Autumn books

My favourite textbooks

Libraries and bookshops create a mixture of peace and panic in me. Peaceful surroundings, a break from the bustle of the week, the immobility of books, soft voices: then open a book and feel the drive to read for information not yet known or remembered, ideas not yet encountered. Oh for more time to read; all too soon the free half hour is over. Back to the bustle of work, with an ever increasing ‘information anxiety state’.

To be a good doctor is, at least in part, to have good knowledge. Textbooks need to impart knowledge at every level, from first contact to specialist revision and reference. Fortunately medicine is not all knowledge and therefore an approach to the practice of medicine in terms of doctor-patient relationships and other concepts is needed. Speed and interest are essential especially at the first contact level and later for revision; the practice of paediatrics and availability of free time being mutually exclusive.

I did manage to read Levene’s Essentials of Neonatal Medicine in two hours, admittedly with some neonatal knowledge already. Paediatrics by Barnes and Roberton (Update Books) immediately gave a feel for the subject being well illustrated with photographs, growth charts, and summary lists, and being short enough to read fully in a couple of sittings. Neonatal Medicine by ML Chiswick had a similar appeal, but of course, is now out of date.

Essential Paediatrics by David Hull and Derek Johnston is too long on didactism and too short on problem solving for me, and yet numerous medical students still find this a good compromise. Recently MJ Robinson has written Practical Paediatrics and combined a symptom or problem orientated approach with a sound basic coverage of paediatrics to produce the ideal student’s textbook, hampered only by its Australian figures and a different definition of perinatal to the usual.

‘Doctor, can you please come and see this child with ...’, often causes Aids to Paediatrics to surface and in 30 seconds the mind has some new ideas to debate on the walk over to the ward. Aids to Postgraduate Medicine also jogs the memory and is used repeatedly in revision for the MRCP examination. Illingworth’s Common Symptoms of Disease in Childhood would be nice to have but was financially hard to justify in addition.

As a senior house officer and junior registrar I was never separated from my Paediatric Vade Mecum, Roberts’s pocket sized Manual of Intensive Care, and the Alder Hey Book of Paediatric Prescribing. I bought Nelson’s Textbook of Pediatrics cheaply and have read three to four pages of it but really it does more for the panic than the peace in me. I refer to the Textbook of Paediatrics by Forfar and Arneil on the rare occasions that I have had time to. It needs to be read at a desk, not in a lift. For reference I do need access to Neurologically Handicapped Children: Treatment and Management by Neil Gordon and Ian McKinley; Recognisable Patterns of Human Malformation by Smith; Clinical Paediatric Nephrology by RJ Postlethwaite and Essential Medical Genetics by JM Connor and Ferguson Smith. I first learned that sunsetting can be normal, as can eight loose stools a day, by reading Illingworth’s The Normal Child—one of the few textbooks read from cover to cover. To maintain a love and fascination for children I will read and reread Mr God, this is Anna by Fynn, Dibs in Search of Self by Virginia Axline, and Sula Wolf’s Children in Danger.

As I have grown up in paediatrics and acquired more review articles, these are often used now for the latest state of the art finds. I know that textbooks are often out of date by the time of going to press but somehow the physical presence of Roberton’s Textbook of Neonatology maintains more air of authority than flimsy blurred photocopied articles. Its very permanence tends to instil calm as one notes with relief that it does still say the same thing as the last time it was read.

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My early childhood love of reading, and my marriage into a family of writers, has nurtured my enthusiasm for books. Most junior doctors, however, having survived undergraduate examinations, fail to associate reading with pleasure. Any textbook must look attractive and have clarity and brevity of text to alert the prospective reader. Hospital Paediatrics by T Milner and D Hull is such a book, although I consider it to be vastly overpriced in its paperback form and its texts on management of conditions are sometimes too brief.

Moving onto the larger textbooks, the old favourites are Textbook of Paediatrics by JO Forfar and GC Arneil and Nelson’s Textbook of Pediatrics by RE Behrman, VC Vaughan, and WE Nelson. One feels duty bound to wade through them for paediatric MRCP. There is a limit, however, to the amount of stimulus any junior doctor’s neurones can take as a consequence of being on call—it is all too easy to drift into the ‘land of nod’ in the hospital library. One has to be selective when using these volumes and there is often a lack of up to date information on investigations and management, as most hospital libraries do not stock the most recent editions.

Whether one wears a white coat or not, we have all carried pocket sized books next to our skin to calm the nerves when faced with diagnostic dilemmas. From personal experience, I have found the Paediatric Vade