idea of moral relativism and its corollary of trying to marginalize religion and keep it out of the public square. As a bonus, an appendix includes a fine review of Pope Benedict XVI's third encyclical *Caritas in veritate*.

In summary, Dr. Benestad has provided a thinking readership with a superlative work on all the aspects of Catholic social doctrine. More than an academic work, it is also an exhortation to live lives of virtue in relation to others—lives that are always right-ordered, not “rights-ordered.” It is not often that I have found a college or graduate textbook to be a source of in-

spiration. Brian Benestad is able to achieve that goal by making Catholic social doctrine accessible to the lay Catholic. Although the work can be a bit dense, mainly due to its weighty subject matter, I remain highly grateful for the book on two levels—the mind and the heart. In conclusion, this book receives my highest recommendation and should have a prominent place in Catholic libraries.

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Sudden Infant Death or Infanticide: An Unresolved Mystery

by Eugene F. Diamond, M.D.

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Dr. Eugene Diamond is a prolific writer on medical-ethical themes. His short book *Sudden Infant Death or Infanticide? An Unresolved Mystery* is one of his better efforts. It covers the whole syndrome of sudden infant death (SIDS) but focuses on a single example of six infants that occurred in a single family with whom he was personally involved.

The author became involved with the family when he was summoned to an emergency room to respond to the presentation of an infant who arrived in a moribund state, which is ultimately confirmed as “dead on arrival.” The baby's history and physical condition are typical of a classic presentation of SIDS. The infant proved to be the product of the mother's fourth pregnancy. All of the children of those four pregnancies, including the infant brought in dead on arrival on this date, proved after detailed and searching evaluation also to have had presentations consistent with SIDS. Autopsies in each instance were consistent with the pattern of sudden unanticipated death with no pathological explanation on post-mortem evaluation.

Now chosen by the family to be involved in the care of the mother's subsequent pregnancies, the author was alarmed by the mother's notification that she is pregnant for the fifth time. Elaborate preparations were made with the obstetrician to transfer the newborn without delay to Children's Memorial Hospital where one of the nation's leading experts of neonatal sleep disturbances, which are implicated in SIDS, could do an emergency sonogram. There were some slight but significant abnormalities in the sleep pattern, and the baby was placed on a sleep monitor to detect any slowing or irregularity of sleep. Several abnormalities were recorded after the infant was discharged, and he was started on theophylline as a respiratory stimulant.

The child continued to thrive for almost two years and became a robust infant with no serious sleep disturbances even after being removed from the monitor and theophylline. Then, totally unexpectedly the baby was found dead in his crib without warning. The death was typical of SIDS in every way, in particular, the age of death.

About nine months later, the mother again presented in the second trimester of pregnancy. The father asked the medical office staff to recommend an abortionist since he was now convinced that "she will kill it, just like all the others." They informed the law enforcement team who were familiar with the family's history, and the pregnancy was continued. Again the newborn had a thorough sleep evaluation and was placed on a monitor and respiratory stimulants without incident. Seven months later the baby was brought to the emergency room dead on arrival. After consultation among all the medical caretakers, coroners, physicians, and law enforcement team, they were now persuaded that they were dealing with foul play on the part of the mother. Despite these strong suspicions, the mother was surprisingly never arrested or indicted. The father and the father's family were convinced of the mother's role in the death of the six consecutive babies. In another shocking development the father, who had separated from his wife, was found dead in his apartment with a single fatal bullet wound in the back of his head.

Convinced that the sleep abnormalities in the dead infants were sufficient to create a reasonable doubt as to the cause of death of the infants, the state's attorney declined to pursue the prosecution of the mother. She left town and was killed later in an auto accident, forever foreclosing any possibility that the serial sudden deaths of the six infants, and the apparent murder of the infants' father, could ever be solved.

The bizarre outcome and the sustained suspense of the accumulating unexplained infant deaths make for a compelling medical mystery. Following the zeitgeist does not insulate against sinister motives.

The strength of the book is Diamond's insights into this family's tragedy, ending even more tragically in the death of both parents without a coroner's definitive answer as to cause. His review of the subject, especially of Alfred Steinschneider's 1972 article "Prolonged Apnea and the Sudden Infant Death Syndrome: Clinical and Laboratory Observations" (*Pediatrics* 50 [1972]: 646-754), implying that SIDS was "preventable," is a must read for anyone interested in the SIDS tragedy. The weakness, in my opinion, is Dr. Diamond's hesitancy to clearly take one etiologic side or the other, physiologic on the one hand, or deliberate causation by one or both parents on the other. In summary it seems that, at this time, there is no definitive answer.

While not a topic of general interest to the average physician, most of whom are not pediatricians, it raises questions of interest to any inquiring physician. It is a short, impressive book; and I would recommend it to the general readership of *The Linacre Quarterly*.

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