Book reviews


Although it seems probable that most paediatricians are sensitive to the needs of the child with cancer and his parents, if not his whole family, it is only in the last few years that attention has been more formally focused on the psychosocial aspects of childhood malignancy. Meetings such as those sponsored by the Leukaemia Research Fund have performed a valuable role in highlighting various problem areas, not the least that of cancer as a chronic disease rather than an immediate threat to life.

Are books on such subjects helpful, and is transatlantic experience relevant for practice here? Those wondering this could dip into The child with cancer which has 31 contributors and is divided into two parts. The first part is a review of current practice as evaluated by a group of psychosocial professionals at 22 American centres. Subjects discussed include: parents’ groups, care of siblings, continuing involvement with families after death. As one would expect, practice varies widely between centres. The second part consists of papers discussed at a meeting on research into psychosocial aspects of childhood cancer. Here are described attempts to predict which families would cope with a diagnosis of leukaemia, and to follow up families who had lost a child.

Perhaps for the medical members of the team the most valuable role of such meetings and publication is to emphasise certain areas where extra time and care are needed. For example, stress on siblings has been insufficiently appreciated; as Madame Alby (the only non-American contributor) points out, stopping treatment in a patient who has remained in remission is unquestionably a period of strain.

There is unavoidable repetition and, perhaps, a general assumption that psychosocial intervention is always a good thing—a hypothesis which like others must surely be subjected to trial.

Judith M Cheesells


Facial perception is a highly developed skill, a large area of occipital cortex being designed for the purpose. It is, therefore, right to attempt to widen the scope from consideration of syndrome characteristics, such as provided by Goodman and Gorlin’s The face in genetic disorders, and Smith’s Recognisable patterns of human malformation, to consideration of acquired disorders of both structure and function.

After the initial chapter on facial embryogenesis, the characteristics of the normal face are described in detail. This is achieved by constructing reference lines between various bony and soft tissue landmarks. The face is divided into segments (upper, middle, and lower), and there follows a description of the kinds of abnormalities which occur in each. While reference lines make for orderly viewing, this is not the way the brain naturally approaches a visual task. We are told that the lines are important, and no doubt they could be, but the usefulness is diminished by the lack of normal values (the only norms provided are those for head circumference). This section makes tedious reading. Statements such as ‘freckles . . . are especially meaningful when seen around the lips and central middle face’, are unhelpful and are unlikely to be remembered unless anchored by an illustration and a label.

The remaining three-quarters of the book continues the same segmental theme using it to describe the syndromes which are expressed in different facial areas. This naturally leads to repetition, many syndromes involving more than one facial segment. The nature of the task demands that the presentation be primarily visual with supporting text. The standard of reproduction is fair, although some of the photographs fail to show what was intended, sometimes due to lack of colour. An attractive feature is that several examples of the less unusual syndromes are generally given, so that the characteristics they have in common can be appreciated. The text becomes a little unbalanced in the direction of neurological exposition. For example, Leigh’s disease has 20 lines giving details of the biochemistry and histopathology, but only 2 lines on the facial appearance. There is superficial discussion of ocular motor abnormalities and disorders of head movement, but not of facial movement. It was left wondering for what readership this book was intended, and whether the aims had become confused. In its present form, it does not successfully complement its rivals in the field.

Richard O Robins


The preface states that this book was written initially for nurses and the emphasis throughout is directed to the nurses’ role in the genetic counselling service. The book outlines the fundamentals of clinical genetics and the current problems likely to be encountered, and can be recommended to any interested paramedical worker or medical student doing his paediatric appointment. It is easy to read and enlivened with occasional cartoons, although the line drawings illustrating the various dysmorphic syndromes are not as evocative as clinical photographs. The book should not be used as a reference work as there are one or two errors in the lists of single gene disorders, and most of the medical facts should already be known to paediatricians. However, with its emphasis on counselling as opposed to information giving, it could usefully be read by anyone doing his own genetic counselling or by anyone who is curious to know what goes on in a genetic counselling clinic.

Caroline Berr


This book is edited by a clinical cardiac physiologist from London and a paediatrician from Switzerland. It is technically