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Pediatric References*

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THE pace of medical investigation and the enormous output of medical literature has increased the task of locating what has been written on any particular subject. The treasures of the least of our libraries would be as useless as the gold in a sunken galleon if you and all those who came before you had not found ways of making these treasures available. Like all treasure hunting, this has its frustrations. Just when you have mapped out what appeared to be an original plan for retrieving some important collection of the past, you find that someone has been there before you, or that the treasure, instead of gold, contains only "hydatids and snakebite," as Osler remarked of an Australasian journal in 1897.

It was the difficulty of finding a few current references, needed for teaching clinical pediatrics, which prompted the beginning of *Current Pediatric References*. At first alone, later with the help of pediatric colleagues and a half time secretary, I went through the periodicals as they were received day by day in the Medical Library of Marquette University. We listed all the articles which had pediatric significance. These lists were then mimeographed and mailed to approximately a thousand selected pediatricians and medical librarians. We were heartened by the favorable comments sent us by many of you in this audience, by frequent requests for back issues from others who had not been included in the early mailings, and through it all, by the enthusiasm of our beloved librarian, Edith Dernehl, whose gallant spirit was a continual encouragement.

After two years, the *Journal of Pediatrics* offered to publish the References as a special section in its monthly issues, thus providing a considerable increase in circulation of the References. To gain in one direction, we were forced to sacrifice in another—to conserve space in the *Journal of Pediatrics* we had to omit the listing of the hospital or medical center where the reported study was made. Otherwise, the project is carried on very much as it was before the *Journal* took it over.

Occasionally, I have been asked what key list of subject headings we use. The

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answer is, one of our own devising. The team members who prepare "Pediatric References" are not descendants of Haller, who, according to Estelle Brodman, was the last person to know the entire literature of medicine. We are, however, pediatricians on the Children's Hospital staff, and our common clinical experience makes for a certain uniformity in the selection of subject headings. In the final editing for each monthly issue, I sometimes refer either to the Armed Forces Medical Library's *Authority List* or to recent text-book indices.

"Pediatric References" does not presume to compete with exhaustive reference works such as the *Quarterly Cumulative Index Medicus* or the *Current List of Medical Literature*. Its chief value lies in greatly simplifying the search for current material on any pediatric subject. Since the range of pediatric concern excludes much of the vast material covered by a general index, we use a straight alphabetical listing. To minimize the confusion caused by the variety of titles by which a disease may be known, we generally use the most commonly applied title, though this may not be its most exact one, either pathologically or etymologically. For example, in the May issue of "Current Pediatric References," there are two items listed under Endocardial Fibroelastosis. In the older literature, this disease was classified under Fetal Endocarditis or as Prenatal Fibroelastosis or Endocardial Fibrosis. The Nelson pediatric text uses the title Endocardial Sclerosis, a recent *Lancet* article, Endocardial Fibrosis. *The American Heart Journal*, *British Medical Journal*, *Presse Médicale* and *Medical Annals of the District of Columbia* have had articles on this subject in recent months. All of these used the heading Endocardial Fibroelastosis. Since this is also the term we use at the Children's Hospital, it has been adopted as the subject heading. Similarly, other childhood diseases, some of which have not been indexed in fairly recent texts, you may locate alphabetically in "Pediatric References." For example, find Agammaglobulinemia under "A" rather than under Globulins, Cortical Hyperostosis, under "C" rather than under Bone, Dysautonomia under "D" rather than under Autonomic Nervous System, and Meconium Ileus under "M" rather than under Intestinal Obstruction.

The errors which creep into every issue are mute witnesses of our inexperience, our fallible memories, and not least, of the degree of wakefulness of the Editor when he makes the final revision.

There used to be a sign near the Washington Zoological Garden reading "Lost children will be taken to the Lion House." Many of you have, I know, often wished for a "Lion House" where lost diseases temporarily displaced by newly named ones might be properly identified.

