A Clinical Guide to Inherited Metabolic Diseases

Joe T.R. Clarke. 280 pp. Illust. Cambridge University Press, New York. 1996. US$74.95 hardcover; US$29.95 paperback. ISBN 0-521-48064-7, hardcover; ISBN 0-521-48524-X, paperback

Overall rating:	Excellent
Strengths:	Accessible, clinically based approach; liberal use of tables and figures
Weaknesses:	Notwithstanding the relatively limited impact molecular genetics has had on metabolic diseases, the section covering this area (two pages) is rather thin. Use of acronyms throughout; one list of all abbreviations, with explanations, would have been welcome
Audience:	Pediatric house staff and general pediatricians

Inherited metabolic diseases are viewed with collective anxiety by pediatric house staff and general pediatricians alike; clinical complexity wedded to comparative rarity gives a common sense of apprehension. The masterworks, authoritative but abstruse tomes, address all biochemical ailments, frequently in overwhelming detail. The major pediatric textbooks contain chapters devoted to these disorders but are, of necessity, sparse in detail. Thus this text is a welcome addition.

Dr. Clarke has distilled over two decades of experience as one of Canada's best known clinical biochemists into a clinically based approach to inherited metabolic diseases. The book lends itself to easy access for the generalist: neurologic, hepatic and cardiac syndromes all have individual chapters, as do metabolic acidosis and acute metabolic illness in the newborn. The writing is lucid, direct and salted with personal observations. Clarke's teaching skills shine forth from each page. The book's organization results in diseases being discussed more than once. This is a small price to pay when one is able to go from clinical vignette to, within 3 or 4 pages and a table or two, a comprehensible, rational differential diagnosis, and have a clear sense of what tests to next order and which chapter of Stanbury's to turn to.

Given the text's brevity and subject's complexity, some omissions are inevitable (one that this decidedly nonbiochemical geneticist came across was the absence of any mention of the loading test to identify at-risk ornithine transcarbamylase deficiency carriers). However, the book is clearly not meant to be the final word on metabolic disorders but to serve as a guide for initial diagnostic formulation and as a bridge between general pediatric texts and comprehensive, but less accessible, volumes. It succeeds admirably, effectively demystifying the anxiety-provoking world of inherited biochemical illnesses.

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When a Parent Has Cancer: A Guide to Caring for Your Children

Wendy Schlessel Harpham. 163 pp. HarperCollins Publishers, Toronto. 1997. $34. ISBN 0-06-018709-3

Overall rating:	Good
Strengths:	The use of bold type, lists and chapter summaries allows patients to scan the book quickly if they wish. Practical, but not preachy
Weaknesses:	Repetitive
Audience:	Patients with cancer. Accompanying book, *Becky and the Worry Cup*, is for children up to age twelve

One of the questions most frequently asked by adults living with cancer who have young children, and perhaps the most difficult to answer, is "What should I tell my child?" *When a Parent Has Cancer* answers that question. Dr. Harpham is an internist who was 36 years old and had three young children when she was diagnosed with non-Hodgkin's lymphoma. Her family's experience through five years of diagnosis, treatments, remissions, relapse and ongoing uncertainty have led to this sensible, sensitive book.

Harpham provokes thought, provides guidance and proffers advice on parenting when one has cancer. She emphasizes the importance of honest, open communication with children, combined with reassurance that their basic needs will be met. She is clear that parents should determine the most appropriate intervention with each child. Being a single parent, being in an unstable marriage and parenting teenagers are outside Harpham's experience and are dealt with superficially.

Harpham has created a book that is simply written and easily read by anyone with a high school education. Key sentences are in bold type, and important points are summarized at the end of each chapter. (An editorial oversight resulted in an incomplete summary for chapter 4.) This allows patients to skim the book if they are too fatigued to read it carefully.

The book is full of practical examples, such as making a tape for a child's bedtime when a parent is in hospital. Medical terminology is avoided, except in Appendix 2, where there is a "Glossary for Kids" that defines cancer-related terms and sug-