

follow fashions popular in other countries but that is not a complete answer. The attitude represented here is not only old-fashioned but is also inefficient, just as ours was 30 years ago. For example, insufficiency of breast milk is said to be revealed by falling-off of the weight curve, pallor and lack of tissue firmness of the child, sometimes by digestive troubles, false diarrhoea or vomiting. Do not French babies announce their hunger by crying? Test weighing is recommended, it being said that in the second month it should be '110 grms to 120 grms' and in the third month '125 grms to 135 grms'. Do not French babies vary widely in their individual needs? The section on breast feeding is too brief and, although it includes a table of amino-acids contained in breast milk, it does not refer to the draught reflex, knowing about which is an 'éclatante' aid in helping mothers to breast feed successfully. There is nothing about the prevention of cracked nipples and, in saying it is sometimes necessary to suspend suckling, no mention is made of the need to express the milk to avoid engorgement when suckling is omitted. A proper knowledge of the physiology and detailed management and difficulties of breast feeding would be a better way of increasing the number of women successfully breast-feeding than the remedy the author recommends, which is, 'Convinced of the striking superiority of breast milk, doctors should proclaim it incessantly and devote themselves to a continued propaganda'. One could make minor criticisms; for example, under renal acidosis, anorexia is mentioned as an important symptom but renal acidosis is not given when the causes of anorexia are discussed.

Dr. Delthil was formerly *Chéf de Laboratoire* at the *Hôpital des Enfants Malades*. Whether he is now in practice I do not know. However, there are doctors in Paris who know what immense practical help knowledge of the physiology of lactation and child-centred management, instead of mechanical management of the individual child's feeding, can give. I am inclined to suggest that one of the small English text books on infant feeding adapted by a French paediatrician might be found of greater practical value than this particular work. I am sorry to say this for there is much that is very good and very acceptable in the book but the author seems to me to have missed the chance of including the last 20 years' advances in the practice of successful infant feeding.

**Treatment of the Child in Emotional Conflict.** By HYMAN S. LIPPMAN. (Pp. x+298. 45s.) London: McGraw Hill. 1956.

Some such book as this should be read by every paediatrician in training. Child guidance is an established adjunct to child health, and the report of the Commission of Child Guidance in this country visualizes considerable extension of this policy. Although the general pattern of all child guidance is similar, the underlying psychiatric and psychological principles in each particular clinic are to a large extent dependent on the training and principles of the consulting psychiatrist in charge. This book is a concise, straightforward exposition of the full Freudian outlook on child guidance. It is written in plain English for the intelligent, but not

specially trained, medical personnel, and it is only necessary to become fully acquainted with the precise meaning of such terms as 'ego', 'super-ego', 'id', and a few others, to be clear of the meaning of every page. Since its psychological orientation is totally Freudian, as developed for child guidance by Melanie Klein, Susan Isaacs, Aichorn and others of a rather closely knit group of workers, it will certainly not meet with universal acceptance by paediatricians or child guidance workers in this country. Nevertheless, every page is written with such seriousness and such intensity of understanding and sympathy for the sufferings of the emotionally disturbed child, and so much of it has universal application, that it might well be read with equally responsive understanding by all those engaged in child health work.

The book is divided into seven sections: the first, of four chapters, discusses the general symptoms of emotional complications in childhood and the kind of influences it may exert on mental growth and development. It also takes the reader through the general arrangements and methods of therapy, the working and the staffing, of a particular child guidance clinic in the United States. The following four sections deal successively with four major clinical groupings of emotionally disturbed children, namely, the 'Neurotic Child', the 'Child with Personality Problems', the 'Child who "Acts Out"', and lastly the 'Child with a Tenuous Hold on Life'. Each of these major divisions of from three to six chapters, takes the reader through particular individual types of maladjustment illustrated by brief appropriate extracts from case notes. The last section discusses in general terms the prevention of social and emotional maladjustment and defines some of the wider aims of child guidance.

The author is obviously convinced that with adequate psychotherapy, that is with therapy often lasting over two or three years, but sometimes very much less, children who would otherwise grow up with such maladjustment as to make their adult life burdensome to themselves and others, can eventually be salvaged sufficiently to grow up reasonably well-adjusted human beings. This is a considerable claim, particularly when one reads some of his fearful case notes. But what he does not make quite so clear is how successful a widely distributed network of child guidance clinics will prove to be in dealing with the day-to-day maladjustment of quite a large proportion of the child population. If adult maladjustment has its roots in childhood, which is widely accepted, this latter problem is of vast importance and would be the decisive justification for the large and expensive set up that exists in America and to a lesser extent in this country.

