



HERBERT P. WIEDEMANN, MD, EDITOR

## A PRACTICAL GUIDE TO PEDIATRIC INTENSIVE CARE (3rd Edition)

Edited by Jeffrey L. Blumer, PhD, MD  
Mosby Yearbook, Inc.

In general, this textbook fulfills its stated purpose of being a practical guide to pediatric intensive care, with emphasis on monitoring, management, techniques, and equipment. Numerous tables, figures, and illustrations help it to maintain its importance as a bedside resource for residents, medical students, critical care nurses, and critical care fellows in pediatric intensive care.

Unfortunately, some errors and quality control issues detract from what is otherwise a good textbook. On the inside front and back covers are pediatric emergency drug dosages and guidelines for managing pediatric emergencies. In the emergency drug lists, the editor has used trade names in place of generic names of drugs (eg, Narcan instead of naloxone, Valium instead of diazepam, and Lasix instead of furosemide). This is a minor point, since many of these drugs are better known by their trade name, but we should be teaching our students and residents to use generic names of drugs.

The emergency drug lists contain more important errors, however: some of the recommendations of dosage and administration are incorrect or out of date. The naloxone dose that is now recommended is 0.1 mg/kg (*Pediatrics* 1989; 83:803), not the stated 0.01 mg/kg, and naloxone (0.02 mg/mL) is no longer recommended for neonates. Moreover, the alternative concentration of naloxone is 0.4 mg/mL, not 0.04 mg/mL. Verapamil, mentioned in these lists, is now contraindicated in infants. The lists also fail to note that the dose of epinephrine to be administered through the endotracheal tube should be two to three times the intravenous dose. Furthermore, it is no longer recommended that sodium bicarbonate be given every 10 to 15 minutes of sustained arrest; instead, the dosage and administration, if any, should be based on measured acid-base status. Fortunately, these errors are not repeated within the body of the textbook.

In addition to these errors in the lists inside the covers, there is a considerable variation in the quality of the printing in this textbook. Some pages are so lightly printed that they may be difficult to read.

The use of boxes to summarize and emphasize important information throughout the text is very helpful, but the boxed information is often placed on pages far separated from the relevant text, necessitating a lot of page flipping to find the information.

Despite these misgivings, I think that this textbook is useful as a practical guide for students, residents, and nurses in the pediatric intensive care unit.

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## DIAGNOSTIC ENDOCRINOLOGY

Edited by W. Tabb Moore and Richard C. Eastman  
B.C. Decker

This multi-authored textbook brings newer aspects of endocrinology into clear focus for the practicing clinician and student. It is well-written, up-to-date, and covers the major areas of endocrinology in reasonable depth.

The book is consistent in its discussion of pathophysiology, and outlines concisely the utility and interpretation of laboratory tests in every area of endocrinology. The initial chapters discuss the use of decision analysis in assessing the sensitivity and specificity of laboratory tests, as well as the newer techniques of competitive binding assays. Although testing sensitivity and specificity are meant to be the basis for subsequent discussion of endocrine measurements, only some chapters achieve this intent.

Subsequent chapters cover important laboratory tests, together with methods of analysis, normal ranges of values, uses, and problems. Useful tables are listed for each test. Especially noteworthy are the chapters which describe fine needle aspiration of the thyroid (with many illustrations), theory of nuclear medicine imaging and its use in evaluating bone mineral and the thyroid and adrenal glands, and CAT scanning and magnetic resonance imaging techniques for the pituitary.

The book provides a fresh approach for anyone interested in the endocrine field.

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## CLINICAL IMPLICATIONS OF ABNORMAL DIGESTIVE TRACT RADIOGRAPHS

By David A. Morowitz, MD  
Lea and Febiger

The author of this text, an internist, covers 104 different gastrointestinal diseases in a compact, concise, and well-organized fashion. The book is arranged in five chapters on the esophagus, stomach, small intestine, pancreas and biliary system, and the colon. The variety of diseases covered is quite complete and includes both common and rare entities.

Each disease is given a one-page, capsulized summary highlighting its natural history, clinical implications, and diagnostic and management issues. The summaries are written in a relaxed, easy-to-read style. Radiological manifestations of the disease are illustrated on the opposite page with plain and barium radiographs in excellent-quality reproductions. Although newer, more complex imaging techniques (eg, ultrasonography, computed tomography, and magnetic resonance imaging) are not addressed, plain and barium radiography remain among the most basic and economical diagnostic methods for digestive tract disorders.

This text is of value to medical and surgical house officers, family practitioners, internists, and surgeons. Although the emphasis is on clinical implications, it is also a handy reference for radiologists and radiology residents.

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