Clinical Manual of Emergency Pediatrics. Fourth edition. *Edited by Ellen F. Crain and Jeffrey C. Gershel. 762 pp. New York, McGraw Hill, 2003. $39.95. ISBN 0-07-137750-6.*

The fourth edition of Clinical Manual of Emergency Pediatrics strives to remain true to the editors' original intention: to provide a concise, portable handbook summarizing the majority of conditions that are seen in a pediatric emergency department. For each topic discussed, the editors have tried to include points and priorities for diagnosis, management, and follow-up care, as well as indications for hospitalization. To this end, this book is definitely a success and the editors can be congratulated. This book is an impressive, cohesive compilation of many peoples' work, including 2 assistant editors, 37 chapter editors, and 18 chapter contributors. The book comes together nicely as a user-friendly and compact guide.

This book encompasses a wide range of topics, from mundane, common things that we all see everyday to the more dramatic and life-threatening situations encountered (hopefully) rarely. Most of the chapter topics are based on organ systems (Gastrointestinal Emergencies, Pulmonary Emergencies, Cardiac Emergencies, etc). There are also specific chapters based on pathophysiology or special scenarios. These include such things as resuscitation, allergic emergencies, ingestions, environmental emergencies (drowning, burns, etc), and trauma. There is also a great chapter on Special Considerations in Pediatric Emergency Care that looks at such issues such as telephone triage and cross-cultural encounters.

The organization of this book is excellent. The tables of contents and index are both user-friendly. The subdivisions within each chapter are clearly listed in the table of contents, which makes it very easy to quickly jump to the exact page that addresses whatever clinical situation you are currently facing. The text font is a little small, but readability is maintained by the use of relatively short paragraphs and lots of breaks and subdivisions within the chapters. Descriptions of emergency room procedures are straightforward and logical—it was easy for me to imagine doing the various procedures outlined in the book with confidence. One shortcoming of this book is that pictures and illustrations are somewhat lacking. This is especially notable in the Dermatology chapter, in which, in fact, there are no pictures.

An excellent feature of this handbook are the short algorithms for life-threatening/serious conditions neatly contained on the inside of the front and back covers—very easy to find in a panic situation! There is also a clear, concise fold-out "code card" inside the back cover, complete with pediatric drug dosages.

In summary, *Clinical Manual of Emergency Pediatrics*, fourth edition, is a very useful handbook that covers a huge variety of pediatric emergency situations. This book would be most appropriate and useful for anybody staffing an emergency room that treats pediatric patients, as well as family medicine or pediatric residents in the hospital.

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Griffith's 5 Minute Clinical Consult 2003. Eleventh edition. *Edited by Mark Dambro. 1400 pp, illustrated. Philadelphia, Lippincott Williams & Williams, 2003. $59.95. ISBN 0-7817-3753-2.*

This 11th edition of *Griffith's 5-Minute Clinical Consult* continues the tradition of providing to clinicians a helpful encyclopedia of more than a thousand medical and surgical topics, each recently updated by one of several hundred selected authors and consultants.

Six hundred topics (Acne, Alzheimer's . . . Zinc deficiency, Zollinger-Ellison Syndrome) are designated "expanded topics," formatted into 2 pages of a chart/outline style. Each of the 2-page presentations covers six areas: basics (prevalence, symptoms, causes, risk factors); diagnosis (differential diagnosis, laboratory, imaging, other procedures); treatment (general, surgical, diet, patient education); medication (drugs, contraindications, interactions); follow-up (monitoring, prevention, prognosis); and miscellaneous (ICD-9-CM codes, references).

For example, Child Abuse is described in detail, segmented into emotional and physical components as well as sexual abuse and child neglect. The author then lists the incidence, predominant age of occurrence, 40 symptoms and signs, risk factors, laboratory evaluation and imaging recommendations, special testing, then treatment strategies and resources with patient/family education suggestions. In this case, notes are also included regarding legal issues and requirements in addition to documentation proposals for this particular clinical situation.

Impressive is the manner in which the editor has made so much key clinical information so readily accessible in each 2-page review. One would need to consult a specialty textbook to find additional and more academic information. Virtually every medical and surgical issue in day-to-day primary care is included. Further strength is found in the amazing thoroughness of the cross referencing of indexes with table of contents—no topic or common question eludes the user.

The much smaller (400 plus topics) "short topics" section covers the second tier (lesser queried) diagnoses and treatments (*Acanthosis nigricans*, Acoustic neuroma . . . *Yersinia*, Zygomycosis). Each of these capsules comprises a paragraph with the format of a concise de-

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scription, cause, treatment, and ICD-9-CM code. These are quite to the point and provide no more than fundamental information.

I found this large textbook-size volume a totally reliable helper in office-based primary patient care. Its built-in efficiency (the 2-page chart format, the limiting of topics to 600 major and 400 minor) is realistically high—such that conferring with it takes little time of interruption—usually less than "5 minutes." It is also patient-friendly; thus, the material can be readily shared right in the consultation room during the discussion of a particular issue.

Although the person most likely to benefit from the *5-Minute Clinical Consult* is the busy practitioner, the major topics get covered with enough detail to also render the text an effective source of general review for continuing education purposes as well as for examination preparation by students and residents in training.

The title summarizes the book appropriately: clinically relevant information in a timely manner. This is undoubtedly one of the many reasons that so many clinicians are likely to continue to make use of this particular resource.

