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Book Reviews: Technical Books Section

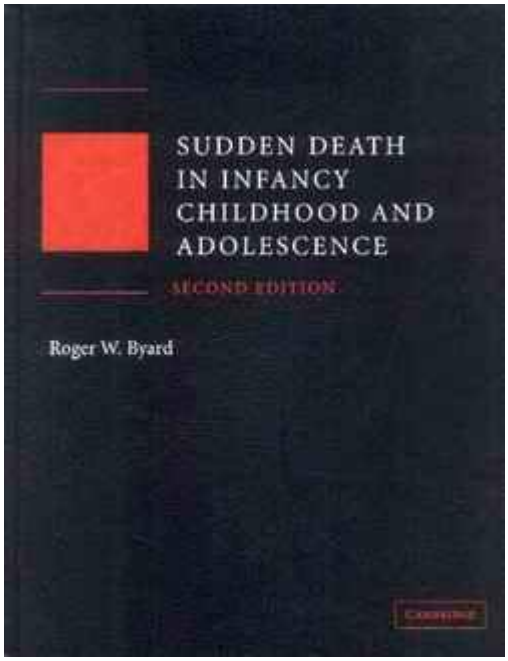
...A RARE JEWEL IN THE FORM OF A BOOK ...this book is a must buy for anyone who deals with childhood deaths, he being a pathologist, forensic pathologist, pediatrician, or anyone else. The book, because of its detailed and in depth analysis of the various causes of sudden death in childhood, will always remain a one-stop reference for this subject...

Sudden Death in Infancy, Childhood and Adolescence, 2nd Edition, by Roger W. Byard. Hard Bound, 7.5" x 10" (includes bibliographic references and index).
Cambridge University Press, The Edinburgh Building, Cambridge CB2 2RU, UK. , . Publication Date 2004. xviii + 643 pages, ISBN 0-521-82582-2 (hardback). Price £140.00 (US $220.00)

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Anyone who has born has to die. This is the biggest truth of life, something that everyone is aware of. Still death evokes stronger emotions than anything else. And when the death is of a child, it generates even stronger response, both from the relatives and others. The reason for that is that it

is very difficult for the parents to believe that something wrong can happen to their child. They believe that their child is the best and perfect. And hence the response in his/her demise.

The book, as the title suggests, is about sudden death in children. The author starts off by describing the cause of death due to unintentional trauma (chapter 2). As one goes through this chapter, one gets the feeling that this chapter is simply a compilation of the work done by various people. In other words it appears to be simply a statistical compilation of the various causes of death. The author has given explanation for some things, like the mechanisms of cranio-cerebral injury. But otherwise there has been no attempt to explain the findings that are presented. For some part it looks well, but after a while, it starts getting too much and one feels that this should end as soon as possible.

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...The book becomes more and more readable with each passing page. The next few chapters, those dealing with intentional trauma and natural diseases, are written with proper theories and explanations. The author has tried to blend the various causes and their reasons with a nice mix of written material, photographs and diagrams...
As one gets over the initial hiccup of going through all those statistics, one gets to the real book. Although these statistical findings are still there, but their emphasis and the space they occupy vis-à-vis the other material in the text decreases. The emphasis on the relevant theories and the explanations of various phenomena keeps increasing. The book becomes more and more readable with each passing page. The next few chapters, those dealing with intentional trauma and natural diseases, are written with proper theories and explanations. The author has tried to blend the various causes and their reasons with a nice mix of written material, photographs and diagrams. As one goes through these chapters, one gets a feeling that the author has done quite a lot of research. They present a sense of completeness in the mind of the reader. One feels that each and every possible cause of death that can be included in the book of this size has been included in it. One also feels that the search for a good book on childhood deaths can probably end on this one.

