The text is comprehensive as it covers biomedical, ethical, legislative, and economic aspects of therapeutics in children. The report work surrounding the area is explored fully with separate chapters on national, European, US, and Japanese perspectives. The layout of the book is logical and the content presented in small chapters that can be read relatively easily. However, it is not a book to dip into to get an overview of clinical paediatric therapeutics, as the contents seem to be heavily slanted towards the research and regulatory angles of this emerging area of paediatrics.

I found several chapters very informative and well written, with the sections on medical ethics and trial designs standing out for their clarity and accessibility. Other parts seem less helpful, for example, the chapter devoted to training in clinical pharmacology for paediatricians within the UK does not sit comfortably in a book which feels more concerned with international aspects of therapeutic research.

It was interesting to note in the chapter on “reviewing the evidence”, that after reading the engaging but very generic, “how to review the evidence” section, only two paragraphs actually look at its application in recent medical pharmacology. This may, of course merely reflect the paucity of the evidence base, but this important deficiency is not really discussed in detail and the resulting monograph feels a little underlanced.

The book would be ideal for a university department of paediatrics (if any still exist in the UK) who were undertaking a research programme into therapeutics. It may in similar but not applicable to the R&D department in an appropriately placed hospital.

I cannot recommend it for general reading because of its very particular remit. The title did not convey the book’s contents or purpose to me. In fact it takes until the fifth page of the book (the contents) to realise exactly what the subject of the text is.

The cost of £325.00 gets you 150 ring bound pages of monochrome text and occasional graphs. I think this considerable outlay will not help it to achieve best-seller status among this year’s paediatric texts.

A Brooke

Basic mechanisms of pediatric respiratory disease, 2nd edition
Edited by Gabriel G Haddad, Steven H Abman, Victor Chernick. BC Decker, 2006, pp 546, £92.44 (US$175 (approx.)); £13.50 (approx.), hardback. ISBN 155009159X

As I unwrapped this weighty tome from the protective cardboard packaging it was delivered in, my first thought was “if this is basic mechanisms of respiratory disease, what on earth will the mechanisms look like?”

However, my fears were allayed somewhat on opening the book and being eased into things gently by cystic fibrosis who greeted me on the first page like an old friend, before reapPEARING in many of the subsequent 38 chapters to light my way.

Browsing through the Contents section, I was pleased to see chapters on “Heart–lung interactions” and “Pulmonary circulation”, illustrating the book’s ability to bring together different aspects of paediatric practice and highlight the interactions of different organ systems, something that is sometimes easy to forget. Also, as a budding paediatrician with an interest in immunology/infection, I was delighted to see an entire section devoted to mechanisms of pulmonary defense mechanisms”. It would, however, perhaps have been nice to include an opening introductory chapter and maybe a summary chapter at the end.

By including sections on anatomy, physiology, as well as clinical information, it is possible for the reader to see how the knowledge of each comes together in everyday practice, more so than is possible from studying each facet separately. By guiding the reader through the complex basic science towards the inevitable clinical perspective, the authors have managed to take some of the fear out of laboratory science and translated it in a practical fashion that clinicians can better understand.

Cobwebs were blown from dusty corners of my mind when reading the excellent (and basic—as promised!) section on embryology, but I occasionally broke out in a cold sweat while trying to follow the plethora of diagrams and information that sometimes blocked my path. Notably I was transferred back to my undergraduate days by the chapter on “Ion transport”—the mere sight of the sodium/potassium transport pump still able to elicit in me autonomic responses normally reserved for the run-up to a big exam! I was delighted to find lists of causes of things scattered throughout the book, and fell on them with a zeal characteristic of one over whom the MRCPCH part 2 currently hangs.

The book was jam-packed with references, and I can’t convince myself that this is a selling point for a general paediatric audience. For me personally, it was at times overwhelming (Chapter 22 is 12½ pages long and is followed by a list of 171 references), at other times intimidating, and sometimes meant that chapters felt more like articles in a specialist journal than something in a textbook. However, if at some stage in the future I am asked to write, for example, an extended essay on the physiology of cough, I will know where to start (Chapter 13, just over 3 pages, 41 references!)

