

## Book Reviews

### CLINICAL EXAMINATION ON CD-ROM

With user's manual, 11 pp. By Owen Epstein, G. David Perkin, David P. de Bono, and John Cookson. System requirements: Multimedia IBM PC or compatible computer with 8 MB RAM. (Also available for Macintosh System 7.0 with 4 MB RAM.) St. Louis, Mosby, 1998. \$69.95. ISBN 0-7234-2184-6.

BECOMING a physician involves the acquisition of both knowledge and skills. With the ever-increasing emphasis on the accumulation of facts, some may doubt that recent medical school graduates have adequate basic skills. In this era of high-technology diagnosis, the often-heard statement that "the patient's history and physical examination provide over 90 percent of the information needed to arrive at a correct diagnosis" may soon become obsolete. Would any intern risk diagnosing lobar pneumonia or ankylosing spondylitis solely on the basis of the history and physical examination? It is paradoxical, then, that high technology — in the form of an interactive CD-ROM — can now be used by physicians for assistance in the art of clinical examination.

After straightforward instructions on how to install the software, the main menu appears. Introductory chapters provide an overview of history taking, interviewing techniques, and the general examination. Then the various body systems are represented as icons on the main menu. Clicking on an icon produces a window of text next to a window containing figures, images, illustrations, animation, and video clips. For example, in the windows about heart sounds, a diagram indicates the sounds within the heart cycle and a very clear audio presentation reproduces each type of murmur. The same arrangement is available for auscultation of the lungs.

There are 86 interactive examples representing patients with conditions such as Reiter's syndrome, homonymous hemianopsia, and aneurysm of the posterior communicating artery. The user must choose from a predefined list of history questions, physical examinations, and auxiliary tests to reach the correct diagnosis. These stimulating and interesting cases cover a wide range of disorders. However, the requirement that one mark all relevant questions before proceeding is tedious.

This CD-ROM could be a most valuable addition to the teaching of physical examination. The interactive format of the cases demands a thorough and systematic approach, matching the new concept of the Observed Structured Clinical Examination. Integrating self-study sessions from this CD-ROM into courses that rely solely on textbooks and lectures would be of great value.

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### DEVELOPMENTAL-BEHAVIORAL PEDIATRICS

Third edition. Edited by Melvin D. Levine, William B. Carey, and Allen C. Crocker. 912 pp., illustrated. Philadelphia, W.B. Saunders, 1999. \$135. ISBN 0-7216-7154-3.

THE decrease in mortality and morbidity from infectious illness among children has shifted the focus of pediatric medicine to developmental and behavioral problems for parents and health professionals. The American Board of Medical Specialties and the American Board of Pediatrics have just this year recognized the new subspecialty of developmental-behavioral pediatrics and are developing criteria for board certification.

The publication of the third edition of *Developmental-Behavioral Pediatrics* is therefore quite timely. It is a comprehensive overview of the field by 121 experts. The book aims to reach both general pediatricians and subspecialists engaged in research and teaching in this relatively new field. The editors emphasize the inseparable connection between development and behavior and the range of variations in these two attributes of childhood.

The book is divided into eight parts. The first consists of nine chapters on the main developmental stages of childhood and parenthood and the effects of temperament and sex. The next three sections (25 chapters) cover the effects of environment, biology, and illness on development and behavior. Parts 5, 6, and 7 are especially targeted to clinicians. The 29 chapters in part 5 focus on specific behavioral outcomes during childhood, ranging from colic to attentional problems, mental retardation, and autism. The sixth section (10 chapters) describes assessment techniques, the seventh (11 chapters) describes specific treatments, and the eighth covers legal and ethical issues.

This book strives to be comprehensive and definitive, but the effort to reach both clinicians and researchers causes the results to be uneven. The initial sections are too theoretical for clinicians, and the later sections do not provide a critical review of research.

Many of the chapters are excellent, particularly the reviews of psychopharmacology, the effects of nutrition on behavior, eating disorders, attention and school-aged children, early intervention, and hypnosis. In view of the prevalence of suicide and homicide among children, more detailed coverage of these topics could have been provided, particularly with respect to the influence of the media and gun-control legislation and the efficacy of recent interventions aimed at preventing youth violence. In addition, innovations in pain relief and analgesia are not covered in sufficient detail.

The limited reimbursement from managed-care organizations for the time-intensive evaluation and care of children with developmental behavioral problems is an important issue for general pediatricians and subspecialists and is not adequately addressed. The chapter on obesity does not discuss the increased risk of type 2 diabetes among obese adolescents.

Despite these lapses in covering specific topics, *Developmental-Behavioral Pediatrics* should be a marvelous resource for all physicians caring for children.

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