- 8 Van Ranst M. Chandipura virus: an emerging human pathogen? *Lancet* 2004;**364**:821–2.
- 9 Chadha MS, Arankalle VA, Jadhav RS, *et al.* An outbreak of Chandipura virus encephalitis in the eastern districts of Gujarat state, India. *Am J Trop Med Hyg* 2005;**73**:566–70.
- 10 Peiris JS, Dittus WP, Ratnayake CB. Seroepidemiology of dengue and other arboviruses in a natural population of toque macaques (*Macaca sinica*) at Polonnaruwa, Sri Lanka. *J Med Primatol* 1993;**22**:240–5.
- 11 Fontenille D, Traore-Lamizana M, Trouillet V, *et al.* First isolations of arboviruses from Phlebotomine sand flies in West Africa. *Am J Trop Med Hyg* 1994;**50**:570–4.
- 12 Traore-Lamizana M, Fontenille D, Diallo M, *et al.* Arbovirus surveillance from 1990 to 1995 in the Barkedji area (Ferlo) of Senegal, a possible natural focus of Rift Valley fever virus. *J Med Entomol* 2001;**38**:480–92.
- 13 Tselis A. Isolation of Chandipura virus from a child with febrile encephalopathy. http://www.promedmail.org/pls/promed/f?p=2400:1001:7162837423564717958:::F2400_P1001_BACK_PAGE,F2400_P1001_ARCHIVE_NUMBER,F2400_P1001_USE_ARCHIVE:1202,20040806.2160,Y.
- 14 Focosi D. Homo sapiens diseases—subcellular life forms. <http://focosi.altervista.org/pathoviruses.htm>
- 15 Rose NF, Roberts A, Buonocore L, *et al.* Glycoprotein exchange vectors based on vesicular stomatitis virus allow effective boosting and generation of neutralizing antibodies to a primary isolate of human immunodeficiency virus type 1. *J Virol* 2000;**74**:10903–10.
- 16 John TJ. Chandipura virus, encephalitis, and epidemic brain attack in India. Author reply. *Lancet* 2004;**364**:2175–6.
- 17 Bhaskaran CS, Kamala K, Narasimham MVV, *et al.* Outbreak of viral encephalitis in Andhra Pradesh. Report of the Research & Analysis Cell, Department of Health, Medical & Family Welfare. Government of Andhra Pradesh, India, 2003.
- 18 Geevarghese G, Arankalle VA, Jadhav R, *et al.* Detection of Chandipura virus from sand flies in the genus *Sergentomyia* (Diptera: Phlebotomidae) at Karimnagar District, Andhra Pradesh, India. *J Med Entomol* 2005;**42**:495–6.
- 19 Arankalle VA, Prabhakar SS, Madhukar WA, *et al.* G, N, and P gene-based analysis of Chandipura viruses, India. *Emerging Infectious Diseases* 2005;**11**:123–6.
- 20 Wairagkar NS, Shaikh NJ, Ratho RK, *et al.* Isolation of measles virus from cerebrospinal fluid of children with acute encephalopathy without rash. *Indian Pediatr* 2002;**38**:589–95.
- 21 John TJ. Encephalopathy without rash, caused by measles virus? More evidence is needed. *Indian Pediatr* 2003;**40**:589–93.

BOOK REVIEWS

Practical approach to pediatric intensive care

Edited by Praveen Khilnani. Hodder Arnold, 2005, £69.00 (approx. €101, \$118) (hardback), pp 826. ISBN 0340905824

Praveen Khilnani and an impressive authorship from across India and the USA have set out to produce a text emphasising the practical aspects of paediatric intensive care. It is described in the preface as the “first comprehensive

Indian textbook on pediatric intensive care”. Have Khilnani and his colleagues succeeded and will the book reach out to a wider

European and North American audience? I read on with interest.

Using a systems approach the book is divided into 12 sections. In keeping with the title the first section is basic practical issues. Unfortunately a tone is set for the book immediately. It is plagued by spelling mistakes and quite fundamental factual errors. For example, five different formulae and tables are provided for estimating endotracheal tube size. One formula calculates a size 16 tube for a 4 year old rather than the correct size 5. Throughout the book the theme is of poor editing and a lack of focus. Allowing the important issue of cardiogenic shock to be limited to neonatal disease in a paediatric textbook is just one example, but one of many I’m afraid.

