

for parents than the loss of a child is the *unexpected* loss of a child. So much is left undone; the child has undergone suffering that he might have been spared; parents anguish at not having been prepared." And "If the information turns out to be unnecessary, I rejoice with the parents at its uselessness." Hilden and Tobin approach the task with no medical hubris, which is both refreshing and necessary. Some of the greatest insights come not from the authors but from their accounts of parents' and patients' experiences, often written from the patient's perspective—such as Zach, an 8-year-old who knew better than anyone else that he was dying but needed help finding a way to bring his mother up to speed about his condition, or the 16-year-old boy whom they expected to die at any minute but who lived for several weeks, until his college acceptance letter and scholarship arrived; he died the next day.

The book is organized into 8 digestible chapters, beginning with "Facing Your Child's Life-Threatening Condition" and ending with "Finding Peace." The construct of the book builds on Tobin's previous book, *Peaceful Dying: The Step by Step Guide to Preserving Your Dignity, Your Choice, and Your Inner Peace at the End of Life*, with its straightforward list of practical instructions organized in A–Z fashion. This format provides just enough information to be helpful. The pithy suggestions are about as much as any parent can absorb amid the stress of the storm. But the greatest comfort of this volume is Hilden's voice. She speaks to the reader as a practical, compassionate physician, one who is competent and full of technical knowledge, but also approachable and tuned in to the child and his family. She is a physician who is still able to learn from her little patients. I do not doubt that many parents, after reading the book, will wish that this very human physician could have treated their child.

Every child and family approach life-threatening illness in their own way. No book can be expected to prepare a family for every possible eventuality, nor can a book take the place of competent, compassionate care and excellent communication. No book can substitute for the support of other human beings. **Shelter From the Storm** adds value to those essential elements of care by providing families with useful information in a format they can use.

I have offered the book to families during palliative care consultation, and many

families have found it helpful. Some have read it from beginning to end and said, "Thank you." Others could get only so far and had to take a break; they pick it up later, when they can, and use its advice. This is the kind of book that *someone* in the family should have, whether it is in mother's briefcase, or in that bag that is always ready for an unexpected trip to the hospital, or on the bedside table for sleepless parents to peruse at 3:00 AM. For those families in which the stress level is just too high to allow the parents to concentrate on a book, **Shelter from the Storm** would be an excellent choice to give to the father's best friend, or to that trusted aunt who knows when to advise and when to be quiet, so that when the moment is right those loved ones can transmit the book's help and advice in a personal way. Truthful, compassionate information presented in a practical way is always helpful. **Shelter from the Storm** does exactly that.

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#### REFERENCE

1. Rosof BD. The worst loss: how families heal from the death of a child. New York: Henry Holt; 1995.

**Sillwee Wobbert and Wheezing Will in the Big Game.** G Robert. (Sillwee Wobbert Picture Book Series on Children's Health). Silver Spring, Maryland: Dream Publishing. 2003. Soft cover, illustrated, 28 pages, \$9.95.

This picture book, targeted towards young children, features a kindly child, Sillwee Wobbert, who has a heart-shaped head. Sillwee Wobbert helps his friend Wheezing Will participate in a soccer game despite Will's mid-game asthma attack. The book is part of a series of picture books designed to boost self-image of chronically ill children and to empower them to participate in normal childhood activities. The book also illustrates to healthy children that their peers with chronic illnesses can contribute to team activities.

The book is appealing to children, colorfully illustrated, and with likeable charac-

ters. The heart-shaped head of Sillwee Wobbert is particularly endearing. Unfortunately, Wheezing Will appears to not have his asthma under control, and the book does not address the possibility that he has any choice other than to have asthma attacks in the middle of soccer games. Thus, though the book may teach children better acceptance of children who have health problems, the book does not empower the asthmatic child with the knowledge that it is possible to participate in sports without the interference of an asthma attack.

The illustrations, though appealing, contain some inaccuracies. Will says, "I need my spacer so just sit tight." The book goes on to say, "Will breathed it in with deep breaths," and the illustration depicts Will using something resembling a Terbutaline inhaler placed in his mouth *without a spacer*. On the next page, Wheezing Will is depicted sitting down with an inhaler and his peak flow meter, and the text reads, "My spacer and inhaler are from my doctor, who knows best."

The major strength of this book is the likeable characters and illustrations. It teaches children tolerance of other children who have health conditions. Unfortunately, the medical inaccuracies regarding asthma weaken the value of the book.

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**Pediatric Respiratory Examination** (CD-ROM). Chris O'Callaghan DM PhD and Wendy Stannard MB ChB MRCPCH. Produced by Nic Blackwell PhD, OCB Media. London: BMJ Books. 2003. \$27. Requires: 200-megahertz central processing unit, 32 megabytes of random-access memory, CD-ROM drive, 800×600 pixel 16-bit color display, Sound-Blaster-compatible sound card, and Microsoft Windows 95 or higher.

This CD-ROM is a wonderful resource by which to learn or review how to take a pediatric patient's pulmonary history and to learn or review physical examination findings of pediatric patients with common pulmonary disorders. It was designed for medical students, physicians-in-training, nurses, physiotherapists, respiratory therapists, and general practitioners. The video clips of airway pathology and audio clips of auscultation