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.

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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
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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

the development of sleep-wake cycles and diurnal rhythms. The fetus and newborn brain stem therefore performs most of the function of the central nervous system with the higher centres coming on-line over the months after birth. It is clear that understanding the fetal and neonatal nervous system depends on an understanding of the function of the brain stem. This book, on that subject, grew out of a Physiological Society Symposium held in the Oxford University Department of Physiology in June 1989. The contributions appear to have been updated and the book covers a wide range of developmental neurology issues. The book contains 15 chapters each written by an expert in the field. The contributions review carefully the basic science and apply this wherever possible to the clinical situation. It is clear, however, that the jump from animal work (mainly lambs) to the human is a somewhat tenuous one but this is acknowledged in the text. The main clinically relevant areas are in the control of breathing and the obvious relevance this has to cot death. It is of interest that the effects of hypoxia on the brain stem vary considerably depending on the maturation of the structure and this is clearly important in the understanding of cot death.

This is such a good book and of such a consistently high standard that it is invidious to highlight any one chapter as outstanding. This book deserves to be read by all fetal medicine specialists and paediatricians interested in neurological development and I strongly recommend it.

MALCOLM I LEVENE
Professor of paediatrics

Congenital Perinatal and Neonatal Infections. Edited by Anne Greenough, John Osborne, and Sheena Sutherland. (Pp 245; £29.50 hardback). Churchill Livingstone, 1992. ISBN 0-443-04508-9.

Do we really need another book on congenital and neonatal infections, given that *Infectious Diseases of the Fetus and Newborn Infant* by Remington and Klein (W B Saunders) is one of the great reference textbooks? The two main weaknesses of Remington and Klein are that the book is not really helpful for practical, daily decision making in dealing with neonatal infections, and that it is not up to date in some of the more recently described infections. Greenough, Osborne, and Sutherland have produced a book which addresses the latter, though not the former, deficiency.

The introduction to this book states that it grew out of a working party on TORCH screening. Its main strength is certainly in the field of congenitally or perinatally acquired infections, particularly the newest ones. Where it is uneasy is in deciding the extent to which neonatal bacterial sepsis should be included.

There are four short, general introductory chapters on obstetric and paediatric aspects of congenital infections, techniques of prenatal diagnosis, and the laboratory. The remaining 16 chapters are devoted to reviews of individual organisms. In addition to the TORCH organisms (toxoplasma, rubella, cytomegalovirus, herpes simplex virus) there are chapters on *Chlamydia trachomatis*, enteroviruses, hepatitis B virus, varicella zoster virus, HIV, gonococcus, and syphilis. These are all short, pithy chapters which are clinically useful, but somewhat sparsely referenced. There is an excellent chapter on human T cell leukaemia virus type I (HTLV-I) which contains infor-

mation hard to find elsewhere and a useful summary on parvovirus B19 infections. Bacterial sepsis is confined to chapters on group B streptococcus, *Escherichia coli*, and listeria.

This book is extremely useful for dealing with congenital or perinatal infections if you know or have a strong idea of the organism responsible. It is less valuable for dealing with day to day problems with suspected sepsis, although to be fair this was never the book's original intention.

DAVID ISAACS
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Pediatric Pharmacology: Therapeutic Principles in Practice. Edited by Sumner J Yaffe and Jacob V Aranda. 2nd Ed. (Pp 663; £73 hardback.) W B Saunders Company, 1992. ISBN 0-7216-2971-7.

This is the second edition of a book which was first published in 1980. Coincidentally, a UK book—*Paediatric Therapeutics*, edited by Baltrop and Brueton—has been published this year. I have also reviewed that book and it is impossible to avoid comparisons. I commented that such textbooks cannot hope to be comprehensive and despite this new megaversion with 663 pages, 81 authors and 52 chapters, there are still obvious gaps. The only subjects which do not require a regular update are the general areas of pharmacokinetics, two compartment models, drug monitoring, etc. These are extensively covered in the 180 pages before an individual drug gets a mention.

