

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

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Symptom sorter. 3rd edition

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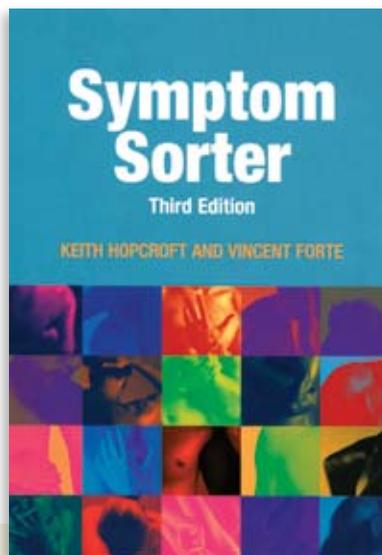
PUBLISHED 2008/427 pp/\$51.50

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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