granulomatous changes are confined to lip. Melkerson-Rosenthal syndrome is the term used when cheilits occurs with facial palsy and fissured tongue. The cause of granulomatous cheilitis is unknown. The differential diagnosis of granulomatous cheilitis includes angioedema, crohn disease, sarcoidosis, actinic cheilitis, cheilitis glandularis, neoplasms and infections such as tuberculosis, syphilis and leprosy. Treatment of granulomatous cheilitis is difficult and rate of recurrence is high. Treatment options include corticosteroids, clofamine, metronidazole, sulfasalazine, infliximab and cheiloplasty.

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This is a book with a novel idea of collection of practical and viva voce related question and answers. Undergraduate and postgraduate students will find it very useful for fast reviewing the practical aspects related to pediatrics, especially before the exams. Authors have done a fairly good job in covering most of the common topics.

The book has two sections, section A includes history taking and physical examination – general as well as system wise. It also includes neonatal examination. Section B includes viva voce related to instruments, inhalation devices, x-rays, ECG, emergency drugs etc. It also contains viva voce related to infections, hematology, endocrinology, pediatric emergencies and poisoning. Book also contains viva voce on various National health programs.

The information provided is in a handy form and in an easily readable format with many useful tables, photographs and EKGs.

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**FIG. 1 Swollen lips due to granulomatous cheilitis.**
This multi-authored book is intended as a basic and current resource for pediatric residents and pediatricians. The book covers a wide range of problems from the common congenital and acquired pediatric respiratory problems to some not so commonly seen conditions. The chapter on tuberculosis covers the current regimens but could have been useful for readers if it had incorporated the IAP consensus guidelines on diagnosis of childhood tuberculosis. The focus of Asthma is only on acute severe asthma and leaves out the management of the more common persistent asthmatic subjects. The book has some useful practical sections on diagnostic pulmonary testing and procedures commonly used in children (such as chest tube placement, tracheostomy) for respiratory care. The book has a bias towards acute and critical care (probably reflects the editor’s specialty bias). The book is easy to read due to the large font size with several tables and diagrams. Addition of treatment flow diagrams could have made it a more clinician friendly companion. It is a worthy attempt at providing information on pediatric respiratory disorders in the Indian context.

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This book addresses precisely what its name suggests—Clinical Pediatrics. Thoughtfully, it begins with the syllabus. It then starts with history taking, clinical examination and goes on to cover various subjects viz. general pediatrics, community pediatrics, social pediatrics, neonatology and then the various systems. It further proceeds to cover, with clarity, pediatric emergencies, instruments and procedures, drugs and doses and provides practical tips e.g. on how to provide fluid therapy etc. The chapter on viva, X-rays and objective structured clinical examination may well be of use not only to the students of Pediatrics but even those who conduct examinations.

The content is thorough, the language is simple, the print is good and illustrations very appropriate. Yet another good book from Elizabeth. Wonder how many different ways by which an author can look at a subject.

Recommended not only for undergraduates, but for all students of Pediatrics.

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