

SPRING BOOKS

Book reviews: some personal experience from the receiving end

Some years ago I wrote an invited annotation on book reviewing,¹ asking a question 'Who should be asked to review a book?' Should a general practitioner or nurse review a book by a consultant? Should a consultant review a book by a general practitioner or nurse? I was unable to answer my own questions.

There is a striking dearth of articles on reviewing books—and there have been only a few on an allied subject, the refereeing of papers. An excellent article on book reviews was that of the late Dr Irving Wolman, when editor of *Clinical Pediatrics*.²

An author's ego may be boosted (perhaps undesirably) by a laudatory review, or punctured by a derogatory one. The author is helped by positive criticisms, which can be attended to in a further edition, but is not helped by vague expressions of distaste for a book with no specific criticisms, which enable the author to form his own conclusions as to the extent of the reviewer's knowledge, the thoroughness or otherwise with which he has read the book, or its reviewer's personality. It is annoying to be criticised, as I often have, for statements that one has never made and would not dream of making. A reviewer of my book *Common Symptoms of Disease in Children* clearly thought that the title of my book was 'Symptoms of Common Diseases in Children' and attacked it accordingly. A British journal, publishing a review of one of my books, even misspelt my name; and two other British journals got the title of my book wrong.

Over the years I have amassed experience of many different reviews of my books, and I felt that some of this experience would be of interest to others—and raise the question of who should be asked to review a book.

ABC of Clinical Genetics. By Helen M Kingston. (Pp 62; £10.95 paperback.) British Medical Association, 1989. ISBN 0-7279-0263-6.

Many readers of the *Archives* will already be aware of this series of articles from the *British Medical Journal*. They have now been published together in a slim volume, which guides the reader from mendelian to molecular genetics and beyond, outlining the principles involved and showing how these relate to clinical practice.

In the first chapter Helen Kingston summarises the organisation of clinical genetics services. The need for liaison between geneticists and other professionals in hospitals and community is emphasised. Optimal management of genetic disease, for patients and their families, involves integration of many disparate skills and until those providing these skills can speak one language the geneticists' task will remain a difficult one. In the succeeding chapters many of the more commonly encountered genetic conditions are used to illustrate the approach of the clinical geneticist to chromosomal, single gene, and polygenic disease.

Several chapters deal with areas where

Many reviewers pick out three or four of what they consider to be glaring, important, or typical faults. Below are some examples from reviews of my books—recorded without comment—knowing that readers may or may not agree with the criticisms. I was criticised for giving the following advice or opinions:

(1) (In the days of smallpox vaccination) that mothers should not be vaccinated in pregnancy.

(2) (In a book for non-medical readers) that for certain (named) countries abroad, children should be immunised against cholera, even though it is not 100% effective.

(3) that children should be immunised against tetanus (along with diphtheria and pertussis).

(4) that the word 'measles' was derived from a Latin word meaning 'miserable'.

(5) that ear pain due to acute otitis media should lead to prompt antibiotic treatment.

(6) (After a discussion on indications for circumcision) that the decision as to operation should depend only on the interests of the child, and not on the wishes of the parents.

(7) that a diabetic child should always carry a lump of sugar or sweets in case of hypoglycaemic symptoms. The reviewer disagreed, saying that the child should always carry glucagon.

(8) (After a 12 page discussion on the difficulties of diagnosing the cause of acute abdominal pain in children) I said that 'it follows that there should be no hesitation in calling in expert advice when one is faced with the problem of a child with acute abdominal pain'.

(9) that a child with a significant delay in speech development should be assessed by an expert.

common investigative approaches naturally link groups of conditions. One on genetics and cancer illustrates the ways in which DNA investigation both aids management of familial cancers and is shedding light on tumour aetiology and evolution. Another suggests a framework for approaching the patient with dysmorphogenesis. The importance of appropriate investigation of the malformed fetus and stillborn child is emphasised. A further chapter describes techniques used in prenatal diagnosis. Ethical issues are mentioned, but only briefly and perhaps warranted a chapter themselves.

The final chapters focus on molecular genetics and its application to clinical medicine. The techniques that have enabled recent and rapid progress at the scientific-clinical interface are summarised. The fact that some of the information on these pages is already out of date highlights the rate of this progress and the need for all clinicians to have access to a geneticist working at this interface.

This little book is worthy of a few hours of any health care worker's time and it will be widely read. The appendix includes addresses of many of the lay support organisations involved with specific genetic diseases. Those who familiarise themselves with the preceding pages will also be in a position to know what

(10) that 'it is worthwhile to refer the clumsy child to an expert, for the diagnosis can be difficult'.

(11) that a deep congenital dermal sinus, persisting to the age of 2, should be referred to a surgeon because of the risk of infection.

(12) that postnatal discharge in, or after, a cold, may make a toddler cough when he lies down at night (on his back).

A reviewer wrote that the milestones of development given by me (largely based on the quoted work of Arnold Gesell, Albrecht Peiper, TB Brazelton, French workers, and numerous other experts) were wrong, and should be altered.

Reviewers drew attention to my faults of omission, on the grounds that:

(1) In a discussion on the treatment of nappy rashes, I should have recommended the sprinkling of boric acid crystals into the nappy.

(2) In a chapter on variations in babies' development, I failed to draw the line between normal and abnormal.

(3) In my book for school teachers, I failed to devote a section to the Spitz-Holter valve.

(4) In a discussion of teething, I should have written that the mother should be advised to give extra fluids.

(5) In a discussion on insufficiency of breast milk, I should have written that it should be managed by telling the mother to increase her energy intake.

These reviewers' criticisms draw attention to the difficult task facing the editors of journals in choosing someone to review books—and even in deciding whether the reviews should be published. Should book reviews be checked by referees—and how would the referees be chosen? I have no answer to the editors' problems.

R S ILLINGWORTH

1 Illingworth RS. Some reflections on book reviews. *J R Soc Med* 1977;70:119-21.

2 Wolman I. What makes a good medical book review? *Clin Pediatr (Phila)* 1962;1:29-32.

help they can expect from their regional genetics service.

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Textbook of Pediatric Dermatology. Edited by Ramon Ruiz-Maldonado, Lawrence Charles Parish, J Martin Beare. (Pp 863; £114.00, hardback.) Grune and Stratton (Harcourt Brace Jovanovich), 1989. ISBN 0-8089-1863-X.

I finished my paediatric clinic, drove home, and opened the parcel to reveal a large cream new *Textbook of Pediatric Dermatology*. I perused the index for lichen sclerosus et atrophicus having just told doctors at the clinic to avoid misdiagnosing the condition as sexual abuse. However, to my disappointment, it was not mentioned and under the heading sexual abuse, only sexually transmitted diseases were considered. I then opened the book at the beginning and things began to improve.

This is a well produced book with 70 chapters contributed by 80 authors from many countries. One problem for editors with so many and scattered authors is getting all manuscripts returned quickly and failure to achieve this results in delay in production of the book and the danger of a dated content. However, I did