

and pretend nothing changes. Scarcely more effective is the white rabbit approach, frenetically rushing around chanting 'I must keep up, I must keep up'.

How do you keep up to date? I adopt the 'heapie' approach, scan the journals, read what catches your eye and park the rest in a 'heapie' or under a 'round tu it'; you will get round to it sometime!

Some publications regularly receive more attention than that; *Recent Advances in Paediatrics* is one of these, now in its 13th incarnation under the eye of Professor Tim David. This edition is a profitable mixture of reflection, review, and research. The topics include those which are important and common such as fever and asthma, and the rare and important such as paediatric rheumatology as well as pervasive developmental disorders. There is a nice balance in the research, the pathogenesis of respiratory disease in cystic fibrosis and cytokines and adhesion molecules in acute inflammation; both a mixture of genetics, host response, and pathogenicity clearly explained.

The book can be read en bloc without indigestion or browsed without loss of interest; David Hull on the uncertainty principal of paediatrics, the hazard of thinking we know the answers; Platts-Mills abolishing the need for radical caecotomy in asthma, the most difficult operation formerly known to medicine, but replacing it by serial washing of cats; I expect a dissertation of the resurgence of cat scratch fever in the 15th edition. Kluger on rigors and beneficial fever, Davidson reminding us of something old and something new in rheumatology, rheumatic fever. There is much of interest.

If I must take issue with one author I would have to say to Dr Wright in her clear exposition of failure to thrive that 'some hospital paediatricians were brought up to show interest in non-organic failure to thrive'.

Enough from me, I am back into the things we do not know about retinopathy of prematurity.

'Now I'm a man: World have changed a lot  
Some things nearly so: Others nearly not'

This book deserves to lie open atop your 'heapies' and be browsed frequently.

DAVID KINDLEY  
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**Practical Paediatrics.** 3rd Ed. Edited by M J Robinson and D M Robertson. (Pp 683; £35 paperback.) Churchill Livingstone, 1994. ISBN 0-443-04869-X.

I am often asked by our paediatric senior house officers to recommend a textbook. They want a book that is easy to read, of practical relevance yet comprehensive, covering most aspects of the discipline. The large textbooks are comprehensive but not easy to read

and often impractical because more emphasis is given to rare conditions than those common ailments paediatricians see every day.

I believe that this Australian textbook is the solution. It is easy to read, but gives a more than cursory account of problems. It covers all aspects of paediatrics, and most importantly, does so in a way that accurately reflects practice, with emphasis being placed on common conditions; for example, there are separate chapters on wheezing in childhood, asthma in childhood, and persistent cough in childhood – conditions we see most days.

The textbook was written for undergraduates and general practitioners. It is also appropriate as a reader for paediatric senior house officers, particularly those studying for examinations such as Diploma in Child Health, and the first part of the MRCP. However, to get full value, it should be read throughout. It has not been designed as a quick revision text with numerous lists of differential diagnoses and complications. Candidates for the second part of the MRCP would need to supplement with a more extensive textbook.

The chapters on epidemiology and social paediatrics naturally give an Australian perspective, but the general principles are equally applicable to practice in the UK. Community paediatrics in Australia is different from the UK, and immunisation schedules are slightly different, but this does not detract from the usefulness of this book. There is a chapter on poisoning and envenomation, and although the latter has little relevance in the UK, it made interesting and somewhat hair-raising reading.

One excellent aspect of the book is the way it gives an overview of some of the ethical dilemmas that face paediatricians in clinical practice. Another is the frequent use of clinical examples. These illustrate the points made in the text, and make the problems real and relevant.

There are also self assessments at the end of each section: 19 in all. These reinforce the important points made in the preceding chapters. The answers are given with full explanation, so readers can easily see what points they have missed or misunderstood.

Generally the book is easy to understand and chapters are set out logically. Some of the chapters are particularly good, including those on posture and orthopaedic problems, child injury, the hyperactive infant and child, fluid and electrolyte homeostasis, neuromuscular disease, the child with a headache, the eye, and the teeth.

MAUD MEATES  
Consultant paediatrician in ambulatory paediatrics

**Respiratory Illness in Children.** 4th Ed. By P Phelan, A Olinsky, and C Robertson. (Pp 414; £65 hardback.) Blackwell Scientific Publications, 1994. ISBN 0-632-03764-4.

**Respiratory Disease in Children. Diagnosis and Management.** Edited by Gerald Loughlin and Howard Eigen. (Pp 870; £112 hardback.) Williams and Wilkins, 1994. ISBN 0-683-05190-3.

The guilt I feel over taking too long to review these books is tempered by the knowledge that they have been well tested over a score of interesting cases and both performed well. Phelan *et al*'s book is a new edition of an old favourite and varies little in style or content from its predecessor. The emphasis is on clinical disorders and many chapters are symptom based. There is an excellent chapter on respiratory noises and the chapter on epidemiology of acute respiratory infections is recommended for a good review of knowledge that is not easily available elsewhere.

The American book is a multiauthor and more comprehensive text with sections on respiratory system maturation, diagnostic techniques, principles of treatment and disease specific sections as well as a symptom based section. Unusually for an American textbook, the seven symptom based chapters describing the clinical approach are excellent and my only quibble is the excessive use of lists. A list of 42 associated conditions will not help me to assess the next child I see in clinic with chest pain. An enormously successful part of the book are the nine chapters in the principles of therapy section. The reviews of aerosol delivery systems and oxygen treatment are excellent.

Two disorders are often poorly covered in textbooks. The winter plague of bronchiolitis and tuberculosis, an infrequent but complex problem in childhood. Both these books deal with them well. Loughlin and Eigen has a good well referenced review of bronchiolitis. The section on bronchiolitis in the book by Phelan *et al* is included in the chapter on 'Clinical patterns of acute respiratory infections'. Both books mention the controversy over the use of bronchodilators; predictably the American text comes down in favour and the Australian against. Phelan gives the clearer explanation of the pathogenesis of tuberculosis and has a straightforward outline of treatment but unfortunately omits the management of the infant born to the mother with active disease. Loughlin and Eigen is comprehensive.

Phelan *et al* remains the ideal medium sized textbook for membership candidates with an easily readable style and a limited but comprehensive coverage of respiratory illnesses in childhood. Loughlin and Eigen is a more ambitious text and competes with the other major American textbooks. I would place it above Hilman's *Pediatric Respiratory Disease* and a close second to Kendig's *Disorders of the respiratory tract in children*. It is an ideal reference text for those with a serious interest in respiratory medicine.

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