
When should one tell a mother her newborn baby is a mongol? There is a saying that 'if you tell her early she hates the baby, and if you tell her late she hates the doctor'. My own preference is for the latter, though the decision is often taken out of the paediatrician's hands when the parents recognise the facts for themselves at birth.

This book is a novel about John David, a newborn mongol who is rejected by his parents, and the consequences that are faced by the family. It is compelling and easy to read, and many of the events are so realistic that I am left wondering whether the book is based on fact. The paediatrician is terrible (but unfortunately true to life). His opening line 'I am a paediatrician, Mrs Fielding, do you know what that is?' is followed by 'I have to tell you, I am afraid, that your son is going to be a little bit slow'. Some of his lines should be added to Professor Illingworth's article on 'How to worry mother. Some tips for a young paediatrician' (Clin Pediatr (Phil) 1964; 3: 614-6).

Not everyone in John David's family agreed with the parents' decision. An aunt wrote 'one does not return imperfect children like a pair of shoes which do not fit'; granny wanted to foster John David. There was also discussion about the refusal of operation consent (although the problem never arose) and I identified with the mother when she said 'wishing him dead ... and doing something about it aren't necessarily the same thing, are they'. I also agreed with the mother about her dislike of the term 'Down's syndrome' which she regarded as an evasion.

The doctors in this story, the paediatrician and the genetic counsellor, come across quite realistically as pretty awful examples of their type, but if this is a true story (as I suspect) then we need to recognise that one role of the doctor in such cases is to act as a focus for the negative feelings that are aroused in parents who have great expectations and little resilience.


T J DAVID


The title Adolescent spine would have been better rephrased 'The immature spine.' Dr Keim's chief clinical expertise lies in the field of spinal deformity and accordingly the bulk of this text deals with scoliosis. The very brief sections on congenital problems, tumours, trauma, and infections reflect the increasing trend for these conditions to be directed towards scoliosis surgeons. While this book is written with the scoliosis surgeon in mind, its brevity and depth are suited admirably to the resident or the non-scoliosis surgeon, both of whom will find all the basic knowledge they require on this subject in a little over 200 pages.

The text is well presented and has a flavour of personal experience which makes it more readable than many others. The illustrations and photographs are just right in number and quality. It is slightly spoiled by repetition; the material on Klippel-Feil syndrome, cervical spine injuries, and tumours being unnecessarily repeated in the early chapters. My only major disagreement with Dr Keim is his main justification for a second edition—'knowledge of the human spine is increasing at a rather rapid pace.' While this book reflects admirably the mushrooming clinical interest in the developing spine, regrettably it is not based upon significantly increased knowledge of its behaviour. None the less, the improved second edition can only do better than the already successful first.

ROBERT A DICKSON


This is a startling and very disturbing collection of 14 essays about the neglect and ill-treatment of children in the child care services in the USA.

While it has a strong North American flavour there is a lot here to stimulate us to question what happens in this country.

A professional group in Minnesota publish a 'Child Youth Services' series of which this is the fourth. Whereas previous volumes were a review of the literature of a given topic, this one attempts to treat an subject in depth.

The authors claim that abuse of children in care has obviously not attracted the attention it should. There is hard factual evidence to substantiate the size and the nature of the problem and to show ways of preventing and managing it. Many topics are covered in 145 pages of physical and sexual abuse, the irresponsible management of children in care causing 'foster-care drift', corporal punishment, religious values, and children's rights, to mention but a few.

'The assumption that a child is removed from an abusive or neglected home and placed in a safe environment can no longer be taken at face value'. This epitomises the varied aspects covered in this book. A national conference on Institutional Abuse held in 1977, the establishment of a San Francisco Abuse Council in 1979, and a number of studies carried out at Yale and at the Montefiore Hospital, New York, demonstrate how far the interest and activity in this area have gone in the USA. Many of the essays make gripping reading, some are richly imaginative and others speculatively analytical to try to help us understand the nature and the process of how professionals in child care behave as they do.

This book should serve as a useful model in the critical evaluation of the quality of child care in the UK.

DAVID MORRIS


This is a major review of the hazards of tobacco smoking, in particular the not inconsiderable hazards for the 'passive smoker'—the non-smoker in contact with a smoke-polluted atmosphere.

The first two chapters cover the constituents of tobacco smoke and their pollutant yields. In the chapter on observed pollution due to cigarette smoke clear evidence of the absorption of nicotine by non-smokers is described. Tests in submarines showed urinary levels of nicotine in non-smokers of about 1% of...
the smokers’ level. In places with concentrations of heavy smoke the level rose to 5%. The author analyses research findings concerning the effects of smoke exposure on cardiorespiratory function, nose, and eyes. He quotes adverse ophthalmic effects including glaucoma, cyanide-induced optic atrophy, corneal arcus, and vascular changes in the retina.