These failures are a great pity because there is much to admire, particularly in the sections on procedures which are complemented by clear diagrams and schematics. I found the information on airway obstruction and difficult intubation to be concise and informative and the emphasis on basic physiology throughout is commendable. I have a particular interest in the transport of critically ill children, and the relevant chapter based on the American Academy of Pediatrics guidelines is sound, with some useful detail relating to aeromedical work. The appendix to this chapter details appropriate medications, which is also useful, but the lack of international consensus on drug names and doses will be limiting for some.

The intensive care of children requires a multi-professional approach. The book has a short chapter on nursing issues which is rather superficial and fails to emphasise the impact of extending roles, for example in weaning from ventilation. A senior paediatric physiotherapy colleague who reviewed the chapters on mechanical ventilation felt that there was a repetitive discussion of principles, modes, and equipment which was both potentially confusing and unnecessary. A paragraph on the role of chest physiotherapy was also felt to be superficial and lacking in enough detail to benefit units where physiotherapy provision was limited.

Is there anything here for the generalist or trainee on attachment? If you have the time to hunt for useful information you will find it, but I would suggest there are better, more focused texts on the market for this audience.

So for the acid test—will this book become a well thumbed copy on the shelves of my intensive care unit? Unfortunately, the answer is no. There are just too many errors, too many important differences from established practice, and too little emphasis on multi-professional team working. In the end good intentions are nothing without attention to detail.

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I would like to thank ML for her help with this review.

S Hancock

Ethical dilemmas in pediatrics: cases and commentaries

Edited by Lorry R Frankel, Amnon Goldworth, Mary V Rorty, and William A Silverman.

Cambridge: Cambridge University Press, 2005, £45.00 (approx. €65, \$80) (hardback), pp 302. ISBN 0521847443

Ethical problems are common. Nowadays doctors face a dual difficulty, deciding what is best for the child while ensuring that their actions do not result in complaint, criticism, or worse. Will this book help paediatricians? The simple answer is that it might. What it does is to spell out

some clinical scenarios, and then discuss the ethical aspects.

The scenarios are mostly familiar to paediatricians: severe CNS impairment following hypoxia or cardiac arrest; decision making in children with complex cardiac or intestinal pathology; the management of malignancy and bone marrow transplantation; withholding food and fluids; whether or not to ventilate a 23 week gestation infant; the management of an infant with septic shock whose mother demanded herbal therapy.

The book has 27 contributors, all of whom have MD or PhD degrees; one is from the UK, but the rest are from the USA. A significant part of the book concerns issues that are unfamiliar or unheard of in the UK, such as a healthcare organisation refusing to fund a paediatric surgeon (for a child with a Wilms’ tumour who was then operated on by an adult surgeon), or refusing to sanction a plastic surgeon for a child whose face had been badly bitten by a dog. The gulf between medicine in the USA and the UK is further illustrated with the comment regarding a case of intentional poisoning (laxative abuse) when it is gloomily noted that the management of Munchausen syndrome by proxy is “often not financially rewarding for the health care and other practitioners involved”.

The discussions of each clinical scenario vary from being mundane and self-evident to thought provoking and helpful. Unfortunately an undue proportion of comments are jargon ridden and unfathomable. For example:

“Seeking a ground common to and intelligible to holders of utilitarian, aretaic or deontological theories, it avoids a deductive or top-down approach to ethical decision making.”

or

“If ‘principilism’ represents an ecumenicism of theory, casuistry as the term is used in bioethics represents a countervailing inferential intuitionism.”

or

“I analyze their encounter and its outcome as being the product of an inapposite model of ethical reasoning that cannot be made more compelling by politicizing adherence to principles.”

or

"Besides referring to needs as a test in determining the appropriate domain for paternalistic interference with another, we can also rely upon a Kantian recast version of hypothetical consent."

This book is intended for medical students, trainees, and practising physicians, and is described as a teaching tool for clinical ethics. Although this aim is achieved, while covering a good deal of ground, it is unclear to what extent the book will appeal to those outside the USA. The turgid nature of some of the writing is likely to deter a reader who is not already a fully fledged expert in ethics and its literature.

T J David

Evidence-based paediatrics and child health, 2nd edition

Edited by Virginia Moyer, Elizabeth Elliott. Oxford: BMJ Books/Blackwell Publishing, 2005, £90.00 (approx. €131, \$154) (hard-back), pp 542. ISBN 0727917463.

I must admit to a somewhat heavy heart when this book arrived for me to review; this is a fairly serious looking 550-page book with a grey cover and, as my family pointed out, "no pictures". On the other hand, I thought, here is a

book that will give me all the answers—evidence based medicine (EBM) to me seems to involve an awful lot of hard work for a topic that was never mentioned at medical school, but one which I've been trying to tackle ever since. My often-used excuse is that there simply isn't sufficient evidence on which to base decisions; one only has to look at the conclusions in all too many Cochrane reviews. I thought this book would be a little more liberal in its appraisal of published studies than the rather rigid reviews in Cochrane, and come up with more answers.

