

communicating in another language. We will continue to make an effort to communicate in English, as this provides a wide range of other benefits. The opening of the European common market may well be a good time for European paediatric journals to discuss the possibilities of better communications or even cooperation to avoid the 'arrogance' of one particular group trying to protect its own language. Lastly, Dr Mellor compared the April 1991 issues of the two journals. We do occasionally, perhaps not frequently enough, publish reviews of books that are sent to us.

MICHEL ODIEVRE
Archives Françaises de Pédiatrie,
Hôpital de Bicêtre,
78 Rue du Général Leclerc,
94275 Le Kremlin-Bicêtre Cedex,
France

1 Mellor D H. Sister journals—France. *Arch Dis Child* 1991;66:1364.

AUTUMN BOOKS

Essential reference

Recently the library committee at our children's hospital made finances available for the purpose of a selection of books, to be housed in a suitably secure setting—books do have a habit of disappearing—yet be available for 24 hour reference to solve the inevitable problems of diagnosis, investigation and management, which seem to occur in the middle of the night. Having democratically sought the opinion of many of the medical staff (senior and junior) it was surprising how uniform were people's opinions on what made an 'essential reference book'; this article summarises these views.

For the junior doctor just starting in paediatrics, the ideal literary purchase is one describing what to do in every emergency situation. Treatments and trends change so quickly in medicine that an up to date reference is essential. Thus, *Paediatric Emergency Medicine* by M Grossman and R A Dieckmann (Lippincott 1991) came out top in this section, out voting *Paediatric Emergencies* (J A Black: Butterworth, 1987) and the still easily read *Paediatric Emergencies* by Tom Lissauer.

Another clearly practical handbook which received a lot of votes and will certainly have a place on our 'instant access' shelf (although many staff already have their own copy) was *A Paediatric Vade-Mecum*, edited by Jack Inley and most recently updated in 1990.

Chemical Pathology and the Sick Child, edited by B A Clayton and J M Round (Blackwell Scientific Publications, 1984) was the outright winner in the 'best book to explain why this child is hyponatraemic, has hyperammonaemia and seems moribund' section. Covering all aspects of chemical pathology from neonatal to pubertal problems, while it is not 'light reading' it is a very useful guide on when to investigate, how to investigate, and what the results mean. It allows you to sound as if you know why you are asking the poor 'on call' pathologist for yet another lactate concen-

tration and might even stop you asking for one!

For a basic paediatric textbook, more for the quiet moments in the mess, when there is little else to do, the consensus of opinion (shared by previous contributors to this section) was for *Nelson Textbook of Pediatrics* (14th Ed, Saunders, 1991) in preference to the other standard works *Textbook of Paediatrics* (J Forfar and G C Arneil) or *Principles and Practice of Paediatrics* (F A Oski et al). As a reference to check whether the child in 'admissions' might really have Loeffler's syndrome (Nelson, page 909), it is undoubtedly very adequate, and earns its place in our emergency collection. However, even though it was more popular with junior staff than its British equivalents, for the premembership readers, I cannot help but worry that some of its transatlantic views might not be warmly greeted by the examiners of the Royal Colleges.

Having confronted the emergency, made a diagnosis, checked the chemical pathology, and organised the basis resuscitation, the next difficulty in management is deciding drug dosages when the pharmacy is closed. In the prescribing category, the most popular choice was undoubtedly the *Paediatric Formulary* (2nd Ed, 1990), produced by Lewisham and North Southwark Health Authority (Guy's Hospital to you and me), not as easy to carry in one's handbag/back pocket as the *Alder Hey Books of Paediatric Prescribing*, but generally felt to offer that little bit more.

