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would be discussed by a very senior paediatrician. However, the book does contain a large amount of information, is well presented and contains some useful tables and diagrams.

At its current price of approximately £20 it is good value and I would recommend it as a purchase for any accident and emergency doctor or paediatrician involved in emergency care.

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Emergency Transport of the Perinatal Patient
Edited by MHAIRI G. MACDONALD
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Up until 20 years ago much of the activity within special care baby units in the United Kingdom focused on keeping small babies warm, gavage feeding, monitoring and treating jaundice and hypoglycaemia. Most babies with progressively severe respiratory distress or recurrent apnoeic attacks died in spite of attempts to oxygenate them. Few realized the impact assisted ventilation would have when its use became increasingly popular in the 1970's. It stimulated scientific and technological advances in the field of blood gas monitoring, parenteral nutrition, and more recently in the neuropathological aspects of neonatal intensive care, including the widespread use of ultrasound imaging of the brain, and in some centres magnetic resonance, and near infra red spectroscopy. These advances have been paralleled by developments in fetal medicine, both diagnostic and therapeutic.

Most district maternity hospitals do not have a full range facilities for intensive care of the newborn. Only 1–3% of all newborn babies require intensive care and for many reasons it is sensible to concentrate these resources. Within most of the regional health authorities in England and Wales there are one or more large maternity hospitals which have taken on the role as regional referral centres to which sick newborn babies can be transported. Most of these centres also accept antenatal referrals of high risk pregnancies when a need for neonatal intensive care can be anticipated.

Under the editorship of Dr Mhairi MacDonald, with associate editor Dr Marilea Miller, and 31 contributing authors from the United States Emergency Transport of the Perinatal Patient addresses a wide range of issues relating to the regional organization of perinatal care. The clinical and technical aspects of maternal and neonatal transfer comprise about half of the text, the remainder being devoted to important sections on administrative, legal, ethical, and psychological issues.
What can we learn from the experiences of the authors who are essentially dealing with a perinatal referral system as it has emerged in the United States of America? Firstly they take their perinatal care very seriously. We learn that by the end of the 1970's the federal government and the majority of states had legislated for the development of regionalized perinatal care, and the transfer of mothers with high risk pregnancies and sick neonates were already an integral part of perinatal health care throughout the country.

There are of course fundamental differences which at first sight make comparisons of the organization of perinatal care in the United Kingdom and the United States meaningless. The vast geographical spread in the States created an early need to focus attention on transport services for perinatal care. Indeed antenatal and neonatal transfer by air is common. One might think that in the United Kingdom regional organization of perinatal care would not present much of a problem in so far as distances from district to regional maternity hospitals are much shorter. The flaw in this argument is that a proper organizational structure is required whatever the distances involved and the risks to the perinatal patient still exist even travelling short distances.

With this in mind the overview by Carl Bose on the organization and administration of a perinatal transport service is particularly helpful. I have always worried that regional perinatal referral centres in the United Kingdom could easily become isolated, elite intensive care workhouses. This chapter stresses the need for proper relationships and communication with district maternity hospitals including the provision of training programmes ('outreach education').

Getting down to the nuts and bolts there are excellent sections on the transport of the pregnant woman and the sick newborn. There are advantages in identifying and transferring women with high risk pregnancies to the regional centre, so avoiding the need to transfer a baby who is already very ill. Larry Dennis in a concisely written chapter explains how such women should be stabilized and managed before they are transported — a crucial issue now that antenatal transfer is becoming increasingly common in the United Kingdom. There is a comparable and informative chapter on stabilization of the sick neonate prior to transfer by Gary Pettett and Gerald Merenstein, supported in one of the appendices by a very helpful account, in the form of short notes, of treatment protocols for ill neonates. In many respects it is a pity that this was relegated to an appendix.

The system of funding perinatal care in the United States varies widely from state to state with contributions from insurance schemes, self pay, state and federal aid. Our government does not specifically allocate funds to perinatal services and it is for the regional and district health authorities to decide how they spend their money. The recent Government White Paper implies that regional perinatal centres themselves might well become heavily involved in 'competitive selling' of their services as a self-financing exercise.

The chapter by Herman Risemberg on financing a perinatal transport programme is a real eye opener for those who have begun to think about the implications of the White Paper on perinatal services. He makes the point that in the United States prospective payment to hospitals on the basis of 'diagnostic related groupings' (DRG's) is likely to expand and insurance benefits and state funding will be
reduced, thus increasing the economic burden on hospitals and creating uncertainty about their financial stability. Whereas physicians and administrators in the United States have a mandate to secure the availability of perinatal services no such mandate exists in the United Kingdom. Faced with having to pay for referrals to a regional centre one wonders whether district maternity hospitals will simply not refer their babies and do the best they can using their own limited facilities.

This book is by far the most absorbing account of the organization of perinatal services that I have had the pleasure to read. There is the inevitable overlap of information between chapters but this is no problem because its nice to have a different slant on some of the aspects covered. The standard of writing is impressive.

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The Hand Examination and Diagnosis
3rd edition
American Society for Surgery of the Hand
Churchill Livingstone 1990, London, 144 pp. £9.50

I liked this little book. I recently listened to a colleague at the annual meeting of the British Association for Accident and Emergency Medicine (formerly the Casualty Surgeons Association) describing the rather poor general standard of knowledge of hand anatomy and, therefore, hand assessment in our departments and, presumably, those other services who deal with hand problems. I couldn’t agree with her more, and I feel that this book goes a long way toward dispelling such ignorance.

It’s a small book; I read it all in under 2 hours, which is a rarity in medical texts. It is divided into two sections, the first entitled ‘Examination’, the second ‘Common Clinical Problems’. In the first section, the anatomy of the hand is described in some depth and with the emphasis on practicality. This is accompanied by relevant illustration and a description of the appropriate method of clinical assessment of the part described. This portion of the book alone would be worth it’s weight in gold to the average A&E Senior House officer. The second part of the book is broad—based, including short chapters on congenital anomalies, lacerations, acquired deformities, infection, tumours etc. In this section there is a short description of the appearance of many conditions, from torn ulnar collateral ligaments of the MCPJ of the thumb and Boutonniere deformity to Madelung’s deformity. The emphasis is on appearance and assessment with little pathological and no