relative roles of pulse oximetry and skin elec-

trodes in monitoring oxygenation both with

and without an indwelling arterial catheter.
The description of abbreviations; 72 are listed in the glossary.

The publishers claim it is the first book to deal specifically with the baby under 1000 g. This book would be enjoyable by any paediatrician who looks after very preterm babies.

B W LLOYD
Consultant paediatrician

Celebration. By Margaret Spufford. (Pp 121:

This is a remarkable book. Written by the mother, it describes the discovery andprogress of the daughter’s cystinosis and the mother’s own agonisingly painful idiopathic osteoporosis. It shows the need despite these afflictions to provide as loving and as normal a family environment both for the son’s childhood and one in which, despite the family’s extra tribulations, the father could function as well as the breadwinner. It is written with the impartial clarity of her profession as an academic historian. Even when describing severe stress and extreme suffering there are discerning and important observations about the medical world including occasions when despite the most stressful circumstances, the family could see with wry humour the absurdity of the predicaments in which they found themselves.

While the doctors sought to establish the diagnosis of cystinosis in her daughter by a series of invasive tests ‘now I discovered, as I held a baby who was increasingly only capable of being cuddled’ that my instinct to defend her threatened to override my instinct to protect her in the long term, and therefore to get a diagnosis. ‘We were long past wanting her to live at any cost for possessive reasons, because we had so much wanted this child. What was intolerable was watching her learn fear’. ‘She learned fast. I am never going to be able to forget the sound of her screams’.

It is of the greatest importance at this time when reorganisation of the NHS is being considered to listen to Dr Margaret Spufford who so seriously doubts whether life should be sustained when it can only be done through massive and repeated medical intervention, especially when there is no community care, apart from the family, to which these young adults can suitably move on’. It is a message of the greatest medical and social significance that this girl, who on three occasions had been prevented from dying by major medical procedures, had in her adolescence become friendless, and acutely lonely. Sadly the parents realised that while they had been able to help a baby and a small child that they were much less able to help a girl of 18.

‘They realised that she had lost her peer group as a result of the innate effects of the disease and of too much isolating medical experience. ‘By definition she needed such a group above all things, but I have had become less resilient to conquer the next obstacle in our fifties than in our early twenties. We had learned by now that there always is a next obstacle.’

Why then call her experiences ‘Celebration’? In this short review it is not possible to describe the difficult pathway by which Dr Margaret Spufford reached the stage when she could see that the family’s experiences con-
tained genuine achievement and reason for celebration as well as so much pain and suffering.

While this book describes how one individual family went through and how her religious faith was crucial to the mother’s personal contribution, there is help here for people of many different beliefs as well as practical advice for both those needing care and those who provide it whether they are religious or non-religious. This is an important book for all those involved with medical ethics as well as those concerned with the future of our health services both inside and outside hospitals.

F BRUMBLECOMBE
Honorary professor of child health

Health. By the children of Walsall.

This little booklet was written by children of varying ethnic origins who attend a school in Walsall. It deals with their reports of their illnesses and accidents: it reveals their atti-
tudes, priorities, and imagination.

The first priority would appear to be ‘How many days off school for this’—they can tell you almost to the day!

Heroin—at its here. ‘I fell down my grandad’s stairs—a four inch fall through my head. Nobody knew for three weeks’. You’d have thought they would have noticed when combing her hair!

Misfortune—‘When I was two, I was crying because I had fallen over. My mother took me upstairs to cheer me up. After a while I fell downstairs’. Shades of Gerard Hoffnung!

Attention to detail—‘Over in America I had an accident in a car, I went in the car and I put my gear on and the car started to move. It hit a restaurant’.

Frustration—‘When I was born, I turned blue. For two weeks I was stuck in an incubator with half a plant pot on my head’. The seeds of an idea?

Children as therapists:ummy upset— ‘Drink brandy and wine and go to the toilet’ (seems like a good idea!). ‘And warn your kids not to eat too much bacon on it’. ‘Lumps—if I had lumps, I will go to the doctor and get some medicine and lie down. In two days I will feel better’. Such precision. Something in my eye—’I would tell my mother to blow it’. Why? What had he done wrong? Cannot sleep—‘I imagine a sheep and I say this sheep is green, it is 11 years old it is 7 stones and its name is Samantha and I just close my eyes when I’m saying it’.

We should all read this booklet. It is refreshing, joyful, and unstuffy. It reaffirmed my decision to look after children.

G MCCLURE
Consultant paediatrician


This latest edition in the series of Current Reviews in Paediatrics published by Churchill Livingstone aims, along with the preceding editions, to provide an overview of a current topic relevant to acute paediatrics. These books are produced by single authors and represent the experience of someone at the forefront of the field. In this sense Dr Stuart Tanner is a more than suitable choice for this particular edition.

