Book reviews


Cicely Williams was born in 1893 in Jamaica into a family which had lived there for several generations. At 13 she was sent ‘home’ to be schooled in Bath. At 19 she was awarded a place at Somerville College, Oxford but had to turn it down in order to help her parents in Jamaica after a devastating series of hurricanes and earthquakes. It was not until 1916 when she was 23 that she was able to take up her place at Oxford university with the proviso that she must read medicine in view of the shortage of doctors at that time in the war. She was bored by the preclinical sciences but gate crashed Osler’s ward rounds at the Radcliffe Infirmary. She was 31 when she qualified from King’s College Hospital.

Her house jobs took her to what is now Queen Elizabeth Hospital for Children, Hackney where she eventually stayed for two years working under the redoubtable Helen Mackay, who ran child welfare centres in the East End as well as a continuously busy hospital practice. It was here that Cicely Williams discovered her vocation, with the realisation that to pursue child health work the doctor must have first hand knowledge of the child’s environment; that is, an understanding of how the family actually works. Donald Winnicott was also on the staff of ‘the Queens’ and he became the second of the people who influenced her greatly, although she did have reservations about some of his work.

In 1928 she worked for a year in Salonika with the refugees who had fled there after the Turko-Greek war. A third influential character she met there was Dr Andrija Stampar, a practical visionary in the bringing of medicine to primitive peoples.

In 1929 after taking a course in tropical medicine she joined the Colonial Medical Service and was sent to the Gold Coast (now Ghana), where she worked for the next 7 years. She started her own clinic for mothers and children and learned intimately the way the family functioned within that culture. Here she came to define kwashiorkor—‘sickness of the deposed baby’. Her classic paper on the subject was published in the Archives in 1933 and was reproduced 50 years later in 1983. (That paper did not introduce the word kwashiorkor, it first appeared in the title of her Lancet article of 1935). Controversy followed as workers in east Africa had earlier described the condition but regarded it as pellagra.

Her work on kwashiorkor came to an abrupt end when as a result of a petty personal conflict she found herself transferred in disgrace to Malaya. Despite this major setback to her personal and professional life she was soon directing her energies to the totally different set of problems she found there, though still pursuing the key issue of maternal and child care. A lecture entitled ‘Milk and murder’ given in Singapore in 1939 provided the first shots in her campaign to confront commercial interests, responsible for pushing infant foods onto an undeveloped country, with the dire effects of such a policy. Like so many of Cicely Williams’ ideas this was years ahead of its time.

In 1941 the Japanese invaded Malaya. After a nightmare trek through jungle she reached Singapore but soon after Singapore fell to the Japanese and she was interned in Changi with 6000 others in a gaol built (ironically by her cousin) for 700. This was where she was to be for the next three and a half years. She became one of the leaders within the chaos of the prison—a fact which ultimately led to her being kept for four months in a tiny cell along with four or five men who were daily taken out to be tortured. These unspeakable conditions make almost unbearable reading. After the war she wrote an objective report on the Nutritional conditions among women and children in internment in the civilian camp in Singapore ending with the oft quoted ‘20 babies born, 20 babies breastfed, 20 babies survived. You can’t do better than that’.

She was now 52 with only three more years before retirement age in the Colonial Medical Service. She set about organising a rural health service in Malaya based on a nurses training school. There followed a brief interlude with Professor John Ryle and his Department of Social Medicine in Oxford (‘a lot of fatuous investigations’, she thought) before she found herself raised to high office in charge of Maternal and Child Welfare with the newly constituted WHO at Geneva. It seems that she was never happy at a desk bound job and she soon escaped from it, so that from then until she was 71 she was mainly working under the auspices of WHO or UNWRA as a host of different countries, especially with the million Palestinian refugees in the Middle East, and in Ethiopia. To her disappointment her own Jamaica seemed to be the one country that did not want help despite her desire to throw in her lot with its new University of West Indies.

It was during this time that she married James Spence—certainly one of the greatest prophets of his time’, she judged. (In 1965 the BPA awarded her the James Spence Medal).

At 71 she officially retired—‘Retired except on demand’ was her entry in Who’s Who but her vitality and unsurpassed personal knowledge of conditions in all parts of the globe assured that her advice and help remained in constant demand. It has continued in that way to the present—she is now over 90.

This review has largely consisted of a summary of Cicely Williams’ long life. A common theme running throughout her multifarious activities and the ups and downs in her fortunes has been the idea that in order to help children in the third world effectively you have to get to know and to understand the mother. As this statement may sound today, it was not so in the 1920s when a few pioneers such as Cicely Williams demonstrated it to be true.

Any biography written within the persona’s lifetime runs the danger of providing an unremitting eulogy, undiluted and hence cloying. The author claims that she failed to find any of the ‘warts and all’ that the dutifully looked for. Happily Cicely Williams’ many witty, pithy, and forthright remarks which are quoted in this book do go a long way to bring to life ‘the gag behind the geography’ (her words)—this great woman.

