

What I did find particularly useful was the plethora of boxes summarising key features of important conditions. Similarly there are a substantial number of case studies that put theory in the context of clinical scenarios. To this end, the textbook approaches core paediatric topics in a problem based way so common to both new paediatric curricula and indeed real-life practice. Some chapters end with multiple-choice questions. These are handy in helping the reader quickly assess whether or not they have taken in the main points which they have just read.

The photos and diagrams are of good quality, well referenced, and plentiful, further illustrating the text or, in some cases, owing to the brevity of the contents, taking the place of textual information. However, some of the sketches are left wanting. Does a paediatric textbook really have to spell out a single parent family—cue picture of one child and one adult; a two parent family—cue two parents and a child; a child throwing a tantrum—cue a child on the floor in the supermarket on the floor; an anxious child—cue a child clinging onto their mother. I think one might get the picture.

Overall, the text is easy to read and the book is colourful to browse through. It places good emphasis on social and psychological aspects of paediatrics but, coupled with what I thought were unnecessary pictures, loses substantial substance on physical conditions. It is a text that would be readily accessible to many professionals in contact with children but is not “hard core” enough for trainees per se, despite the back cover alluding to this population. As a “starter” paediatric textbook I would highly recommend it, and for those taking their paediatric knowledge further, the case studies, photos, and diagrams will prove most useful.

S Haroon

Review of pediatric gastrointestinal disease and nutrition

Edited by Jeannie Huang and W Allan Walker. Ontario: BC Decker, 2005, £27.00 (US\$45 (approx.)), €40 (approx.), paperback, pp 293. ISBN 1550093002

“It’s like Marmite, you either love it or hate it.” This phrase must be one of the most common modern clichés—and can be applied to certain films, certain choices within paediatrics, as well as many gastronomic choices. It can also be applied to this book, which will improve your knowledge of paediatric gastroenterology, if you like information in quick bullet points.

This review aims to support an earlier text, *Pediatric Gastrointestinal Disease: Pathophysiology*, 4th edition (by the same authors) which was reviewed in an earlier issue of *Archives*,¹ but can also function as a stand-alone review, in which light it therefore may be judged. It is designed “to be an indispensable aid to the student preparing for board examinations”, as well as to appeal to a wider paediatric audience.

This review however will benefit its readers in a very specific way. To settle down with this book and a nice cup of tea, aiming to gain a greater general understanding of paediatric gastroenterology topics while in comfortable slippers, is to miss the point of this book. Students or paediatricians should

not use this book by opening it at page 1 with a pen and notebook in hand.

For general paediatricians, this book is more of a back-up text, so one’s half-forgotten knowledge of the rarities of paediatric gastroenterology (for example, eosinophilic gastroenteropathy or Zollinger Ellison syndrome) can be rapidly refreshed and expanded in the small gap between the affected patient arriving on the ward and the SHO saying, “So what’s the plan then...”. For specialist registrars or SHOs, this may also provide a useful adjunct in a six month post, without the financial expense or carrying difficulties of weightier tomes. However, the glaring omission in this book is the complete absence of an index. This does hamper problem oriented reading, which for me would be the main use for this book. Both general paediatricians and trainees alike may find this frustrating in their frequent forays for information.

The relevant facts are stripped down in style to bare bullet points, although the regular removal of words such as “and” or “the”, for extra brevity, make the explanations often appear Spartan and occasionally disjointed. However, the included facts are all relevant (if densely packed); there are no obvious omissions and the tables are concise and well laid out. There is a nice balance between common conditions, such as infantile colic (which includes some useful management strategies) and rarer conditions, which often have a succinct overview, without the exhaustive detail that would double the size and weight of this book.

The questions at the end of each section provide a useful addition to the text, helping to reinforce the points made. Some of the questions are beyond the knowledge level required in MRCPC part I, and are less relevant in style to the other parts of the membership exam. However in the main, the questions are appropriate and would require a thorough knowledge of the relevant topic to be answered well. They would be ideal for a membership student who revises in periods lasting only a few minutes.

So for those that like browsing through paediatric books, or reading them cover-to-cover—look elsewhere. For those that use texts for specific searches, and prefer their books to be inexpensive and easily portable, this is much more useful in providing core knowledge in a concise format. As with Marmite, the only way to know for sure is to take a deep breath and try it yourself.

M P Tighe

Reference

- 1 *Arch Dis Child* 1997;76:385.

Pocket book of hospital care for children: guidelines for the management of common illnesses with limited resources

Edited by WHO, 2005, £8.65 (US\$15 (approx.)), €12 (approx.), paperback, pp 378. ISBN 9241546700

Wow! If only this book had been around when we were overseas in Namibia and India respectively...

This is a book aimed at doctors, senior nurses, and other senior health workers who

are responsible for the care of young children in developing countries. Edited by WHO, the contributors are eminent paediatricians from around the world and it shows. It has up to date WHO guidelines on all the common illnesses health workers would come up against. The approach is practical and detailed, the language clear and non-patronising.

The book measures 10.5cm×15cm×2cm thick and every millimetre is used to its full potential; every sentence has a message, every diagram is relevant, every table or chart is clear and space-saving. Yet in the pressure for space, important basic paediatric values are not forgotten, e.g. the advice on reviewing the Mother’s Card: “Watch to see if the mother looks worried or puzzled. If so encourage questions”. The cleverly thought out front and back flaps open up to reveal, respectively, neonatal resuscitation paired with triage of sick children, and emergency drugs alongside intravenous fluids compositions. There is also a chart for the clinician to write in his/her local antibiotic policy.

