

international study group held in Oxford in 1964, which was attended by both paediatricians and obstetricians.

Patterns of growth and development in children have been established for many years, but that most astonishing period of growth and differentiation taking place between conception and parturition has only fairly recently come to the forefront of medical interest.

The papers from the 17 contributors make a valiant attempt to highlight some of the multitudinous factors influencing foetal growth, perinatal mortality, and post-natal development. Inevitably with a series of short papers there is a certain amount of repetition, but this does not detract from the value of the book.

One problem has always been to establish a normal foetal growth curve. Neligan summarizes the attempts that have been made in this direction and presents his own findings. Several papers point out that about one-third of low birthweight infants are growth-retarded rather than truly premature; Butler gives a concise description of the mortality rates for the two groups as well as the special risks for the severely growth-retarded baby. There is some discussion on methods for assessing gestational age of the newborn: careful neurological examination appears to give the best correlation with menstrual history, but probably the most accurate estimations will only be obtained when as many as possible of the variables are taken into account.

As a summary of current trends in this field the book should prove valuable to all paediatricians and obstetricians who are interested in the foetus as well as the newborn, and particularly the low birthweight, infant.

**Pediatric Pathology.** 2nd ed. By DANIEL STOWENS. (Pp. xi + 847; illustrated. 212s.) Baltimore: Williams and Wilkins; Edinburgh: E. & S. Livingstone. 1966.

This is the second edition of what, for many years, has been the most comprehensive book available on paediatric pathology. The first edition (1959) was based largely on material available at the Armed Forces Institute of Pathology, Washington. It was a splendidly illustrated volume covering the morbid anatomical aspects of the whole range of diseases as seen in children, and contained an excellent bibliography. That book was welcomed by all paediatric pathologists but their reaction was that while the book contained a large amount of material, the critical comment suggested that the author had little practical experience. It was hoped that the second edition would redress this defect and thus make the book a reliable reference book for the general pathologist and paediatrician.

Unfortunately, the author has deliberately reset the book at a controversial level and indicates this in his preface. Is he right that childhood leukaemia is a chromosomal disease allied to Down's syndrome, and that all unexpected child deaths are due to anaphylaxis due to ingested protein and associated with proteinuria, so that it is possible to determine children at risk by routine examination of the urine?

The general balance of the book remains much as

before, with an extensive cover of tropical diseases and infections. There are excellent photographs of some rare brain diseases, yet none of aganglionic megacolons. The present edition seems to have suffered from some editorial slackness. Figure 19.4 stated to be a worm infestation of the gut is a picture of a spinal cord and Figure 106 in the first edition is now reproduced at a quarter its original size (Fig. 14.6) but at the same reported magnification.

What has this new edition got to offer over the first edition? Some more references but without critical assessment, some new diagrams of congenital deformity of the heart, a number of interesting speculations on the cause of disease, and a new organ weight table related to total body length.

Despite this criticism, this book still remains the most encyclopaedic book in English on paediatric pathology, but the user must be aware that it gives a personal slant on the subject rather than generally accepted teaching.

**Year Book of Pediatrics, 1965-1966.** Edited by SYDNEY S. GELLIS. (Pp. 494; 119 figures + 3 tables. 72s.) Chicago: Year Book Medical Publishers; London: Lloyd-Luke. 1966.

Your reviewer frankly admits his preconceived bias in favour of the 1965/66 Year Book, derived from his enjoyment of previous issues. The present volume is a worthy addition to the series. Professor Sydney Gellis deserves our grateful thanks for his dedication to paediatrics. To produce one Year Book would be a labour of love which would content many of us for the rest of our lives; to go on doing it year after year excites our sincere admiration.

The format is similar to previous Year Books and is easy to follow. As always, the production is impeccable and the typographical errors negligible.

British and European paediatrics generally receive a very fair share of notice in this world review of current paediatric progress. It is now becoming advantageous to have the whole series of Year Books available, since the author has the habit (quite correctly) of avoiding repetition by referring back to reviews of particular subjects that have appeared in previous Year Books. Thus, the series is developing a welcome consistency and continuity.

This book is to be thoroughly recommended to all paediatricians. I defy anyone to look up a particular subject and to be able to put the book down without finding himself reading at least three or four other passages which may have happened to catch his eye—and not to have learnt something in the process.

**Congenital Clubfoot.** By EMIL D. W. HAUSER. (Pp. vii + 94; 42 figures. \$5.75.) Springfield, Illinois: Charles C. Thomas. 1966.

Dr. Hauser has a long experience of club foot covering 272 patients seen in private practice. This short monograph details his methods of treatment and the results achieved.

The introduction lists, uncritically, the views of many authors on aetiology and pathology. Later he gives a similar uncritical report on the methods of treatment advised by several other prominent authorities.

Dr. Hauser's basic thesis is the standard one that gentle manipulation and splinting will give very good results if started within a few days of birth and pursued sufficiently conscientiously. He needs to perform operations on bone very infrequently but does advocate early closed tenotomy of the Achilles tendon in resistant cases, sometimes accompanied by a medial plantar soft tissue release. His preference is for manipulation

repeated each day or two with the foot held by a cohesive (Gauztape) bandage, with a soleplate of wood and a covering of waterproof strapping.

The illustrations of results are excellent and a spur to any clinician to increase his efforts to obtain a plantigrade supple foot by simple methods diligently applied. Much of the monograph, however, is a report, without discussion, of the work of American, British, and German authorities to which work it is a good guide. The lack of discussion and the failure to state clearly his own views on aetiology and pathology detract from the value of this work.

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## Postgraduate Course on Developmental Paediatrics and Child Assessment

*Institute of Child Health, University of London*

This course is planned to meet the needs of the changing pattern of childhood problems. It will provide a wide knowledge of child development and training in the assessment and management of children with developmental disorders and handicaps.

The course consists of three parts, each lasting four weeks, separated by intervals of two to three months. Full-time attendance is required for each of the four-week periods.

During the intervals members will be able to pursue their normal work, but they will be expected to find time for some reading and to practise some of the techniques they have learnt.

**Part I.** (February 20 to March 16, 1967). **The Normal Child.** Genetic and antenatal factors. The neonate. Prematurity. Risk registers. Child development and developmental examination. Hygiene, nutrition, and immunization. Illegitimacy, adoption, and social problems.

**Part II.** (July 3 to July 28, 1967). **Children with Problems.** Locomotor, manipulation, hearing, speech, language, communication, visual, intellectual, and emotional problems.

**Part III.** (November 6 to December 1, 1967). **Management.** Treatments and aids for the physically handicapped, special schools, parent guidance, planning long-term programmes, integration of services.

Course members will be expected to participate actively in practical work, seminars, and discussions. The number of formal lectures will be limited.

**Eligibility.** This is a postgraduate course for doctors working in child health services and paediatrics who have had several years' experience in their field. The number attending will be restricted to 24 in order to provide ample opportunity for individual work.

The Ministry of Health and The Department of Education and Science recognize that there is a special need for courses of this nature and hope that local health and education authorities and hospital boards will give their support.

**Diploma.** A diploma will be presented by the Institute of Child Health to each member who reaches a required standard of knowledge and proficiency at the end of the course.

**Application, Fees, and Accommodation.** The fee is £120 for the complete course.

Accommodation cannot be provided and members will have to make their own arrangements.

Reimbursement of fees and subsistence will have to be discussed and arranged by members with their own employing authority.

Inquiries and application should be sent to: K. S. Holt, M.D., M.R.C.P., D.C.H., Director of the Course, The Institute of Child Health, 30 Guilford Street, London W.C.1.