I enjoyed the debate on the ethics of drug research in children and also the reference to the child being a therapeutic orphan. It is correct to be cautious with prescribing but children could be missing out on valuable drugs because the literature states 'insufficient information available to recommend its use in children'. I believe the trend to use drugs on a named patient basis will grow otherwise information will never become available. Ciprofloxacin and gangcyclovir are two such examples.

The clinical section on either the drug (for example gentamicin) or the condition (for example diabetes) was in part excellent, in part ordinary. The concise chapters were well referenced with, for example, 251 citations on fungal infections. Disappointingly, there were few more recent than 1988. It is always going to be the case in a changing world that the print is barely dry before a new drug is manufactured which is too recent to get a mention but is now the leader of the pack. Adenosine does not appear in the cardiac arrhythmia section and surely there could have been a stop press section for surfactants. The neonatal section was otherwise quite detailed with a whole chapter devoted to the prevention of bronchopulmonary dysplasia by alternate day injections of vitamin A.

There were some interesting contrasts with UK therapeutics. Despite not suffering from the same pressure of litigation as the US, our prescribing is more conservative. For example, in the section on the gastrointestinal tract, it was demonstrated how effective metoclopramide and loperamide can be in a specific situation. We have an indoctrinated bias against the use of these drugs because of the well known side effects. This book reminds us of their potential benefits. Another group of drugs fashionable in the US and not in the UK is amphetamines for the hyperactive child. Reviewing their benefits makes me feel that,

through excess caution, we can deprive our children and their families of genuine therapeutic benefits. In contrast the chapter on asthma made me feel that this was a hand out given to wheezy Klingons visiting the star ship Enterprise. Intal is a curiosity drug, theophyllines are first liners, and salbutamol does not feature. Subcutaneous epinephrine is still recommended for status asthmaticus.

Despite these reservations, it is a well written book and I feel a lot wiser having read it. I am not convinced that there is a market for a large text book of paediatric therapeutics, but for those interested, I would go for the UK version because the drugs will seem more familiar. With the money saved, another vade mecum can be bought to replace the one that's just disappeared from the ward.

J G BISSENDEN
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Medical journalism. The Writer's Guide. Tim Albert. (Pp 111; £12.95 paperback.) Radcliffe Medical Press, 1992. ISBN 1-870905-28-8.

Why do so many doctors want to be writers? Worse still, why do so many think they are writers? Journalists may have fantasies about being surgeons but I doubt if they try to act them out in the editor's office or the Duchess of York's driveway or wherever it is they congregate.

None the less, the urge is there, as editors of medical journals know to their cost; whether it be the medical knight who believes his every word is sacrosanct or the professor of gene splitting who can put pen to paper only in the style of scientific ponderous.

Tim Albert's guide is a gem; I'm not surprised as he has an impressive track record in turning medical sows' ears (and boars, for that matter) into journalistic silk purses. Spawned by the *Guardian*, *World Medicine* (of blessed memory) and matured at *BMA News Review*, he is now—in the words of Michael O'Donnell's forward, 'widely recognised as the leading trainer in medical journalism . . .'

Albert takes the reader through five stages of writing a feature article: setting a brief, planning, research, writing, and revision. He describes how to get started, how to comprehend the wide market for medical writers, and how to work to deadlines and wordage limits.

There are lists of phrases to 'avoid like the plague' (such as avoid like the plague?) and pomposities are listed with their sensible alternate ('many' for 'considerable proportion', for example; perhaps a copy should go to 10 Downing Street for Christmas.)

Those who are natural writers may not ever have realised what they are doing but Albert points out that they use the active voice, are positive and use words which are simple, specific, suitable, and sensuous.

For the few who are venal rather than literary, he even tells us how to sell the finished product. Coping with rejection, subeditors, proofreading, and marking are all dealt with.

Just to show not all of his colleagues are reptiles, Albert quotes in full the code of ethics of the National Union of Journalists. Hands up all those who think he made it up in the bath? There is a useful glossary of journalistic jargon such as 'LUNCH: well-tested technique for gathering information, cultivating contacts and producing ideas. Not liked by accountants'. CONTACTS, incidentally, are a 'journalist's name for someone