B12 deficiency, sufficient to produce serum cobalamin becomes low. Early
sections:
are divided into seven outstanding Australia, the 40 chapters of the book
by Bridget and David Wilcker of mel and Jacobsen, and a
homocysteine researchers and clini-
cians from all over the world.
After a preface by coeditors Carmel and Jacobsen, and a “Historical
Overview and Recent Perspectives” by Bridge and David Wilcker of
B12, B6, and/or folate. The chapters in
able, according to cause, by vitamin
mild cognitive impairment, is cor-
subjective interpretation
“Commentary on its pharmacology
in antemortem and postmortem
iments in antemortem and postmortem
metallic poisons. A chapter on
acetic acid, acetaminophen.
ated by the clinical laboratory.
istry laboratory findings in the clinical setting.
The first section deals with treat-
ment of the poisoned patient, with
phasis on pharmacokinetics and
toxicokinetics) is next, after which
the role the clinical laboratory can play with this
type of poison. Chapters on
and metallic poisons. A chapter on
for the determination of salicylates and
sensible immunoassays, and methods for
intoxication, cross-reactions to vari-
mental concerns and includes chap-
ters on carbon monoxide, pesticides,
and antiepileptic, and cardiovascular
agents, are then presented. The final
sections deals with environmental
concerns and includes chapters on
onconventional samples, as viewed by an-
other leading expert. A chapter on
pharmacogenetics (which could eas-
ily have followed the introductory chapter on pharmacokinetics and
toxicokinetics) is next, after which there is a short chapter on the tox-
ologic services that should be sup-
plied by the clinical laboratory.
Learning objectives precede and a
series of self-assessment questions
follow each chapter. Appendices to
the book include clinical signs of
intoxication, cross-reactions to vari-
ous immunoassays, and methods for
the prophyaxis of salicylates and acetaminophen.
I highly recommend this book not
only as a teaching reference for cli-
tical toxicology, but as a book that
should also be in the reference librar-
ies of forensic toxicologists, emer-
gency room physicians, and poison
control centers.

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The Clinical Toxicology Laboratory: Contemporary Practice of Poisoning Evaluation. Leslie M. Shaw, Tai C. Kwong, Thomas G. Rosano, Paul J. Orsulak, Bryan A. Wolf, and Barbara Jean Magnani, eds. Washington, DC: AACC Press, 2001, 538 pp., $95.00 ($76.00 AACC members), soft-
cover. ISBN 1-890883-53-0.

Leading experts in the fields of tox-
ology and emergency medicine
have written this new textbook. Based on the AACC course “Con-
temporary Practice in Clinical Toxi-
cology”, it provides the practitioner
with up-to-date resources to evaluate
toxicology laboratory findings in the
clinical setting.

The first section deals with treat-
m of the poisoned patient, with
phasis on pharmacokinetics and
toxicokinetics from the clinician’s
point of view. Some of the world’s
leading forensic experts next present
chapters on each of the major drugs
of abuse. The new drug of the 1990s,
γ-hydroxybutyrate (GHB), is re-
viewed extensively with an excellent
commentary on its pharmacology
and the limitations of analytical find-
ings in antemortem and postmortem
specimens. The subject of urine adul-
teration, both natural and inten-
tional, is for the first time properly
addressed as is the use of point-of-
care testing and its limitations.

The next section deals with the
alcohols and glycols and the role the
clinical laboratory can play with this
type of poison. Chapters on
commonly prescribed drugs, including
the psychotropic, antidepressant, an-
tiepileptic, and cardiovascular
agents, are then presented. The final
major section deals with environ-
mental concerns and includes chap-
ters on carbon monoxide, pesticides,
and metallic poisons. A chapter on
alternative sample testing evaluates
the pros and cons of using noncon-
ventional samples, as viewed by an-
other leading expert. A chapter on
pharmacogenetics (which could eas-
ily have followed the introductory chapter on pharmacokinetics and
toxicokinetics) is next, after which there is a short chapter on the tox-
ologic services that should be sup-
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