
Whether maternal nutrition during pregnancy and lactation has any effect that matters on fetal growth and postnatal development remains a subject for serious debate. No one disputes the fact that birthweights are reduced by about 10% during acute severe famine (although a fall in birth rate is more noticeable), or that maternal dietary supplementation can raise birthweights by a similar amount in chronically undernourished populations. The argument is whether it matters, and ranges between those for whom the birthweight deficit corresponds to an important deprivation of the luxury of subcutaneous fat, at one extreme, and those who rather vaguely suspect that it may in some way affect brain growth and hence the intellect, at the other. Those of us in relatively affluent countries are additionally faced with the question whether the preponderance of small-for-dates babies in the less privileged social classes may be partly due to an unbalanced maternal diet as well as to smoking, teenage pregnancy, and other correlates of indigence or social delinquency. The answer is by no means clear, and becomes considerably less so when attempts are made to relate disturbances of later child behaviour to smallness-for-dates at birth in babies of undernourished mothers. The myriad of inevitable and interrelated components of poverty and undernutrition defy analysis as causal factors in the genesis of performance deficits among the child victims of such society, so that it will probably never be possible to dissect the nutritional factors away from the remainder, all of which are powerful determinants of substandard human achievement. By the same token, attending to the nutritional deficits in isolation is unlikely to resolve many problems, although some good might accrue where they are severe.

For some of our colleagues, however, the matter is not nearly so complicated. The authors of this book tell us without ambiguity that ‘the relationship between nutrition, especially during the prenatal period, and child mental and physical health is demonstrated to be causal and highly correlated’ (sic). Some of the studies indicate that there is less than one chance in a billion that prenatal nutrition does not influence the newborn’s health and subsequent mental and physical development. In addition, they say, warming to their theme, ‘neurological abnormalities, such as mental retardation, cerebral palsy, and epilepsy, which have traditionally been ascribed basically to genetics or unknown causes, are linked in large part to malnutrition during the most rapid, critical periods of development. A continuum of reproductive casualty, defined as spontaneous abortion, perinatal death, cerebral palsy, epilepsy, mental retardation, hyperkinesis/learning disabilities, and minor neurological disorders, can be caused by varying degrees of prenatal malnutrition’.

The rest of the book contains a highly selected, often misinterpreted, and tediously repetitive review of the literature; and those, like your reviewer, who have been endlessly bombarded with communications from Tom Brewer and the Society for the Protection of the Unborn through Nutrition (SPUN) in spite of begging him to desist, will not be surprised to find in the Foreword that ‘the scientific studies reviewed in this work represent the basis for his efforts’. One of the authors turns out to be Executive Director of SPUN.

It would all be good knockout stuff if it were not likely to be taken seriously by the ‘allied health professionals’ and the senators on Brewer’s mailing list, and by other influential people who are without sufficient familiarity with the subject to put the book firmly where it belongs.

JOHN DOBBING


Ultrasound provides medicine with a unique noninvasive method of investigation. Unlike other imaging techniques using X-rays it is without radiation hazard.

Ultrasound has made a great impact on obstetrics and it was hoped would be as useful in paediatrics. Unfortunately for children, paediatricians have been slow to accept and to press for its use. Part of the blame lies in the lack of information on the use of ultrasound in children. For this reason the publication of this book is welcome. It may make those dealing with sick children aware of what may be missing from their own armoury of investigations.

However the book is not entirely relevant to the development of paediatrics. European doctors might not accept alcoholic pancreatitis and caesarean section scar haematoma as being particularly paediatric problems.

Half of the book is devoted to a fascinating account of cranial ultrasound which is compared with pneumoencephalography. The authors are obviously very experienced but computerised axial tomography has now become so well established as the method of cranial examination that the lack of comparison of ultrasound with CAT will leave readers sceptical of its value.

There follows a short, useful, well referenced introduction to echocardiography, but with only a passing comment on real time scanning.

Almost one-third of the book is left to cover the abdomen and pelvis. Considering the experience and reputation of some of the authors, the images are only mediocre, and the text contains many factual errors. It is not critical enough of the relative usefulness of ultrasound. However, the ‘Reader’s Digest’ style makes it an easy introduction to this topic and interesting reading despite the irrelevancies and errors.

C. METREVELLI

Shorter notice


The original textbook of pediatric haematology has, inevitably, in this, its 4th edition become a multi-author book. The editors manage to combine basic physiology (for example of erythropoiesis and haemolysis) with comprehensive clinical coverage (as in the excellent chapter on iron metabolism). The result is surprisingly readable and up to date and, despite the price, must be the best buy for a departmental library.