients inserted under each organ at risk of late effects, for example thyroid, cardiac. However, I must add here that ifosphamide should be included in the list of agents that can cause renal damage (a current major concern to paediatric oncologists).

The two opening chapters, more directed towards specialist readers, are on the currently topical epidemiological aspects of these tumours and their pathology. The pathology chapter includes sections on the rapidly developing fields of cytogenetics, gene rearrangement studies, and detection of minimal residual disease. These techniques have improved the classification of these malignancies and provided a more rational approach to management.

Treatment of acute myeloid leukaemia (AML), acute lymphoblastic leukaemia (ALL), and lymphomas is continually evolving and there is an increasing population of these children cured of their disease. In this book attention has been focused on recent developments in treatment for these conditions rather than listing the current treatment protocols. Five year survival rates for ALL are now in the order of 65–70% and recent years have seen a big improvement in the overall survival for patients with AML, 45–50%. Patients with good risk AML (cytogenetic abnormalities t(8;21), t(15;17) and inversion 16) have five year survival rates approaching 70%. A book such as this has to include a chapter on high dose therapy. Chemo/radiotherapy and subsequent haematological rescue with stem cells (bone marrow or peripheral blood) whether autologous, allogeneic or unrelated, can be appropriate treatment for these patients. This important developing area is discussed and its use put into clinical perspective. Historically it was used as salvage treatment for children with relapsed disease. Currently its use also includes front line treatment for high risk ALL and standard or poor risk AML patients in first clinical replase. It is probably the only known curative treatment for patients with chronic myeloid leukaemia and juvenile chronic myeloid leukaemia.

I am very pleased to have this book on my bookshelf. Without doubt it contains concisely presented and clear information of use to the specialist and general paediatrician. Do not be put off by the fact that its last page number is 814, it only starts at page 639, presumably because it is number 4 of volume 3 of *Bailliere's Clinical Paediatrics*!

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