

BOOK REVIEWS

Recent Advances in Paediatric Surgery. Edited by A. W. WILKINSON. (Pp. ix + 306; 75 figures + tables. 50s.) London: Churchill. 1963.

In recent years several textbooks on paediatric surgery have been published dealing with the surgical problems of infancy and childhood from the point of view of the undergraduate and the postgraduate. Almost inevitably, in a rapidly advancing speciality, many sections are out of date before the book is published.

Professor Wilkinson and his co-authors have made a gallant attempt to bridge the gap between accepted practice, newer knowledge and recent changes or trends in practice. The book is divided into 12 chapters, each written by an acknowledged expert in his field.

Dr. Carter has compressed into 18 pages an excellent summary of our present-day knowledge of clinical genetics. In future editions, this important chapter will become longer as our knowledge of this relatively young speciality extends. Future generations of paediatricians and paediatric surgeons must depend for many of their advances on (among others) the clinical geneticist. Professor Wilkinson himself has written the chapters on neonatal metabolism, the abdomen, and burns and scalds. While all the opinions of Wilkinson and his team working on fluid balance are not yet generally accepted, he gives a very brief but balanced survey of the present state of knowledge of neonatal metabolism in so far as it concerns the paediatric surgeon. The chapter on the abdomen includes sections on intussusception, intestinal atresia, meconium obstruction, exomphalos, Hirschsprung's disease, ulcerative colitis, abdominal tumours, and it is almost completely up to date. One is left with the impression that Professor Wilkinson advocates resection and primary anastomosis as the treatment of choice in irreducible intussusception; many experienced paediatric surgeons will not agree with him. It is also open to doubt that most intussusceptions 'start in the ileum'. The Soave procedure in the treatment of Hirschsprung's disease is not mentioned. While it is not openly admitted, the many modifications of the Swenson and Duhamel operations suggest that many surgeons are not entirely happy with the results of these operations. The surgical management of oesophageal atresia still presents many problems and the reviewer regrets that the editor did not find space to include present-day views on this relatively common anomaly.

Dr. Shannon gives an excellent survey of the problems

of paediatric anaesthesia. His apparent personal preference for cyclopropane might lead to trouble for the surgeon who wishes to use diathermy! The remaining chapters on cardiovascular surgery, the nose and ear, surgery in urinary infections, plastic surgery, neurosurgery and hydrocephalus, are dealt with in a very compact way by the surgical staff of Great Ormond Street and by Dr. Sabiston Jr. of the Johns Hopkins Hospital (cardiovascular surgery).

While many paediatric surgeons will find points to criticize in this book, there are few who could have done better. It should be read by every surgeon who has to deal with children and even paediatricians might learn from this book something of the efforts of their surgical colleagues in dealing with the problems of infancy and childhood.

The standard of illustrations is high, the index is adequate and the book is fully up to the standard that one expects from Churchill publications.

Quadrupédie et Traitement des Scolioses. 2nd ed. By A. BURGER-WAGNER. (Pp. 200; 141 figures. 36F.) Paris: Masson et Cie. 1963.

This short textbook describes in detail the author's modifications of the methods used by Rudolph Klapp in the first quarter of this century in treating spinal deformity in children. Klapp made them progress on all fours 'presque toute la journée', the rationale being based on the fact that spinal deformity was rare in animals compared with humans.

Dr. Burger-Wagner does not distinguish clearly between postural scoliosis, in which the deformity is actively correctable by the patient and does not progress, and structural scoliosis with fixed vertebral rotation, which may progress to a variable extent during growth.

I am not competent to judge the efficacy of the exercises described, but I have no reason to doubt that prolonged use would strengthen muscles and maintain mobility of the spine, and if these factors could prevent the progression in a structural scoliosis they would be fully justified. In 1941 the American Orthopaedic Association appointed a research committee of senior orthopaedic surgeons to investigate results of the many methods used at that time in America to treat idiopathic scoliosis. In a review of 425 patients treated in 16 different orthopaedic centres and followed to maturity, they concluded that in approximately

60% of those treated by exercises the deformity increased, and in 40% it remained unchanged.

