Book Reviews

The Laboratory Consultant. *By Hugo C. Pribor and Terry A. Hurlbut III. 780 pp., illustrated. Philadelphia, Lea & Febiger, 1992. $59.95. ISBN 0-8121-1387-X.*

The Laboratory Consultant is presented as a handbook of laboratory interpretation for clinicians, pathologists, and others who would like to interpret laboratory findings but might lack the necessary specific knowledge.

Covering the "most commonly seen patterns of laboratory abnormalities encountered in modern medicine," it is sectioned (with convenient, alphabetically ordered, marked marginal dividers) by laboratory profile and organized by test, allowing the reader to look up diseases from the findings. Diagnostic algorithms are presented as flow diagrams, which are supplemented by discussion of the various conditions possibly responsible for the findings.

The text and algorithms are derived from the personal-computer-based expert system developed by the authors and their colleagues. As a transferral of writing from a software construct to the printed page, it doesn't work too well. The algorithms read like computer program diagrams and extend several pages (up to 17) in pursuing one test battery. To connect the algorithms with their numerically referenced diagnostic statements found on subsequent pages requires the reader to flip back and forth continuously. Keys on the algorithm pages are not well explained, and abbreviations for test names are not always defined. References are repetitive (amenorrhea-related references, which are noted as 1-4, are repeated 37 times in that section). Prose explanations in the list of diagnostic statements are referenced from five-digit codes on the algorithms and include many repetitious statements that in a software mode are justifiable but in a book reduce the syntax to a frustrating series of phrases exactly replicated over and over again.

The book frustrates in other ways. The last of the section on anemia suggests the reader should evaluate the blood film "with your own eyes," a sole indication that the clinician and pathologist might share a laboratory specimen. In the Profile Components part of the Lupus section, a series of questions to be put to the patient begins, "Do you have cytopenia?" That section later goes into an elaborate mathematical and jargonistic explanation of Bayes theorem that is completely at odds with the intended simplicity of many of the definitions offered the reader in some chapters, e.g., "wellness, the absence of the disease under study, or the absence of hard evidence of the disease."

From the point of view of a family physician in primary care practice, this book presents in my mind the scenario that a laboratory test result has walked into my office, and I must determine whether it represents a disease, and if so, which one. The batteries of tests do not reflect the usual family practice needs in our local practices in my part of the world. The format leads one to find answers by doing more and more tests. In a system breaking down because of excessive cost, this is the wrong way to go. Nowhere does the book address the costs of investigating patients in the manners prescribed.

I would not recommend the book for the offices of primary care physicians, for family medicine residents, or medical students. It may have a use in some consultant specialist offices or hospital libraries, but I expect the computer program from which it is derived is much more user friendly.

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Pediatric Diagnosis: Interpretation of Signs and Symptoms in Infants, Children, and Adolescents. Fifth edition. *By Morris Green. 544 pp., illustrated. Philadelphia, W.B. Saunders, 1992. $45. ISBN 0-7216-3469-9.*

This book represents the 5th edition, updated after an interval of 5 years, of a text on the differential diagnosis of pediatric signs and symptoms. It is clinically oriented and intended to aid any practitioner faced with diagnosing common or uncommon illnesses in children. There are two sections to the book: Part 1 covers the physical examination and is divided into anatomical areas; Part 2 is indexed by specific signs and symptoms.

The first chapter in Part 1 addresses methods for examining children and imparts helpful guides and philosophical wisdom acquired by the author after years of personal experience. The other chapters in Part 1 are indexed by body part and then subindexed by topic (e.g., head control, circumference, head injury, scalp). There are occasional illustrations, frequent lists and tables, and a selection of pertinent references that have been updated. The information provided under a given topic can often require supplemental sources. A symptom might be followed by a long list of associated conditions or causes, some of which are listed by name only and could be unfamiliar to the reader. Each chapter tends to be concise and well organized.

Part 2 contains 54 chapters on specific signs and symptoms, ranging from fever to fire setting. Twelve chapters cover such psychological symptoms as School Refusal, Out-of-Control, or Conversion. Under the specific chapter headings, such as Diarrhea, follows an etiologic classification, which in some cases is further categorized by age. Additional references are interspersed. There is an orderly and