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**SISTER JOURNALS—UNITED STATES**


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**Pediatric Research**

This journal is advertised as an international journal of clinical, laboratory, and developmental investigation. It is marketed as 'Research you cannot afford to miss . . . and an offer you can't afford to pass up'. Believe you me doctor—you can. This is the journal of fetal research aimed at the physiologist. One third of the articles were about work done on laboratory animals. The journal is published in America; half the articles are from the US.

The reason why I appear to be such a philistine is not because I am antiresearch, but I don't really feel that this is a journal where discoveries of obvious clinical significance are going to be published. There is nothing wrong with the quality of the science, but the articles are very specialised and laboratory orientated and I think that 'development' is such an umbrella word that any research on newborn or young animals could be included. Inside or outside the teaching centres, unless doing an MD, how many UK clinicians are encouraged or have time to go to the laboratory or the animal house? Undoubtedly, it's our system which is at fault for the haphazard way our junior doctors are expected to publish and in most of the US academic institutions, sessions, if not months in the year are set aside for the laboratory, so this type of journal has naturally evolved. It is probably regrettable that many English paediatricians don't undertake research, don't get to the library enough, and when they

do, they head for the clinical journals and not the science. The only contact one would normally have with *Pediatric Research* would be looking up a reference and it would be unusual to come across another article of interest in the same journal.

Was there nothing in the journal of general or neonatal interest? Well—there was the article showing that term rabbits' lungs produce more superoxide dismutase in response to hyperoxia than the lungs of a premature rabbit, and this is one of the possible factors in the pathogenesis of bronchopulmonary dysplasia. That's the type of useful take home message that can be obtained by flicking through the abstracts. In general, I am concerned about the increasing tendency for research to be technological and computer orientated. Papers then have to be published validating the equipment which is used to do the research and the concept of a scientific journal of clinical importance and wide interest becomes a non-starter. Bring back the days when a problem was tackled because there was a question there to be asked and not because there was sophisticated equipment available which could be put to wider use. As for *Pediatric Research*—I'm told it's bad form to end a review saying this book/journal should be on the shelf of every departmental library so I won't say that, but somehow we should all have access to it for our occasional needs.

J G BISSENDEN

**Treating recurrent epistaxis**

Some 6% of 11 to 14 year olds suffer from epistaxis but the best way to manage the problem is uncertain. Basic tests of the clotting mechanism seem appropriate for any form of recurrent bleeding but how should the majority of patients who have no defect of haemostasis be managed?

Workers in Birmingham have compared the effects of cautery with silver nitrate with those of applying a cream containing chlorhexidine and neomycin (Naseptin) to both nostrils twice daily for four weeks (J Ruddy and colleagues, *International Journal of Pediatric Otorhinolaryngology* 1991;21:139-42). Twenty four children were treated in each group and there was no significant difference as regards recurrence of epistaxis between the two groups after eight weeks. Cautery was a painful procedure despite the use of a local anaesthetic.

Unfortunately the lessons to be learned from this trial are limited. There was no untreated group so we don't know whether either treatment was effective. If the antiseptic cream is effective it is unclear whether the antibacterial components are important or whether any cream would do. The authors suggest using the antiseptic cream as first line treatment but to my mind they have shown that more work is needed.

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