BOOK REVIEWS


When it first came out 20 years ago, Black’s Neonatal Emergencies was a companion volume to his book on paediatric emergencies and was virtually one of a kind; essential reading for a budding neonatal paediatrician. The second edition has been a long time coming and, as the authors point out, during this time the care of the newborn has changed out of all recognition. There has also been a proliferation in the competition with at least four similar books on the shelves; some already into their second or third editions after only five or six years. Although the authors have added a lot of new material, the age of the original still shows through.

Neonatal Emergencies is really a textbook of acute neonatal paediatrics. Starting with the background to fetal and neonatal disease, it goes on to cover the usual topics of resuscitation, birth injury, the management of the very low birthweight infant in the first few days of life, bleeding disorders, jaundice, respiratory and cardiac disease, infections, and fits. There are seven short chapters on metabolic problems and others on necrotising enterocolitis, geniourinary disorders, hydrops, and the floppy infant. Finally, there are sections on practical procedures, social problems, and talking to the parents. In all there are 34 chapters but there are some surprising inconsistencies.

There is, for example, an appendix on Apt’s test but none on normal laboratory values or on drug prescribing.

Each chapter describes how the particular condition presents as an emergency, its causes, and how it should be investigated and managed, with selected references and bibliography for further reading. Inevitably, many of the conditions described are not actual emergencies, but problems needing prompt attention and hence my comment that this is more a textbook on acute neonatology than a senior house officer’s pocket book of neonatal intensive care.

I no longer have my original copy of the first edition, but I am delighted to have the new one. I am sure it will find a place in most special care baby units and that the nurses and senior house officers will find it a very readable and useful guide, but I suspect that the authors have ‘missed the boat’ and that it won’t displace the competition.

On a personal note, there is an awful lot of bicarbonate being recommended for use in this book, isn’t it about time paediatricians outgrow their addiction to this stuff?

B D SPEIDEL
Consultant paediatrician


In a week when every child on our neonatal intensive care unit has had one, and in some cases even two, infection screens, it seems appropriate to sit down and review this text on neonatal infections. Dr Isaacs and Professor Moxon do not set out to provide a discursive and complete text, but more one that discusses the principles and thought processes behind the management of perinatal and neonatal infections. Its success or failure must depend upon the frequency with which one uses it as a reference and as a starting point to broaden one’s academic base.

The book starts with three chapters covering background, epidemiology, pathogenesis, and strategies. These chapters are brief, tightly written, and interesting. Thereafter follow chapters on the clinical aspects of infection, its presentation, investigation, and policies for using antibiotics and general support. One of the delights of reading these chapters is the commonsense approach that is taken to many issues which cause dissent and arguments on neonatal ward rounds. Next are useful chapters on specific clinical infection groups and then specific infective agents. Finally, this comprehensive text takes up the issues of surveillance, prevention, and clinical pharmacology.

As a book it has immense breadth and depth and sits nicely in a slot in which there is no comparable text. The references are well made and up to date and I think this provides the first good UK text on the subject. It also emphasizes the importance of good infectious disease input on the neonatal unit. It will be of value for all grades of neonatal staff from consultant to neonatal nurse.

For such a subject where each neonatal paediatrician has his own series of solutions, I found the commonsense approach that the authors have taken left me with very few areas of disagreement. Two niggles might be that it is sad to see that ‘TORCH’ is still alive after its recent press and the picture of a ‘card index file’ was utterly rivetting!

In short an excellent text which I am sure will soon take up residence on every neonatal unit.

NEIL MARLOW
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