Dr. Burger-Wagner reports his results in treating 'les scolioses essentielles'—that is, idiopathic scoliosis, on the assumption that an idiopathic curve between 30° and 55° before puberty will more than double by maturity: this is certainly true in many cases, but there are also many patients whose deformity remains stationary or almost so and no pronouncement can be made about a particular patient without sufficiently prolonged observation to establish the pattern of progression in that particular individual. Eighty-two patients were treated as out-patients twice a week with daily or twice daily periods of exercises on all fours at home. Fifty-three patients were treated as in-patients remaining recumbent all the time except for the twice daily exercises. The length of treatment is not made clear, but radiographs showing progress over more than a year are illustrated. In addition, an unspecified number were treated with various forms of spinal brace as well as exercises, and a further unspecified number of the more severe curves by spinal fusion.

Radiographs of the results of treatment are unimpressive. The rotation is minimal in some cases, flexibility in a compensatory curve being illustrated as showing the effect of treatment on a primary curve; and the method of measurement is open to question as the vertebrae chosen for measurement were sometimes in the compensatory rather than the primary curve.

This is the second edition of this monograph, and I hope that it will not lead to continuation of the outmoded practice of forcing large numbers of children with postural or trivial structural scoliosis to spend long hours having special exercises instead of leading the normal active lives of their fellows. Equally important is it to realize that exercises, however carefully designed, will not prevent the worsening of a rapidly progressive scoliosis. We have a great deal to learn about the effective treatment of scoliosis, but this meticulous insistence on posture and exercises attempts to put the clock back half a century.

The Early Diagnosis of Congenital Abnormalities. By R. W. SMITHELLS. (Pp. xvi + 198; 49 figures. 25s.) London: Cassell. 1963.

This little book fulfils a need for the midwife, obstetrician and paediatrician alike. Divided into five chapters it gives a comprehensive survey of those factors that will lead to early and correct diagnosis of every abnormality, be it anatomical or metabolic, that may beset the newborn child.

The first two chapters, dealing with prenatal diagnosis, and diagnosis during labour, provide a concise dissertation on the significance of various maternal factors, including oligohydramnios, polyhydramnios, illness or drugs during pregnancy. The interpretation of x-ray appearances of the foetus is given, together with several illustrations.

Chapter 3, on examination of the symptomless infant, stresses the need for a careful routine examination of all infants as soon after birth as possible by an experienced doctor. The significance of the various physical signs is

discussed and the technique of special investigation is given, together with some excellent photographic plates.

The next chapter deals with the interpretation and investigation of early symptoms that arise from congenital anomalies, and the last chapter discusses the problems of interviewing the parents of an abnormal child. Helpful advice is given here towards the initiation of preventive mental hygiene, and there is a useful list under the heading 'Genetic Prognosis' that gives the risk of recurrence of almost all heritable diseases.

Lastly there is some practical advice concerning the care of the newborn infant during transfer to another hospital and also notes on the developmental, vision and hearing tests in young infants up to 6 months of age (reproduced from the Ministry of Health Report, no. 102).

There is necessarily some repetition from chapter to chapter, but this book is intended for reference as well as for reading. Any doctor or nurse concerned with the welfare of the newborn infant will find in it invaluable help towards the diagnosis of emergencies and of less urgent problems. The style is clear and the presentation attractive.

The Growth and Development of the Prematurely Born Infant. By CECIL M. DRILLIEN. (Pp. xv + 376; 34 figures + 95 tables + 28 appendices. 50s.) Edinburgh and London: E. and S. Livingstone. 1964.

It is perhaps surprising that today, when so much effort is being expended on the care of the premature infant, so little is known of his long-term prognosis. As readers of this journal will already know, Dr Cecil Drillien's work in Edinburgh has done much to make good this deficit. This book is largely a re-presentation of her previous papers on the subject in a more convenient and digestible form. It contains a mass of detailed observations made on a group of 381 premature and 214 mature infants born in 1953/54, who, having survived the neonatal period, were followed up to the age of 5 years. Data are provided not only of the physical and mental development but also of the incidence of disease in the group. There is also a chapter on the behaviour of the children during their first few years at school. The author considers in detail the effects that various environmental factors have had on the health and development of the group. In doing so she has largely abandoned the Registrar General's familiar classification of social classes for her own more realistic social grading and for an assessment of maternal efficiency. The relevance of the latter, particularly in respect of the smaller prematures, is well shown by the figures.

A final section is concerned with the follow-up of a group of 110 very small prematures. The figures here serve to highlight the general finding of the survey, that on average the prematurely born child fares less well in almost every respect than his mature counterpart. In addition the book provides a most valuable contribution to our knowledge of the general pattern of child care in contemporary society.

So much information whets the appetite for more. In particular perhaps the practising paediatrician would like