For readers who prefer clicking and scrolling to flicking through 546 pages, the book is accompanied by a CD, the package being snappily labelled “book cum disk”. If, however, you are expecting interactive diagrams and 3D real-time mock-ups of molecules interacting, you may be disappointed to discover that the CD simply contains the full text and illustrations of the book.

Overall, for a general audience, it is a text that sometimes strays from the basic path, towards advanced concepts—something that often happens in books written by enthusiastic champions of sub-specialties. I also suspect that the price tag will put off all but the most specialist shopper. However, I have immense respect for the authors who have radically overhauled the volume since its first edition a decade earlier. They have added no less than 13 additional chapters to the original book, no small labour of love for a topic they are clearly passionate about.

So, what will I be doing with my copy? Well, I will add it to my hoard of reference books until such time that the cloud of MRCPCH has passed over me (fingers crossed), when I will donate it to the hospital library. Minus the CD of course…

R Isba

Middlesex

In my current hospital the library has recently opened a humanities section. To escape the drier journals on offer I visited the new bookcase out of curiosity. With a holiday coming up I thought there might be a book for emergency usage should it pour with rain. The title on the spine suggested a guide to the Home Counties or a history of cricket—but the picture on the front cover of a mandrake prompted a closer inspection.

A story based on a character with 5-alpha-reductase deficiency is probably not what most people would consider the foundations for a gripping read. However, this book is more than a tale about one person. It is an epic journey that spans generations, cultures and continents. From the hot humid hills of Turkey to the sultry summers of Detroit, the reader follows a family’s choice in partners leading to Calliope Stephanides. Calliope is slowly introduced as a child with a difference; hermaphroditism. The story starts with the expulsion of the Greek community in Turkey, and then sails across the Atlantic, until the train destination of Detroit is reached. There the generations of Stephanides cope with integration and the pull of old traditions, as they change from Greeks to Americans. The social upheaval of the black community’s struggle for recognition is realised against the backdrop of Mr Ford’s metal empire of car manufacture. Among all these snapshots of world events the central story is unfolded—each chapter revealing the thoughts, feelings, and insecurities of a child and teenager becoming increasingly aware that their life is somehow not the way it should be.

Calliope’s tale of realisation is narrated in the first person, giving the book an intimate feel; like a full paediatric history all areas of her life are considered and reflected on. Any science is mentioned in passing, and the reader knows that although a genetic fault is shaping Calliope’s future, her identity is not determined solely by the dice-roll of meiosis. As one reads the book and Calliope transforms from knowing she is a girl to the epiphany of manhood, the narration seems to subtly change. To cast a stereotype, the book begins with a feeling of the feminine—sensitive reflection with more attention paid to the way others think and react. As Calliope’s unexpected awakening to a more masculine outlook continues, the book takes on a more concrete appreciation of the world, with detail and description moving perception aside.

The novel encompasses the feelings and thoughts of the central character without descending into sentimentality or exploiting them in a Victorian circus side-show. All clinicians, and families faced with gender crises or difficult life-changing decisions on identity should read this book;
delve into an emotional trip of discovery—where the slightest direction change could lead to myriad different lives.

S Fountain-Polley

ADHD: the facts


ADHD is a relatively common condition which is often the focus of news articles and emotive discussion. There has long been argument over whether ADHD is a “real” condition, the influence of parenting style on behaviour, and whether medication is being prescribed too frequently or not often enough. Many paediatricians will be asked their opinion of this condition by worried parents.

“All the information you need—straight from the experts” announces the front cover of this book. Mark Selikowitiz, a consultant developmental paediatrician based in Australia, presents this no nonsense up to date factual text on all aspects of ADHD from symptomatology and comorbidities, the diagnostic process, and treatment options. The book, which is primarily aimed at parents of children with ADHD, provides comprehensive and detailed information.

The book is easy to read with relatively straightforward and full explanations of complex concepts such as brain neurotransmitter chemistry and the role of genes in the condition. Comments from parents are used to describe some of the difficulties their children have and illustrate the problems faced by families. The sentiments expressed will be familiar to most paediatricians, for example “we are desperate...you are our last resort”. Sections are clearly divided and indexed, allowing easy browsing for particular topics. A large amount of information is provided about potential difficulties faced by some children. At times this can be almost overwhelming, with sections, for example, on defiance in association with ADHD, including topics from swearing to stealing, setting fires, destroying property, animal cruelty, and forced sexual activity, to name a few. However, there is a great deal of helpful practical advice regarding managing difficult behaviour both at home and in the school environment.