The book starts with a description of the assessment of liver function, including both physical examination and history taking, and the current developments in, up to date references and imaging. The chapter is a well drawn out introduction to the topic and contains many of the latest advances that are currently available. The remaining chapters are of particular relevance to neonatologists in the dealing of both cholestatic jaundice and hepatitis in the neonate and infant. These are set out in an extremely practical way and furnished with a lot of useful, up to date references and quick and easy to follow tables. The section on hepatitis has at last made clear to me the complexities of antigen and antibody rises and falls and their aid in the diagnosis of, particularly, hepatitis B infections and have certainly cleared up several of the problems surrounding hepatitis B screening in the antenatal population.

The latter part of the book deals successively with metabolic diseases, more specifically Reye’s syndrome, and the role of trace elements within the liver. In this section Dr Tanner has done an excellent job in calming the fears of the newborn physician by providing a suitable and easily readable account of some of the more complex disorders of enzyme deficiencies within hepatology and I certainly found this section very helpful.

After the discussion of topics including cystic fibrosis, liver failure and cirrhosis, the book ends with a chapter on the current state of play in liver transplantation. This is an extremely important chapter with the current focus of media attention upon liver transplan-
tation in young children and, in my opinion, admirably justifies the reading of the book. The latest figures are presented in an easily accessible way and both the complications and indications for liver transplantation are well set out.

In conclusion, Dr Stuart Tanner, in producing the latest addition to this series has kept up the excellent tradition maintained by his predecessors. The book is moderately priced and as such should be in most general paediatric departments and is certainly well worth reading for those people about to embark on the Membership examination.

N MEADOWS
Consultant paediatrician


In the past few years a deluge of knowledge of surfactant has opened on the unwary, jobbing paediatrician. The effect has been to excite, confuse, and alarm but, most importantly, to expose our ignorance. This volume of over 300 pages sets out to rectify this last problem while maintaining our excitement; these aims have happily been achieved.

The volume consists of two sections dealing with the fundamentals of lung surfactant and the clinical aspects of surfactant replacement therapy. The first is probably of more interest to the clinician as this is the area with which we are less familiar. Some little part will be above the heads of many, but rest is written lucidly and, whereas the subject is complicated, the reader will finish with a pro-
found knowledge of the complexity of the subject.
The volume begins with an overview of sur-
factant, the historical background, and takes
us forward to the concept of gene clus-
tering. There follows a treatise on the physical
chemistry and physiological activity of pul-
monary surfactants and this chapter is
succeeded by one on surfactant proteins, those
myoglobinlike molecules, at once, funda-
mental to the function of surfactants while
being unwilling to yield their secrets.

The chapter on surfactant and lung liquid
absorption at birth is revealing, at least to
the reviewer, but one wonders if the only function
of fetal lung liquid is 'a template for fetal lung
growth'.

Alan Jobe takes us through the metabolism of
lung surfactants explaining what is known, 
nudging us towards the unknown, raising
questions along this way. One example—it
would appear that exogenous surfactant does
not impair endogenous surfactant synthesis
but isn't this odd in a biofeedback system?

The chapter on immune complexes formed in
response to surfactant administration is
disturbing. Whereas no clinical effects of such
complexes has been described, they may pose
problems in the longer term.

The chapter by Bengt Robertson on micro-
scopy both without and with surfactant re-
placement lends weight to the argument
that such treatment improves lung function.
Again, he raises problems of lung poor size
and protein fluxes which will stir the reader
from any intellectual lethargy.

The second half of the book deals with the
variety of surfactants so far used in clinical
trials. Much of the work has already been
published so the reader is able to relax more into
this section. Again, the authors are at pains not
to be overly critical, drawing attention to some
potential disadvantages.

Altogether, I found this book stimulating and
well worth reading. My major criticism is
that, overall, it may be a little too enthusiastic.
I doubt whether surfactant will prove to be
a panacea and would have liked to see a discus-
sion of surfactant failures. My other criticism is
that, yet again, little is mentioned of Euro-
pean work—will all common complaint of American
books.

G. MCCLURE
Consultant paediatrician

Paediatric Secrets. Edited by Richard A
Polin, Mark F Ditmar. (Pp 447; £5.95
paperback.) Hanley and Belfus, 1989 (C V Mosby).

As medical literature continues to emerge at
an overwhelming rate, it is refreshing to find
a new book which is original, well presented,
and a pleasure to use. The concept is simple: those
questions commonly asked by American
paediatric residents have been collected and
then answered by a group of paediatricians
associated with the Children's Hospital of
Philadelphia. The areas covered include pathophy-
siology, clinical management, diagnostic
tricks, specific diseases and defini-
tions, useful physiological data, and a few
delightful oddities (Ondine's curse is com-
pared with 'intem's curse', mortals who are
affected by not sleeping when they breathe!).

