

BOOK REVIEW

Pediatric hematology

Edited by Robert J Arceci, Ian M Hann, Owen P Smith.
Published by Blackwell Publishing, Oxford, 2006, pp 826,
£155 (hardback). ISBN 978-1-4051-3400-2



Picking up the latest edition of *Pediatric hematology* may be a bit tricky – now in its third edition, this definitive textbook has become quite hefty with age and has more than 800 pages.

The first edition was published in 1992 and edited by Dr Lilleyman and Dr Hann, both eminent paediatric haematologists from the UK, and quickly became a firm favourite with paediatric trainees. With the increasing popularity of this book worldwide, the author list in the current edition now includes a good mix of experts from both sides of the Atlantic, and as can be noted from the title, American spelling has been adopted. More interestingly, the author list now also includes trainees, which is quite innovative as often a young mind can bring a fresh approach to an established text.

Producing a subspecialty textbook is a difficult task to perfect as it is easy to give in to the temptation to include as much esoteric research as possible in order to publish “the definitive book”. However, senescence is built into such an endeavour as the book would become outdated as soon as it was published, with the latest research appearing in journals. Thankfully this volume manages to get the balance right by including only the relevant important research findings, with good references for the enthusiastic reader, without getting bogged down in minutiae.

The book is set out in nine sections starting with “The scientific basis” and continuing with sections on red cell, granulocyte, lymphocyte, platelet and coagulation disorders and ends with sections on supportive therapy and secondary problems. In 37

chapters it systematically covers the epidemiology, pathophysiology, investigations, management and complications of all paediatric haematology conditions. The inclusion of a chapter on paediatric reference values was most welcome.

In its current form, this book would probably appeal more to the dedicated paediatric haematology trainee than to the general paediatric trainee looking for a brief overview of the subject. For the committed learner, this should be an essential text, explaining the basic scientific basis of a subject before moving on to the complications and management.

But even for the general trainee and for medical students, it is a good reference text for learning more about a topic in greater depth. It is well written, with a consistent style across all chapters, and with a good proportion of diagrams and charts to explain difficult concepts.

However, the book does have a couple of drawbacks. Paediatric bone marrow transplantation is an essential and increasingly important part of the management of many haematological conditions. Although it is discussed in individual chapters, the lack of a separate chapter on this topic was surprising. Also the complete absence of any colour plates in a textbook dealing with haematology was unexpected.

In summary, this book succeeds in its remit of being a detailed source of information on the diagnosis and management of all paediatric haematological conditions, and should find a place on the shelves of every general paediatric department.

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CORRECTIONS

doi:10.1136/adc.2008.149625corr1

N Spyridis, M Sharland. The European Union Antibiotic Awareness Day: the

paediatric perspective. *Arch Dis Child* 2008;**93**:909–10. Owing to human error a reference was inadvertently omitted. The reference is 12a:

SACAR Paediatric Subgroup. The use of antibacterials in children: a report of the Specialist Advisory Committee on Antimicrobial Resistance (SACAR) Paediatric Subgroup. *J Antimicrob Chemother* 2007;**60**(Suppl 1):i15–26.

This should have referenced the following sentences in the third column of the first page:

In the UK, paediatric community antibiotic prescribing declined by over a third in the late 1990s and early 2000s following an international trend, but has now increased again by almost 10% since 2003.^{12a} Most antibiotic prescriptions are given to children with non-specific upper respiratory tract infections or for fever with non-specific diagnoses.^{12a}

We apologise for this error.

doi:10.1136/adc.2007.122937corr1

G Baird, A Pickles, E Simonoff, *et al.* Measles vaccination and antibody response in autism spectrum disorders. *Arch Dis Child* 2008;**93**:832–7. In the Participants section of the Methods the paragraph starting “After consent had been obtained” should read that the SD for the ages is 0.88 (not 88). In table 1, last column heading should be “Narrow autism (n = 32)” (not 3232).

doi:10.1136/adc.2007.124461corr1

M G Coulthard. Will changing maintenance intravenous fluid from 0.18% to 0.45% saline do more harm than good? *Arch Dis Child* 2008;**93**:335–40. On page 338 of this article (column 1, paragraph 2, line 6) hypernatraemic should read hyponatraemic. In Box 2, (section “Infusing N/2 + 20 mmol/l potassium”) 102 should be 51, and 6.8 should be 3.4. In Box 2 (section “Infusing NS + 20 mmol/l potassium”) 372 should be 186, and 24.8 should be 12.4.