This book, written almost exclusively by members of the local department, is the second major paediatric text book to come out of Professor Hull's Nottingham stable, and is designed as the 'blurb' says to 'help residents manage the problems they are likely to meet in hospital.'

To help fulfil this aim the authors, while splitting the book up into system-orientated chapters, have adopted a problem-orientated approach, so that a topic is covered in a way that is logical for a resident confronted with a wheezy febrile coughing child or a child having funny turns.

To be concise, the authors have been extremely successful; the book is clear, well written with extensive and skilful use of diagrams and tables, though I found the miniaturised X-rays, even with explanatory line diagrams, rather unhelpful. There are deficiencies. I thought the section on infectious diseases was poor and confusing. The resident would not know how to diagnose meningitis on the CSF, the descriptions of the exanthems are muddled up and the table on immunisations is just plonked down in the middle of the chapter without any explanation. The authors have presumably made an arbitrary decision about what does not constitute hospital paediatrics, hence the absence of what to do with a baby with a cold, colic, fissure-in-ano or worms, yet it was just these conditions that I desperately needed help with as a paediatric S.H.O. when they cropped up in much more fascinating conditions (covered in the text) such as ataxia, telangiectasia or Zollinger-Ellison syndrome. Hypertension in childhood is not covered. It is sad to see the authors recommend the useless technique for cardiac massage in the neonate, the dose of bicarbonate recommended on p. 360 is only just above homeopathic, and lowering incubator temperatures in babies with apnoeic attacks may be safe in Nottingham where they understand heat balance in neonates, but elsewhere it could be lethal. There are many spelling mistakes, some diagrams are incorrectly labelled – dangerously on p. 24, and the child on p. 127 being examined to exclude pyloric stenosis presumably has situs inversus!

These criticisms are, however, little more than nit picking. The book could be improved by inclusion of a short pharmacopoeia and the telephone numbers of the Poison Centres in the UK, but it is, without doubt, the best short text book of paediatrics available. No paediatric ward or resident should be without a copy.

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Key Facts in Embryology, M.W. Rana. Pp. 245, illustrated. Churchill Livingstone, New York, Edinburgh, London, Melbourne, 1984. £14.75.

An interesting information packed book, a mixture of the excellent, up to date, and pure schoolboy howlers. The aorta does not arise from the left atrium neither does the pulmonary artery come from the right atrium (Figure 12–9, 12–10). Many of the diagrams show an irritating lack of elementary drawing techniques. The legends show a lack of the most elementary Greek and Latin grammar and spelling. Mixing up of the legends and labelling for example Figure 12–15 or leaving out letters as in Figure 16–6 illustrates the poor level of proof reading. The editor has been thanked in the preface, but things have gone wrong in the supervision of the book.

These things having been said it is a good book, useful as a rapid reference for salient points. Anyone knowing its contents will have a sound and fundamental knowledge of classical human embryology.

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Respiratory Disorders, John Fry, Roger White & Michael Whitfield. Library of General Practice. Vol. 8. Pp. 186, illustrated. Churchill Livingstone, Edinburgh, London, Melbourne, New York, 1984. £12.00.

This clearly written but somewhat sparse volume is the 8th book in a well established series covering topics ranging from hypertension to sexual medicine.

There are three authors, two general practitioners and a consultant physician specialising in general medicine and respiratory disease.

It begins with a description of the functions and structure of the respiratory tract following this with a brief account of the epidemiology and investigation of respiratory diseases in the community. The individual conditions are then described in more detail, and I particularly enjoyed the chapter on asthma.

The authors advocate the sensible approach of educating the patient to understand more about the natural history of acute respiratory infections and the limitations of therapeutic intervention. For example they state: 'antibiotics should play a very small part in the management of URTIs.' This theme and the