

Canada's baby care book. A complete guide from birth to 12 months old

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OVERALL RATING Very good

STRENGTHS Clearly written; thorough; easy to navigate

WEAKNESSES Despite *Canada* being in the title, the book always lists the American information first (the US food guide, nonmetric units of measure, etc)

AUDIENCE New or expecting parents and caregivers

This book consists of 29 chapters, which are divided into 6 parts. The first editor, Robert-McComb, wrote 14 of these chapters. Each chapter starts with a set of learning objectives and finishes with questions and answers. The book includes a CD-ROM with a PowerPoint presentation for each chapter.

Unfortunately, this book has serious substantive flaws. Despite its title, it is really about female pathology through the lifespan. For example, the concept of "body image" is defined solely in terms of "disturbance" and "distortions." Most of the 17 chapters have terms such as *dysfunction* or *abnormal* in their titles. The last 12 chapters do, however, discuss the active female more positively and focus on recommendations and guidelines for nutrition and exercise.

Another major problem, particularly for a professional audience, is that the book is too elementary. Perhaps some physicians will gain new wisdom but most won't.

Stylistic problems abound. The book reads like a compendium, as if the authors started with the PowerPoint presentations and converted them into a book instead of vice versa. The chapters are divided and subdivided into multiple levels, resulting in awkwardly numbered sections, some of which are very short. Moreover, the items in the lists begin with numbers in brackets while italicized numbers in brackets indicate the references, all in the same font; this is confusing at best.

Unfortunately, I am unable to recommend *The Active Female* to *Canadian Family Physician* readers as a useful tool for enhancing knowledge or practice.

—Baukje (Bo) Miedema RN MA PhD

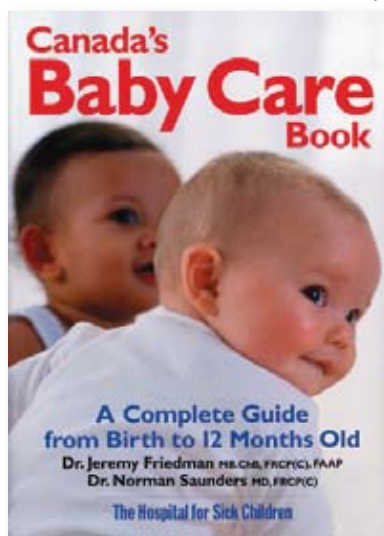
Dr Miedema is Director of Research at the Dalhousie University Family Medicine Teaching Unit in Fredericton, NB.

There are many guidebooks geared toward a baby's first year. This book stands out in large part because of the lovely photographs, many of which are of the contributing authors' children and patients. The pictures add enormously to the information. The authors are pediatricians at the Hospital for Sick Children in Toronto, Ont. Many of the contributing authors are young mothers.

The book has chapters on child development, feeding, sleeping, child safety, and illness. There is a Frequently Asked Questions section at the end of each chapter, which provides unbiased information about things not covered in the body of the text. This section is informative and offers a fair perspective on issues that are sometimes contentious for parents, such as circumcision, adoption, and breast versus bottle feeding.

The book lists good references and helpful websites (eg, the Motherisk site at www.motherisk.org). A table of contents at the beginning of each chapter and an excellent index at the back make finding information especially easy. The book also includes an author's diary entries, which I do not think add to the book.

The chapter "Caring for Your Sick Baby" is excellent. It has an



index at the back, directing readers to other areas of the book to find more information. This chapter also includes great pictorials in which a mannequin is used to demonstrate managing infant choking and performing cardiopulmonary resuscitation.

I think parents and caregivers will find this book easy to read and informative. I would highly recommend it to new and expecting parents.

—Lydia Hatcher MD CHE CCFP FCFP

Dr Hatcher is a family doctor and works part-time as an emergency room physician at the Janeway Children's Health and Rehabilitation Centre in St John's, Nfld. She is also an Associate Clinical Professor at the Memorial University Medical School in St John's.

Symptom sorter. 3rd edition

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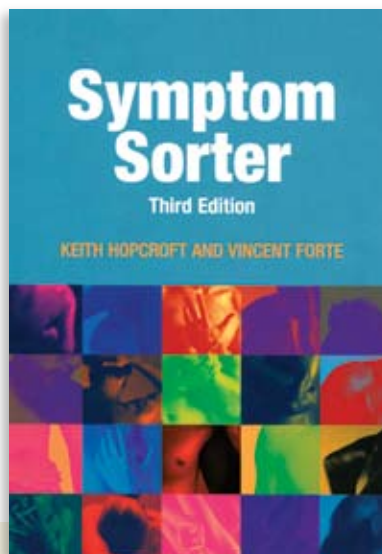
PUBLISHED 2008/427 pp/\$51.50

OVERALL RATING Very good

STRENGTHS A practical approach to the most common complaints encountered in the primary care setting; this book demonstrates the wealth of experience of the 2 authors and is full of pearls and tidbits of clinical wisdom

WEAKNESSES Lack of evidence; table of contents

AUDIENCE Primary care practitioners and students



of knowledge about specific pathological entities. This has led to a very informed curriculum; however, there is a big jump from recalling the pathophysiology of a particular condition to making a diagnosis of that condition based on a patient's symptoms and complaints. Medical schools have moved toward a systems-based approach, but, even so, patients can rarely describe whether their chest pain is respiratory or cardiac in origin.

Family doctors instinctively use a symptoms-based approach in their work and way of thought; this book goes a long way in describing proven approaches to the most common complaints encountered in primary care.

The book is easy to refer to, with each symptom having a clear but nonexhaustive differential diagnosis (divided into common, occasional, and rare clinical entities). There is a section entitled "Ready Reckoner," which suggests cardinal symptoms the clinician should elicit from the patient and how these aid in diagnosis, and lists of clinical pearls, red flags, and possible investigations are divided according to likely diagnostic yield. A proper table of contents would supplement the thorough index and help navigate among the many symptoms, especially those that do not clearly fit under a particular heading; for example, my first instinct would not be to look for "loss of libido" under the heading "cerebral."

The authors do a great service in trying to define the likelihood of diagnoses based on the incidence of disease in community settings, but they need to be more rigorous to avoid generalization. There are a few landmark studies of symptoms in community settings that should have been included to make this book not only eminently useful but also evidence-based and academically sound.

—David Ponka MDCM CCFP(EM)

Medical education has traditionally been based on a disease-centred model, by which students are exposed to increasing degrees

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