The 12 chapters detail the management of the main causes of childhood morbidity and mortality and are colour coded for ease of reference. They cover breathing difficulties, diarrhoea, fever, severe malnutrition, neonatal and surgical problems, and there is a particularly comprehensive chapter on children with HIV/AIDS including practical palliative care. The first two chapters are on emergency conditions and the diagnostic approach to the sick child. There is a chapter on supportive care (nutrition, fluids, pain, blood transfusion, and a very helpful section on improvised toys and play therapy) and an inspiring chapter on counselling and discharge from hospital. This is an aspect of care which so often gets left out in areas of the world with limited resources because the emphasis is on getting on with treating the queue of people still waiting in the outpatients department. (And then we wonder why we are seeing the same children over and over again...) Practical procedures and some drug dosages are usefully covered in the appendices.

We struggled to find anything to criticise in this book. In most areas of the world clinicians now have some sort of internet access (indeed this is more likely than having a good library nearby) and we would have liked to see more specific references and website links in the main body of the text. Some of the guidelines are new (to us at any rate!), such as artemisinin based combination therapy as first line treatment in non-severe malaria and routine zinc supplementation in diarrhoea. We wondered if big changes to guidelines like this could be emphasised a bit more. Some common issues were not mentioned in the book such as umbilical granuloma, undescended testes in the surgical chapter, and steroids for the management of neurotuberculosis in the TB section (it is mentioned under generic meningitis information later). Other things such as Kaposi sarcoma possibly get a little too much space relative to their prevalence in young children.

Overall, as a handbook for junior doctors we felt that this book inspires confidence. The practical guidelines are easy to follow and even the newest of doctors should be able to safely rehydrate a malnourished child by following the instructions therein. This book is an absolute must for anyone caring for children in areas of the world where resources are limited. If you are toying with

the idea of doing a stint overseas (VSO/RCPCH fellowship, for example) this book will convince you to go. It speaks of an overwhelmingly “real” medicine where children are properly sick, where your skills count, where you can change lives, and where the banding of your rota pales into insignificance.

On the practical side, we thumbed through the book and bent its spine unforgettingly to write this review and our copy hasn't fallen apart yet. As far as we can tell, all the cross references to other pages or sections are accurate and, what's more, it does actually fit into your pocket. It comes highly recommended.

J Thomson, A Chavan

The NHS experience: The “Snakes and Ladders” guide for patients and professionals

Edited by Hilary Cass. Taylor and Francis, 2006, pp 266, £13.99 (US\$25 (approx.)); €20 (approx.), paperback. ISBN 0415336716

This book reflects a need to improve a gap in most junior doctors' knowledge, through lack of specific training in this area. It is unique in the way that it re-enacts a real life situation through forum role play and by supplementing the thought processes with political facts, thus giving a better understanding of the NHS infrastructure.

As a final year registrar, I would recommend this book to all paediatricians—new consultants and junior doctors alike; health-care staff working with children; medical students; parents of chronically ill children;

or any interested in family dynamics, counselling, and communication skills. For parents there is an insight into the management issues in any busy hospital, giving a balanced argument to conflicting issues and resource issues.

The role play involves the story of a child, Daniel, the second child of his mother, who is diagnosed with cystic fibrosis, telling the story of the path to diagnosis and the communication pathways involved once the diagnosis is confirmed. This example is easy to relate to and the errors and learning experiences reflected through the role play are easily transferable to any child's chronic disease and many acute paediatric situations.

There is an excellent chapter on how to break bad news, particularly helpful to junior doctors and parents alike, using Daniel's situation as the example.

An insight into the NHS infrastructure is most helpful; there are useful chapters presenting the flow of political changes within the NHS, and the effects of government white papers on our vulnerable system. I read with interest the well known medical court cases and examples of failures to support children from recent pastimes.

Anyone preparing for a paediatric consultant interview will find useful chapters enlightening the path to consultancy.

An all round interesting read. Although this is not a comprehensive guide to the NHS infrastructure, it gives insight into how the system works, its failures, and how small changes to our own communication skills can make major improvements to the management of patients under our care.

V Gandhi

CORRECTION

doi: 10.1136/adc.2005.088385corr1

R Gilbert, H K Tan, S Cliffe, *et al.* Symptomatic toxoplasma infection due to congenital and postnatally acquired infection (*Arch Dis Child* 2006;**91**:495–8). A number of errors were published in this paper.

In the Abstract results section “3.4/100 000 live births; 95% CI 2.4 to 4.8” should be replaced with “1.62/100 000 live births; 95% CI 0.85 to 2.83.”

In the last paragraph of the Methods section the sentence, “We assumed that the incidence of congenital toxoplasma infection was constant for the entire 15 year birth cohort and calculated a weighted sum of the mean incidence for each year of age” should be replaced with “The cumulative incidence was based on half the total number of events in 2 years of observation divided by the average births per year between 1988–2003.”

In the last line of the Results section the figure “646 739” should actually be “649 321”.

In table 2 the figures:

3.43 (2.38, 4.78)
0.82 (0.36, 1.60)
2.11 (1.31, 3.23)
1.62 (0.93, 2.62)
3.73 (2.63, 5.14)

should be replaced with

1.62 (0.85, 2.83)
0.39 (0.095, 1.11)
1.00 (0.43, 2.01)
0.85 (0.34, 1.80)
1.85 (0.95, 3.23)

The authors apologise for these errors.

Pre-published book reviews

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