

ing theme: bronchiolitis, cystic fibrosis and bronchopulmonary dysplasia, among others, are listed together as causes of wheezing but would rarely be considered together as possible diagnoses.

In the text I would have welcomed more emphasis on differential diagnosis and more information about the relative incidence of the conditions mentioned under each heading. There are some excellent concise accounts. These are particularly useful where information in textbooks is lacking, for example Munchausen disease by proxy, and where an overview directs further reading, for example headaches and convulsions. However, combining an attempt to say something about every condition with a need for brevity often results in simplistic accounts, for example, 'Crohn's disease is a rare though important cause of abdominal pain in childhood'.

This book, despite its limitations, usefully supplements standard texts. Paediatricians may be helped when encountering less common symptoms and signs and when there is a need to consider the rarer causes of common symptoms. I have found it helpful when considering the differential diagnosis of such diverse symptoms and signs as livedo reticularis, excessive sweating, and the rarer causes of apnoea in infancy. The enthusiastic student may also usefully refer to the book when starting to face diagnostic dilemmas.

CAROLYN J ADCOCK
Senior registrar

Paediatric Pathology. 3rd Ed. Edited by Sir Colin Berry. (Pp 942; £195 hardback.) Springer-Verlag, 1996. ISBN 3-540-19936-5.

Professor Berry's *Paediatric Pathology* now enters its third edition, only six years after its second. Over the three editions the size has increased significantly with a smaller text size on more pages. As a paediatric book, it largely avoids those diseases and conditions associated more with the process of birth or prematurity, although of course congenital malformation features large. While some overlap is inevitable, it is a stablemate of, and largely complementary to, Keeling's *Fetal and Neonatal Pathology*. The book is directed primarily towards the general rather than the specialist paediatric pathologist and, as there is no direct competition in paediatric pathology, should find a receptive audience.

As a paediatric pathologist, I have found previous editions a little too thin to be of very much practical help when faced with a problem. Exception are those chapters that describe a very practical approach to a problem whether of description (cardiac) or of specimen handling and diagnostic requirements (metabolic).

If described at all, conditions have been covered too briefly with little discussion of differential diagnosis. As I doubt a general pathologist will need less information and explanation to understand a problem than a specialist, I suspect my experience is true for the target readership.

But that is the past, what of the third edition? There is no significant change to the overall format. As before, chapters cover organ and system pathology in a conventional manner but also with chapters on sudden unexpected infant death, embryonal tumours, and theoretical aspects of congenital malformation. There are some changes in

authorship and new chapters on the pathology of AIDS and bone marrow pathology. The text is well set out and the illustrations generally of good quality.

However, the most significant alteration since the first edition is a cumulative one. The modification of chapter titles together with a gradual expansion of some chapter lengths, not necessarily extensive, has led to a text that will be a better resource to general and specialist pathologists needing an introduction to less familiar areas. It may be premature to look forward to the fourth edition, but I hope this trend towards expansion continues.

STEVEN GOULD
Consultant paediatric pathologist

Gellis and Kagan's Current Pediatric Therapy. 15th Ed. Edited by F Burg, J Ingelfinger, E Wald, and R Colin. (Pp 894; £55 hardback.) WB Saunders, 1996. ISBN 0-7216-5016-3.

Over the years successive editions of Gellis and Kagan's classic work, just like *Topsy*, have 'grew and grew'. Thirty years on and now in its 15th edition, this magnum opus has four editors and 435 contributors. It seemed a little incongruous (and more than a little overwhelming) for a single reader to comment on such a body of scholarship and, in an attempt to redress the numerical imbalance, I enlisted a handful of willing colleagues

to help me undertake the task! These included a couple of general paediatricians, one with an interest in rheumatology, a paediatric oncologist, and a senior registrar. We each chose relevant sections of the book to read. I then collected comments, allowed them to simmer for several weeks and finally tried to prepare a distillate which was representative of our views.

Firstly, the design characteristics of the book were appreciated; printing was clear, subheadings stood out, tables were easily assimilated, and key references were appended after each author's contribution. Inevitably the style of the text was a little uneven with such a huge authorship but it was easy to find one's way around the volume. The book is truly comprehensive with sections on fetal and adolescent medicine, behavioural and social medicine, and balanced consideration is given to emergency management of acute disorders as well as long term management of chronic conditions. I failed to find guidance on one topic only—pain relief in the dying child.

The consensus view is that Gellis and Kagan is a good reference book for providing the historic perspective on treatment as well as current concepts, although precise practical advice on challenging problems is sometimes lacking.

It should be noted that despite our reservations, my willing helpers have extracted a promise that the copy of this book that we are allowed to keep as a reward for our labours is generally available!

GAYNOR F COLE
Consultant paediatric neurologist

Correction

Byler-like familial cholestasis in an extended kindred

An error unfortunately occurred in this paper by Bourke *et al* (1996;75:223-7). A vertical line indicating descent of the father of the larger sibship and his sister, the mother of the smaller affected sibship, from the second consanguineous grandparental marriage was inadvertently omitted from figure 1. The correct depiction of the figure is shown below.

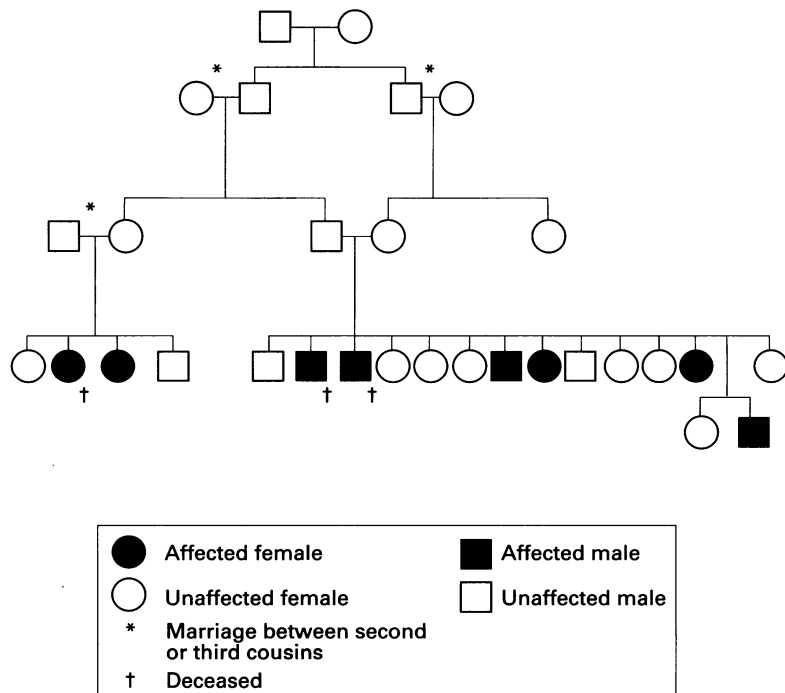


Figure 1 Pedigree of Irish Byler kindred illustrating high degree of intermarriage.