



patient taking amiodarone should alert the examiner to the presence of pulmonary fibrosis, a very serious complication of amiodarone. Similarly, one of the tables indicates that pericarditis is caused by hydralazine and procainamide or anticoagulants. However, this statement is only valid if the patient presents with the side effect of lupus-like syndrome (or an underlying pericarditis made worse by anticoagulants causing bleeding into the pericardial sack). To imply that these drugs have the same cause of pericarditis as renal failure or viral infections is misleading.

The early use of transthoracic echocardiography could have been stressed in the explanation of the underlying mechanisms in a patient with chest pain, with hypertension or cardiogenic shock, or with suspected pericardial tamponade or pulmonary embolism. The use of short-acting nifedipine in the treatment of hypertension is also a dubious recommendation.

Overall, this book does contain useful information. The final critics, 1st-year residents who have read it, state that it is good.

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The Children of Neverland: The Silent Human Disaster

Gideon Koren. 153 pp. The Kid In Us Publications, Hospital for Sick Children, Toronto. 1997. \$20. ISBN 0-9681801-0-8

Overall rating: Very good
Strengths: Breadth of topics; compelling writing style
Weaknesses: Lack of detail about any one subject, need for more careful editing

Audience: Anyone professionally or personally interested in the welfare of children

Thousands of children born each year will never reach their full potential, trapped for life in "Neverland." In Koren's words, the book is a "human manifesto . . . not a scientific document" and on that level it succeeds.

Using anecdotes, case histories and statistics suitable for the lay reader, Koren describes the many threats to children, arguing that most of these threats are preventable and therefore doubly tragic. Individual chapters address environmental exposures, embryological toxins, medical interventions, poverty, war and ethnic conflict, teenage pregnancy, suicide, poisoning and politics. He cautions us, however, not to draw premature conclusions about risks. He advocates more research involving children as being essential to the prevention of unnecessary abortions and to the improvement of our prevention strategies. He challenges our assumptions about children's ability to make informed decisions, persuasively contrasting them against the major responsibilities we give babysitters.

The strengths of the book are its breadth and Koren's caring, compelling style of writing. Breadth, however, is also the book's principal weakness; the book lacks the detail needed to be a reference for any of the topics. A professional editing might make the text flow more smoothly. Also, it is difficult to evaluate some of the author's statements because of the limited bibliography. For example, given the extensive sex education now in elementary and high schools, at least in Ontario, I am left wondering if more education is really the solution to the high teenage pregnancy rate.

Who would benefit from reading this book? It should be of specific interest to educators and parents on

school councils, health planners, health sciences students and people registering for pregnancy and birthing classes. It may be of particular value as a course book for senior elementary or early high school health classes. Any of us involved in the care of children, however, can afford to be reminded from time to time that while the lives of children are more secure than they were in Charles Dickens' time, there is still much to do.

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Management of Injuries in Children

John F.T. Glasgow, H. Kerr Graham. 440 pp. Illustrated. BMJ Publishing Group. 1997. Distributed in Canada by the CMA. \$102.95 (\$85.95, members). ISBN 0-7279-0925-8

Overall rating: Good
Strengths: Reads well; many useful clinical pearls
Weaknesses: Some imbalance in coverage of topics; algorithms would be useful
Audience: Emergency physicians, pediatricians, family physicians who work in the emergency department; others who care for injured children

Physicians who provide acute care to injured children are the intended audience for this book. Written by John Glasgow and H.K. Graham from Sheffield and Ulster respectively, the book has a distinctly British flair. (For instance, the authors show a preference for diazepam for acute management of seizures, as opposed to lorazepam.) The same comment applies to syntax; some North Americans might stumble over terms such as paracetamol and pethidine.