

# Book Reviews

**Behavioral and Developmental Pediatrics: A Handbook for Primary Care.** Edited by Steven Parker and Barry Zuckerman. 447 pp, illustrated. Boston, Little Brown, 1995. \$39.95 (paper). ISBN 0-316-69090-2.

This first edition of a book dealing with behavioral developmental issues in general pediatrics will probably become a classic desktop reference. Although behavioral medicine has become well-established in family medicine, especially as a result of an emphasis on behavioral and psychological issues during family practice residency training, behavioral medicine might be somewhat new to pediatricians, and few data on these issues are presented in standardized textbooks. As a textbook, *Behavioral and Developmental Pediatrics* is somewhat skimpy; as a handbook, it is somewhat large and probably will not be a book that residents carry around in their pockets. It does, however, provide a useful desk or office reference with which primary care physicians can refresh their memory on those behavioral issues that are not encountered daily in pediatric care. As such, the book is appropriate for the family physician, pediatrician, or physician extender.

The book is organized by topic into 89 small chapters, only 5 or 6 pages each, according to a standardized format. Each chapter usually provides a description of the problem, its epidemiology, genetics, and etiology, and contributing factors. A discussion of diagnostic aids follows, including some tables and charts where appropriate, with a major emphasis on history. The clinician might want to refer to the suggested history-taking questions, as answers to these questions are key to diagnosing the problem or clarifying the history.

The discussions on management unfortunately are too concise and insufficiently detailed to guide the clinician inexperienced in a particular problem through the steps necessary to manage it. In many cases, the authors provide recommendations about when to refer the patient or to get assistance, and those clinicians familiar with management techniques can use these brief recommendations as reminders of alternative approaches. There is usually a discussion of clinical pearls and pitfalls as well as useful bits of wisdom that should be considered. Finally, each chapter has a substantial bibliography, both for lay persons (parents) and professionals, that is fairly up to date.

Because each chapter is organized in the same fashion, once one is familiar with one chapter, it is easy to review another chapter between patient visits or during a difficult encounter with a patient who exhibits these problems. In fact, this would be an ideal way to use this book.

The book is divided into three groups of chapters. The first group comes under the heading The Fundamentals of Behavioral and Developmental Pediatrics. In each chapter a guest author outlines techniques and basic methodologies for assessing the problem and

dealing with standard situations (for example, Difficult Encounters with Patients, Helping Families Deal with Bad News). Some chapters provide an overview of brief techniques, such as behavioral screening or psychosocial screening. Unfortunately, these techniques are not sufficiently detailed, and clinicians will find that experience in these areas is needed to deal with them. Clinicians who have had the necessary background, training, or experience might find these techniques useful and want to incorporate them into practice.

Under Specific Child Problems, the second group of chapters and the largest part of the book, common developmental and especially behavioral conditions are presented in alphabetical order, from Anorexia Nervosa through Witness to Violence. Many simple conditions (thumb sucking, school readiness, and feeding problems) and complex conditions (gay-lesbian and bisexual youth, prematurity follow-up care, failure to thrive, and sexual abuse) are described along with methods to diagnose and treat them. Particularly useful are the graphs, tables, and charts; however, explicit permission to photocopy these materials has not been granted to book purchasers.

Developmental screening tools are available in the appendices and include a behavioral checklist for preschool children, a pediatric symptom checklist for school-age children, child development charts, and an early language milestone scale. A deficiency is that some instruments referred to in the early chapters, such as the developmental screening tools, are not included but must be researched. Nevertheless, many other brief checklists and screening instruments are included within individual chapters. Conspicuously missing, however, are the Denver Developmental Pediatric Scale and a gestational age assessment chart, such as the Dubowitz scales.

The last group of chapters, under the heading Family Issues, addresses adoption, bereavement, divorce, foster care, sibling rivalry, and dealing with twins. This section is also of use to family physicians, who might wish to use some of the material in areas other than pediatrics (such as for adults).

As in most books with chapters by different authors, some chapters are much better organized and present more useful data. Most of these topics are relevant and somewhat controversial, and because almost every issue could be the subject of a book of its own, the authors have accomplished the difficult task of summarizing the key points in a limited amount of space.

