

are particularly reflective and thoughtful. The index is well designed, and each chapter includes hundreds of references.

The author has intended this work for those physicians who will deal with pediatric endocrine problems. Many family physicians will probably not be involved in complete diagnostic workups for some endocrine problems or continuity management of others. These problems are seen so infrequently that specialty consultation will almost always be necessary. The role of the family physician will include management of some of the more common diseases and recognition of signs and symptoms that necessitate prompt referral.

The overall quality of this text is extremely high, but its value in the family physician's library could vary. Family physicians will need to determine, based on practice profile, interest, and training, whether a general pediatric text with a focus on major endocrine problems would suffice for their own clinical situations. In most cases, this book will not serve as a pocket, easy-reference management manual, but it will definitely enrich the physician's perspective on the complexities of pediatric endocrinology.

Kathryn Larsen, MD
University of California, Irvine
Orange, Calif

Little Black Book of Primary Care—Pearls and References. Second edition. By Daniel K. Onion. 841 pp. Cambridge, Mass, Blackwell Science, 1996. \$32.95 (paper). ISBN 0-86542-489-6.

As the knowledge base of medicine expands, we all find limitations in what we can keep in memory. This book is intended to help students or residents get started organizing pearls of information. Ideal pearls, I suppose, are commonly used and hard-to-recall, but important, succinct pieces of information that serve to fill in gaps in memory or provide unexpected new approaches. This book is nicely organized and chock full of information. The abbreviated summaries, however, would be more effective as a memory jogger for someone who has attended the lecture or read the article than for someone without that experience.

A particular strength is the inclusion of many sensitivity, specificity, and number-needed-to-treat values for symptoms, signs, and therapies. Costs of pharmaceuticals are also often included. Referencing is extensive and from journals of high repute.

Of course the nature of a series of pearls is such that much of the information is presented as cut-and-dried facts, devoid of the nuances or controversy we know exist. The number of errors in fields with which I am familiar (for example, low sodium intake listed as a cause of essential hypertension), however, led me to wonder what errors I was oblivious to in less familiar territory. The abbreviated staccato style of presenting the information magnifies the importance of any errors because there is little compensating context.

The distribution of conditions did not correspond

well to what I encounter in clinic as a family physician. The author states an emphasis on the new or the controversial, but I perceived an emphasis also on the unusual. Erythroblastosis fetalis gets three times the text allocation of croup. The rheumatology-orthopedics section emphasizes more the classic rheumatologic syndromes than the trauma and overuse syndromes I see much more commonly. I do not need a summary in my pocket for diseases I seldom or never encounter; furthermore, I would be hesitant to trust a string of pearls for conditions with which I am not very familiar. I would be much more likely to turn to a full-length text or consult a colleague who has more experience in the area.

The author's intent is to provide a starter outline to which the owner can add notes as new information is acquired, which, I think, is a promising idea. Nevertheless, the great number of topics included in this so-called pocket-size (the oversize ring binder makes it too large for any of my pockets) book has left very little room for personal notes.

This book is fine for what it purports to be—a listing of succinct information the author has accumulated during years of practice, while attending conferences, and while reading journals. A main limitation for me is that I have difficulty making use of someone else's pearls, and this book would be difficult to customize to my own needs. I wonder whether a computer-based edition would serve the purpose better.

Fred Heidrich, MD, MPH
Group Health Cooperative of Puget Sound
Seattle, Wash

Pocket Guide to Diagnostic Tests. Second edition. Edited by Diana Nicoll, Stephen J. McPhee, Tony M. Chou, William M. Detmer. 455 pp. Stamford, Conn, Appleton & Lange, 1996. \$19.95 (paper). ISBN 0-8385-8100-5.

The busy family physician and resident will find this pocket reference a time-saver. More than 350 laboratory tests and procedures, common algorithms, nomograms, and guides to electrocardiogram interpretation are condensed into this well-organized and easy-to-use reference. To assist physician decision making, cost and risks are clearly indicated next to every diagnostic laboratory or imaging test.

The first chapter offers an excellent introduction to the use and interpretation of these diagnostic tests with simple but clear discussions of sensitivity, specificity, and post-test probability. Specific examples illustrate these concepts well and are particularly helpful in the calculation of the odds-likelihood ratio, another method of evaluating diagnostic tests that is gaining wider use.

The information in subsequent chapters on laboratory tests, drug monitoring, microbiology, diagnostic imaging, electrocardiography, algorithms, and nomograms is presented alphabetically. Each chapter is preceded by a concise introduction that might include a table of contents, definitions of abbreviations and sym-