
Intravenous feeding to many has matched the words of the song 'I did it my way'. In reality, what it has meant is 'I did it their way' and they were the authors of a recipe book. Most of us open the book at day 1 and begin. The philosophy has been that hopefully the bowels will start working soon and that full oral feeds will be established before the complications set in. That being the case, it would appear to have been good practice and its success over a short period a cause for some satisfaction. If you are one of those clinicians, then you won’t need this book. This book is for those with an interest in the subject who want to know what is actually going on inside the baby as the various components of the recipe trickle in. OK, but it doesn’t take 290 pages to say that the amino acid profile may be more dangerous than untreated phenylketonuria and that is correct, but then this is a book of nutrition orientated towards the parenteral route, not merely an instruction manual.

Victor Yu, neonatologist and Robert MacMahon, paediatric surgeon, both from Melbourne have edited 23 chapters from authors mainly in the USA, Australia, and the United Kingdom. It is indeed a comprehensive book with three defined sections. Section one is the nutritional needs of the newborn from sodium to selenium. Section 2 is about the benefits and complications of the intravenous route and section 3 is how to do it.

At present, I use the computer program familiar to most Kabi users, written by Patrick Rail, pharmacist at Birmingham Children's Hospital. There was a chapter on the use of computers in the practical section of the book. Within that section of the book was a salutary reminder of the monitoring necessary in prolonged intravenous feeding and although it didn’t mention it, the need to have a biochemical laboratory to operate on micro samples of blood. I still think daily electrolytes and triglycerides with four hourly urine sugar analysis a little over the top. On the other hand, that was the recommendation of one institution and not all but I'll move some way towards it. There are many practical hints such as the treatment of hyperglycaemia with insulin, added initially to albumin and then put in the infusion bag. There is a refreshing lack of agreement about additions to the parenteral infusion. I’ve been brought up with the 'nothing goes into the line because of the risk of sepsis' approach, but the last chapter by two pharmacists is all about the drugs that neonatologists commonly use and whether these drugs can go into the bag or be 'piggy backed'. For those worried that practical aspects may be lost among the theory, I would mention two chapters entitled 'general complications' and one by Jonathon Shaw on 'techniques of delivery'. These contain the tips and banana skins that the registrars are looking for. It would have made more sense to have one chapter following the other rather than in different sections of the book. Also the statement 'blocked lines may be cleared by use of urokinase containing solutions' doesn’t actually go far enough in the middle of the night.

Nit picking apart, this is a splendid book with lots of references as recent as 1991. The editors are to be congratulated in making it so presentable and helpful. It is an important book for all neonatal units doing regular parenteral nutrition.

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