References
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How to read pediatric ECGs


How to read pediatric ECGs is an unusual book, which harks back to the past. In this era of information overload, the quick answer to most questions — medical or otherwise — can be obtained by “Googling” or similar shortcuts. This book takes a more traditional approach.

The first chapter deals with the lost art of vectorcardiography — the application of basic physics and mathematics to the interpretation of the ECG. Read this chapter carefully and the mysteries of QR5 axis and even the EP Holy Grail — pathway spotting in Wolf-Parkinson-White syndrome — become less opaque. Chapter 2 is a valuable chapter deals with the measurement of basic intervals (PR, QRS, etc) but also adds in exotica such as JT intervals. It deals with the calculation of axis for which three methods are detailed. In chapters 3 and 4, normal values are described with copious illustrations and tables covering the premature neonate upwards. Chapter 5 deals with the complexity of ECG evaluation of chamber hypertrophy. By this stage I started to twiddle with my imaginary echocardiographic probe. Clearly, in modern medical practice, echocardiography is simpler and more accurate in the assessment of chamber size and wall thickness. Nonetheless, a good understanding of the ECG may prove helpful in confusing cases. Chapter 6 deals in great detail with bundle branch block and includes an extensive treatise on partial right bundle branch block in children. Complex vector loops are drawn, prefaced with the warning that “this is for advanced readers only”! Then there follow chapters on ST segment analysis (including the t wave), arrhythmias, AV block and chamber analysis. The book finishes with a description of a concise systematic approach which can be used to read the ECG and analyse arrhythmias and AV block.

How to read pediatric ECGs is clearly illustrated and each chapter is supplemented by excellent review questions that test knowledge of the preceding chapter. There are some very good reference tables of normal values. The book does, however, have some notable omissions. For example, the section on “reading the paced ECG” is extremely brief and omits to mention newer developments such as the biventricular pacemaker and implantable defibrillator. Similarly, the section on Wolf-Parkinson-White syndrome is short and could be improved by the inclusion of pathway localisation algorithms and a description of why the localisation of the pathway is useful in the ablation era.

Overall, this is an interesting and erudite book that will endow the reader with an improved understanding of the theoretical basis of the ECG. I am an enthusiast for endurance sports and, having recently completed the West Highland Way, I can testify to the purification of spirit that can be achieved by tramping through virgin snow across Rannoch Moor. The sense of achievement is immense and is supplemented by a deeper knowledge of oneself, one’s Creator and fellow man. At the same time, the body benefits by relieving muscles and relief that it is all over. This book is a bit like that. Try it!

A Graham Stuart

Childhood cancer in Britain


The National Registry of Childhood Tumours (NRCT) is an enormous, long-standing and meticulously maintained dataset, the analysis of which is presented in this book. The analysis includes all children diagnosed with cancer and leukaemia aged 0-14 years from 1962 onwards and resident in England, Scotland and Wales. The NRCT does not collect any data on older teenagers and young adults, and this book does not include data from Northern Ireland, which was first included in the NRCT in 1993.

Ascertainment of children has been by multiple sources including national and regional cancer registries, the UK Children’s Cancer Study Group, leukaemia trials and death certification. It is estimated to be around 99% complete, whilst loss to follow-up has been less than 1%. Would it be possible, one wonders, to achieve this exemplary level of completeness if the cancer registries were only being established now, in an age of data protection and privacy? The NRCT data to NHS computer records or to other databases at a regional or supraregional level. Longer survival after diagnosis generates a much greater need for services. And, as mortality from all causes in childhood has fallen, so cancer mortality, despite the improvements achieved in survival, has become a much more important cause of childhood death.

This is a scholarly piece of work and the methods used cannot be faulted. By its nature the book is dry and dense with information and tables and can be laborious to read. But as a clean and tidy piece of epidemiology, it is admirable.

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