**Deafness, Mutism and Mental Deficiency in Children.** By LOUIS MINSKI. (Pp. viii+82; 14 figures. 12s. 6d.) London: William Heinemann. 1957.

The main theme of this book is the importance of distinguishing between deafness, mental deficiency and emotional disturbance in children with severe delay in speech development. A brief account is given of two residential units set up by the author to investigate and

treat such cases and there are additional sections on deafness in children and psychological testing.

For such a short book there is too much inessential material. For example, almost one-third of the book is devoted to psychological testing, while most of the results of the author's important original work are compressed into some 15 pages. Would not a paper confined to the original work and published in a weekly journal have served the author's purpose better?

It is unfortunate that the earlier Australian figures on the risk of congenital defects following rubella in pregnancy should be quoted, now that prospective investigations have shown them to be fallacious.

These are, nevertheless, minor criticisms and should not be allowed to hinder the promotion of such a worthy cause.

**L'Enfant Inadapté. Rôle Médico-social du Médecin.** By L. Michaud and D. J. Duché. (Pp. 316. Fr. fr. 3,600.) Paris: G. Doin. 1957.

In this book the possible origins of maladjustment are considered in a most comprehensive manner. The authors' concept of maladjustment differs from ours, for they use it to mean the child who is at a social disadvantage from both physical and mental handicap. The physical causes are dealt with in great detail and hardly a condition has been omitted, but little emphasis is placed on the relative frequency or importance of different diseases, the rare and the commonplace being given equal attention. As to the developmental-psychological aspects these are dealt with in their own particular fashion. There is no 'school' view-point advocated and their eclecticism is all embracing from Melanie Klein to leucotomy. The value of a work of this kind is limited, particularly when our knowledge of where and how things go wrong socially and physically in children's lives is so abundant. As a general review it has a place for those beginning to study children but its unevenness detracts from its otherwise potential value.

**Cleft Palate and Speech**, 4th ed. By MURIEL E. MORLEY. (Pp. xx+271; 86 figures. £1 7s. 6d.) Edinburgh and London: E. and S. Livingstone. 1958.

That this book has appeared in four editions since it was first published 13 years ago speaks well for its all-round excellence. The title *Cleft Palate and Speech* is a well chosen one because it indicates the theme which runs throughout the book, that treatment must be directed

primarily towards achieving the happy result of perfect speech, and that such an object can only be attained by close cooperation between various experts, including surgeon, orthodontist and speech therapist. The book is particularly valuable in this respect and enables each to understand the work of the others, thus coordinating their efforts towards the common goal.

The subject matter is extremely comprehensive and is presented clearly and scientifically. The opening chapters encompass the embryology, anatomy and inheritance of cleft palates. The difficult and controversial subject of the mechanism of palatopharyngeal closure is very reasonably presented, and is followed by the management and surgical treatment. The chapter on the development of surgery will help many readers to orientate themselves in the history of the various procedures and to understand current trends. To most speech therapists who have not been able to watch and study surgical methods themselves this account will be of considerable help. Speech and speech therapy are discussed in the latter half of this book.

There is much that is new in this edition and it is obvious that the author has kept abreast of the surgical development in this field. This book must be essential to all speech therapists and is one which could be read with profit by all concerned with the treatment of cleft palates.

**Fluoridation of Public Water Supplies.** Report of the Commission of Inquiry, 1957 (appointed by the Governor General of New Zealand). (Pp. 240. 8s.) Wellington: Departmental Fluoridation Committee, Department of Health. 1957.

This report shows clearly that the fluoride content of water in New Zealand should be increased. The amount of dental caries is at present devastating and could be halved. The Commission has found that no harm need be anticipated from this measure. The spectre of chronic fluoride poisoning has been laid with reasonable certainty. Justice has been done to the scientific evidence; moreover, by public hearings it has been seen to be done to the Papatoetoe Anti-fluoridation Society, the New Zealand Organic Compost Society and other representatives of man's right to water, however natural.

While few Cockneys would care to exert their right to imbibe Father Thames in his natural state, this report serves to remind us that the fluoride content of much British water is still inadequate.