The title is misleading and does not do jus-
tice to the book, for it may be asked by the
resident (or senior house officer) who
needs to have all the answers during a ward
round, it has a much wider potential use.
Candidates for the MRCP examination will use
it for gathering information and paediatric-
cians will find it valuable for teaching sessions,
with two examinations, and for clinical
management information. Each major sys-
tem has a separate chapter, and each question is
followed by succinct, up to date information
or advice. The information is presented as
a discussion, or in lists and tables. There are a
few line drawings and flow diagrams.

There is an inevitable American bias, and
although some treatment advice is less useful
in the UK (for example, the management of
acute asthma or immunisation schedules) most
information presented is pertinent and valu-
able. Some areas are particularly well covered,
for example the treatment for necrotising
enterocolitis and the discussion of Kawasaki
disease are very good. It was wonderful to find
precise information that is sometimes difficult
to track down elsewhere.

There are a few errors and inconsistencies
but the scope and accurate detail of the areas
covered are remarkably comprehensive.

This is a fascinating, useful book and I
would urge all paediatric departments to have
a copy. Junior paediatricians can use it to out-
line their sessions and senior and consultant
trainees can dip into it at leisure, remind themselves of
the answers to 1819 questions, or use it as a
valuable reference for clinical problems.

J. STROOYANT
Consultant paediatrician

The Fragle X Syndrome. Edited by Kay E
Davies. (Pp 135; £15.00 paperback.) Oxford

This book draws together in a compact work
the increasing volume of information on this
the second commonest cause of mental retra-
dition after Down's syndrome. The fragile X
syndrome, recognisable cytogenetically under
specific conditions by a gap (fragile site) at
Xq27 on the X chromosome, is, unusual among
less linked disorders in that as many as
one third of obligate carrier females are
mentally retarded. Even more fascinating is the
fact that the condition may be transmitted
through clinically and cytogenetically normal
males.

Five authors, distinguished in their respec-
tive fields, cover the important aspects of the
clinical manifestations, epidemiology, be-
vaviour and treatment, and DNA and cyto-
genetic studies.

Paediatricians and clinical geneticists alike
will find Jean-Pierre Fryns' clinical descrip-
tions and accompanying photographs useful;
the classical clinical triad of moderate mental
retardation, long face with large everted
ears and macro-orchidism often seen in the
post-pubertal fragile X male is less evident in the
prepubertal male in whom relative macro-
cephaly is more striking and macro-orchidism
is uncommon. Randi Hagerman emphasises the
important correlation of the fragile X syn-
drome with autism and describes the charac-
teristic behavioural patterns of affected
individuals, which not only provide important
clues for the diagnosis but also allow appropri-
ate treatment and educational programmes to
be devised. Useful comments are included on
seeking and treating associated problems,
such as pes planus, strabismus, hernia,
scoliosis and mitral valve prolapse, which
is said to affect as many as 50% of males.
Treatment with folic acid is perhaps a more con-
traversal issue than the author suggests.

The syndrome occurs in all ethnic groups
and Tessa Webb's chapter on epidemiology
emphasises the need to define the populations
for which prevalence features are being de-
scribed.

At the molecular level, a number of theories
have been proposed by various authors to
explain the basis of this unique disorder; these
are lucidly summarised by Ted Brown. The
gene itself is proving to be elusive and it has
been difficult to identify DNA markers which
are consistently close to the fragile X locus.
Ted Brown describes, however, how in some
families, use of flanking DNA markers may
help in carrier detection studies.

Neil Tommerup highlights the cytogenetic
'catch 22'; males and females with non-
specific mental retardation ideally should
be tested cytogenetically for fragile X, many
with this but adds a heavy workload to the
laboratories, as many cells need to be screened
(only a proportion express the fragile X
marker) and special culture conditions must
be met.

One minor criticism is that of most of the
authors refer to the 'female heterozygote'
without defining whether this refers to obli-
gate carriers on pedigree grounds or those
who manifest the fragile X marker, or both.
One small point of omission is that no specific men-
tion is made of the fact that, unlike in other
X linked disorders, most mothers of affected
males are not carriers. This book is valuable in pro-
moting awareness and understanding of this
important disorder among paediatricians, who
may well wish to purchase their own copy.
The genetic idiosyncrasies of the disorder (for
example, only 50% of obligate carrier females
express the fragile X marker) highlight the
need for referral to a clinical geneticist for
carrier detection studies in females (and
males) at risk, and for prenatal diagnosis coun-
selling. Clinical geneticists themselves will
find the book useful; Neilis Tommerup's
check list for prenatal diagnosis being an
example. Cytogenetists and molecular gene-
cticists will also find a helpful 'state of the art'
summary of the fragile X syndrome.

E. M. THOMPSON
Consultant paediatrician

Sudden Infant Death Syndrome. Edited by
J. Culbertson, H. Kron, R. Bellendi. (Pp 264 +
xix; £23.95 hardback.) Edward Arnold, 1988.

In contrast to the recent preoccupation with
the role of suffocation in the sudden infant
death syndrome (SIDS)