

in this text. Dizziness, for example, is a subheading under hearing and equilibrium, and fatigue is discussed under disorders of motor function.

Therapy is often not outlined clearly. For example, when I looked up atrial fibrillation (chapter 35), I found general advice and specific information on the pharmacokinetics and adverse effects of medication, but the actual dosages were not provided. It could be argued that this text is a good complement to a book on therapeutics; as a freestanding text, however, it is not a particularly useful source of information on therapy.

Having spent some time with the new edition of *Cecil's*, I must say I am uncertain about whether family physicians need a textbook of medicine in their office. There is a tremendous amount of interesting reading within this very dense and comprehensive text, and I found myself repeatedly being drawn into the fascinating material. It was reminiscent of medical school with its emphasis on pathophysiology and differential diagnosis. As a reference for patient care in the office or hospital, however, it seems to offer too little about too many things. Perhaps this ultimately is the fate of all general textbooks. *Cecil's* 20th edition certainly is an attractive, well-organized, and well-illustrated package, with much to recommend it.

Philip D. Sloane, MD, MPH
University of North Carolina, Chapel Hill

The Practical Pediatrician—The A to Z Guide to Your Child's Health, Behavior, and Safety. By Howard Markel and Frank Oski. 364 pp., illustrated. New York, WH Freeman and Company, 1996. \$24.95 (cloth); \$16.95 (paper). ISBN: 0-7167-2897-4 (cloth); 0-7167-2896-6 (paper).

This child care guide is written for parents of children from birth to about 8 years of age. The topics are arranged alphabetically in the text, as well as cross-referenced in an index, which makes them quite easy to locate. Some topics include information about national resource groups. Charts to record immunizations, growth, and development are provided, as are black-and-white illustrations of people from varying races. Although the language is gender neutral, it is not provider neutral. Child health care providers are repeatedly referred to as pediatricians. The reassuring overall tone of the book generally encourages parents to trust their instincts.

I reviewed the book by reading about 50 consecutive child care topics that came up during the course of my clinical practice. The book contained information about most of them, and even better, in most cases I would have given the same advice offered by the authors! Unfortunately, the book did contain a few disturbing factual errors. Some of these errors can be attributed to relatively recent changes in official recommendations, such as the age to start fluoride drops and timing of immunizations. Others are not so easily explained, such as a recommendation for annual tuber-

culosis testing, and a statement that breast milk is the only food a baby needs for 6 to 12 months. There are many typographic and other relatively minor errors, some of which could be very confusing to parents. (For example, a recommendation to add solids if a 6-month-old is taking more than 32 ounces per feeding.)

Because the book's intended audience is parents, not physicians, I also gave the book to one of my patients to review as a first-time mother of a 2-week-old infant. Although she did not have time to review it extensively (surprise!), the topics she did read were helpful to her. She also liked that the book covered an age range broader than infancy.

Parents have a myriad of child care reference books to choose from. Overall, for parents with relatively high reading levels, this book is a reasonable choice.

Diane J. Madlon-Kay, MD
Minneapolis, Minn

Pediatric Endocrinology. By Mark A. Sperling. 614 pp., illustrated. Philadelphia, WB Saunders, 1996. \$89.00. ISBN 0-7216-5522-X.

Evaluation and management of endocrine disorders in the pediatric population is continually being impacted by new advances in knowledge bases within the specialty. For the primary care physician, appreciating these changes will be key to recognizing possible endocrine abnormalities and making appropriate early referral for consultation. The latter will certainly be critical for optimal long-term outcome when the patient is a child and later an adult. *Pediatric Endocrinology* offers a rigorous academic discussion of a broad range of topics within the field.

The first two chapters are devoted to discussions of the general organization of the endocrine system and principles of molecular endocrinology as they relate to hormonal disorders. The next several chapters focus on issues related to the newborn, including ambiguous genitalia, thyroid disorders, hypoglycemia, and calcium abnormalities. The remaining text is a comprehensive discussion of topics as they apply to older children: growth hormone disorders, thyroid disorders, pituitary disorders, diabetes mellitus, sex organ disorders, and autoimmune syndromes. Additionally, there are chapters on principles of imaging and laboratory examination as they relate to endocrinology.

Fairly technical discussions of pathophysiologic, biochemical, and genetic issues are prominent in each chapter. The clinical discussions of various diseases are generally clear and precise. Photographs, tables, and charts are well selected to highlight particular points or issues. Some chapters include algorithms that would be particularly helpful in specific clinical situations, such as an algorithm to evaluate an abnormal screening test result for congenital hypothyroidism. More of these algorithms would be useful. Some discussions, such as evaluation of candidates with short stature for growth hormone administration and management of the child with insulin-dependent diabetes mellitus,