

note form, the language remains clear and the book is easy to read.

This book joins many others aimed at primary care professionals involved in child health surveillance. It is quite expensive for its size, and a paperback version might prove more popular. It clearly describes a British system of developmental assessment which has been refined over many years, and is the distillation of enormous experience of young children.

It will be of practical use to GPs and health visitors. Trainee paediatricians not lucky enough to have experienced Dr Egan's clinical teaching would also benefit from reading this book and by acquiring the clinical skills it describes.

A MEMOND
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Textbook of Fetal and Perinatal Pathology. Edited by Jonathan S Wigglesworth and Don B Singer. (Pp 1308; £195 hardback.) Blackwell Scientific Publications, 1991. ISBN 0-86542-118-8.

Ten years ago, one of the frustrations of perinatal pathology was the lack of a good up to date reference book. Besides a few monographs covering specific areas, researching the most mundane topic often required a trawl through the original literature. Fortunately, this dearth of pathology texts has gradually changed and has now culminated in the publication of this two volume reference work.

The editors are two distinguished pathologists, one from each side of the Atlantic, who have drawn together expert contributors working throughout the northern hemisphere. Their aim was to produce a reference book for perinatal and paediatric pathologists, but one which would also be of value to perinatologists, geneticists, and other workers involved with the care of the fetus and newborn infant.

The first volume covers the principles and practical aspects associated with the performance of the perinatal necropsy. Chapters

range from assessment of fetal growth, the performance of the perinatal necropsy or examination of abortuses and stillborn infants, to congenital tumours, disorders of the immune system, infection, and inborn metabolic diseases. While most chapters provide solid practical guidance, and the presence of innumerable tables of normal values are particularly valuable (down to anal diameters and phallus lengths!), the theoretical background, such as a consideration of the causation of malformation, is not ignored.

The second volume covers all the main organ systems, up to and including eye pathology, and an in depth look at the orofacial region. These chapters appear reasonably comprehensive and, in researching recently arisen problems, have provided either a useful comment or reference. More comprehensive specialist texts will not be replaced of course, particularly in the field of dysmorphology, as the descriptions here will often only be of value if a diagnosis has already been made or suspected.

The quality of the line diagrams and reproduction of the macroscopic photographs is, in general, of a high standard and they are useful adjuncts to the text. However, and herein lies the main criticism, the same cannot be said for the photomicrographs, particularly the medium to low powers. Without the eye of faith, it is frequently impossible to discern the feature(s) which are supposed to be illustrated. As it is a problem of more than one chapter this seems to be because of poor reproduction, rather than poor quality of the original photomicrograph. Overreduction of the prints may also have contributed to the problem. One suspects, however, that this may be more of a frustration to the inexperienced than the experienced perinatal pathologist, and to non-pathologists, it may not matter at all.

There is no doubt that all perinatal and paediatric pathologists will want this book on their shelves and will refer to it regularly. Other interested groups will wish to have access to a copy, perhaps in the departmental or hospital library; the information will be

complimentary to that typically present in more clinical works.

S J GOULD
Consultant paediatric pathologist

A Parent's Guide to Cystic Fibrosis. By Burton L Shapiro and Ralph C Heussner Jr. (Pp 124; \$14.95 hardback.) University of Minnesota Press, 1991. ISBN 0-8166-1488-1.

It is likely that the knowledge and competence of parents of children with cystic fibrosis is at least as important a factor in modifying the outlook for the patient as the corresponding knowledge and skills of the clinical consultant. Books explicitly written for parents need to be simple, accurate, up to date, attractive, and informative. The amount of information to include is a matter of judgment, and the authors of this little book have successfully avoided the temptation to show off their medical knowledge by including too much, perhaps because neither is a clinician. Dr Shapiro is a geneticist with a distinguished record of research in the pathogenesis of cystic fibrosis and Mr Heussner is a professional medical writer and editor, and together they write in an attractive style.

The range of chapters includes genetics, pathophysiology, clinical features, psychosocial features ('family life'), and horizons of research. The book also contains a useful glossary of technical terms and a good index. One of the best features is the use of diary entries drawn from a real family's experiences. These have been sensitively and carefully chosen to illustrate important points and manage to be human without being intrusive or embarrassing.

The authors, the families who gave them information, and their medical advisors are all all to be congratulated on a book which not only achieves its main objectives but could also be read profitably by anyone interested in cystic fibrosis.

JOHN A DODGE
Professor of child health

Jean-Emmanuel Gilibert and the case for paediatrics

Born in Lyons 1741, gained his MD in Montpellier in 1763, died in 1814; Gilibert was a distinguished physician and botanist who spent most of his professional life in Lyons. At the age of 31 he published his 'Scheme of research into the art of preserving the health of children, of preventing and treating their diseases', the subject of a recent review (S Kottek, *Medical History* 1991;35: 103–16).

Soon after qualifying in medicine he decided to specialise in children's diseases but his youthful resolve was not continued later in his career. He saw a clear need for paediatric specialists, advising that Lyons with a population of 130 000 should have 10 full time children's doctors, and this a century before the emergence of paediatrics as a specialty. He enunciated principles that modern paediatricians would recognise, usually approve, and occasionally covet:

Fetal and perinatal medicine—'He [the paediatrician] should follow the mothers during pregnancy . . . for children's medicine begins in the very first days following conception'. 'He will have to visit the mother during her pregnancy'. 'Being present at birth he may be of some help to the practitioner in charge'. 'He will then give his advice regarding the early care required for the newborn'.

Infancy and childhood—'Infant nursing and its related topics provide a great number of questions to resolve'. 'Weaning requires even more extensive guidance'. 'A woman thinks she is pregnant. She calls her children's doctor . . . [who] accepts her in his roster and pledges himself to take care of the child till the age of puberty'.

Family medicine—'He should be acquainted with the temperaments of fathers and mothers, their mores, their way of life: these factors have a great impact on the children'.

Postgraduate education—'He should read with the utmost attention everything that has been published on this branch of the profession'.

Research—'He should call attention to the gaps that may be found in the chain of medical principles'. 'Such reflection will lead one perforce to verify all the facts' and '[he] should enjoy all possible facilities in carrying on his research without distraction'.

He recognised *child abuse*—'. . . common people strikingly neglect their offspring' and '. . . do not have enough of an appreciation of children to make great sacrifices for the treatment of their diseases' and *the association of childhood disease and deprivation*—'I have . . . decided, as a permanent rule, to devote to the poor one third of my daily practice'.

Gilibert did not remain a paediatrician but he seems to have had a clear vision of what was necessary including the future *importance of hospitals* in research and the advance of the profession—'Let us suppose a physician impassioned with his profession. This man will obviously not strive to accumulate a fortune. His ambition will lead him toward finding means of gathering more knowledge. I know of no better way of doing so than to serve in hospital'.

He even had a very modern moan about *hospital management*, doubtless better deserved then than now—'. . . who could claim that the hospitals' directors ever adopt a system that would be the most profitable to their patients and to the public?' What chance somebody will be writing something similar to that in the year 2210?

ARCHIVIST