

## BOOK REVIEWS

This book is written in the same format as previous editions. It is extremely readable, and sets out very clearly the etiology, signs and symptoms and management of every behavior disorder that will be encountered in family practice. The headings are clearly set out, and the narrative is completely understandable with a minimum of psychiatric jargon.

The preface outlines recent concepts, particularly in the vague and all-inclusive problem of minimal cerebral dysfunction. A plea is made, particularly to pediatricians, to devote more of their time to management of behavior disorders in their patients. The first section entitled "General Principles and Growth and Development," is particularly helpful in that it emphasizes the wide limits of normal in physical, emotional, and behavioral development. The relationships between physical defects and behavioral problems are clearly set out.

In the section on "Sexual Disorders", particularly masturbation, the authors assume a very moralistic approach in the management of this activity which is regarded as normal by experts in sexual behavior. This was the only section of the book with which I was in disagreement.

I strongly recommend this book for use by all members of the health care team. It is not a book that one would sit down and read from cover to cover. It is much more useful for a quick five-minute review of a particular problem when the physician or allied health worker encounters a child with a behavioral problem in the office. Each section is followed by an excellent bibliography and suggestions for further reading are also included.

*Campbell T. Lamont, M.D.  
State University of New York  
Stony Brook, New York*

**Basic Medical Education.** David C. Sinclair. Oxford University Press. London, 1972, 212 pp., \$9.50

This highly readable book, written with considerable wit, is a critical survey of the foundations of curricular reform. Addressed primarily to medical teachers and administrators in all disciplines, it is of particular relevance to teachers of Family Practice. Throughout the text is the careful differentiation between the ideal and the practical. Rich in historical references, it brings many of the previous reports on medical education into focus as they apply to modern education situations, and tends to reinforce the question — is there anything really new?

When considering the three ingredients involved in medical education (the student, the teacher, and the curriculum) the author accepts the shortcomings of students and teachers. He points out that the curriculum, which is merely a tool or a means to an end, becomes the happy hunting ground for idealistic critics. He carefully differentiates between the ideal student and the actual

student who enrolls in a medical school. He notes that curriculum planners often design for the ideal student who never appears. Teachers are likened to enzymes, as the substance interposed between the subject matter to be digested and the student to absorb it. It is noted that in spite of the kudos afforded to research since World War II, that routine research is just as dull and tedious as routine teaching. It is observed that medical teachers, like medical students, are a mixed bunch, but they have one common characteristic — all are untrained as teachers. The administrative and extra-curricular duties of teachers contrasted to the educational responsibilities and the running of university affairs are thoroughly discussed, with some excellent comments on students-staff, and inter-staff relationships. A comment is made that good teaching is a matter of the personal contact of individual minds, and mass production is its enemy. The physical plant of the Medical School is discussed in detail, observing both its needs and deficiencies. The advantages and disadvantages of large and small medical schools receive adequate consideration.

Having discussed the background, Dr. Sinclair then puts forward proposals for reform. The scope and content of the curriculum receive very cogent and practical consideration. The various means of acquisition of information, skill, and attitudes are presented with very practical comments. Methods of assessment and evaluation are discussed briefly, with excellent references being given. Finally, the introduction of a new curriculum is considered with a good deal of humor from the point of view of a committee member on the Curriculum Committee. In the final section the author puts forth his own comments and prognosis. His plea is for evolution in the educational process rather than revolution. He does not recognize change as a desirable end in itself without reference to the objectives which this change is supposed to be promoting.

This is a thoroughly excellent book and worthy of a place on the bookshelf of any medical teacher. It might also be of interest to undergraduate medical students and to members of other university faculties as well.

*I. W. Bean, M.D.  
University of Toronto  
Toronto, Ontario*

**Self-Assessment of Current Knowledge in Family Practice.** M. E. Don, R. A. Forsyth, I. N. Rasgon. Medical Examination Publishing Company, Inc., Flushing, New York, 1973, 222 pp., \$10.00

This book is great fun and stimulates interest in postgraduate education and study. It is quite relevant to the specialty of Family Practice and is well-organized. The answers are given in the back of the book and, if one desires to pursue a particular area further, references are given at the end of each question listing journal or textbook with exact year and page.