DOUGLAS GAIRDNER


The first edition of this book was glowing...
reviewed in these columns by a usually stern critic in 1977. Those hoping for a second edition of the same high standard will not be disappointed. Four of the original 23 contributors have bowed out and 17 new authorities have been recruited; there are 10 extra chapters, though fewer than 30 pages more. There has been some pruning but the writing is succinct, immensely well documented as before, and remarkably even. Again most chapters deal with a single organism and the new ones, which had bare mention before and now get a chapter to themselves, include chlamydia; viruses uncommonly associated with infection at this period (such as the Epstein-Barr virus, the rabies, and the respiratory syncytial virus); and some protozoan and helminth infections which apart from ascaris and Trichomonas vaginalis are rarely found in Europe and North America.

Aside from Staphylococcus aureus and its associated illnesses and diarrhoeal disease; bacterial infections which were perhaps rather underrepresented in the first edition in one long chapter are now split into six. The first deals with sepsis and meningitis; the next three with infections of the respiratory and urinary tracts, bones, and joints; and the fifth with focal infections. Another single organism that might be described as the United States' infectious perinatal cause célèbre of recent years—the group B streptococcus—is covered separately. Two other chapters on obstetric factors associated with infections of the fetus and newborn infant and on control of infection acquired in the nursery also appear for the first time. The chapter on immunology, with new authors, has been completely rewritten; this reviewer found that difficult subject easier to read and digest than in the first edition and more relevant to day to day clinical practice.

There is no book to challenge Remington and Klein in breadth of coverage and authority on the subject of fetal and neonatal infections wherever in the world these may occur. This second edition is an essential work of reference for anyone concerned with the subject. The only fact to be lamented is that in just 7 years the price has nearly trebled.

PAMELA A DAVIES


Two physicians write authoritatively about their experience in adults but less authoritatively about other people's recorded experience of the disease in children. For example one may gain the wrong impression that while the incidence of post-biopsy jejunal perforation in adults is 0/5000 (at least in the hands of the authors using their own suction capsule) in children it may be as high as 6/51. The infant and child are awarded only two columns in an otherwise excellent chapter on clinical manifestations in which the more and the less common adult presentations are discussed and exemplified.

Perhaps we are equally guilty of forgetting adult aspects of childhood disorders. In coeliac disease as in cystic fibrosis, inflammatory bowel disease, and chronic liver disorders there is a need for long term follow up of our patients into adult life. Nothing exemplifies this better than the question of malignancy in coeliac disease. Our efforts to ensure compliance with the diet, even in adolescence, are largely based on the belief that withdrawing gluten lowers the risk of lymphoma. In an excellent chapter on malignancy the authors point to the lack of proof that this is so. Only a study of cases treated from childhood will resolve the issue.

The chapters on history, pathology, and immunology are thorough, well referenced, and reason enough for urging one's general library to buy Cooke and Holmes. A chapter on diagnostic investigations is a good account of effete tests and the final chapter on aetiology shows how little progress we have made in the 33 years since Dicke wrote his MD thesis. The book is well written and illustrated throughout, and is good value. In contentious areas the authors are discursive rather than didactic. For example they quote various regimens of gluten challenge but make no recommendations. In practice the kind of question to which one most frequently seeks an immediate answer is 'Can I drink Blaggg's home brew?' or 'is Cherub's Delight safe?'. To answer these you will need to obtain the Coeliac Society's biennial list of proprietary foods as well as Cooke and Holmes.

M S TANNER


Any paediatrician with an interest in metabolism, normal and abnormal, will enjoy reading this book. In the preface the authors declare that their intention was to make the presumptive diagnosis of metabolic disease as clinical an endeavour as possible to avoid the average paediatrician's 'discomfiture with biochemistry'. It is refreshing to see reaffirmed the need for a careful history and physical examination. The first 40 pages are a revision course in preclinical biochemistry and the next 180 have chapters on the 'pathophysiology and differential diagnosis of clinical derangements'. These are arranged either according to organ systems (such as chapters on the eye, the liver, muscle disorders, and mental retardation) or according to biochemical systems such as ketogenesis, hypoglycaemia, and acid base balance. A series of chapters on specific metabolic disorders occupies some 170 pages and is well classified. The final short section of 30 pages discusses laboratory investigation. Throughout the book there are clear and useful tables and diagrams.

This book is directed primarily at the general clinician but contains considerably more detail than is to be found in standard texts and perhaps more than most paediatricians would welcome. There is a constant tendency to veer away from clinical relevance—perhaps unavoidable in this type of book. The title is also slightly misleading because there is much more to the book than 'A guide to early recognition' would suggest; indeed there is so much information that this particular aspect tends to be submerged. The general paediatrician will find this a book worth reading but not perhaps an essential purchase.

T E STACEY


Several books dealing with immunodeficiency disorders in man have appeared on the market recently and this one is a welcome addition as it provides a totally different emphasis. In addition to dealing with the rare primary immunodeficiency syndromes in some detail (the authors of these chapters are all world authorities), a large section of the book is devoted to secondary immunodeficiency states. These are numerically very common since they occur after malnutrition, chronic infections due to virus or parasites, malignancy, or