Quite quickly one realises that simple "answers" is not what this text is about; rather it is lesson as to how to practise EBM in its purest form. The first half of the book is a "manual" of generic skills, a tutorial, to teach the reader all about EBM. I learnt how to structure questions so that I could then better search for answers; I discovered the most time-efficient sources to answer these questions, and then how to assess

and interpret the information I had gathered; last but perhaps most importantly, I learnt how to use the evidence to inform my decisions. This section was a logical and easily understood lesson, albeit a long one, and a wonderful source of practical, applicable advice for those like me who grew up experiencing anecdote or prejudice based medicine.

The second "answers" section that I was originally hoping for is over 350 pages of clinical scenarios covering all subspecialties of paediatrics. Each scenario is used to frame questions, search for the evidence, which is then analysed and evaluated, before the answers are finally arrived at. As one may guess, this is a lengthy process requiring the reader to plough through a paragraph of text to arrive at the answers to each question posed. On a more immediate, superficial basis there was a summary table at the end of each scenario which I found useful. No book can be comprehensive, nor can it be completely up-to-date, but to help there is a CD-ROM which may be useful for some, and a website which is constantly updated as new studies become available.

So where will this text sit on the shelf? At first glance, it would appear to be a reference text for the jobbing paediatrician to turn to in the middle of the night—but in these days of the internet and of departmental clinical guidelines, I doubt it would be the first source of information for busy staff. In my view this is instead a comprehensive text for those wishing to become relative experts in EBM—one is guided through the theories and steps involved in collecting evidence, one learns how to critically appraise studies in depth, and use all this in the setting of an individual patient. Laudable indeed, but not for the average clinician I fear. This is a worthy tome, but I suspect it will remain on the shelf to be used by those with a more academic interest in the subject. Most will use the more processed and easily digestible information out there on the web when posed with a clinical query. Of course, I may be speaking as a horribly out of date dinosaur, but judging by the vast majority of the young juniors who are all too keen to accept the first bit of "evidence" they come across, I doubt it.

M Wagstaff

Antiepileptic drugs: combination therapy and interactions

Edited by Jerzy Majkowski, Blaise Bourgeois, Philip Patsalos and Richard Mattson. Cambridge: Cambridge University Press, 2005, £85.00 (approx. €125, \$150), pp 496. ISBN 052182219x

Combinations of anti-epileptic drugs frequently cause concern to prescribers. Interactions are known to occur, and in paediatrics the use of polytherapy indicates a failure of monotherapy to control seizures. Polytherapy may occur when a second drug is introduced before the

first is withdrawn, or as a long term measure in order to achieve seizure control.

This book was designed by the International League against Epilepsy. They contacted internationally recognised experts in the field of antiepileptic drug interactions who contributed to the book. This has led to the book being written by over 30 authors. There is some overlap in the subject matter, especially in the first section of the book which deals with the principles involved in drug interactions.

This book is a comprehensive manual of epileptic therapy for both adults and children. The main emphasis of the book is the clinical pharmacology which underlies the drug interactions. Its emphasis reflects the move in adult practice from monotherapy in epilepsy to rational polytherapy. As such this is a book more suited for those who routinely use polytherapy in the treatment of seizures, than for a general paediatrician.

Much of the book is given to the discussion of the pharmacokinetic and pharmacodynamic aspects of interactions between various antiepileptic drugs, medicines used for other conditions, and food. The information given will of course be likely to be added to in the future as new interactions are recognised, and most clinicians would search online databases if one of their patients had a suspected drug interaction.

This book though is a mine of information on the different mechanisms of antiepileptic drug interactions. As such it ought to be used by anyone involved in clinical trials of new antiepileptic medications or those which are being used for the first time in children. The comprehensive nature of the information given is invaluable for those involved in the use of new drugs in children with epilepsy.

One obvious omission for the paediatric epilepsy specialist is the absence of any mention of the ketogenic diet, despite a chapter on the influence of food and drugs on the bioavailability of antiepileptics.

This is a book for the specialist rather than the average paediatrician. It is invaluable for those who deal with adolescent patients and those entering adulthood as well as children. Those involved in antiepileptic drug design would be advised to read it. However, for the majority of clinicians faced with a possible antiepileptic drug interaction, a search of Medline would provide enough information to advise management.

J Stanley

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.bmjjournals.com/misc/bookreviews.shtml>