The chapter on passive smoking and the fetus was especially interesting. The chapter on possible remedies seems misplaced; logically it should be at the end after all the factual scientific reviews. It concerns the changing tide of public opinion regarding smoking and also discusses relevant legislation in various countries. The description of ‘smokers’ courts’ in Chicago, and a non-smoker who sued the Louisiana Superdome stadium for his exposure to tobacco smoke sent a chill down my spine. The author acknowledges that it is now widely accepted that passive smoking cannot be controlled by law, but will need a general change in social attitude.

As a review of an important subject I think this is an excellent book, but I have mixed feelings about its value as a vehicle for health education. I found that the author’s personal antipathy to smoking intruded too much; those concerned in health education know how difficult it is to get a message across. Perhaps the first lesson to learn is to avoid the polarisation of issues on a personal level. The scientific content of this book makes the message crystal clear, the personal comments could blur the image.

JOHN CASH


For some time there has been a need for a comprehensive and up-to-date account of paediatric electrocardiography and this book satisfies that need admirably. The first section concerns basic science aspects of electrocardiography including chapters on the biophysical basis for electrocardiography, the anatomy of the cardiac conduction system, and a short but clear account of electrocardiographic lead theory and system.

The central section deals with interpretation of the normal and abnormal electrocardiogram and emphasis is placed on the systematic analysis of the vector loop rather than on pattern recognition on the scalar ECG. Comprehensive tables of normal values for both scalar and orthogonal data are presented, and there is a useful chapter on statistics and their relation to electrocardiographic interpretation.

The final section, by Gillette and Garzon, covers interpretation and investigation of cardiac dysrhythmias. Most of the text and all of the figures have appeared previously in the book on cardiac dysrhythmias, by these authors, reviewed in the *Archives* earlier this year. The figures have been improved by the addition of ‘ladder diagrams’ to aid interpretation and the step-by-step approach to arrhythmia analysis is easy to follow.

This is clearly intended mainly for those with a special interest in paediatric cardiology and it will not serve as a quick guide to interpreting the paediatric electrocardiogram. Nevertheless, it provides a valuable source of reference that should be accessible to paediatric departments.

D F DICKINSON


This PasTest package is designed solely for the use of the candidate soon to take MRCP Part II in paediatrics. The package includes two complete mock examinations, each consisting of questions based on case histories, data interpretation, and clinical slides. As past papers are not available these PasTest exams are carefully designed in style and complexity to be similar to current papers from the Royal College and may be studied at leisure, or taken as trial examinations. There is space in the book, as in the exam, to note one’s answers. Included are 40 good quality colour slides covering a wide variety of clinical conditions and some radiographs. In the final section suitable answers are given together with short notes and comments, providing both a method of learning and a chance for the candidate to gauge the depth of his own knowledge and to note any particular weaknesses.

A separate section deals briefly with the clinical examination. It gives a short description of the structure and some elementary, but essential, hints on examination technique and etiquette. There is a guide to history taking which will be of more use to those not involved in general paediatrics around the time of the examination and a list of short cases that have repeatedly appeared on past occasions.

Overall this is probably a useful addition to the armamentarium of the candidate taking part II, and it is certainly beneficial to look through a completed, albeit mock, examination paper. However, the price is exorbitant and the wise candidate will study a copy borrowed from a wealthy colleague.

SIMON NEWELL


I spent some of my formative years pestering Leeds mothers, at the behest of the senior editor of the *Archives*, for samples of their formula milks in an attempt to establish a link between concentrated feeds and hypernatraemia. During this time I discovered the extensive work of Dr Finberg on the management of fluid and electrolyte disturbances which forms the core of this book. There are four sections: the physical, chemical, and physiological factors affecting body fluids; pathology of fluid disturbances; treatment of dehydration; and management of specific clinical disorders. There is a glossary of terms used in the text and a short history of fluid and electrolyte physiology. The text is presented attractively with many tables, diagrams, and illustrations. Most chapters conclude with references both for general reading and to specific points and include papers published in 1981. There is a full index.

I will not dwell on the first three sections. The normal and disturbed physiology is dealt with comprehensively, authoritatively and, above all, lucidly. As one would expect the chapters on hypernatraemia and management of dehydration are particularly good. The section on solutions for infusion is less useful to the British paediatrician who will manage most of his fluid and electrolyte disorders with a few standard solutions and when pondering the clinical examples in the...