



## Short communication

## A Patchwork Paper: What Paediatricians Should Read

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## SUMMARY

This paper honours a paediatrician whose career has been patchwork but distinguished, with many facets. It is a light-hearted look at the printed (infinitely preferable to the electronic) word. Although the obvious response is “read everything I have written”, this would only drive down the stores of Prozac. Read the scientific literature of course. The oldie reads to stay one jump ahead on the ward round. Meta-analyses and systematic reviews rely on the judgement of others, so should be regarded with suspicion. Do your own research, and do not rely on the thoughts of other people. Read beyond PubMed. “There is more in Heaven and Earth, Horatio, than is dreamed of in your PubMed” (Shakespeare). Read the giants of the past. Richard Asher has so much to teach. What are the seven sins of medicine, and how many have you committed? Asher is top read of the talk. Learn from the mistakes of the past. Your patient comes first. Read how the medical profession covered up the death of Steve Biko and never compromise with patient safety and your integrity. Finally, remember thou art mortal – read a real book for pleasure. Kindle reading must be like making love to an inflatable doll (not that I have done either). Choose what you relax with; for me, PG Wodehouse, Jane Austen, Billy Bunter and Wisden. Who said and why: ‘Madam, under similar circumstances I would have kicked the Archangel Gabriel!’.

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## INTRODUCTION

The short (and arrogant!) answer is to read everything I have written – a guaranteed cure for insomnia and a driver to Prozac overdose! However I will present a quirky look, in honour of a quirky human being whose distinguished career has frequently been unorthodox, at things I think we could learn from by judicious reading.

## THE SCIENTIFIC LITERATURE

The number of Journals that paediatricians could read is huge; only a sample is listed in the [Table 1](#). Keeping up to date even with these would be beyond most of us. So we have to be selective. One purpose of attending academic meetings is to get a feel for the hot emerging topics and read round them. Of course if you have an academic interest, you will read all the major relevant big papers in the field. Set up e-alerts for important journals, and important authors as an aid to selectivity. And also be encouraged – the much

derided impact factor is still used by academics to determine where they will try and publish; so you can be pretty sure that the next sensational breakthrough is more likely to be in *Nature* than the *Outer Mongolian Journal of Internal Dermatology in the Elderly*. What about the plethora of new, on-line Journals? Avoid them like the plague. You have to pay to publish in them, they have no impact factor and are thus academically worthless, and for the most part they are not merely scraping the bottom of the barrel but have gone well outside it.

How should you read a paper? If it is mainstream to you, read the methods and results first, the discussion and introduction next, and the abstract not at all. If it is not mainstream, we read the abstract first, and on that basis, decide whether to invest precious time in reading on. In practice, whatever we may think, we spend remarkably little time reading manuscripts, a fact depressingly highlighted by David Sackett, the guru of evidence based medicine. The implication for the young paediatrician is the abstract is the shop window of the paper – be sure it is as enthralling as possible. And the purpose of reading these journals for the oldie – to stay one jump ahead on the ward round.

What should be the balance between original articles and meta-analyses and systematic (and non-systematic) reviews. All have merit, but meta-analyses and reviews are by their nature second hand, and rely on the judgement of others, so should always be regarded with a certain degree of suspicion. Ironically, one of the few positive recommendations made in recent years by a Cochrane

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**Table 1**  
what paediatricians *could* read; be selective!

General Medicine	General Paeds	General Resp/Allergy	Paed Resp	Science
NEJM Lancet & other journals in the stable	JAMA Peds Pediatrics	AJRCCM Annals ATS	Pediatr Pulmonol PRR	Nature & other journals in the stable Science
JAMA BMJ PLoS ONE & other journals in the stable	J Pediatrics ADC & stable	JACI Thorax Resp Medicine ERJ & other journals in the stable Chest J Cyst Fibr Allergy Clin Exp Allergy LRM Sleep & stable Respir Research		Cell AJRCMB Gene therapy Mucosal Immunol PNAS

review, namely that hypertonic saline is good for infants with bronchiolitis [1], has been resoundingly overturned by three recent trials [2–4]. Always do your own research, rather than join the chattering classes of modern medicine picking over the bones of that done by other people. And always remember the timeless principle, that the greater the certainty with which a proposition is asserted, and the greater the wisdom, expertise and seniority of the person doing the asserting, the more certain you can be that the proposition is wrong. Nicola Wilson did her MD to prove her supervisor wrong, and succeeded; her work on food and drink and asthma is well worth revisiting [5]. I also confess to being a fan of non-systematic reviews; evidence based medicine has swept all before it, but experience has its place as well – or is this just the dying grumble of an oldie who can no longer keep up?

