

infections. Chapters are organized according to organ system, with illustrative plates and short discussions of individual bacterial, viral, parasitic, and mycotic infections of each system. The resulting collected sections provide a concise pictorial differential diagnosis according to syndrome. Textual material is limited to brief expositions of individual infections, and in this format no attempt is made to present comprehensive discussions of clinical features, diagnosis, or treatment.

A clinician interested in the causes of gastroenteritis, for example, first finds several photographs of environmental conditions associated with water-borne transmission of enteric pathogens, then a photograph depicting severe dehydration in a child, and finally simple tables summarizing clinical features of dehydration and characteristics of common enteric infections. Specific sections on bacterial enteric infections show chiefly light and thin-section electron micrographs that illustrate various pathogenetic mechanisms of bacterial diarrhea, sections on viral infections emphasize negative-staining electron micrographs, and parasitic infections are illustrated by photographs and micrographs of the parasitic agents and their eggs.

Some photographs — e.g., of a rice-water stool, Romaña's sign of trypanosomiasis, and selected radiographs and pictures of enanths and exanths — provide the help with instant recognition that one seeks in an atlas. Other plates are given over to electron micrographs, photographs of cultures, and bedside procedures that appear as a context for discussion. The usefulness of these illustrations lies not in demonstrating physical signs but in serving as icons to underscore the importance of certain clinical points, and the result is more an illustrated outline of pediatric infections than a clinical atlas.

Since it is neither a textbook of infectious diseases nor an atlas of pediatrics, such as that edited by Zitelli and Davis (see above), this book fills a narrow niche. Medical students will find it most useful as an illustrated survey of pediatric infections, and it will enliven reading of other, more comprehensive discussions. Pediatricians should consider this book only after having purchased the second edition of the Zitelli-Davis atlas, which for only \$40 more provides a substantive and comprehensive pictorial review of physical signs in pediatrics. I suspect that many clinicians will find that as compared with this atlas of pediatric infections, a dermatology textbook has greater value, and for those with a laboratory orientation, that the new edition of Koneman's atlas of laboratory microbiology is a more appropriate first choice (E.W. Koneman, ed. *Color Atlas and Textbook of Diagnostic Microbiology*. 4th ed. Philadelphia: J.B. Lippincott, 1992). However, students and practitioners desiring an outline of pediatric infections will find this handsome work an accessible source of images and brief discussion.

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UNDERSTANDING PEDIATRIC HEART SOUNDS

By Steven Lehrer. 230 pp., illustrated, with accompanying audiocassette. Philadelphia, W.B. Saunders, 1992. \$38.95. ISBN 0-7216-2387-5.

One of the joys of pediatric cardiology is the formulation of a clinical impression based only on the history and cardiovascular examination, perhaps supplemented by an electrocardiogram and a chest x-ray. For cost-effectiveness and efficient use of resources, screening and referrals must be based on these cornerstones of clinical assessment. It

is therefore timely and appropriate to reiterate the importance of bedside clinical evaluation. Lehrer's book emphasizes that auscultation is a diagnostic skill that still has great influence in the investigation of the pediatric patient thought to have heart disease.

Understanding Pediatric Heart Sounds is a well-written, succinct book combined with a 20-minute audiotape. It contains 15 chapters, the first 3 of which concern anatomy and physiology, physical principles of auscultation, and an overview of the history and physical examination in pediatric cardiology. A brief chapter explains the methods of phonocardiography and external pulse recordings. The remaining chapters extensively detail the auscultation of normal heart sounds, abnormal cardiac sounds, and murmurs. The differential diagnosis of murmurs and the murmurs characteristic of both common and complex entities are presented. The relatively brief audiotape includes normal and abnormal heart sounds, as well as 11 examples of murmurs common in young patients. For maximal clarity, the use of a stethoscope placed near the speaker is recommended when listening to the tape.

