observational studies in which the behaviour and movements of infants and children were painstakingly filmed, described, and recorded. He set norms for behaviour in the laboratory against which an individual could be assessed and in doing so laid the foundations of the developmental assessment techniques that are in use today the world over. It is therefore fitting that when the MacKeith Press launched a series of *Classics in Developmental Medicine* under the series editorship of Ross Mitchell they included among the first volumes a book by Gesell. Interestingly, they chose one of his later more theoretical and speculative books rather than one of the earliest 'atlases' of behaviour. *The Embryology of Behaviour*, subtitled *The Beginnings of the Human Mind*, was first published in 1945 and describes the development of behaviour in the fetus and infant. It draws on Gesell's own films of infants and the work of human developmental neurologists such as Wilhelm Preyer and Davenport Hooker as well as the galaxy of embryologists who were active in that period—such names as D'Archy Thompson, Barcroft, Kuo, Carmichael, Coghill, and Needham.

To the contemporary developmentalist, it is perhaps surprising to see how familiar the thinking is despite limitations of knowledge and techniques. For instance at that time direct studies of human fetal behaviour were limited to Davenport Hooker's films of dying embryos and it would be another 50 years before Heinz Prechtl would give us the chance to watch ultrasound films of babies in utero, yet Gesell understood the rudiments of fetal behaviour. Likewise, he discusses gene expression though it was his belief, like his contemporaries, that the genetic material was a protein. We also cannot fail to be impressed by the way this book moves so easily through the fields of biology, embryology, physiology, and psychology in a way that would indeed be rare today.

Perhaps for a neonatologist the most interesting thing about the book is that it gives an accurate picture of the knowledge and understanding of the fetus and newborn at exactly the point when neonatology was born. Indeed, it is reasonable to claim Gesell as one of the founders of neonatal paediatrics as his work was very important in drawing attention to the particular problems of the small and sick newborns.

M P M RICHARDS
READER IN HUMAN DEVELOPMENT
University of Cambridge

The Sudden Infant Death Syndrome. Cardiac and respiratory mechanisms and interventions. Edited by P J Schwartz, D P Southall, M Valdes-Dapena. Pp 474: price not stated, paperback. Annals of the New York Academy of Sciences, 1988. ISBN 0-89766-463-9.

Many of the cognoscenti of the sudden infant death syndrome (SIDS) research fraternity gathered by the shores of Lake Como in May 1987 to discuss various aspects of sudden infant death. Their programme was organised by the three editors of this volume, which records the bulk of the deliberations. Papers were grouped into five main sections: an overview of the main problems, the identification and management of at risk infants, the provision of support for the families including an assessment of the value of home monitoring, and the possible role of cardiac and respiratory mechanisms respectively in causing death. Contributions were generally kept short to allow ample time for discussion, but alas the latter has not been included in the text. However, there are summaries of a series of workshops held towards the end of the meeting with the aim of reaching a consensus in the more contentious areas.

Also present in Como, and conducting their own meeting, were SIDS parents who now have an organisation known as SIDS Family International. As it is parents who have raised money for some of the research reported here, their presence was appropriate. They discussed, among other topics, the need for those dealing with the families at their time of crisis to receive special training, and deplored the fact that in some countries postmortem examination is either not routine in cases of sudden unexpected infant death, or is conducted to imperfect standards.

The scientific sessions do not seem to have engendered a great deal of new material, and many of the papers covered work already published. Results from the large United States National Institute of Child and Human Development Cooperative Epidemiological Study of Sudden Infant Death Syndrome were reported here, but many of the risk factors have been identified previously. What I found most instructive and interesting were the papers dealing with the gradual maturation of sleep state patterns and their interdependence with temperature and cardiorespiratory mechanisms. They made it easier to understand how a sudden failure of function can occur and leave no

apparent pathological trace. But the final workshops cautioned that much further work was necessary to prove the respectability and reproducibility of tests of cardiorespiratory function, and to standardise laboratory measurements so that different studies can be more properly compared.

This volume will be a useful source of references and perhaps the most up to date summary of a subject, which far from being a single entity has so many facets that must concern all paediatricians.

P A DAVIES
RETIRED PAEDIATRICIAN
London

Problems in Pediatric Emergency Medicine. Edited by Robert C Luten. Pp 296: £26.50 hardback. Churchill Livingstone, 1988.

This volume is the first in a series entitled *Contemporary Issues in Emergency Medicine*. There are four chapters on general issues, followed by nine on various types of paediatric emergency, each by a different author. Its scope and depth suggest that the American approach to the subject is more professional than the British, several of the authors being specialists in paediatric emergencies.

The early general chapters contain many sensible observations and useful tips. Luten, writing on recognition of the sick child, stresses the value of careful observation as compared with investigations, pointing out that the more experienced the paediatrician the fewer the tests. Simon goes further, saying of investigations that 'at their worst, they can mislead, delay, cause needless pain and radiation exposure, add to cost and even be responsible for clinical deterioration'. For smaller units he recommends the use of protocols for management and ready consultation with and transfer to a larger centre. On the practical side he commends the skill of nurses in putting up drips and the use of the intraosseous route, into the tibia, when veins are inaccessible. The chapter on child abuse, by Ludwig, is misplaced in this volume because it deals with causes and their remedy rather than recognition and management.

