techniques other than the lucid chapters of this book.

The central theme, respiratory failure in the newborn, is dealt with from a mainly physiological perspective. The aim is to provide core concepts, not recipes for clinical practice. This may sound somewhat arcane but the book is anything but dry. The editors have introduced a new device to enliven the text - individual comments by guest experts, at points throughout the book. Haven't vou often wanted to argue with the author while reading a paper or textbook? The expert commentators do this for you. Some of the comments are based on personal observation. For instance, I very much like Os Reynolds's interjections to watch the patient if you wish to understand the concept of the time constant in ventilatory management. An epigram which struck a chord with me was the comment by Donald Null that 'the monitor works least well on the patients who need it the most'. Not all the comments are quite so imaginative. Some of the more erudite are backed up by reference to published evidence.

There are outstanding sections on the physiology of gas exchange and the pros and cons of physiological monitoring devices. A clearer description of the effects of ventilation/perfusion imbalance on gas exchange would be hard to find. Another well written and comprehensive section concerns surfactant, although much of this information is available elsewhere. One notable omission concerns the particular form of neonatal respiratory failure which poses difficulties to all who deal with newborn babies - not just those who work in neonatal intensive care units: failure to establish adequate breathing at birth. A book dealing with respiratory failure in the newborn really should tackle this problem, however difficult. It does, after all, provide the 'bread and butter' of neonatal paediatricians. In contrast, some of the sections which are included - for instance, the chapter on nitric oxide therapy - are likely to be outdated before the book reaches the library shelves.

All in all, this is a rewarding book, fun to dip into and a valuable resource for all involved in neonatal mechanical ventilation.

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Manual of neonatal emergency X-ray interpretation. P W D Meerstadt and C Gyll. (Pp 291, £18.95 paperback.) W B Saunders Company Ltd, 1994. ISBN 0-7020-1567-9.

The most enjoyable aspect of revising for medical examinations has been to pit my wits against those who have prepared practise questions in the form of data, slides, and clinical scenarios and then finding out immediately if I was correct. I felt a similar enjoyment reading this book, which aims to teach junior doctors working in a neonatal unit to assess critically plain radiographs they are likely to encounter. Disorders likely to be encountered as emergencies are illustrated with a systematic text accompanying each radiograph. The invariable technical comments, although useful, were excessive and repetitive when reading the book from cover to cover.

The different sections take the reader from the normal through varying degrees of pathology, most of the clinical conditions being illustrated by several different radiographs. The final section details the positioning of clinical equipment and the traps that the unwary may fall into by misinterpreting artefacts.

The interpretation of neonatal films is often extremely difficult without a clinical history; such brief histories would have added to the book, particularly in cases where identical radiographic appearances may be caused by a number of conditions, the management of the baby depending on a combination of history and x-ray appearances.

Many of the films are accompanied by suggestions of further follow up films from different views to confirm the diagnosis. My main criticism is that in several of these, the diagnosis is obvious with all the information provided on the standard view, so further radiology is unnecessary.

The book contains a number of high quality x-ray images and will fill a gap in the market as a user-friendly manual for those working on neonatal intensive care units. It will also be useful to junior paediatricians about to sit examinations, and nurses aiming to become advanced practitioners.

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Baillières Clinical Paediatrics. Pulmonary Problems in the Perinatal Period and their Sequelae. Edited by V Y H Yu. (Pp 245; £30 hardback.) Harcourt Brace, 1995. ISBN 0-7020-1934-8.

It is not an easy task to produce a comprehensive text which attempts to give adequate coverage to both common neonatal respiratory conditions and useful information on rare respiratory diagnoses, all in under 250 pages. To a large degree this book, produced as part of Baillière's Clinical Paediatrics series, achieves this successfully with its list of eminent international contributors who have written readable, comprehensive chapters with an extensive bibliography after each.

Some of the chapters inevitably reflect the individual's personal view, for example the use of shouldered tubes during neonatal

resuscitation. Other parts are disappointingly brief, for example in the discussion of the role and mechanism of the increasingly used nasal continuous positive airway pressure flow driver system employing the coander effect. There is also some variation of language and style which reflects the varied international origins of the contributors.

As there are many publications, large and small, on pulmonary problems in the perinatal period. I was keen to see what this volume offered that was new or different. The cover of Baillière's clinical paediatrics suggested that the contents of the publication would be based around international practice and research. I was however, a little disappointed to find that the majority of the chapters avoided discussing any differences in international practice nor was there much presentation of research from the interesting and controversial areas of clinical practice, tending towards the citation of well accepted facts and long published data. For example, there is discussion of the fact that antenatal steroids are useful for the prevention of respiratory distress syndrome, but the authors have rather skated over the more controversial use of thyroid releasing hormone, with a mention in just one paragraph and no discussion of any published data on its efficacy or mechanism of action.

There is a generally useful chapter on the assessment of pulmonary function, although some of the equations left me confused. The final chapter concentrates on new technology with sections on a range of treatments increasingly employed in larger neonatal units, such as high frequency oscillation and nitric oxide, and includes two pages given over to the futuristic modalities of total or partial liquid ventilation.

Overall this volume covers a wide range of pulmonary problems and treatments with the major emphasis rightly being given to the common problems, while other chapters provide one or two brief paragraphs on each of many congenital thoracic and pulmonary abnormalities which appear from time to time. The detail provided is at a level that falls between a definitive text and that found in a variety of neonatal handbooks, and would provide a good readable basis for anyone wanting to update their knowledge in the ever changing area of pulmonary management of the newborn infant.

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Correction

In a letter to the Editor entitled Interleukin-8: a potent neutrophil chemotactic factor (Arch Dis Child, 1995; 73: F54) the name of the third author, Carla Ottaviano, was erroneously printed as Carlo Ottaviano. We apologise to Dr Ottaviano for this mistake.