The major strengths of this book are its crisp, clear-cut, and readable style and its thorough descriptions of auscultatory findings and of the mechanisms of cardiac sounds and murmurs. The integration of the text with ample, high-quality illustrations allows the reader to proceed at a brisk pace. The reference list includes many classic works, and the index is comprehensive. On the audiotape, the reproductions of heart sounds are excellent. On the other hand, many of the murmurs are of only fair quality and are not always representative of clinical findings in young patients. However, having tried many times to simulate or present common murmurs in an audio format, I have great empathy for authors who try to reproduce them accurately. We live in an age of incredible electronic sophistication, but our ability to record or produce heart murmurs has lagged well behind our skill at other endeavors. Learning the art of auscultation requires accurate information, tutelage, and repetition. The reader-listener might be better served by paying more attention to the easy-to-follow text and the well-produced heart sounds and less to the simulated heart murmurs.

Although the style is consistent, chapter 5 may be somewhat confusing to both novice examiners and experienced practitioners. It presents a revision of traditional areas of auscultation. Instead of referring to the well-known mitral and tricuspid areas, the author uses a format that includes left and right ventricular and left and right atrial areas, as well as the traditional aortic and pulmonary areas. Although it has some potential benefit for enhancing communication, this format has the drawback of substantial overlap between these regions. Furthermore, the author states subsequently that the cardiac structures in congenital heart disease may be "displaced from their usual locations." Instead of a concentrated focus on specified areas of auscultation, a description of murmurs in relation to well-known landmarks, such as the mid-left sternal border, the lateral second left inter-space, and the suprasternal area, might be more effective. The technique of inching — moving the stethoscope in small increments over the entire anterior chest and also over the back — is described briefly, but it deserves emphasis. Also, the technique of dissection, which involves concentrating on one portion of the cardiac cycle or one heart sound to the exclusion of others, is often beneficial but is not discussed in the text.

A few minor omissions include the low pitch of innocent carotid bruits, the left lateral displacement of the aortic-closure sound in congenitally corrected transposition of the

great vessels, and the diffuse nature of continuous murmurs in patients with tetralogy of Fallot with pulmonary atresia and pulmonary blood flow derived from aortopulmonary collateral vessels. The narrow split of the second sound in patients with pulmonary hypertension is shown in a figure but is not mentioned in the text. In addition, the auscultatory variations of murmurs due to ventricular septal defects should have received more extensive review.

Despite these minor criticisms, I found Lehrer's work refreshing, concise, and a pleasure to read. The author's clear style makes the book, and at least a good portion of the audiotape, eminently suitable for students, house staff, and practitioners who wish to enhance their listening skills for pediatric cardiovascular examination. I wholeheartedly agree with the author that auscultation should not become a lost art.

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NOTICES

Notices submitted for publication should contain a mailing address and phone number of a contact person or department. We regret we are unable to publish all Notices received.

ASSOCIATION FOR THE ADVANCEMENT OF MEDICAL INSTRUMENTATION

The following will be offered: "Support of Anesthesia Delivery Systems" (Dallas, Sept. 20-22); "Clinical Engineering Management Seminar (Advanced)" (San Diego, Calif., Oct. 29 and 30); "Mid-Year Meeting and Exposition" (Pittsburgh, Nov. 7-10); "International Standards Update" (Washington, D.C., Nov. 10 and San Diego, Calif., Nov. 12); and "Cardiovascular Science and Technology Conference" (Washington, D.C., Dec. 12-14).

Contact AAMI, Educ. Dept., 3330 Washington Blvd., #400, Arlington, VA 22201-4598; or call (800) 332-2264 (natl.) or (703) 525-4890, ext. 260 (Va.).

AMERICAN COLLEGE OF CARDIOLOGY

The following will be offered: "3rd Annual Symposium — Interventional Cardiology: Aspirations in 1992 and Beyond" (Boston, Sept. 21 and 22) and "Clinical Application of Echocardiographic Techniques" (Indianapolis, Sept. 21-23).

Contact ACC, Extramural Programs Dept., 9111 Old Georgetown Rd., Bethesda, MD 20814-1699; or call (800) 257-4739 (natl.) or (301) 897-2695 (Md.).

