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
Associate professor in immunology
and infectious diseases

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
Consultant paediatrician

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