

Handbook of Paediatrics

Handbook of Paediatrics. 7th ed. Ed. by Cassim Motala. Section editors Alan Davidson, Anthony Figaji and Michael Levin. Soft cover. Pp xxv + 586. Illustrated. R449.95. Cape Town: Oxford University Press Southern Africa, 2010. ISBN 978-0-19-5991-17-8.

Review by Robin J Green, Professor and Head, Department of Paediatrics and Child Health, University of Pretoria

Reviewing this excellent pocket handbook for the practice of paediatrics was a bitter-sweet experience. The editor, Professor Cas Motala, passed away towards the end of last year, shortly after publication of the book. I was working with Cas on another project at the time and I know how delighted he was with this book. I want to pay tribute to Cas by mentioning that he was a busy doctor with a prolific output in activities relating to paediatrics. He was a highly respected allergist and busy paediatrician. Cas, my friend, I will miss you. We all will.

However, Cas has left us a legacy in this handbook. I believe that this is an excellent academic work. It provides concise and practical principles for managing sick children. The detail is in the clinical facts for diagnosis and management. It is not big on the theoretical aspects of a given disease, and that is what junior doctors need; it's a 'how-to' manual that is readily accessible and useful at the bedside. I like that.

I had a good look at the chapters that I am particularly interested in, 'Respiratory problems' and 'Asthma, allergy and immunology'. These were written by our world experts, Max Klein and Cas himself. The chapter by Professor Klein is a gem. It is a no-nonsense exposé of how pulmonology should be practised. Mostly the advice is what not to do and what not to treat with. That is exactly what we need in paediatric pulmonology. For too long we have let management of respiratory problems in children admitted to hospital gravitate to doing 'the bloods' and chest X-rays, and then treating with an antibiotic (usually a third-generation cephalosporin). If we follow Max's advice, those days should be over. Respiratory problems in children require a good history and examination. Respiratory distress is not an entity. The pattern of distress or recession determines the site of pathology and hence treatment. Most conditions don't need antibiotics.

I trust that you will enjoy this work as much as I have.

Review by Ida van Biljon, Department of Paediatrics and Child Health, University of Pretoria

The earlier editions of this popular handbook had a convenient pocket-sized design and were extensively used for quick reference by undergraduate students, interns and clinical assistants. Even though the current edition has less pages than the previous one, it feels more bulky and is now becoming a small textbook with more emphasis on best-practice guidelines. The objective of including an evidence-based grading into the book's recommendations has not been uniformly achieved throughout.

A very useful innovation is the inclusion of clinical photographs and illustrations, and there is an exhaustive list of tables and algorithms. In this reviewer's opinion, however, these sometimes border on the excessive.

The chapter on trauma and emergencies covers almost every possible injury commonly experienced by children growing up in South Africa. Prompt and effective management determines outcome in many of these patients. In this chapter an up-to-date advanced paediatric life support (APLS) algorithm might have added focus. The table on endotracheal tube sizes in the 'Procedures' chapter could profitably have been placed in chapter 1 together with the other tables relating to intubation. The chapter on fluid, electrolytes and acid base makes excellent and enjoyable reading. It could have been placed earlier in the book, and the APLS guideline on the resuscitation of hypovolaemic shock could ideally have been placed on the inside cover of the book for quick referencing.

The editor states that the aim of the book is to provide practical guidelines for the diagnosis, management and prevention of common childhood conditions, specifically management in resource-limited settings. In many instances, however, the guidelines will not be feasible in resource-poor settings because of an emphasis on investigations and excessive detail.

This reviewer noted a few printer's gremlins and spelling mistakes, omissions (e.g. no mention of schistosomiasis in the section on haematuria), and overlap in certain chapters.

Overall, however, the book provides excellent up-to-date diagnostic and therapeutic approaches to clinical problems using evidence-based guidelines, which will maintain the book's deserved popularity.