Book Reviews


Dennison is to be congratulated on the second edition of this book which sets out the teaching of paediatric surgery in the Hospital for Sick Children, Glasgow. This handbook is intended for medical students, junior hospital staff, and general practitioners, and as such more than fills their need. This book, by its increased number of pages and illustrations compared with the first edition, shows much improvement. Further, the contributions by John Bentley in the cardiothoracic section, G. E. Flatman on radiotherapy and cancer chemotherapy, and M. L. N. Willoughby on haemorrhagic disorders greatly enhance it.

The author, under the inspiration of his late chief, Matthew White, a doyen of paediatric surgery, clearly presents the surgical conditions of infants and children with authority and experience. The galaxy of fine illustrations and concise writing covers the common and rare disorders in due proportion, but one of the two photographs of a double-mouthed infant—a rara avis—could have been omitted. Occasionally the information is oversimplified at the expense of accuracy, such as the incautious statement (p. 223) that ‘in a temperate climate, it is rarely necessary to give fluids intravenously after operation’, following bowel resection in the newborn. Apart from this criticism one has nothing but praise, for the book is full of useful up-to-date information. Furthermore, the bibliography at the end of many of the chapters will help the more inquiring undergraduate or postgraduate; the world-wide list of references is well selected.

This book is strongly recommended to all interested in the surgical aspect of paediatrics. Also hospital librarians and tutors in nursing training schools will be well advised to add this volume to their library. The colour frontispiece of the Glasgow Hospital for Sick Children shows the local setting of this book and perhaps a tartan jacket—the McSporran tartan (p. 438)—with the next edition would indicate its national origin.


The popularity of this publication would be more obvious to a Frenchman than to an Englishman, as the speciality of infant surgery is widespread on the Continent, and this includes the treatment of trauma. It is perhaps appropriate to quote the last paragraph of the preface.

‘Let us end this introduction by saying that these ten years [since the publication of the first edition] have confirmed our opinions of the general excellence of the principle of autonomy in infant surgery and in this frame, of traumatology; its particular lesions, their evolution dominated by growth, the conditions of hospitalization, of general care and nursing, the general atmosphere of the service warmed by its staff of nurses, particularly maternal in outlook, all justify the retention and development of infantile surgery in general children's hospitals; it is satisfying to add that at the moment when one considers this question in France, the country from whom the initiative arose, their planning and their realization are increasing abroad.’

A general editor aware of the large amount of medical overwriting might also feel that it was unnecessary to go into the details of tendon suture, general anaesthesia, and nerve injury. These and other aspects of injury can only swell the volume so that it becomes in effect a general textbook of trauma minus the injuries encountered in the adult. In spite of these criticisms, however, it is convenient to have the infantile and adolescent injuries grouped together, and the book is nicely set out and well illustrated. There are, however, certain curious omissions and other points to which the authors’ attention may be drawn. While the powers of correction of mal-union by growth are discussed well and it is pointed out that lengthening of a leg is more likely to follow a fracture with mal-union than shortening, there is no similar grouped discussion of the effects of epiphysial separation on growth and of the types of epiphysial fracture which may lead to disturbances of bone growth. On page 81 there is a list of the average lengths of time in plaster after fractures between the ages of 8 and 10 years, and some of these seem unduly long. A spiral fracture of the humerus in a child will usually be solid well before 45 days, and so will a supracondylar fracture with displacement. Indeed, the complication most to be feared in a difficult fracture around the elbow joint is early union before an adequate reduction has been achieved, and there is perhaps not enough emphasis in this volume on obtaining within 10-14 days, complete reduction. Again, it seems a little long to keep a nailed fracture of the femoral neck in a plaster for 90 days. Is the plaster really necessary?

In discussing fractures and dislocations around the elbow joint adequate space is given to the important supracondylar fracture, but no details are given of separation of the capitellar epiphysis without an associated