

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 Robertson (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 *Neonatal Medicine* by ML Chiswick had a personal appeal, but of course, is now out of date.

Essential Paediatrics by David Hull and Derek Johnston is too long on didacticism 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*, Robertson'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 Pediatrics* 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 Robertson'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*

Mecum, Alder Hey Book of Paediatric Prescribing, Aids to Paediatrics by A Habel and the paperback bible of neonatology, *A Manual of Neonatal Intensive Care*, invaluable companions.

Having cleared the hurdles of postgraduate examination the middle grade paediatrician is faced with teaching the reluctant undergraduate. This art can only succeed if it promotes easy recall of information, prevents sleep, and creates an impetus to use library facilities. Consequently, I have based my lectures on information from the aforementioned books, personal experience, but mainly from annotations and reviews in journals, such as the *Archives of Disease in Childhood*, *British Medical Journal*, *The Lancet*, and *Hospital Update*.

Lastly, I am indebted to Professor Ronald Illingworth

for sharing his wealth of paediatric knowledge through writing. All paediatricians should read *The Normal Child* to appreciate the wide range of body function, whether it be stool frequency or sleep patterns. I have often consulted the *Development of the Infant and Young Child*, with its delightful illustrations. *Symptoms and Signs of Disease in Childhood* emphasises the importance of history taking and clinical examination, often overlooked in these high tech days. My wholehearted thanks to Professor Illingworth for guiding me through my paediatric training.

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Manual on Infections and Immunizations in Children. Edited by Angus Nicoll, Peter Rudd. Pp 349: £9.95 paperback. Oxford Medical Publications, 1989. ISBN 0-19-261785-0.

Immunisation against Infectious Disease. Joint Committee on Vaccination and Immunisation. London: HMSO, 1988. (The Green Book.)

There is considerably more to the manual than the foreword by Edwina Currie, 'a Minister with a commitment to prevention and health promotion'. It is loosely modelled on the 'Red Book' on paediatric infections produced by the American Academy of Pediatrics and updated every two years. Primary paediatric care in the United States is largely provided by primary care paediatricians and the Red Book is almost a bible: you can deviate from the scriptures but at your peril and likely your patient's peril too.

Is the BPA manual aimed primarily at general practitioners, hospital or community based paediatricians, or does it have a potentially wider audience including clinical medical officers, health visitors, and medical students? I would say that all the above would find value in this book, which might be construed as a polite way of saying that the target readership was somewhat unclear.

The manual opens with interesting epidemiological data on incidence and mortality of childhood infections. The first main section deals with clinical problems (neonatal infection, respiratory infection, rash, fever, urinary tract infection). This

section could readily be expanded, for the benefit of junior and senior hospital paediatricians, to include other clinical scenarios (for example, infections of bone, soft tissue, and the central nervous system).

The second section covers infections caused by almost 50 specific pathogens. This is the unearliest part of the manual. In the interests of brevity the topics are often covered too cursorily to do more than drive the reader to a more definitive text. Some annotations, such as that on HIV infection, are valuable summaries but others (all *Haemophilus influenzae* infections in two pages) are too condensed. My main concern about this section again was its target audience.

The third section covers immunisation and closely follows the excellent Department of Health publication known as the 'Green Book'. The influence of Dr David Salisbury, an ex-paediatrician, and Dr Christine Miller from Colindale can be clearly seen in the Green Book, which finally makes some sense of the indications and contra-indications for childhood immunisations. The BPA Steering Committee responsible for the manual wisely asked Dr Salisbury to sit on the committee and there is strong consistency between the manual and the Green Book. There is little fence sitting now in either book on important issues. The contra-indications to pertussis immunisation are clearly delineated and, although some are less controversial than others (why is fever to 39.5°C within 48 hours of pertussis vaccine a contra-indication to further doses?), the authors are to be congratulated on a difficult job well done.

The fourth section of the manual deals with practical issues surrounding

immunisation, the sort of everyday problems such as egg allergy and delayed immunisations on which Dr Nicoll and many others are frequently consulted. These are beautifully handled, and together with the introduction to the third section covering general points on vaccine consent, and technique provide a valuable adjunct to the Green Book, of use to 'givers' and 'advisers'. One depressed children should not be given vaccines, yet later on the same page the immunodepressed children *must* be immunised with the mumps, measles rubella vaccine (the former is correct except for children with HIV infection). This unfortunate apparent contra-indication is due to poor wording and should be corrected for the next edition.

The bane of my life is enquiries about malaria prophylaxis so I am extremely grateful to the authors for the fifth section on travel abroad, and particularly the antimalaria recommendations, which are difficult to find elsewhere. These are the current recommendations from the London School of Hygiene and Tropical Medicine, soon to be changed, so although the rationale for the different regimes is incomprehensible, at least we can be consistent.

The manual is therefore something of curate's egg (no reference to Edwina intended). The good parts are often very good, and the first two sections could be expanded or modified in what I hope will be regular revisions of this valuable book. I think the BPA are to be applauded for their brave initiative in undertaking this venture, and hope they are encouraged to