Finally, as Dr Jaspan reminded their lordships, there can never be absolute certainty in these matters (judgement para 159):

"Because in medicine there is never a hundred per cent certainty. So, if I was asked is there a hundred per cent certainty that it could happen, I would have to be honest and say no, there must be almost the freak situation where that could happen."

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Competing interests: Michael Mackey is a criminal defence lawyer, who had no involvement with the cases subject to this appeal, but has conducted the defence in other "shaken baby" cases.

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The code on competing interests of the ACP

We are very interested in the debate recently published in *Archives* regarding the relationships between paediatricians and infant formula milk companies.^{1,2} In 1998 our Association, whose main aims are providing continuing medical education, promoting primary care research, and protecting children, launched an initiative to develop a code on competing interests.³ This was based on the principles of the code of the International Pharmaceutical Manufacturers' Association and the international code for the marketing of breast milk substitutes. The code was intended as a list of recommendations for members without any intention to punish violations. Since then our Journal (*Quaderni Acp*) and our National Congress have been free from sponsorship by infant formula milk companies.

We think that the relationship with manufacturers must obviously continue, but it must be based on the ethical principles of transparency and independence, keeping in mind that the most important beneficiary is the patient.

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Life threatening hypernatraemic dehydration in breast fed babies

We have read with great interest the article by Shroff *et al*.¹ Weight loss up to an acceptable degree (<10%) is a physiological event unless a negative imbalance occurs between weight loss and milk production. We have recently shared our experiences related to risk factors for excess weight loss and hypernatraemia in exclusively breast fed infants.²

Data were prospectively obtained from exclusively breast fed healthy term neonates at birth and from healthy mothers with no obstetric complication to determine risk factors for excess weight loss and hypernatraemia in exclusively breast fed infants. Thirty four neonates with a weight loss >10% were diagnosed between April 2001 and January 2005. Six of 18 infants who were eligible for the study had hypernatraemia. Breast conditions associated with breast feeding difficulties ($p < 0.05$), primiparity ($p < 0.005$), less than four stools ($p < 0.001$), pink diaper ($p < 0.001$), delay at initiation of first breast giving ($p < 0.01$), birth by caesarean section ($p < 0.05$), extra heater usage ($p < 0.005$), extra heater usage among mothers who had appropriate conditions associated with breast feeding ($p < 0.001$), mean weight loss in neonates with pink diaper ($p < 0.05$), mean uric acid concentration in neonates with pink diaper ($p < 0.0001$), fever in hypernatraemic neonates ($p < 0.02$), and the correlation of weight loss with both serum sodium and uric acid concentrations ($p < 0.02$) were determined.

Excessive weight loss occurs in exclusively breast fed infants and can be complicated by hypernatraemia and other morbidities. Prompt initiation of breast feeding after delivery and prompt intervention if problems occur with breast feeding, in particular poor breast attachment, breast engorgement, delayed breast milk "coming in", and nipple problems will help promote successful breast feeding. Careful follow up of breast feeding dyads after discharge from hospital, especially regarding infant weight, is important to help detect inadequate breast feeding. Environmental factors such as heaters may exacerbate infant dehydration.

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BOOK REVIEWS

Teaching and learning in clinical settings

Edited by Richard Hays. Oxford: Radcliffe Publishing Ltd, 2006, pp 168, £24.95 (US\$45 (approx.); €35 (approx.)) (hardback). ISBN 1857757513

Clinical teaching is at last no longer see one, do one, teach one. With this insight from the medical profession comes (not before time) a plethora of books on teaching.

This book by Richard Hays is a practical tome.

Primarily about teaching medical students, it establishes right from the start that one doesn't have to be an educationalist to be a good teacher. It is only the minority of clinicians that undergo any formal educational training, but conversely, formal training does not produce a good teacher. This book sends the message that teaching well is not a skill that everyone has, or even has the potential to acquire, but one that we can all improve.

This book is said to be a primer for clinical teachers. It is divided into three parts: the first gives information on being a clinical teacher, the second provides practical advice on the how to teach, and part three is the theory section.

The first part of this book serves as an insight into the difficulties and challenges faced in the development of a medical curriculum, and although interesting, is not very relevant to the jobbing clinician. The section ends with a useful and concise section on common principles of clinical teaching.

The second part of the book is excellent, relevant, and practical. It is divided into four chapters, each using scenarios to ensure relevance in one's day-to-day practice. It starts by presenting a series of clinical teaching skills: some expected, such as lectures and small group teaching; and some that the reader may not have previously thought about, such as dealing with academic performance and personal problems. It uses scenarios to present a teaching method and to illustrate the pitfalls and difficulties faced with that method. Each example is concluded with a clear and concise top tips section. The author encourages active participation by the reader in asking him to write down his thoughts on the learning processes described.

The following chapter presents teaching strategies in common clinical settings, such as in the operating theatre and in outpatients. It allows readers to explore ways of extracting the most educational benefit from a range of settings. Following this is a chapter concerned with the assessment of learners. It starts by looking at the strengths and weaknesses of assessment within the clinical setting and then moves on to commonly used methods. This section of the book concludes with a chapter on evaluating clinical teaching and learning. The author gives a practical approach to the evaluation of