At present we feel the books described will allow us to 'double check' most clinical conundrums and form the basis of our 'out of hours' emergency library. We are a children's hospital, but are frequently confronted with sick neonates, thus undoubtedly soon our collection will need to include a neonatal guide—here N R C Robertson's *Manual of Neonatal Intensive Care* is still very popular, but a *Handbook of Neonatal Intensive Care* (H L Halliday, G B McClure, and M Reid, 1989) and *A Neonatal Vade-Mecum* (P J Fleming, B D Speidel, and P M Dunn) are both compatible. Other suggestions for our 'emergency' library that received more than one vote and seem sensible, but financial restraints do not allow their purchase at present, include *Practical Genetic Counselling* by P S Harper (Butterworth, 1988), a very useful book to have on the ward or in the special care unit, answering many of the simpler counselling questions asked by parents, in addition to a malformation book. Here, *The Malformed Infant and Child* by R M Goodman and R J Gorlin (Oxford University Press), with its simple line drawings, was as popular as the well established *Smith's Recognisable Patterns of Human Malformation*. A dermatology book is very useful for any children's ward with a receiving room and essential for an accident and emergency department. *Essential Paediatric Dermatology* by J Verbov (Clinical Press Ltd, 1988) offers good quality colour illustrations for comparison and is easily read. *The Handbooks of Investigation in Children* series were reasonably popular—designed to tell you whom and how to investigate and what the results mean. This series now covers haematology, endocrinology, neurology, and renal medicine. Useful for day case investigations, we felt the previously mentioned *Chemical Pathology and the Sick Child* would suffice for our emergency shelf.

These views signify only the ideas of myself and colleagues in my hospital and as such are obviously not sacrosanct. However, I feel confident our 'emergency reference' books will be regularly consulted and hopefully will

answer most of the diagnostic difficulties confronting us when the main library is closed.

GORDON GLADMAN
Senior registrar

10. Recent Advances in Paediatrics. Edited by T J David. (Pp 246; £22.50 paperback.) Churchill Livingstone, 1992. ISBN 0-443-04520-8.

'I have some news for you which you were not expecting'. This statement, taken out of context from a perceptive chapter on the management of Down's syndrome summarises a valuable extension to a well known series.

There are new insights into old favourites, Crohn's disease, the *bête noir* of district paediatrics; the management of severe asthma—timely when many departments are subjecting their procedures to audit, and hypoglycaemia where we are invited to banish the diagnosis of asymptomatic hypoglycaemia. There is good advice on investigation but for the older child a firm statement on what constitutes the blood glucose concentration below which the tests should be performed would have been useful.

There are useful chapters on what for most of us are rare diseases, namely HIV infection and genetic disorders appropriate for bone marrow transplantation. Although some such disorders could present on a ward round tomorrow. The 'new genetics' is already having its effects on our practice and increasing knowledge of neonatal oxygen radical disease is set to change our neonatal protocols in the next five years.

There is purple prose telling the story of 'outlandish factitious disease'—another 'new' disorder. Do some of our most brittle diabetic youngsters fall into this category?

This book is written for the general paediatrician. It succeeds—every chapter is relevant. It variously criticises our practice, invites us to drop outdated concepts, updates flagging knowledge of the scientific basis of some diseases, and supports us against modern myths—as in the chapter on food additives.

It is hard to criticise. One assumes that there is a publisher's limit on size and hence content should be viewed in the context of current issues of importance and recent editions in the series. However, with the increasing dissolution of traditional boundaries between hospital and community there should be a place in each volume for primary and community child health topics. All chapters would benefit from the discipline of 'Key points for clinical practice' and 'Key questions for the future' would be thought provoking. Some of the physiology is a little hard going as in the description of oxygen free radicals and would have gained from further expansion.

However, these are small points in the context of a book which is a very valuable aid to our clinical practice and maintains the high quality established by its predecessors.

D THISTLETHWAITE
Consultant paediatrician

The Fetal and Neonatal Brain Stem—Developmental and Clinical Issues. Edited by M A Hanson. (Pp 289; £50 hardback.) Cambridge University Press, 1991. ISBN 0-521-38357-9.

The immature brain stem appears to have the major role in control of fetal breathing and its circulation, modulation of pain response, and