In a recent journal item was a brief clinical report headed "Slipped Elbow," in which the author described a not uncommon partial dislocation of the head of the radius, which occurs in small children. At the end of the article, the author listed a few references to previous descriptions of this accident. In these references, the titles used were varied. One called it "Subluxation of the head of the

radius," an anatomical and satisfactory name. Another writer called it "Traumatic subluxation of the head of the radius," which suggests that some subluxations of the head of the radius are not traumatic, a highly questionable suggestion. A third writer called it "Nurse-maid's elbow," which indicated that the subluxation came about when the nurse-maid walking hand in hand with the child gave the hand a sudden jerk. Why blame the nurse-maid, when it could be grandpa? And why not "Sitter's elbow" or "Jerked elbow" without naming the particular jerk who pulled the joint out of place?

"Pediatric References" is now five years old. I like to think that it has the usual virtues and limitations of the five year old, who, according to Gesell, displays a pleasing seriousness of purpose, of carefulness and conclusiveness, and has an interest in the wide world. He lacks refinements in coordination, and at times reveals a good deal of unsophistication. He does not get lost. If his parents cannot find him, *they* must be lost.

As amateur bibliographers untrained in any library skill other than browsing, we have had a lot of fun with this five year old I have the temerity to introduce to you.

I hope you will not mind my allowing the brash half of this five year old to say a word or two about a certain list he has begun to make—a list of types—curious characters he has had to deal with.

There is Type 1, the Uncle Ed type, named after Ogden Nash's Uncle Ed, about whom he wrote:

Fame was a claim of Uncle Ed's
Simply because he had three heads
Which, if he'd only had a third of
I think he would never have been heard of.

The Uncle Ed type is illustrated by a disease which is a variant of hemophilia, called Christmas Disease, not because of any relation with Santa Claus, but because it was first recognized in a Mr. Christmas. Dr. Quick tells the story of a hemophiliac's parent who had heard of the new disease and wrote for more information, after he had observed a recurrence of bleeding in his hemophiliac son during the holidays.

Type 2, the brash five year old, has listed as the Alice type, reminding him of the conversation between Alice in Wonderland and the Gnat:

"What sort of insects do you rejoice in where you come from?" the Gnat inquired.
"I don't rejoice in insects at all," Alice explained, "Because I'm rather afraid of them—at least the large kinds. But I can tell you the names of some of them."
"Of course, they answer to their names?" the Gnat remarked carelessly.
"I never knew them to do it."
"What's the use of their having names," the Gnat said, "If they won't answer to them?"
"No use to them," said Alice. "But it's useful to the people that name them, I suppose. If not, why do things have names at all?"

The confusion due to this type is well illustrated by a disease of the oral mucous membranes, conjunctiva, and skin, which was originally described by the dermatologist Hebra in 1860 under the name of Erythema Multiforme Exudativum. Since then this same disease has been reviewed under the titles of Dermatostomatitis, Conjunctivitis Exanthematica, Ectodermosis Erosive Pleuriofacialis, and since it did not answer to any of these names, it has been classified lately by the eponym, Stevens-Johnson Disease.

Type 3, the Dys group, which is probably the most confusing in our files. It partakes of the characteristics of the Uncle Ed type as each new observer finds an additional oddity, and of the Alice type, in that the names do not mean the same thing to different people.

Dyschondroplasia and Chondrodysplasia are the same as Ollier's disease. Some references give a "See" number to Chondrodystrophy. Others regard the two as entirely unrelated. In addition to listings under these names, similar conditions are reported under Osteochondromata, Hereditary Deforming Chondrodysplasia, and Diaphysial Aclasis.

Unrelated pathologically, but occasionally suffering a kind of guilt by etymological association, are the various names used for Morquio's disease—namely Osteochondrodystrophy, Eccentro-osteochondrodystrophy, Chondro-osteo Dystrophy, and Hereditary Osteo Chondrodystrophy.

I can hear some of you beginning to wonder if this five year old isn't an offensive child, who should be given a cooky and told to run along. May I say in his defence that a bibliography has a certain responsibility to its readers other than that of insuring the accuracy of page and volume numbers. The paramount duty of a bibliographer is to open doors to the reader and make his explorations intelligible and rewarding. If we who prepare "Pediatric References" do no more than put up a few direction signs, we are happy to be your fellow workers.