Book reviews


This book is intended for the parents of deaf children, although the authors hope that other professional people who deal with deaf children will also gain new ideas and insights from reading it. The crusading message that purports to come out of it is for the use of a 'total communication' system; thus far it seems to promise a great deal. Suitable books for parents are badly needed and many people are trying to promote the ideas of total communication bringing together speech, lip-reading, amplification, and a sign language. The book is easy to read; it is divided into neat sections with a summary at the end of each chapter.

However, I regret that expectations are unfulfilled; the authors seem to be promoting the deaf as a minority group, with its own language, culture, and even heroes, and far from using total communication they suggest that simultaneous speech is not always necessary with signing and may be harmful. The use of amplification is minimised and one suspects that this is partly due to the fact that in the USA and Canada sophisticated hearing aids are not universally available for children free of charge.

I fear that the people who oppose the use of a signing system may find ammunition in this book, and although it might be helpful in the USA and Canada, conditions here are sufficiently different to make it of little value.

SYBIL YEATES


Babies in the first months of life must be one of the groups of patients who are worst served by the general practitioner services. Firstly, there is the astonishing failure of our administrative arrangements to register newborn babies with a general practitioner before they are discharged from the maternity hospital; secondly, health problems of small babies are so very different from those of older patients. Perusal of this highly readable volume will go a considerable way towards removing the second problem.

The first half covers care throughout the first year starting with conception, and the second half covers common diseases and disorders. An attractive innovation is the appendix of 50 multiple choice questions, together with the answers. While no paediatrician would agree with every statement in the book, the general balance is excellent: 'A frequent problem seen in general practice is that of the well baby with a cardiac murmur. Successful management rests not so much with the baby as with the handling of the parents.' 'So that unnecessary confusion and anxiety do not persist in the parents' minds. One says "persist" as however carefully the pattern and treatment of illness are explained to anxious parents there will often be a discrepancy between what one thinks has been communicated to the parents and the actual understanding that has occurred.' The trenchant style occasionally steps from the trenchant to the buccaneering, as in discussing pertussis immunisation 'so far the most careful analysis has shown no such link' (between immunisation and brain damage). In the meanwhile, years of innuendo and outright condemnation of pertussis immunisation by some members of the profession have strengthened parents' resolve, albeit mistakenly, to refuse pertussis immunisation and then by association all the immunisations offered.'

The first author is a general practitioner, and the second a consultant paediatrician, an appropriate combination and an appropriate order of authorship for a work of this kind and this readable evening's entertainment can be highly recommended to every paediatric SHO undergoing vocational training for general practice.

ROBERT BOYD


As the authors say in their preface there have been 'phenomenal improvements in diagnosis and treatment of small infants with respiratory insufficiency.' The fourth edition of this invaluable little book is an admirable attempt to bring the reader up to date not only with physiology and pathology but also with diagnostic techniques, especially the non invasive kind. B D Fletcher (for radiology) and R G Williams (for cardiology) have carefully rewritten, expanded, and updated sections of the text. There is a whole new section on, for instance, echocardiography. The excellence, clarity, and undoubted usefulness of these sections must be attributed to the new authors but one senses the overall influence of the senior author in the way it all comes together. Mary Ellen Avery's enthusiasm, dedication, and scientific honesty shine through. The book is aimed at 'those who care for newborn babies, those who want to learn more of their pulmonary problems, and the innately curious who want a distillate of the literature'. It undoubtedly succeeds even better than the highly acclaimed previous editions; it gives background information, authority, and practical advice. The reference list has been updated; some that have been superseded by more precise observations have been removed and many new ones have been added including a large number from the 1980 literature. Thus, as well as being theoretically it is immensely practical. Every special care baby unit should have a copy, and every neonatal resident should carry the table on the inside back cover with him for reference purposes.

J W SCOPES
This excellent and much-needed book provides a comprehensive description of all but the very rarest specific congenital heart defects; it also contains useful chapters on their pulmonary consequences, associated syndromes, and cardiac tumours which present so early that they are probably congenital.

A common, frequently subconscious, fear afflicting widely respected experts is that one day someone will realize that their subject does not require superhuman comprehension, but is actually very simple. To avoid such an embarrassing dénouement, the subject is therefore surrounded by a heavy smoke-screen of quite unnecessarily complex pseudo-science expressed in impenetrable jargon. Experts on congenital heart disease are no different from others in this respect; therefore it is refreshing to read the view of the authors that 'congenital cardiac malformations are to us a paradox. It would seem that many pathologists consider them a mystery... Yet we are convinced that the diagnosis of congenital cardiac anomalies is not difficult'. They go on triumphantly to prove the point.

The book is beautifully and lucidly written, with enough flashes of irrepressible humour to counteract any somnolence. Iconoclasm abounds, as it should if scientific progress is to be based on robust intellectual discussion rather than on grey conformity. The lavish scale of illustration means that the written text of many chapters is so brief that even the least motivated reader is unlikely to become bored. He will almost certainly learn a lot, whatever his background, at the cost only of eye-strain. The poor reproduction of some photographs was my only disappointment. In their preface the authors accept the blame for any deficiencies but anyone familiar with the almost legendary quality of Becker and Anderson's slides will realize they have been greatly let down by their publishers.

I strongly recommend that anyone with an interest in paediatric cardiology should buy two copies of this book; one for himself and the other for his pathologist.

F J MACARTNEY


This book is intended for the primary care physician. After a discussion on general considerations, the author has subdivided the material according to age groups—namely the newborn, the infant and toddler, the child from 2 to 12 years, and the teenager. Although the author intended to make the book symptom orientated, this is not clear. The scope of the book is the conditions requiring surgical intervention in the gastrointestinal, genitourinary, nervous, musculo-skeletal systems, some skin/subcutaneous anomalies, and some respiratory system problems but excluding cardiovascular anomalies. The attempt to subdivide material into the age bands creates difficulties and results in a somewhat fragmented or repetitive description of disorders. It is surprising to find discussion on pyloric stenosis, atresias of the small bowel, meconium ileus, and necrotising enterocolitis reappearing in the 2–12 section.

It is stimulating reading with many illustrations. Both x-ray films and photographs are sometimes of patients of an inappropriate age for the section in which they appear. A few of the illustrations are uninformative to a paediatric surgeon and one wonders if they are of value to the primary care physician. In a few areas the text diverges significantly from British experience—for example that malrotation 'is probably the most common aetiological entity for most intestinal atresias'.

In this kind of book more consideration of the signs and symptoms of appendicitis at different ages, rather than a detailed discussion of the postoperative management, would be beneficial for British doctors, but the requirement of the American primary care physicians may be different and this nicely produced book may fill a gap in the north American literature.

D G YOUNG

Shorter notice


In the age group 1 to 14 years malignant disease is the second most common cause of death in children in Britain, only accidents causing more deaths. This publication from the Office of Population Censuses and Surveys, based on a study by workers in Oxford and Manchester, gives up-to-date information on incidence, and mortality and survival rates for most of the important childhood neoplasms.
Pathology of Congenital Heart Disease

F J Macartney

Arch Dis Child 1982 57: 483-484
doi: 10.1136/adc.57.6.483-c

Updated information and services can be found at:
http://adc.bmj.com/content/57/6/483.4.citation

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