Book reviews

The Pregnant Diabetic and Her Newborn. 2nd edition. By JØRGEN PEDERSEN. (Pp. 280; illustrated+tables. Dkr. 140.00.) Munksgaard: Copenhagen. 1977.

Jørgen Pedersen published his thesis in 1952. It reviewed the extensive early literature on the subject of diabetic pregnancy, was a model of clarity, enunciated therapeutic principles which have not been bettered, and described his hypothesis which subsequent workers have further embroidered. Danish colleagues, whom he has led or influenced, affectionately marked his 60th birthday not long ago with a special selection of their own papers. He now provides for us a 2nd edition of his original work, expanded of course with important additions to knowledge, many of them inspired by his own original thoughts. The 620 references owe much to almost 50 contributions from the closely integrated Danish group of internists, obstetricians, and paediatricians which he has led. They are as up-to-date as 1977 and those for the period 1970-76 are as well described as the Old Master's own. British workers are well represented among them though there are a few strange omissions of classical studies rather than of reviews alone. Almost certainly some of the reviews which he recommends as further reading would make his list complete.

When Pedersen's thesis was published originally, papers relating to diabetic pregnancy, and especially its effects on the fetus and child, had a small enough readership to make it possible for authors to meet most demands from the 50 reprints provided. The subject has, however, grown greatly as its significance has been grasped and there must now be few serious researchers in Britain who can afford to mail reprints around the world in the numbers requested. In this 2nd edition Jørgen Pedersen has performed a service in lucid English and in a handy book for those paediatricians both old and new to this subject. The old may look critically at their own work through his discerning eyes and the young will find all the information they need before starting work on a problem which, like diabetes itself, is in some ways as challenging now as it was 25 years ago.

J. W. FARQUHAR

Born Too Soon or Born Too Small. Clinics in Developmental Medicine No. 61. Edited by G. A. NELIGAN, I. KOLVIN, D. MCI. SCOTT, and R. F. GARSIDE. (Pp. 101; tables+graphs. £4.50.) Heinemann Medical: London. 1976.

This study compares the growth and performance, at ages 5 to 7 years, in representative samples from 337 infants whose gestational ages at birth were greater than 255 days (mean gestation 281 days) and with birthweights below the 10th centile, 151 infants whose gestational ages were less than 255 days (mean gestation 244 days) but whose birthweights were appropriate for gestation, and 229 randomly selected 'control' infants (mean gestation 281 days) from the Newcastle Survey of Child Development. The authors conclude that children in the two index groups show some impairment of function at school age and that it is better to be born too soon than to be born too small.

A bold statement of the primary objectives and conclusions of this study does not do justice to its careful planning, discriminate use of sophisticated assessment techniques, and overall awareness of the social and family environmental influences acting between and within these carefully chosen population groups. It is a tribute to the late Gerry Neligan and his co-workers that such a complete picture of a well-defined population was achieved. That poor intrauterine growth is associated with subsequent widespread and non-specific impairment of performance is an important observation, but equally the very large influence which the quality of mothering and other family factors was found to have on performance has not been previously so clearly shown.

The findings are already 'out-of-date' because of the many changes in pre-, intra-, and postnatal management and social circumstances which have occurred during the 15 years since the study population was born. None the less, without such information valid statements about the effects of changes in management cannot be made. This carries the implication that similar careful observations must be made on infants being born now. Anyone planning such studies should be guided by the Newcastle group's unique experience and enthusiasm.

I strongly recommend the purchase of this book to all departments concerned with community health and social sciences as well as to medical and nursing units of obstetric and paediatric departments.

FORRESTER COCKBURN

Recognizable Patterns of Human Malformation. 2nd edition. By DAVID W. SMITH. (Pp. 504; illustrated. £15.50.) Holt-Saunders: Eastbourne. 1976.

'Indispensable' is a word often loosely applied by reviewers to books that most of us have cheerfully managed without. However, paediatricians who see newborn babies with congenital malformations, or children with developmental problems including mental retardation, or children of short stature—and that must include practically all of us—would find it very difficult to manage without an atlas of malformation syndromes. We do not simply need to satisfy natural curiosity as to whether a child with a collection of physical peculiarities belongs to a recognizable syndrome; there is the much more important practical issue of whether such a syndrome has genetic implications.

Dr. Smith's atlas is one of the two best available and probably the easiest to use and handle. The second edition has been expanded and brought up to date (225 syndromes compared with 135 in the first edition) and it is a work of very great value. The format is unchanged with a concise description of the major features of each syndrome, photographs, and some relevant references. There is not only an excellent index but also a valuable appendix listing for each particular clinical feature the syndromes in which it occurs frequently and those in which it occurs occasionally.

Syndrome classification is often disparagingly compared to stamp collecting, but Dr. Smith's interest is at a more fundamental level, and the book concludes with some more general chapters on the nature and aetiology of congenital malformations. There is also a useful chapter on the practical approach to investigating children with growth deficiency, with mental deficiency, with arthrogryposis, and with ambiguous genitalia. Finally, there is a useful com-