Book reviews


‘The pleasing punishment that women bear’—The Comedy of Errors (Shakespeare)

Medicine has its own cybernetic system whereby enthusiasm and the imbalance of effort that they bring about are quite soon corrected by the need to keep our feet on the clinical ground. The publication of the 1958 Perinatal Mortality Survey drew attention to preventable mortality and morbidity in newborn infants at a time when obstetricians were ceasing to be pre-occupied with maternal death as the most pressing of their problems. It was therefore appropriate that during the subsequent decade and a half we should have developed perinatology as a specialty within both obstetrics and paediatrics, and that the contribution of the new discipline should have been assessed in terms of public health statistics, first in reducing deaths and subsequently in reducing disablement resulting from inadequate standards of care. This led on the one hand to the introduction of modern technology into both parent disciplines, and on the other to application of clinical physiology to the problems posed by babies born at the limits of viability.

This necessary task has been largely completed, though much i-dotting and t-crossing remains to be done; and we are now face to face with the problems created by our success and the means that we have employed to attain it. It is interesting that the reaction has come first from the general public—naturally initiated by intelligent middle-class women of child-bearing age but supported by concerned sociologists and some obstetricians and paediatricians—and that it is based on a feeling that medical technology and medical concern with the more easily quantified criteria of successful practice have to some extent dehumanised the process of giving birth, which for many women represents a high point in their emotional lives despite all its attendant tribulations, dangers, and anxieties. One of the catch-phrases of the time is the so-called ‘silent majority’; but it soon becomes vocal when what it feels are vital interests come under threat; and it may be literally vital for our culture that what Donald Winnicott described as ‘the ordinary good mother’ should not lose the qualities of devotion, competence, and equanimity that are necessary to keep our caring way of life going—with all that that means for the less fortunate members of society.

Another of Winnicott’s concepts was what he called ‘the facilitating environment’; that is, those conditions that enable natural processes to take their normal course whether these are giving birth, sucking, growing up, living a full human life, or dying when the time is ripe. The work of Klaus and Kennell has made it evident to those who behave as if the onus of proof should be on conservatives rather than on radicals, that the environment in which the nursing couple first come to terms with one another matters, and that dispositions that get in the way of this happening have long-term effects whose importance has not yet been fully explored or appreciated. The reaction against systems of care that lack the human dimension is now at the top of its swing, and there is even a danger that real gains in safety for mother and baby may be lost if in its turn is not damped by critical appraisal of the changes in practice that are advocated by its protagonists. Confrontation on TV turns out not to be the way by which those with different priorities can learn to accommodate each other’s point of view; nor does semi-political, medical, or sociological journalism necessarily bring about a constructive synthesis of attitudes.

There are however now in, or just out of, the press a number of books in which the debate is conducted with proper regard to the rules—the dispassionate rehearsal of the evidence on which both sides base their assertions. The book under review is probably the best of these, at any rate for a medical readership. It is a slim volume but its content is by any standards weighty. It comprises an introduction and 11 chapters, of which the last is a kind of provisional summing up by the editors.

A. C. Turnbull’s introduction is characteristically balanced, perceptive, and well-informed, though this reviewer would take issue with his dismissal of domiciliary obstetrics as a sop to Cerberus. Alberman’s opening chapter is a rehearsal of the statistics on which the arguments of both sides are based; and quite properly they are presented comprehensively, dispassionately, and critically. Chapters 2 and 4 are by nonmedical women and deal with cross-cultural practices and ‘what do women want’ respectively. Chapter 3 by Ian Chalmers and Martin Richards is what one expects in a no. 3 in that its arguments are the anchor on which the rest of the book is largely based. Again the authors are nonmedical, whereas chapter 5 by Timothy Chard on the physiology of labour, chapter 6 by Peter Howle on induction of labour, and chapter 8 by Michael Moore on the conduct of the second stage, are by obstetricians of the younger generation, and chapter 7 on pain relief is by an obstetric anaesthetist with practical experience of what he is talking about.

The chapters by Chard and Howle provide a nice contrast in approach, Chard’s comprising a critical examination of the meagre and conflicting evidence on what decides a mother or fetus to bring pregnancy to its climax, Howle’s centring on his evidence that induction in women thought to have gone past term reduces deaths in the category ‘mature—cause unknown’. It is, of course, self-evident that if no pregnancies are allowed to go past term the number of fetal and neonatal deaths previously ascribed to post-maturity will fall; but it is not clear from Howle’s figures that this gain on the swings may not be concealing an equivalent or greater loss on the roundabouts hidden by the general improvement in figures during the course of his study. Chapter 9 by David Baum and Peter Tizard is a rehearsal of the hazards and benefits of the new neonatal paediatrics and includes a salutary catalogue of our past mistakes and some hints of what may be seen as our present mistakes in the future. Chapter 10 by P. M. Stratton, who is a psychologist, concerns the ‘criteria for assessing the influence of obstetric
circumstances on later development' and is a rich source of information both on what has and what has not been demonstrated in this difficult field, and also of the limitations of the methodology employed. The book is worth reading for this chapter alone; and it contains no more comfort for those who are dismissive of public anxiety than it does fuel for those who express it. No doubt time will show where the balance lies; but in the meantime the onus of proof is clearly on those who advocate changes in traditional practices and the unmonitored introduction of new techniques. However, it is time that some bathwater was emptied for the sake of the baby and one practice that can surely no longer be justified, as Rosen shows, is the almost routine administration of pethidine ostensibly to relieve the pains of labour, whereas it has been said to be almost unique among drugs for having major side effects and minimal useful effects.

No other obvious conclusion emerges, except perhaps a reinforcement of the old adage, *primum non nocere*. It is important that we should not be in too much of a hurry in applying new ideas to practice at large, or assume too much responsibility for matters that lie outside our competence as physicians (though they may involve our responsibilities as citizens). Technology is a good servant; but like Jeeves and Crichton, its very competence may lead to its taking over the functions of a less competent set of masters. The answer for the profession is clear; we must be sure about the ends we serve and we must be informed about the means we employ to achieve these. In this our obstetric colleagues have once again given a lead to the whole profession and we should be grateful to them for this and for a publication obviously resulting from their initiative in undertaking what is now known as a self audit. Other specialists including our own should follow their example and that set by neonatologists.

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Shorter notices


The international symposium was held in Milan in October 1976; 32 papers are recorded.


A multi-author monograph from the US surveying the pathiology of diabetes in depth. The photomicrographs are superb. Chapters on juvenile diabetes and viral diabetes will be those likely to be most relevant to paediatricians.


Twelve chapters by different authors from the US or Canada discuss current topics in paediatric haematology mainly from the clinician’s angle.