The remaining chapters cover trauma, poisoning, and acute illness in the major systems. Their content is similar to that found in English textbooks, though often more detailed and discursive. Transatlantic differences emerge here and there: the

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of crystalloid rather than colloid in shock; the injunction to start anticonvulsants after a single convulsion and an abnormal electroencephalogram; recommendation of nebulised L-adrenalin for croup but no mention of ipratropium bromide for wheezy infants; strong advocacy of activated charcoal for various poisonings. But surely a positive Babinski response is not flexor over there (p 257)?

Any paediatrician who has to deal with emergencies will learn a lot from this book. It is intended for digestion at leisure rather than for quick reference in a crisis.

C J BACON
CONSULTANT PAEDIATRICIAN
*Friarage Hospital,
Northallerton*

Congenital Diaphragmatic Hernia. Edited by P Puri. Pp 161: £54.60 hardback. Karger, 1989. ISBN 3-8055-4807-9.

The publication of this book is very timely as there is at present much emotive debate concerning the optimum management for newborns with diaphragmatic hernia. The editor is to be congratulated on producing a most readable summary of the large relevant literature in 13 chapters of uniformly high standard. The initial chapters on epidemiology, embryology, and pathophysiology are essential before tackling the later more clinical chapters.

Centres in four countries review their clinical management and the reader can compare the results of immediate surgery, prolonged preoperative stabilisation, and extracorporeal membrane oxygenation. The chapter on fetal surgery is confined to animal work with only a tentative recommendation for a trial in the human situation. It is intriguing to read that there is uncertainty from embryological models as to whether lung hypoplasia is the primary abnormality or secondary to the diaphragmatic defect.

The reader cannot fail to review his or her own views after reading this provocative and authoritative text. The chapters are well reference and there is an exhaustive index. This book is highly recommended for personal bookshelves as well as for libraries.

D P DRAKE
CONSULTANT PAEDIATRIC SURGEON
*Hospital for Sick Children,
London*

Bronchopulmonary Dysplasia. Edited by Eduardo Bancalari and J Thomas Stocker. Pp 441: £50 hardback. Hemisphere Publishing Corporation, 1988. ISBN 0-89116-681-5.

This book provides an excellent review of a disease that has evolved greatly since Northway's first description. A balanced overview of the pathogenesis of bronchopulmonary dysplasia is followed by nine chapters, which in well referenced detail, examine the role of oxygen toxicity, barotrauma, inflammation and the use of animal models. Chapters on pathophysiology include histology, lung function, radiography, the upper airway, and pulmonary vascular components of this disease. It becomes clear that despite current respiratory management, which may include antioxidant treatment, surfactant, steroids, and alternative modes of ventilation, we are still inadequately avoiding morbidity and mortality. The final section has a discussion of long term prognosis, outpatient management, and ethical issues.

This book is easy to read, well indexed, and provides a good background for everyone dealing with the complexities of this respiratory disorder. A single concern is that statements on management are not always backed up; this is probably due to the inadequate number of good studies on treatment. For example it may not be appropriate to keep oxygen saturation between 85 and 95% as suggested, as the lower end of this range would include hypoxaemic levels. This valued book highlights that this disease clearly needs further research into understanding, treating, and preventing what appears to be largely an iatrogenic problem.

M SAMUELS
PAEDIATRIC REGISTRAR
*National Heart and Lung Institute,
London*

Paediatrics and Child Health. A Handbook for Health Professionals in the Third World. Edited by H M Coovadia and W E K Loening. 2nd ed. Pp 526: £8.95 softback. Oxford University Press, 1988. ISBN 0-19-570-445-2.

Within our shrinking world this comprehensive paediatric textbook from Africa is particularly useful. Not only does it cover virtually all common paediatric conditions

seen in Europe, but also deals with the tropical infections that can enter Britain daily by that modern disease vector—the jumbo jet. The book comes from the University of Natal with a strong team of 30 authors. Despite its 526 pages it does not appear heavy in any sense and frequent line drawings and figures add interest and clarity. Photos are restricted to the dermatology section and most are useful despite being in black and white. It is clearly and sympathetically written and the first chapter on history taking and examining children, mainly for undergraduates, is excellent and aptly describes a paediatrician as one who 'must obtain genuine pleasure from examining and dealing with children'.

Inevitably there are some points of disagreement and apparent deficiencies. Many paediatricians, including the WHO advisors, no longer believe that diarrhoea with severe dehydration requires intravenous plasma expanders, blood, and bicarbonate, but Ringers' lactate in adequate amounts can correct both hypovolaemia and acidosis. A consideration of coma now appears incomplete without reference to a measure of unconsciousness like the Glasgow coma score. To cover all the routine immunisations in a page and a half means some important issues are glossed over. In many tropical countries seroconversion to oral poliovirus vaccine is poor. The schedule proposed (p 188) does not include the extra dose of this vaccine shortly after birth, which is the current WHO, Expanded Programme on Immunisation recommendation. Inadequate and inconsistent referencing is irritating. The bibliography is only to textbooks. In a number of places the authors refer to specific papers and studies, sometimes only by the author's name (for example, H Scott, p 134), sometimes without any reference (for example, p 121 a follow up study on kwashiorkor), and sometimes with reference but no authors (for example, tables 8.5 and 8.6 on p 163).

If you are bound for Africa this book could save you taking both a paediatric and a tropical medicine book. If children from Africa come to you in Britain, this is a ready reference that doesn't expect you to be a tropical expert.

W A M CUTTING
SENIOR LECTURER
(TROPICAL CHILD HEALTH)
*Department of Child Life and Health,
Edinburgh*