Overall, I find this book to be an excellent reference for practitioners who have had some training in behavioral and developmental pediatric issues. The information can be used to refresh one's memory, to suggest alternative diagnoses or investigations, to obtain a more detailed history, and to consider various other management or counseling techniques with patients at the

time of the visit. It is not detailed enough to teach the inexperienced clinician how to handle behavioral and developmental problems, and it is too long and bulky to use as a pocket reference guide, such as the *Harriet Lane Handbook*. But as a clinical reference guide, there probably is no other book that will fill these needs as well. I look forward to future editions; our knowledge of and treatment approaches to behavioral and developmental problems are evolving, and references will need to be revised and revisited as awareness of this area increases.

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**Manual of Clinical Problems in Pediatrics. Fourth Edition.**

*Edited by Kenneth B. Roberts. 578 pp. Boston, Little, Brown, 1994. \$28.50 (paper, spiral). ISBN 0-316-75006-9.*

This pocket-sized, spiral-bound reference manual contains 123 multiauthored entries, each averaging two to three pages, which contain the essential information required for a basic understanding of many of the major clinical conditions encountered in pediatrics. The book is divided into 14 sections, which are mainly oriented around specific organ systems, as well as emergencies, growth and behavior, and the neonate. The individual entries are presented in a narrative style that covers basic pathophysiology, clinical presentation, and a brief account of the suggested diagnostic evaluation and treatment plan. Each section conforms to a uniform organization, is quite readable, and is current in its content.

The primary difference between this book and a standard pediatric textbook is in the restricted selection of only the more important clinical problems and in the condensed presentation of the material. This format might prove helpful to clinicians in training who need a handy reference for newly encountered problems or to the more seasoned physician who desires a quick refresher to verify a diagnosis or to ensure a thorough evaluation. It could also prove helpful as a reference to those who teach on the wards or in the clinic. This book is not intended as a manual of therapeutics (there is a companion volume in pediatric therapeutics in this same spiral-bound series), and in many instances it provides only general principles of treatment or names of usual drugs. Specific dosages or protocols are omitted.

The reader will find this book useful for the narratives and also for the excellent lists of annotated references that accompany each entry. In many cases the length of the reference section equals that of the text. These references are current and have been selected to include reviews, classic or landmark articles, and clinically relevant reading; they are not only subcategorized in each section but are also annotated with a brief description of the contents or importance of that specific entry. The reference section alone makes the book worth owning for anyone needing to research the current literature regarding these major pediatric prob-

lems; it is comparable to a MEDLINE search and much easier than digging through the *Index Medicus*. Taken together, the clinical descriptions plus the references provide a format for a quick synopsis with opportunity for focused in-depth review.

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**ACLS Pocket Reference: An Approach to the KEY Algorithms for Cardiopulmonary Resuscitation. Nineteenth edition.**

*By Ken Grauer and Daniel Cavallaro. 111 pp, illustrated. St. Louis, Mosby Year Book, 1994 (paper). ISBN 0-8151-3435-5.*

Innumerable references for codes or ACLS algorithms exist. One dilemma for family physicians with a full spectrum of practice is keeping track of what code for what patient. Adult patients fall into the conventional ACLS guidelines. Obstetric patients now have their own algorithms with the ALSO courses. Pediatric patient resuscitation is covered in the PALS course. Grauer and Cavallaro have partially met two-thirds of this dilemma. Their reference manual, *ACLS Pocket Reference*, specifically addresses adult and pediatric patients.

The book is logically laid out starting with the Table of Contents on the inside cover. Having the index immediately available is a boon. The text section proceeds from an overview to a discussion of specific algorithms. Particularly enjoyable is the author's discussion of the algorithms. No algorithm in medicine is absolute, but the American Heart Association is constrained, for various reasons, from publishing a broader discussion of its guidelines. The next section, New Trends in the Field, will be helpful to those with an interest in a more detailed discussion of the algorithms. Fold out algorithms are located at the end of the book. These are useful but are rather unwieldy. I believe removable cards or single pages would be easier to handle.

Overall, the authors' text is well organized and interesting. Their discussion of differing points of view is educational and helpful for patient care. Such a text as this might not be relevant to many family physicians depending on the demographics of their practices or the policies of the hospital to which they admit. For those involved in running codes and who have an interest in more information than is provided in the AHA ACLS text, this book is a nice companion.

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**Office Orthopedics for Primary Care: Diagnosis and Treatment. Second edition.** *By Bruce C. Anderson. 208 pp., illustrated. Philadelphia, W.B. Saunders, 1995. \$36 (paper). ISBN 0-7216-4576-3.*

This new paperback text, now in its second edition, addresses the continuing needs of primary care physicians for practical reference texts in office orthopedics. It is authored by an experienced orthopedic surgeon