As one goes further to the last chapter, viz. Sudden Infant Death Syndrome, one feels that the author has come into his elements in this chapter. It is something like reserving the best for the last. We all know that the author is an authority on this topic. And it is quite visible in this chapter. The way he has handled this seemingly difficult and controversial topic shows his grasp on the subject. it won't be wrong to say that his description of the various epidemiological factors, the theories, the method of examination of such a case etc. are the highlights of the book. We would say that this chapter has been so well written that one can buy the book only for this chapter alone, notwithstanding anything else that has been written in this book. (That does not mean that others topics are badly written or are not worth reading. Its just that this one is too good (probably flawless) as compared to the rest of the book)

The written material is not the only high point of the book. The author has appended the excellent work done by way of the written material by way of incorporating adequate and just diagrams, pictures, flow-charts, bar diagrams, tables etc. This goes on to prove that the author, while he was conceptualizing the book, was clear in his mind what he was doing. This is the most important aspect of any book, the reason being that unless a person himself knows what he is doing, how can he tell others about it. These adjuncts also give a pictorial representation of what is written in the book, thereby helping to understand the things better.

...The author starts off every part by providing a historical picture. First of all it gives a brief idea of what is present in the particular section. Secondly it tells that we may be more scientifically inclined today, but our forefathers were no less intelligent and they were equally aware of the various causes of death that may occur in the children...

The author starts off every part by providing a historical picture. First of all it gives a brief idea of what is present in the particular section. Secondly it tells that we may be more scientifically inclined today, but our forefathers were no less intelligent and they were equally aware of the various causes of death that may occur in the children. And most importantly it gives the book an artistic look, increasing its face value and generating more interest in the reader to go through it.

There has been an extensive collection of photographs that is present in the book. Almost all the photographs are black and white. Although there are a few color plates that are present (27 to be exact), we felt they were not adequate. There should have been more color photographs, especially those depicting the histological sections. We know that the main reason for not including the color photographs is the cost that is involved, but probably a few more photographs would not have increased the cost that much. Or may be the publishers could have included CD with the book that might contain the color photographs and totally do away with publishing the color photographs. We hope this could be taken care of in the next issue of the book.

In the end we would just say that this book is a must buy for anyone who deals with childhood deaths, he being a pathologist, forensic pathologist, pediatrician, or anyone else. The book, because of its detailed and in depth analysis of the various causes of sudden death in childhood, will always remain a one-stop reference for this subject.

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Dr. Avneesh Gupta qualified as a forensic pathologist from India with honors and is now working at the Department of Pathology, Metro Health Medical Center, Cleveland, Ohio. He has to his credit a number of publications in leading journals around the world. His landmark thesis on "Cranial Cerebral Damage In Fatal Road Traffic Accidents With Special Reference to Circle Of Willis" can be accessed by clicking here. He is associated with Anil Aggrawal's Internet Journal of Forensic Medicine and Toxicology as a journal associate, writer and book reviewer. He can be contacted at avneeshgupta2000@yahoo.com. During his spare time, he enjoys meeting friends and traveling.

Excerpts from the book:

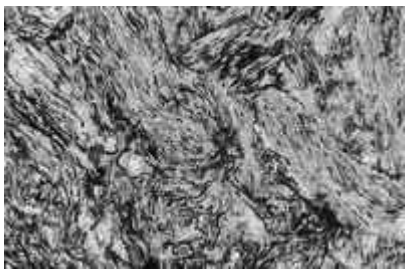
we have all been reading Roger's papers in virtually every forensic medicine journal on an almost monthly basis. He is easily the most published writer in the field of forensic medicince and pathology. We also know very well that SIDS is what animates him. Naturally a whole book on SIDS written by Roger has to be good. We at the editorial office enjoyed the book throughly and we hope everyone else would. To give some idea of how excellent the book is, we decided to give some excerpts from this book.

Let us begin with some excerpts from chapter 6, where Byard talks about some vascular conditions responsible for SIDS. This is what he has to say about William syndrome on pages 252-3

WILLIAM SYNDROME

Clinical features

Characteristic mosaic pattern of disorganization of elastic tissue in the aortic wall in William syndrome (elastin stain,×150). (Please Click to enlarge)



William syndrome is an autosomal dominant condition characterized by mental and physical retardation with supravalvular aortic stenosis, peripheral pulmonary arterial stenoses, dental abnormalities, elfin facies, infantile hypercalcemia, and a predisposition to sudden and unexpected death. While the mechanism of sudden death is not always obvious, it may result from aortic outflow obstruction, associated coronary artery stenoses, or acute myocardial ischemia (Noonan, Cottrill & O'Connor, 1982; Terhune, Buchino & Rees, 1985).