#### READ BEYOND PUBMED: BUT BE AWARE YOU MAY FIND YOUR NEW IDEA IS AS OLD AS THE HILLS

Why do we use chloroquine in interstitial lung disease (ILD)? Decades ago, a child with ILD (who later turned out to have a Surfactant protein C mutation) was sent back to Israel to die. Her (medical, but not paediatric) father searched everywhere, and in an obscure corner of an obscure paediatric text book found a report of a case of ILD misdiagnosed as rheumatoid arthritis who was treated with hydroxychloroquine and improved [6]. He pestered his paediatricians to try it – and she is a long survivor [7]! As Shakespeare might have said, “There is more in Heaven and Earth, Horatio, than is dreamed of in your PubMed”

Even in Pubmed if you look hard enough you may get a surprise. Asthma phenotyping is all the rage, and the idea that asthma is one disease is very gradually being taken, kicking and screaming, into the 21<sup>st</sup> century [8]. Preston Woodruff defined T<sub>H</sub>2Hi and T<sub>H</sub>2Lo asthma on the basis of bronchial epithelial gene expression, and showed that only the eosinophil predominant, T<sub>H</sub>2Hi disease was steroid-sensitive [9]. And lo! Harry Morrow Brown in 1958 reported that if you have eosinophils in your sputum, you are more likely to be responsive to prednisolone [10]. Sophistication increases exponentially, but how many really novel ideas are there under the sun?

#### READ THE GIANTS OF THE PAST

Richard Asher in ‘Talking Sense’ has so much to teach us about clear thinking and clear descriptions [11]. We still muddle up clinical observations and pathology, and name entities in a muddled way, leading to muddled thinking. What are the seven sins of medicine, and how many have you committed? (Obscurity, cruelty, bad manners, over specialisation, spanophilia, common stupidity and sloth). Once read, never forgotten, his account of hypochondriasis in his little daughter – and making the serious

point that if someone is behaving oddly, there is usually an excellent reason, if only you are clever enough to detect it. If you read only one book as a result of this talk, read this one.

#### LEARN FROM THE MISTAKES (AND WORSE) OF THE PAST

‘Helen – they murdered him’. The dramatic words of Dr Jonathan Gluckman to the lone voice of freedom in the Parliament (sic) of apartheid South Africa, Helen Suzman, which blew open what really happened to a young black activist in South Africa. Go to the last circle of Hell and read how the medical profession covered up the death of Steve Biko in South Africa [12]; a story which ended with the guilty parties being struck off, and eventually, being able to acknowledge their guilt and complicity. It couldn’t happen here? The Francis report reveals things that were pretty well down that road. No compromise with patient safety and your integrity. Your patient comes first – ahead of institutional reputation, your reputation, everything. Helen Suzman’s autobiography is the second in line in the must-read list from this presentation. And learn also to agree to disagree about minor issues while being united on more major ones. Suzman was opposed the call for sanctions against apartheid South Africa, which were strongly advocated by Tutu and Mandela, and yet they loved her for her fierce sense of justice, and her fearless shining zeal for all the disadvantaged.

#### REMEMBER THOU ART MORTAL – READ FOR PLEASURE

A Roman General, riding on his Triumph down the Appian way, returning having made a pest of himself across Europe, had his laurel wreath held over his head whispering in his ear ‘remember thou art mortal’ for fear that in overweening pride he would earn the wrath of the gods (who it is assumed, did not care about the carnage he had left behind, so long as he caused mayhem in a humble way). We are all human, and need to relax and remember this. Firstly, if at all possible, read a real book; the touch, the smell, the ambience is something Kindle will never have. Reading from Kindle must be like making love to an inflatable doll (not that I have done either). Choose authors and characters you can relax with – my own favourites are PG Wodehouse, Jane Austen, Billy Bunter and Wisden. Who are yours? And a final taster: who said and why: ‘Madam, under similar circumstances I would have kicked the Archangel Gabriel!’ (no cheating with Google, and roll the phrase around your palate!)

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