- ²² Morse LJ, Schonbeck LE. Hand lotions—a potential nosocomial hazard. *N Engl J Med* 1968;**278**:376-8.
- ²³ Cook LN, Davis RS, Stover BH. Outbreak of amikacin-resistant *Enterobacteriaceae* in an intensive care nursery. *Pediatrics* 1980;**65**:264-8.
- ²⁴ Stamm WE, Kolff CA, Dones EM, Javariz R, et al. A nursery outbreak caused by *Serratia marcescens*—scalp-vein needles as a portal of entry. *J Pediatr* 1976;**89**:96-9.
- ²⁵ John JF Jr, McNeill WF. Characteristics of *Serratia marcescens* containing a plasmid coding for gentamicin resistance in nosocomial infections. *J Infect Dis* 1981;**143**:810-7.
- ²⁶ Maki DG, Hennekens CG, Phillips CW, Shaw WV, Bennett JV. Nosocomial urinary tract infection with *Serratia marcescens*: an epidemiologic study. *J Infect Dis* 1973;**128**:579-87.
- ²⁷ Schaberg DR, Alford RH, Anderson R, Farmer JJ III, Melly MA, Schaffner W. An outbreak of nosocomial infection due to multiply resistant *Serratia marcescens*: evidence of interhospital spread. *J Infect Dis* 1976;**134**:181-8.
- ²⁸ Allen SD, Conger KB. *Serratia marcescens* infection of the urinary tract: a nosocomial infection. *J Urol* 1969;**101**:621-3.
- ²⁹ Leigh DA, Marriner J, Osborne M. In vitro comparison of netilmicin and other aminoglycosides against multiply resistant strains of *Escherichia coli*, *Klebsiella aerogenes* and *Enterobacter cloacae* and strains of *Pseudomonas aeruginosa*. In: Richardson RG, ed. *Netilmicin*. London: Royal Society of Medicine, 1982: 15-9. (Royal Society of Medicine International Congress and Symposia Series, No 50.)
- ³⁰ Langstaff D, Schueler S, Righter J. Netilmicin: in-vitro activity compared with that of other aminoglycosides against *Serratia marcescens*. *J Antimicrob Chemother* 1983;**11**:187-9.
- ³¹ Wersall J. The ototoxic potential of netilmicin compared with amikacin—an animal study in guinea pigs. *Scand J Infect Dis* 1980;suppl 23:104-13.
- ³² Lerner AM, Reyes MP, Cone LA, et al. Randomised, controlled trial of the comparative efficacy, auditory toxicity, and nephrotoxicity of tobramycin and netilmicin. *Lancet* 1983;**ii**:1123-6.
- ³³ Michalsen H, Halvorsen K, Bergan T. Netilmicin in the treatment of neonates with moderate and severe infections. *Scand J Infect Dis* 1980; suppl 23:146-50.
- ³⁴ Shannon K, Phillips I. Mechanisms of resistance to aminoglycosides in clinical isolates. *J Antimicrob Chemother* 1982;**9**:91-102.
- ³⁵ Hedges RW. R factors of *Serratia*. In: von Graevenitz A, Rubin SJ, eds. *The genus Serratia*. Florida: CRC Press, 1979:139-56.
- ³⁶ Platt DJ, Sommerville JS, McGroarty JA. Characterization of spontaneous resistant variants of *Serratia marcescens* selected in the presence of carbenicillin. *J Antimicrob Chemother* 1983;**12**:329-35.

Medicine's Booker

Sitting comfortably in their definitive posts, survivors of the publish or perish race may harbour little ambition to do more than rest on their paper laurels, secure in the knowledge that their words are recorded for posterity in journals of repute. But the urge to be seen in print may remain, and some go for the next literary hurdle—writing a medical textbook. Undoubtedly many succeed, for there are an increasingly large number of texts, at an increasingly large price, on most medical topics. The prospective buyer may then be faced with as wide and confusing a choice as the physician leafing through *MIMS* in search of an anti-inflammatory agent. Pharmaceutical companies know that the initial choice of a drug is more likely to be determined by an attractive promotion package than by the results of a placebo controlled double blind crossover trial. Publishers know their market equally well. Promotion may assume a more gentlemanly guise, but the approach is similar, and colour rather than content may influence choice.

There is, therefore, a case for more critically evaluating prospective publications and a drive towards quality rather than quantity. But how can these be achieved? One group of

people who are attempting to answer this question and are particularly concerned with the quality of medical textbooks and the special difficulties facing their authors, is the Medical Writers Group. Formed in 1979 (as part of the Society of Authors, itself founded in 1884 to promote the interests of authors), the group has about 120 members, most of whom are medically qualified and all of whom have had "full length" works published. (The criteria for associate membership are less weighty.) One way to stimulate both competition and an appreciation of quality, the group decided, was to award an annual prize for medical writing. Abbott Laboratories Ltd has agreed to fund an annual prize of £1000 for the next three years. The Abbott prize is the first of its kind, although there are some 136 British and Irish literary awards for which a non-medical tome may be entered.

Of the 70 entries, most were medical textbooks, although a few texts were devoted to the other caring professions, and most of the leading medical publishers were represented. The criteria for judging the entries included clarity of expression and aesthetic appeal as well as scholarship. But decisions of this nature are bound to have their subjective elements and, to borrow an expression of one of the judges (Professor Hugh Dudley), at the end of the day "it was very much a gut reaction."

Of the six books shortlisted (p 1729), the winner of this year's Abbott prize was *Occupational Lung Disorders* by W R Parkes, but it was a close run thing.

It is interesting to extrapolate from the effects of winning other literary prizes to the possible benefits of winning the Abbott prize. Over the past few years the publicity surrounding the Booker McConnell prize has increased by leaps and bounds, and few remain ignorant of either the winner or the runners up. As a direct result of this sales soar—for example, *Midnight's Children* by Salman Rushdie initially sold about 4000 copies in hardback; after it won the Booker prize in 1981 it sold 40 000 copies in hardback and about 250 000 copies in paperback, and is still selling well. Given that our medical texts have a more recherché appeal, I still hope that one spin off of winning (or being shortlisted for) the Abbott prize will be increased sales and some prestige for the author(s) and publishers concerned. With luck it might improve the quality of our medical textbooks and deter the literary equivalent of the "me too" drug. In any case it is a step in the right direction.

TESSA RICHARDS
Assistant editor, *BMJ*

More information about the Medical Writers Group is available from its secretary, Philippa MacLiesh, The Society of Authors, 84 Drayton Gardens, London SW10 9SB.

Correction

The lipoproteins: predictors, protectors, and pathogens

We regret that the last line of the 7th paragraph of Professor Barry Lewis's Regular Review leader on "The lipoproteins: predictors, protectors, and pathogens" (22 October, p 1161) was incorrect. It should have read "by, and in part catabolised, in the liver."^{16 18 19} We apologise for this error.