Due to the variability in clinical presentations of William syndrome (Jones&Smith, 1975; White et al., 1977), there is confusion in early reports regarding the relationship between supravalvular aortic stenosis and idiopathic infantile hypercalcemia (Fanconi et al., 1952; Sissman et al., 1959).However, it nowappears that both represent different manifestations of the same syndrome

(Beuren, 1972), with hypercalcemia occurring before cardiovascular anomalies are detected (Martin & Moseley, 1973). Thus, although sporadic and familial supravalvular aortic stenosis may still occur in isolation (O'Connor et al., 1985), the stigmata of William syndrome should always be looked for carefully at autopsy before this possibility is accepted. A history of irritability and vomiting may be a clue to the presence of antemortem hypercalcemia in an affected infant (Folger, 1977).

Etiology

Although it was suggested historically that William syndrome was related to exposure to excessive amounts of vitamin D, an in-born error of vitamin D metabolism, or in utero rubella exposure (Fellers & Schwartz, 1958; Friedman & Roberts, 1966;Varghese, Izukawa & Rowe, 1969), it is now known that William syndrome is due to mutation or deletion of the elastin gene on chromosome 7q11.23 (Donnai & Karmiloff-Smith, 2000; Morris & Mervis, 2000; Strauss & Johnson, 1996).

Roger then goes on to explain the pathological features and associated features of this condition. He describes several other vascular conditions responsible for SIDS. Some conditions described are supravalvular stenosis, coarctation, aortic cystic medial necrosis, persistent ductus arteriosus, vascular rings, DiGeorge syndrome, aortitis, Takayasu's arteritis and so on.

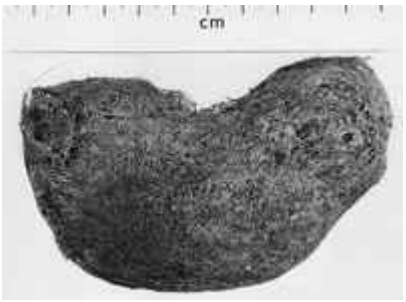
And here are some excerpts from pages 416-7, where Byard explains how intestinal perforation can also be cause of sudden death in infancy.

Intestinal perforation

Figure 10.11 Markedly dilated descending colon with distal perforation (arrow) in a fatal case of untreated Hirschprung disease. (This figure appears on page 417 of this book. Please Click to enlarge)



Figure 10.12 A large gastric bezoar composed of malodorous matted hair from a young girl retained the shape of the stomach after removal. (This figure appears on page 418 of this book. Please Click to enlarge)



Non-traumatic perforation of the intestine may result from ischemic necrosis due to mechanical obstruction, or from localized inflammation, such as that associated with acute appendicitis (Arey & Sotos,1956). Alternatively, traumatic perforation may occur from objects that have been ingested (Byard,1996). Perforation with fulminant sepsis may also occur in children with distension of the bowel from impacted material, such as in untreated Hirschprung disease (Figure 10.11) or with trichobezoars (hair balls) in the Rapunzel syndrome. Trichobezoars (Figure 10.12) may extend from the stomach or proximal small intestine into the colon. This condition is named after Rapunzel, a young woman with particularly long tresses who was a character in a Grimm Brothers' fairytale. In contrast to Rapunzel's golden tresses, the hair forming bezoars becomes blackened (Vaughan, Sawyers & Scott, 1968). Perforation is believed to result from pressure necrosis of the distended bowel wall from the impacted material and is associated with a mortality rate of 83%. The clinical symptoms may be non-specific, particularly in intellectually impaired children (Avissar, Goldberg & Lernau, 1994). Unexpected cardiac arrest and death due to duodenal perforation during medical treatment have been reported in a 14-year old girl with a trichobezoar that extended from the stomach into the transverse colon (Deslypere, Praet & Verdonk, 1982).

The book is full of such facts related to the issue of SIDS. We are sure our readers would enjoy the book as much as we at the journal office did.

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Editor's recommendation. This book is recommended by the editor.