

not even greater? Such subjects as paediatric techniques, feeding, and the reaction of children to illness are each clearly and convincingly dealt with in separate chapters. There is an impressively practical review of care of children with communicable diseases. Altogether excellent descriptions and photographic illustrations are given in 7 chapters devoted to normal development from birth to adolescence. The theoretical bases to diagnostic tests, fluid therapy, and electrolyte balance are explained in somewhat elaborate detail, effective use being made of carefully drafted tables. Approximately one-half of the volume is devoted to disturbed health according to the anatomical systems involved. While there are striking exceptions, the description of many morbid conditions contains scant reference to nursing as distinct from aetiological and medical considerations. Understandably some few nursing and medical procedures mentioned differ from those in current use in the United Kingdom, but it is surprising to read that mechanical 'restraints of many kinds and types are absolute essentials' and to find four pages of text allotted to discussion of them.

It is difficult to know to whom in this country the entire volume might be unreservedly recommended. Different sections could be read with advantage by nursery nurses, medical students, nursing and administrative sisters, and paediatricians. It would undoubtedly be for the benefit of patients if long-established matrons of general hospitals with a children's ward read certain selected chapters. Student nurses, however, are unlikely to find the book valuable for ready reference or for examination purposes because of the mass of material presented, the detailed emphasis attached to theory, and the extent to which the text is concerned almost solely with a hospital outlook.

Typography is of a high order and the paper is of excellent quality. There is a satisfactory index.

Congenital Malformations of the Rectum, Anus, and Genito-urinary tracts. By F. DOUGLAS STEPHENS. With contributions in paediatric pathology, surgery and surgical anatomy by research fellows of the department of surgical research, Royal Children's Hospital, Melbourne. Edited by Reginald Webster. (Pp. xvi + 371; 227 figures — 31 tables. 63s.) Edinburgh and London: Livingstone. 1963.

This is a stimulating and enlightening book, an outstanding contribution to that large field of congenital abnormalities that is becoming the dominant element in paediatrics and paediatric surgery. It is a record of the work of a department, rather than a conventional treatise on this group of deformities, a record of embryological studies, anatomical dissection, and clinical management.

The chapters on the rectum and anus have as their central theme the vital role of the levator ani muscle in faecal continence. Stephens drives home this point so forcibly that it surely must remain forever the cornerstone of rectal reconstruction, the key to accurate diagnosis, and the basis of a satisfactory classification. No longer will surgeons and radiologists be content with the upside down radiograph with a sixpence over the anus; they will insist on a true lateral picture centred over the greater trochanter.

Let us hope also that the rough pull-through reconstruction of the rectum, with no heed for the integrity and the position of the anterior fibres of the levator ani, will be a thing of the past.

In the rather longer section on the renal tract the chief topics are megaloureter, bifid ureter, and urethral obstruction, but, just as in the first section of the book, there was one dominant principle, the role of levator ani, so here it is the role of vesico-ureteric reflux. Reflux is now being diagnosed with increasing frequency mainly because advances in radiological technique have simplified its detection. Unfortunately it is being vested with a significance far beyond what is reasonable, and many resections of the bladder neck have been done with little or no evidence to support the diagnosis of obstruction other than vesico-ureteric reflux. The anatomical basis of reflux and its relation to megaloureter and bladder outlet obstruction are the highlights of this part of the book.

Those who have worked with Stephens in his department are given due credit in the chapters that bear their names, but the book has an integrity and a unity (rather than a uniformity) that makes it clear that the master was there in the planning, in the investigations, in the analysis, and in the writing. The publishers have enhanced their high reputation in a beautiful production of a masterpiece which must have a strong appeal to the paediatrician as well as to the surgeon.

To the paediatrician often falls the duty of investigating renal tract disease, particularly in the infant, and he will find the detailed programme of investigation a great help and the innumerable radiographs a boon.

Behandlung und Versorgung bei Fehlbildungen und Amputationen der oberen Extremität. By G. JENTSHURA, E. MORQUARDT, and E. M. RUDEL. (Pp. viii + 136; 107 figures. DM. 22.50.) Stuttgart: Georg Thieme. 1963.

The nomenclature adopted in this book is that of Lindemann's and is as follows: (a) Amelia, self explanatory; (b) peromelia, terminal transverse; (c) phocomelia, self-explanatory; and (d) ektromelia, flippers plus rudiments of long bones.

Since *true* phocomelia is comparatively rare and *no* longitudinal growth is possible in these cases, no further explanation is needed.

Ektromelia in Britain, often incorrectly referred to as 'long' phocomelia, can and usually does grow in length and in girth.

The author feels strongly that cosmetic, non-prehensile arms are totally contraindicated even for very small children. He prefers to prescribe either a prehensile set-up apparatus or nothing at all at first. The mechanical principles in the use of CO₂ are described.

