

**Protein-Energy Malnutrition.** By G. A. O. ALLEYNE, R. W. HAY, D. I. PICON, J. P. STANFIELD, and R. G. WHITEHEAD. (Pp. 244; illustrated+tables. £8.50.) Arnold: London. 1977.

Here is a splendid book. It is no mean achievement for five authors to have produced an erudite work which is cohesive, readable, truly up-to-date, and reasonably priced by today's standards. When it also fills a conspicuous gap in the literature, the pleasure is doubled. The authors, whose combined experience in the field of malnutrition must exceed 50 years, have all been concerned in one way or another with the MRC malnutrition units in Jamaica and Uganda. This explains the scientific bias of the text, which covers the pathogenesis, biochemistry, and pathophysiology of malnutrition in considerable detail. However, the clinical features, assessment, and treatment of the malnourished child are dealt with in a useful and practical way, as is the assessment of nutritional status. The final chapter, on prevention and rehabilitation, can serve only as an introduction to problems whose solution is more political than medical. With some 850 references, the book is an indispensable reference work for all concerned with basic nutrition and its biochemical and physiological off-shoots, and at the same time is a valuable textbook for clinicians working with malnourished children.

Criticisms are minor. The references are so numerous that they interrupt the flow of the text and a numbered reference system would have been preferable. Some of the photographic illustrations could have been discarded (demonstration of a long-drop latrine for young children?). More definite guidance on rehabilitation diets is needed, though the importance of high-energy feeding is rightly emphasized. It would be useful to have reference growth charts as an appendix. On the whole the

book succeeds triumphantly. May there be many future editions.

O. G. BROOKE

**Prevention of Handicap of Perinatal Origin. An Introduction to French Policy and Legislation.** By MARGARET WYNN and ARTHUR WYNN. (Pp. 32; illustrated+tables. £2.00.) London: Foundation for Education and Research in Child-Bearing. 1976.

This brief monograph is written with the clearly stated intention of trying to influence health care policy. The authors argue that since 1971 the French Government has had a strong political commitment to prevent long-term handicap by improving perinatal services. Following a Commission set up by the Prime Minister in 1966, seven specific programmes were selected and implemented for improving perinatal care. The argument runs that a high proportion of mental subnormality and other chronic neurological handicaps are due to perinatal disorders, that the French policies have strikingly reduced perinatal mortality, that (apart from the humanitarian argument) the money saved on the care of chronic handicap will greatly exceed that spent on the perinatal programmes, and that there ought to be a similar political commitment in Britain.

This monograph certainly deserves to be read by every obstetrician and paediatrician—as well as by the Royal Commission on the National Health Service, to whom it has been submitted as evidence. Most paediatricians will probably be startled to see how much better France has done than Britain in reducing infant mortality in the last 10 years. In round figures, the infant mortality rate has fallen from 22 to 14 in France, whereas in Britain it has only fallen from 19 to 16. Paediatricians will also learn a good deal from the review of literature, especially that relating to intrauterine and perinatal

infections and their possible relationship to subsequent handicap.

The Wynns' case certainly deserves a good hearing and all of us would like to believe that perinatal prevention could be as effective as they argue in preventing handicap. However, one cannot ignore considerable hole in the argument. On a quick reading of the monograph one might get the impression that the French had actually *demonstrated* a fall in the prevalence of handicap as a result of their programmes. In fact, they have done nothing of the kind so far, nor could they have done so in the time. What they have shown is a fall in perinatal mortality. It may well be true that this will be accompanied by a fall in perinatal morbidity and its consequences. However, the total effect of this on the prevalence of handicap depends a great deal on the accuracy of the crucial table 4 in the Wynns' monograph, which shows the proportions of chronic handicap in French children attributed to perinatal causes. This appears to show that 65% of handicap could be prevented by improved antenatal care, delivery, and neonatal care. The disturbing feature of this table is that there is no handicap attributed to unknown causes, whereas paediatricians currently working with children with chronic neurological handicap frequently find that it cannot convincingly be accounted for by any known factors operating during pregnancy or the neonatal period—nor indeed by any known factor. It will be of the very greatest interest to see whether France can really prevent as much handicap as they believe. Nevertheless, the policies advocated by the Wynns make excellent sense. Certainly, we ought to be aware that there are important areas of obstetric and paediatric care where the French appear to have done much better than us in this decade.

R. J. ROBINSON