

**Book Reviews**

**Bedside Approach in the Diagnosis of Congenital Heart Disease.** *Author: Rajendra Tandon. B.I. Churchill Livingstone Pvt. Ltd., New Delhi, 1998, Pages 120, Price Rs. 140/-.*

Amongst various Cardiovascular diseases, congenital heart disease (CHD) is one of the most difficult chapter for a student to understand. Without a sound theoretical background knowledge of the subject, the student would be completely at a loss when asked to examine a patient of suspected CHD.

Professor Rajendra Tandon is one of the celebrated teachers of the current generations of medical practitioners, especially physicians and cardiologists. He is known for his analytical bedside teaching which stimulated the student community to go ahead for further reading. His cryptic explanations of the hemodynamics of sounds and murmurs, for which he is so well known are well documented in the book.

This book outlines the different aspects of CHD in a simplified manner starting from the description of circulatory changes that take place at birth, significance of pressures and resistances in the cardiac chambers and the great vessels, cardiac auscultation and the significance and implications of sounds and adventitious sounds. The importance of electro-cardiogram and thoracic roentgenograms have been described in a simplified manner emphasising the changes in specific CHD. A brief account of how to clinically approach a child suspected of having CHD and what are the steps to be taken for the specific diagnosis of CHD is also included. Once the diagnosis has been made, then the doctor has to decide on the line of management, depending upon the severity of the disease. CHD has been classified in a comprehensive manner and the diagnosis of different lesions has also been adequately described. Guidelines for surgical management for the different lesions have also been outlined.

The quality of production is good and the volume is reasonably priced. This book is recommended for medical students at undergraduate level and also postgraduates of Internal Medicine and Pediatrics. Also, it would be a useful guide to practising physicians and pediatricians who are interested in CHD.

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Mental health forms the most important component of school health services. Paradoxically, it attracts the least attention of all the health and teaching professionals concerned with school children. The scientific information on mental health component of school services is lacking in our country.
This book authored by an experienced clinical psychologist is a useful publication, based on her involvement with the training programmes for school teachers at her institute in Bangalore.

The book is divided into eight chapters with fourteen tables and four appendices. The different chapters give information about the school mental health programme; child mental health intervention programmes conducted in school settings by different workers; counselling training carried out in orientation course at National Institute of Mental Health and Neurological Sciences; development of intervention strategies; mental health services in rural schools; evaluation of service delivery systems; analysis of various policy documents related to children in India; and lastly, the implications of the work in India for developing countries.

The author correctly stresses on the need of entry screening, periodic screening and screening of high risk children in every school. An appendix given on 'Child Mental Health Problems' should have been a chapter in the beginning of the book with emphasis on common mental health problems encountered in school children in India. The book contains a good number of useful references. An appendix containing glossary of common mental health terms would have made the book more informative. The Appendix containing 'Child Mental Health Problems: Guide to School Teachers' does not contain the terminology as used in International Classification, i.e., the heading 'Disorders of Emotions' does not include the actual disorders of emotions; excessive fears have been classified as separate from phobias; and day dreaming has been included under disorders. Stress-related problems and somatoform disorders are becoming more and more common and should have been mentioned.

Overall, the book is a useful resource for mental health 'Planners' of schools not only in our country but also in other developing countries. The book, although overpriced, shall help in evolving 'School Mental Health Programme'.

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The traditional approach to congenital heart disease (CHD) involves a detailed understanding of the pathophysiology, clinical findings, and management of each particular congenital heart defect. However, this cognitive-heavy approach is not practical for the emergency physician faced with an undifferentiated, unstable infant when decision making must be rapid.

Blue: The blue appearance of central cyanosis (ie, blue discoloration of the tongue, mucous membranes, and lips) in the setting of CHD usually occurs due to a right-side obstructive duct-dependent lesion in the first month of life or a mixing lesion after one month of life. These infants, like the gray ones, almost always require prostaglandins. A congenital heart defect (CHD), also known as a congenital heart anomaly and congenital heart disease, is a defect in the structure of the heart or great vessels that is present at birth. Signs and symptoms depend on the specific type of defect. Symptoms can vary from none to life-threatening. When present, symptoms may include rapid breathing, bluish skin (cyanosis), poor weight gain, and feeling tired. CHD does not cause chest pain. Most congenital heart defects are not associated with other