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Emergency Ophthalmology—A Rapid Treatment Guide. Edited by Kenneth Chern. *297 pp. New York, McGraw Hill Professional, 2003. $59.95. ISBN 007-137-325X.*

This nifty book would have come in handy for me last year when I worked part-time in an urgent care clinic. The authors have aimed to organize most urgent ophthalmologic topics in a relatively slim handbook that is just a little too large to fit into a pocket, but at least is easy to tote from the bookshelf to the exam room. Its format is basically handbook standard; the text organized is presented in outline form, with practice pearls organized into a separate box for each chapter. It is well-organized, with numerous high-quality photographs of eye pathology, radiographic images such as MRI, and detailed anatomical diagrams.

Although there are several ophthalmologic handbooks written by and for ocular specialists, this book is perfectly targeted for a primary care audience. Residents in family medicine may occasionally want for a text that offers more detailed treatment information, but most practicing family physicians will find this book perfectly adequate for almost all situations. Although there is an emphasis on adult medicine, the coverage of pediatric ophthalmologic urgencies is also quite comprehensive.

My only quibble, and it is relatively minor, is that the authors are vague regarding interim management of patients who require referral to an ophthalmologist for definitive care. Terms such as "urgent" are used without any more specification of the time frame. Perhaps the authors have chosen to be deliberately vague with the thought that the primary care physician will obtain more specific information by phoning an ophthalmologist in consultation.

Overall, most practicing primary care physicians, especially those who have a substantial occupational health or urgent care component to their practice, will find this text a welcome addition to the clinical library.

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Family Focused Behavioral Pediatrics. First edition. *By William Lord Coleman. 322 pp. Philadelphia, Lippincott Williams & Wilkins, 2001. $32.95. ISBN 0-7817-2857-6.*

This book is part of The Core Handbook Series in Pediatrics, a series designed to explore common problems of infants, children, and adolescents. It was written by a pediatrician at the Center for Development and Learning in Chapel Hill, North Carolina. This is a comprehensive manual to help clinicians transition from a child-focused to a family-focused model of intervention for pediatric behavioral and interactional problems. It is relevant for family physicians as well as all providers who work with children and adolescents. The text is readable and avoids medical jargon, making it accessible to many disciplines. The organization is logical, with three major sections including "shifting to a family focus," "interviewing the family: practical strategies," and "clinical issues and strategies." Each individual chapter is followed by a list of excellent references for further study.

The author describes the text as a beginner's step-by-step guide for providers who are just learning to use a family systems approach to behavioral pediatrics. The techniques and interventions taught are illustrated with case examples, which are helpful and "real-life." Notably, the author does not intend to teach the reader to be a family therapist. Instead, the skills one might obtain from using this book include: "identifying interactional problems"; "making the shift from child-focused to family-focused intervention"; "facilitating family meetings and family communication"; "helping families rediscover love, respect, communication, and fair play"; and "helping families work together, find solutions and become a team." The clinician could then apply these skills to common pediatric problems such as parent-child conflict, parenting disagreements, tantrums, noncompliance, and learning problems.

In addition to theory, the author addresses the practicalities of incorporating the above-mentioned skills into one's own practice, including the details of coding and billing. With the help of this book, the reader may not only provide better care to his/her pediatric patients, but also find more job satisfaction in doing so. Although it may be too in-depth for many family practice residents and clinicians, it would be perfect for providers with a strong interest in behavioral pediatrics who want to raise their skills to the next level. It would also be an excellent resource for residents who have an interest in family therapy and counseling.

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Current Pediatric Diagnosis and Treatment. Sixteenth edition. *Edited by William W. Hay, Jr, Anthony R. Hayward, Myron Levin, and Judith M. Sondheimer. 1415 pp. New York, McGraw Hill, 2003. $59.95. ISBN 0-07-121229-9.*

Textbooks of pediatrics come in a variety of formats to meet differing needs. This series, Current Pediatric Diagnosis and Treatment, falls somewhere between a full-sized standard textbook and a pocket-sized handbook. Weight, size, and depth of coverage are what differentiate these options. This soft-cover single volume measures 7.5 × 9 inches and although it is too big for a pocket, it could easily be carried in a brief case or backpack. It is a full 10 pounds less than one of the leading full-sized pediatric textbooks, has about half as many pages, and has only one fifth as many contributing authors.

This 16th edition in this series (companion books are available for medicine, surgery, and obstetrics) retain the same format as earlier versions, which is a structure built primarily around the basic body systems and major disciplines (eg, infection, allergy, diabetes, etc.). New to this edition is a chapter on information technology in pediatrics, which provides helpful electronic sources of information on practice guidelines, journal web sites, CME resources, and evidence-based medicine databases, along with advice on how to use these resources. Other notable chapters deal with substance abuse, eating disorders, emergencies (including bioterrorism), critical care, and rehabilitation and sports medicine. Finally, there are sections on drug therapy (although not a formulary of pediatric drugs and dosages), fluid therapy, and normal laboratory values for children.

In condensing the information contained in this book, the emphasis has been on clinical relevance, with concise editing rather than a sacrifice of a comprehensive coverage of topics. The essence of each section is a general discussion of the topic, followed by a description of clinical and laboratory findings, and then advice on treatment. Discussions are succinct (sometimes dogmatic), but are followed by updated references for each subsection, making access to additional information easy to locate. In some sections, useful web sites are listed. Many helpful charts and tables further help to condense information for ease of access. Not only are the standard childhood growth and development grids and tables included, but some rather esoteric topics as well, such as a table listing the hereditary motor and sensory neuropathies. There are a limited number of black and white photographs.

The authors and editors have done a commendable job of attaining their goal of producing an easy-to-use and portable textbook. This, along with an attractive price, would make this an excellent choice for students and house officers. In addition, the concise, authoritative, and up-to-date content makes this a useful reference for all clinicians that deal with the diagnosis and treatment of children.

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