Book Reviews


The work of Salìng, an obstetrician in West Berlin, has become widely known only over the past two or three years, but his findings have now been confirmed at a number of different centres, and the techniques developed by him are likely to become integrated into the best obstetric practice everywhere in the course of time. His work has been described as the greatest advance in obstetrics since the invention of the forceps. Whether or not time will vindicate this judgement, there is little doubt that this book represents the first primer of foetal medicine, and as such is something of a landmark.

Hitherto, Salìng’s published work has been distributed over a number of German obstetric journals, and the present book will be widely welcomed as bringing together the whole in a very readable form for any one capable of reading simple German. The 142 diagrams are excellent and illustrate in detail the special techniques involved. These are mainly two—amniocentesis during the last 6 weeks of pregnancy, and foetal blood sampling at any time after rupture of the membranes. Foetal blood can be analysed for pH, Pco₂, and bicarbonate, although in practice pH alone provides a great deal of information. The commonest cause of a low pH in foetal blood is a metabolic acidosis caused by placental insufficiency and foetal hypoxia. Owing to re-routing of blood, however, foetal hypoxia may be barely measurable in terms of O₂ saturation of cranial arterial blood, and may only be manifested by a metabolic acidosis.

Foetal blood pH can also be considerably affected by the pH of the maternal blood, and during labour the mother can develop quite severe degrees of either metabolic acidosis (from muscular exertion), or respiratory alkalosis (from overbreathing). The question of the interrelationships between foetal and maternal blood pH is, however, one aspect of the subject which is rather inadequately dealt with in this book.

The section on the appraisal and management of the baby immediately after birth contains many interesting and novel features, including two alternatives to the Apgar method of scoring the baby’s status. It is advised that babies born apnoic and with severe degrees of acidosis should be given an immediate infusion of 7% THAM and 8% glucose into the umbilical vein, with an initial dose of 10-15 ml. over a period of a few minutes.

This is an important and original book, which should be read by all those responsible for babies either before or after they are born, that is by both obstetricians and paediatricians. Let us hope that an English translation will be forthcoming before long.


The third edition of this well-established volume is certain to be welcome. It is perhaps mainly intended for midwives, though at least one-third of the book covers ground which must be of more interest to hospital or family doctors who work with the newborn child. If it has a weakness, this is it, for the dichotomy inevitably leads to some lack of conciseness.

The initial chapters deal, as before, with general matters including statistics and administration, followed by a clear section of applied embryology. Next there are full descriptions of the normal infant, nursing care, and mothercraft, which are probably the best in the book, while the many beautiful illustrations in the chapter on ‘minor departures from the normal’ are almost sufficient in themselves. There have been some additions to these in the new edition, and the enlarged collection of photographs of congenital anomalies in a later part cannot be too highly commended.

The authors have added newly-written sections on many subjects of current special interest, including the respiratory distress syndrome and chromosome anomalies, but in the main the appropriate space is given to the common disorders.

Nursing procedures are described in detail and not entirely without repetition—for example, there are two separate paragraphs about ‘test weighing’. A few passages might be questioned by other paediatricians. For instance, most would not now advocate the use of the Belcroy feeder for small or frail premature infants (p. 176); ‘5-10 minutes’ may be rather too long to wait for the first breath before initiating positive pressure insufflation (pp. 484-5); the disadvantages of respiratory