

to date. An infant had presented with increased work of breathing from birth, and tracheomalacia had been found on flexible bronchoscopy. The section on tracheomalacia was again succinct and pragmatic. The chapter on bronchoscopy is by the undisputed king of this investigation, and there was a nice section on interpretation of bronchoalveolar lavage. We had a teenager with a pleural effusion from likely auto-immune disease; there was a solid 23 page chapter on pulmonary involvement in rheumatic disorders. I was therefore very quickly sold on this book – I had confidence that it would deliver what I needed to know and point to further reading.

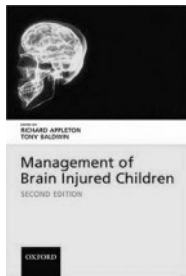
Sometimes a large specialist textbook like this is not so good on more common conditions, especially where a clear and pragmatic guide is needed. There are five chapters in the section on asthma, and in fact the advice on the management of chronic and acute asthma was still pretty good. Although more accessible guidance on acute severe asthma might be found elsewhere, it did give brief up-to-date reviews of the use of intravenous bronchodilators and magnesium sulphate. However, this is not what this book is primarily for; its real strength is the ability to provide highly readable but comprehensive information on the whole range of paediatric respiratory problems.

I am going to keep this book right on my desk. I would consider it the best textbook in paediatric respiratory medicine and therefore a vital resource for specialist paediatric pulmonologists, trainees and paediatricians with an interest in respiratory medicine. While I don't think I can recommend to our trainees that they should keep it by their bed and read a daily passage, this is as close to a bible as it gets....

Tom Hilliard

### Management of brain injured children, 2nd edition

Edited by Richard Appleton, Tony Baldwin. Published by Oxford University Press, Oxford, 2006, pp 398, £32.95 (paperback). ISBN 0-198-56724-3



The concept of multi-disciplinary working in child health is frequently paid lip-service by professionals but is less frequently achieved in practice. This important book on the management of brain injured children is a truly multi-disciplinary production from the head injury rehabilitation team led by Richard

Appleton at Alder Hey, Liverpool. The book is now in its second edition; the first edition, published in 1998, has been revised to provide a

comprehensive guide for professionals managing brain injured children. New information on long-term effects of acquired brain injury (ABI) and resuscitation advances has been included.

The 15 contributors cover acute treatment of brain injury, through nursing and therapy needs to the assessment of cognitive problems and re-integration into the home and educational environments. There is an excellent personal contribution by a survivor of ABI and her mother, which gives some insight into the effect on individuals and their families.

Advances in the management of children with ABI have meant improved survival rates but consequently higher morbidity in survivors, ranging from transient memory deficits to complex, multiple difficulties.

The book discusses the issues around giving long-term prognostic information to families following ABI and highlights problems such as the "sleeper effect", where an individual who has apparently made a good recovery presents years later with cognitive difficulties or school failure.

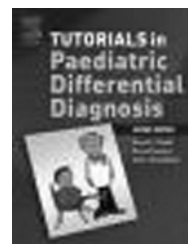
The book is well-referenced with good quality neuro-imaging examples, but it could have benefited from more diagrams, particularly to help explain the chapter on cognitive assessment, and the images in the feeding assessment chapter are of disappointing quality.

ABI is an important subject – the average district general hospital can expect to see 10 children each year who will need rehabilitation – and this book is an excellent guide for the paediatrician and other professionals in the team. It deserves to be widely read.

Neil Harrower

### Tutorials in paediatric differential diagnosis, 2nd edition

Edited by David J Field, David Isaacs, John Stroobant. Published by Elsevier, 2005, pp 288, £29.99 (paperback). ISBN 0-443-07100-4



As medical curricula nationally have moved towards a problem based approach, it is encouraging to find textbooks that mirror this way of learning. When a child presents in a paediatric assessment ward, they will complain of "vomiting" or "noisy breathing" not "problems with the gastrointestinal tract" or "problems with the respiratory system". This book is divided into chapters with titles that describe the child sitting in front of you, "The floppy baby" and "The crying baby". This simple labelling allows quick access to the appropriate topic to allow you to work through the problem.

This book does not cover everything you need to know in paediatrics, nor does it propose to. Its remit is described as "designed

to provide doctors involved in childcare with a logical approach to interpreting symptoms".

Divided into 40 short, accessible chapters, it covers almost all presentations you are likely to see during acute medical paediatric receiving. Within each chapter there is a brief introduction before a description of common diagnoses that should be considered in light of the particular presentation. The chapter is concluded in most instances by a clinical case which keeps the reader interested and grounded in the clinical relevance of the chapter. It is well laid out and easy to read. At times it feels a little too list based, but that is that nature of the book. It fulfils its title well by listing differential diagnoses and providing brief descriptions. This makes the book accessible for use as a quick reference during clinical work. Any further information may be sourced from weightier tomes. It never claims to replace your standard paediatric textbooks but instead directs your use of them.

An alternative use suggested by the authors is to use to topic headings to steer departmental teaching in "tutorials". I have not put this use into practice, but I think used in this way the book would help to ensure some of the most prevalent presenting complaints in paediatric practice are covered. I do not, on the other hand, feel it is a book useful for candidates preparing for MRCPCH; it is not detailed enough with its basic science information for Part 1 A&B. The information contained I would expect most doctors to have obtained through clinical practice by the time they are sitting the clinical examination.

Overall, I feel this is a good quality publication that fulfils its objectives and presents a wide variety of information in a clear and concise format. I feel it would be most useful to those just starting in acute general paediatrics, in particular, the new breed of FY2s who will need to become familiar with common presentations in a short period of time. With specialty placements changing every 4 months, books that allow easy access to core topics will become increasingly popular. I feel this book could be used as a first reference during clinical work and to assist with practice based learning.

Gemma Louise Duffy

## CORRECTION

doi: 10.1136/adc.2005.081216corr1

Jackson L V, Thalange N K S, Cole T J. *Arch Dis Child* 2007;**92**:298–303. Blood pressure centiles for Great Britain. In the Abstract and in the Methods sections of this paper the expansion of the abbreviation "LMS" was published incorrectly. The correct expansion is "lambda-delta-sigma." We apologise for this error.