A balanced view of treatment options is presented with sections on drug treatments, behavioural management, and also a chapter on unconventional treatments describing what they consist of and investigating whether there is any evidence to support their claims of success. Additionally, topics such as schooling and adulthood are mentioned, and guidance is provided for parents in areas such as explaining the condition to the child. Resources such as books for children with the condition and their siblings are listed and there is an appendix of reliable websites for further information.

Generally this text provides a great deal of information and would certainly be a useful book to recommend to parents wishing to learn more about ADHD. For doctors unfamiliar with the condition, certain sections give a practical overview of current knowledge and the text provides an insight into the complex difficulties faced by families. The main disadvantage from the professional viewpoint is that references are only provided for the evidence supporting drug treatment, although other studies are mentioned in the text. However, for a brief and thorough guide to ADHD in a readable format this text is a good place to start.

A M Kelly

Mother’s view

I had to concentrate and sit still myself to read this book!

I was impressed by the detail that had gone into writing about this subject and I felt a great sense of relief to find a book that so accurately described everything about ADHD and the difficulties my son faced and that it is an actual disorder. I wished that I had had this book when I was trying to explain to his headteacher about the causes of ADHD. I realised that she did not believe me when I explained about neurotransmitter levels and that my son could not always be relied on to control his behaviour even if he did know right from wrong. He suffered several exclusions from school and it was not until they discovered that his older sister was going to Oxford University that they decided I was not such a bad mother; he was never excluded again.

I found the book helpful in explaining that the behaviour is due to the immaturity of the frontal lobes and the fact that an ADHD child’s behaviour is inconsistent because he has not achieved skills acquisition for his executive functions. I have always felt my son was about two years behind, socially and emotionally. One interesting feature described that I had noticed in my son but had not associated with ADHD, is his tendency to develop preoccupations with an idea. He would become stuck on wanting a particular toy or latest a golf club and not caring how much it will cost; he would go on and on.

I totally agree with the author that the behaviour programme would not work without the use of Ritalin. It allowed my son to experience what it felt like to have positive feedback from normal behaviour and being able to concentrate. His reading age improved from 8 to 13 soon after he started Ritalin, as did his behaviour.

I found the chapter on learning difficulties very interesting, as I had not realised how many difficulties my son had, although I had suspicions. I kept being told that my son did not need a statement and that he was naughty and not trying enough. As the book explains, these children have poor auditory attention. A good example of this was when we were skiing one time. I told my son to ski to the bottom of the run and wait by the lift. He thought that I had said go back to the bottom of the mountain. It resulted in me calling out the mountain rescue team to find my son; I got stuck the wrong side of the mountain while he was back at the hotel.

As the book describes, an ADHD child does not manage tedious tasks like getting ready for school, but my son is able to organise himself completely for a golf tournament. It is very interesting to read about the ADHD genes, which control the neurotransmitter pathways. I have always thought that my husband had one half of the features and I had the rest, so that my son inherited ADHD.

It is not very clear from the book about how an ADHD child manages without Ritalin as they mature, and if it is like asthma or diabetes (last chapter). In the section on the brain, it says that as the brain develops in adolescents, more synapses are formed and the pruning process enables the frontal lobes to be rewired in such a way as to compensate for the depleted levels of neurotransmitter. Some parts of the book may be difficult to read without a medical background.

I disagree with the book about the criticism of sensory integration techniques. The brushing techniques certainly worked to calm my son. If I think that exercise does play a part in calming the ADHD person. My son, who is now 17, has chosen to stop Ritalin and will go and play golf when he is particularly “hyper”.

I would have liked the book to describe more of the positive aspects of ADHD children; although they exhaust you they are tremendous fun because of their impulsivity. They can think laterally and are not bound down by the restrictions of society. We need the risk takers, inventors, and the great sportsmen.

This book will be an excellent reference book for parents to give them support and help in understanding and explaining the condition to friends, teachers, etc. I would certainly recommend this book to any parent who has a child with ADHD.

Janet Gibson

Pre-published book reviews

Book reviews that have been accepted for publication but have not yet been published in the print journal can be viewed online at http://adc.bmjournals.com/misc/bookreviews.shtml

www.archdischild.com