It is obvious that a purely cosmetic arm is of no permanent interest or value to a child. Nevertheless it is felt that a basically passive arm in the very early stages (under the age of say 10-12 months) is of some value because the child thus becomes accustomed to the presence of shoulder caps which are later the essential pivots and anchorage parts for functional powered arms which, when

subsequently supplied, are so essential and useful. Pneumatically controlled pronation and supination is also advocated. In Heidelberg too this refinement has also been accepted and these movements are illustrated in Fig. No. 22.

The author advocates passive elbow function and this is now also adopted in Great Britain. Marquand described the value of the open-ended sockets with special reference to transcarpal radiocarpal disarticulation (illustration 75 (a) (b) (pneumatic pronation and supination)). The technique of the application and the present components of the various prostheses are outlined. In conclusion forequarter prostheses with pneumatically operated arms are advocated; this must remain a future step in these researches.

The book is in German and testifies to the great advances that have been made by Marquand and his co-workers in this field, and a translation might be most useful and desirable, for few surgeons and technicians have had the opportunity of becoming acquainted with the latest developments in this specialized field. On the Continent and particularly in Germany they have recognized the immense task with which they have been confronted through the great surge of congenital anomalies resulting from the thalidomide disaster.

The book deals with the most common upper extremity deformities and the method which this school adopts in handling them. For a more detailed application than can be given in this brief review, it would be essential to study this book.

Perinatal Mortality. The First Report of the 1958 British Perinatal Mortality Survey under the auspices of The National Birthday Trust Fund. By NEVILLE R. BUTLER and DENNIS G. BONHAM. (Pp. xvi + 304; illustrated. 30s.) Edinburgh and London: Livingstone. 1963.

Nearly one hundred years ago, in 1869, the Obstetrical Society of London was advised to undertake the first perinatal mortality survey by Dr. Farr (of the Registrar General's Department) who was appalled at the high infant mortality rate. In the past 20 years the situation has become so vastly different that had Dr. Farr been here he would perhaps have joined with those who had begun to think that infant mortality had come close to the irreducible minimum. Professor Nixon had no such illusions when in 1953 he began to make plans for the second perinatal survey. The first report of this survey has shown how justified he was in thinking that we still had a long way to go before we could claim to be near to perfection in perinatal care.

The 1958 Survey was brilliant in conception and ambitious in its aims. Many of us had considerable misgivings after viewing the lengthy complex forms which were to be completed by those taking part, especially as so much of the information had to be supplied by midwives. However, the response was magnificent. Returns for live births were completed for 98% of the chosen population and for 94% of the stillbirths and neonatal deaths. The amazing success of the Survey is a tribute to the hard work of the members of the Survey Team and not least to the

Director of the Survey, Dr. Neville Butler, whose tireless enthusiasm must assuredly have buoyed up flagging spirits. It is a tribute too to the skill of the members of the Steering Committee who, with the help of expert advice from statisticians, were able to design a form that has provided such a wealth of invaluable information. The Executive Committee of the National Birthday Trust Fund are to be thanked for implementing the Survey.

As Professor Nixon says in his foreword, 'The project is unique, not only for this country but for the world.' It provides information relating to a national sample of over 17,000 births and over 7,000 stillbirths and neonatal deaths. The results have been meticulously analysed and the tables are certain to be used for reference for years to come. Much of the information will stimulate new lines of research. For example, the finding that one-third of premature babies were born at 38 weeks or later emphasizes the need to reconsider the whole question of 'prematurity', perhaps better called 'low birth weight': the regional variations in the incidence of fatal congenital malformations reveal interesting differences in genetic backgrounds which would merit further investigation. The Survey has revealed several dangerous deficiencies in perinatal care such as the fact that one-third of all women had no haemoglobin test in pregnancy, one-sixth did not have their blood pressure taken at each prenatal visit, and in 5.5% of women the blood Rh type was not known during pregnancy. However, the outstanding lesson of the Survey is the need for better selection of women for hospital prenatal care and confinement.

This book is obviously not designed as bedside reading matter, but there is an excellent summary at the end for those who are interested to learn the results of the survey without the tedium of studying the many tables.

Finally, it is to be hoped that some means may be found to ensure that the unique child population from this Survey should be most carefully followed up in future years, for there is a great deal more useful information still to come.

Signs, Signals and Symbols. A Presentation of a British Approach to Speech Pathology and Therapy. Edited by STELLA E. MASON. (Pp. xii + 212; illustrated. 35s.) London: Methuen. 1963.

This is a collection of papers from a conference on communication theory, which regards language as a system of signs, signals, and symbols. Some contributions are lucid and useful, some highly abstruse. It is essentially for the speech therapist, and it is unlikely to engage the interest of the paediatrician.

Speech and Thought in Severe Subnormality. An Experimental Study. By N. O'CONNOR and BEATE HERMELIN. (Pp. xi + 122; 3 figures + 22 tables. 25s.) Oxford: Pergamon Press. 1963.

The authors are both research psychologists with the M.R.C. Social Psychiatry Research Unit at The Institute of Psychiatry, London. They have aimed at more precise analysis of the diverse processes contributing to cognitive