TREATMENT OF SEVERE DYSLIPOPROTEINAEMIA

The 4th international meeting, entitled "Treatment of Severe Dyslipoproteinaemia in the Prevention of Coronary Heart Disease," will be held in Munich, Germany, Oct. 21-24.

Contact W.O. Richter, Klinikum Grosshadern of the Univ. of Munich, Marchioninstr. 15, 8000 Munich 70, Germany; or call (49) 89 7095-3011.

CANCER

The following will be held in Greece: "Cancer Chemotherapy: from the Laboratory to the Clinic" (Athens, Oct. 18-20) and "4th International Conference of Anticancer Research" (Crete, Oct. 21-25).

Contact Anticancer Research, 5 Argyropoulou St., Kato Patissia, Athens GR-111 45, Greece; or call (30) 1 2016380.

PHARMACEUTICALS

The following conferences will be held in Basel, Switzerland: "Hydrogels: Specialty Plastics for Biomedical and Pharmaceutical Applications" (Oct. 22 and 23); "Candy and Confectionery in Pharmaceutical Dosage Forms: Design, Approval and Marketing" (Oct. 27 and 28); and "Polysaccharides: Selecting Structures and Tailoring Properties for Cosmetics, Therapeutics, Pharmaceuticals and Biotechnology" (Oct. 29 and 30).

Contact Programme Div., Technomic Publishing AG, Missionsstr. 44, CH-4055 Basel, Switzerland; or call (41) 61 43-32-26.

ENGINEERING AND HEALTH IN COMPRESSED AIR

The conference will be held in Oxford, United Kingdom, Sept. 28-30.
Contact Louise Harrison, Construction Industry Research and Information Assoc., 6 Storey's Gate, Westminster, London SW1P 3AU, United Kingdom; or call (44) 71 222-8891.

ADVANCES IN IMAGING

The symposium, subtitled "Contemporary Issues for the Cardiologist and Radiologist," will be held in Jackson, Wyo., Sept. 16-20.

Contact Symposium Headquarters, 210 W. Washington Sq., Philadelphia, PA 19106-3512; or call (215) 592-1363.

UNIVERSITY OF VERMONT

The following courses will be held in Stowe: "Annual Postgraduate Course in Obstetrics and Gynecology" (immediately followed by "An Endoscopic Approach to the Treatment of Uterine Bleeding and Pelvic Pain"; Sept. 27-30); "Annual Eastern Winter Dermatology Conference" (Jan. 24-27, 1993); and "Clinical Problems in Gastroenterology, X" (Jan. 31-Feb. 3, 1993).

Contact Univ. of Vermont, CME, 233 Rowell Bldg., Burlington, VT 05405-0068; or call (802) 656-2292.

HEALTH POLICY REPORT

THE AMERICAN HEALTH CARE SYSTEM

Managed Care

JOHN K. IGLEHART

AMERICA's private and public third-party payers, squeezed by health care costs that continue to soar at rates well above inflation, are persuaded that "managed care" plans will produce demonstrable savings as compared with the current cost trends of traditional fee-for-service medicine. They are accelerating their efforts to promote plans that integrate the delivery and financing of care and that apply new constraints on encounters between physicians and patients. The key constraint for doctors is the limitation placed on the autonomy of their clinical decisions. The constraint for patients is the requirement that they see only physicians who are members of a plan's closed or partially open panel or who are selected as "preferred" practitioners. In general, these doctors have agreed to deliver only "necessary" medical services in return for prescribed fees.

Most definitions characterize managed care as a system that integrates the financing and delivery of appropriate medical care by means of the following features: contracts with selected physicians and hospitals that furnish a comprehensive set of health care services to enrolled members, usually for a predetermined monthly premium; utilization and quality controls that contracting providers agree to accept; financial incentives for patients to use the providers and facilities associated with the plan; and the assumption of some financial risk by doctors, thus fundamentally altering their role from serving as agent for the patient's welfare to balancing the patient's needs against the need for cost control — or, as Mechanic put it succinctly, moving "from advocacy to allocation."¹

Because these features circumscribe the freedom of