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MINI-SYMPOSIUM: RESPIRATORY VIRUSES – PART II

Guest editorial

RESPIRATORY VIRUSES, THE CLINICIAN AND THE REVIEW PAPER

This issue of Paediatric Respiratory Reviews includes the second symposium on respiratory tract viruses, so that readers now have 10 papers on the subject to hand. Is such profligacy justified? Do we need review journals now that we can access literature electronically and perform our own reviews?

There was a time when the well-read doctor could state with some confidence that he knew all that was worth knowing about medicine and was fully up to date with significant developments. That time is long since past and even with the increasing specialisation that characterises modern medicine, defined by some as knowing more and more about less and less, it can be difficult to keep abreast of developments. A recent MedLine search produced 3706 papers on childhood respiratory virus infections. Few paediatric respirologists have the time, the inclination or the ability to sift through this sort of information overload and depend on review papers to keep themselves abreast of developments in subjects that are not their primary area of interest.

Review articles serve a variety of functions. They summarise huge volumes of information in a digestible form, well illustrated by Nicola Wilson’s paper that deals not only with the issue of virus infections as triggers of asthmatic attacks but also summarises the complex issue of virus infections in the prevention of asthma.

Review articles do more than summarise existing knowledge. They also point to gaps that need to be plugged if we are to practise truly evidence-based medicine. Iolo Doull’s paper on virus infections in cystic fibrosis (CF) does exactly that. We all give our patients influenza vaccine but Dr Doull points out that we don’t know if it makes any difference. Despite the well-recognised severity of RSV bronchiolitis in CF, the role of palivizumab is uncertain. It is doubtful if a trial of influenza vaccine is desirable or feasible but as neonatal screening for CF becomes more widespread, a trial of palivizumab is both desirable and feasible.

Review papers also allow authors to convert masses of academic information into a format with which the clinical reader will be familiar. An example of this approach is provided by Michael Roe and his colleagues from Cambridge, who identify a number of clinical syndromes produced by respiratory viruses. Intensivists are, by nature, men of action and identification of the pathophysiological nature of the illness is, at least for the time being, much more important from the management point of view than playing the ‘name that virus’ game.

Another important function of review articles is to present to the reader a list of references that the author feels are of major importance, which serve as a useful ‘further reading list’. To provide maximum focus, we limit the reference list to 50, and most authors use the maximum. On occasion, however, a subject is so complex or so diffuse that additional references are required. A case in point is Graham Davies’ paper on virus infections in the immunocompromised host, where exploration of the complex interface between immunology and virology demanded additional citations.

A further function of the review article is to allow the author a certain amount of latitude to present his own interpretation of existing data. Martin Samuels does just that in his review of viruses and sudden infant death, in which he questions the extent to which ‘Back to Sleep’ explains the fall in the incidence of sudden infant death in recent years.

Finally, it is of course a reasonable expectation that review papers should provide information that is as up to date as the publication process permits and I was delighted to see that numerous contributors to this symposium had mentioned the human metapneumovirus, the latest addition to the list of respiratory tract viruses. However, just as the symposium was going to press, fate kicked sand in my face with the appearance of severe acute respiratory syndrome (SARS), apparently caused by a new strain of coronavirus. Readers will have to await a future edition of Paediatric Respiratory Reviews to read about this particular development. Meantime, I hope they will find this second symposium as valuable as the first.

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