80 Correspondence


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How fast can babies breathe?

Sir,

In reply to Dr McNicholl,1 we have recorded and videotaped respirations sustained at over 200/minute in Joubert’s syndrome: with the video technique the micro-

phone easily picks up the sound of the panting. The vest method is also satisfactory, giving a continuous record of total lung volume.2 As a rider, we would suggest that unexplained bouts of extreme tachypnoea with high roofed fourth ventricle on ultrasonic scan should prompt an ERG to exclude Leber’s congenital retinal amaurosis; we have seen 4 cases since the report of Tomita et al.3

References
1 McNicholl B. How fast can babies breathe? Arch Dis Child 1982; 57: 481.

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Book reviews


Human dysmorphology and genetics has evolved from certain basic discoveries made during the last 25 years. In 1956 Tjio and Levan correctly postulated that the human karyotype contained 46 chromosomes and in the early 1970s Caspersson and others devised banding techniques so that the individual chromosomes and their bands or genetic markers could be mapped accurately. After this it became possible, and inevitable, that Jean de Grouchy and Catherine Turleau should compile their famous Atlas of chromosomal anomalies. The first edition appeared in 1977 and now the second edition is with us. Although written in French there is an English language edition available in the USA (Wiley, New York).

This large volume contains about 900 illustrations, mainly of good quality. A schematic diagram of each chromosome is compared with photomicrographs using various staining techniques. The value of this is obvious. Syndromes of monosomy, trisomy, deletion, and ring formation are presented in detail with a number of key references. Morphological details, broken down into body systems, are given so that the appearance of each phenotype can be obtained and compared with the relevant photographs.

Cytogenetic details are given and, where appropriate, details of dermatoglyphic analysis. An appendix of cytogenetic techniques including staining, fluorescence, the preparation of buccal smears, and chromosome nomenclature completes this remarkable work. This is a major compilation essential for every paediatric department library. Its value in a paediatric assessment unit is unquestioned.

M A SALMON

Cautionary notice

A Bedtime Story

Once upon a time there was a Year book of pediatrics. It was small and contained short abstracts of articles which had interested a paediatrician called Gells. His choice was personal and sometimes idiosyncratic but he was interested in all sorts of articles that interested many other paediatricians. He was a sensible man who recognised that true knowledge was only written in the English language, and that the truth was published in American journals. The text was illustrated with pictures of children, clinical signs, and radiographs. At the end of some of the abstracts he wrote brief, personal notes which combined sense, stimulation, and fun. At the end of his book was a list of the authors of the original papers which had been abstracted. Eminent paediatricians throughout the land consulted that list to find out if they had written anything interesting in the previous year. It was compulsive reading and kept me from going to bed.

For 1982 there is still a Year book of pediatrics.4 It is nearly 500 pages long and has two editors. The abstracts are carefully prepared and, quite often, contain the actual figures and graphs from the original papers. The comments which follow the abstracts are written by a variety of eminent people, many of whom enjoy writing comments that are longer than the abstract to which they refer. Impertinent jokes and reminiscences have little place in the new order. There is no author index at the back to browse through. But there is a list of 50 true/false questions about the contents of the book so that the reader can check whether he has been reading it awake or asleep. That worries me because, somehow or other, I seem to be in bed.