**Interviewing and Patient Care.** Allen J. Enelow and Scott N. Swisher. Oxford University Press, Inc., New York, 1972, 229 pp., \$7.50

This is a well-written, very readable primer on interviewing techniques and communicating with patients in general. Individual chapters are devoted to such subjects as interviewing children, interviewing the family, and the emotional responses of the patient to illness and to the interviewer. Additional interesting chapters are devoted to the Problem Oriented Medical Record, medical questionnaires and automated data gathering.

Although this concise book is obviously intended for medical students, it should also be required reading for residents. It should also be of particular value to family physicians and, for that matter, all physicians who take care of patients. This is a greatly neglected area in many educational programs and one that is well covered in this interesting little text. My only negative comment relates to the brevity of the list of references.

*William Stewart, M.D.  
Southern Illinois University  
Springfield, Illinois*

**Behavior Disorders in Children** (4th Edition). H. Bakwin and R.M. Bakwin. W.B. Saunders Co., Philadelphia, 1972, 714 pp., \$17.50

This book covers the whole subject of behavior disorders in children. It is written in narrative form with a minimum number of tables and illustrations. There are 33 tables and 27 figures, the majority of which are line drawings and graphs. There are a few black and white illustrations. There is a comprehensive table of contents and subject index which facilitate quick reference to particular subject matter. I purchased the second edition several years ago for my office library when I was in family practice. I found it to be an extremely useful, quick reference text and included it with my group of most frequently used personal library books.

Most of the questions are multiple choice. The answers are sometimes controversial and are subject to various opinions according to different studies or authors. In this type of book, however, such a variance is not too important and, if one questions the correct answer, the references are available.

One should not purchase this book, however, with the feeling that it will guarantee one's passing a Board examination. The questions are not structured like a Board examination and could not possibly cover all areas which might be touched upon in such an examination. It is helpful, however, in determining one's weaknesses and strengths. This would help in preparing for any examination. As the title indicates, it is a self-assessment of current knowledge.

George E. Burket, Jr., M.D.  
University of Kansas  
Kansas City

**Common Problems in Office Practice: Current Methods of Diagnosis and Treatment.** Robert B. Taylor. Harper & Row Publishers, Hagerstown, Maryland, 1972, 402 pp., \$9.95

This book is essentially a day-to-day catalogue of the problems encountered in family practice. It is a rather complete listing of those problems that are normally encountered by the family physician, in unusually readable form and fairly well-organized. There are no illustrations in the book and it is rather short and can be easily read in three hours time. The book is intended for new physicians entering practice and as a reference source for treatment of these common disorders.

The book has attempted an almost impossible task of cataloging all of the illnesses encountered by the family physician and does an admirable attempt of encompassing the wide variety of problems of the family physician. However, as could be anticipated, the book is very superficial in regard to treatment. The recommended treatment regimes vary markedly in the book from very superficial treatment of complicated medical problems to specific cortisone administration for minor abnormalities.

My personal opinion is that the book will have very little value for the new physician as a reference source but its most important asset may be the simple cataloging of the diseases commonly seen in private practice and this may well be utilized in shaping our teaching programs of family practice.

Michael J. Haller, M.D.  
Creighton University School of Medicine  
Omaha, Nebraska

**Antiarrhythmic Agents.** A. J. Moss and R. D. Patton. Charles C. Thomas Publishers, Springfield, 1973, 161 pp., \$10.00

This little book, 118 pages of actual text, has as its primary purpose to summarize the current state of knowledge about the principles which underlie antiarrhythmic drug therapy and the agents which are most frequently used in the management of patients

with cardiac arrhythmias. The authors certainly accomplished this mission in a most succinct, readable, and up-to-date manner. The text is divided into three major sections: 1) Electrophysiologic and pharmacologic principles; 2) Concise descriptions of ten commonly used antiarrhythmic agents; 3) General therapeutic considerations. Despite the complexity of the material presented in the first section, the authors have discussed it in a concise and understandable manner. Many physicians will not read this section carefully, despite its brevity, but it will serve as an excellent reference when need for its understanding arises.

Sections Two and Three will be most frequently referred to by practicing family physicians. The ten antiarrhythmic agents discussed are quinidine, procainamide, lidocaine, diphenylhydantoin, propranolol, bretylium, atropine, digitalis, potassium and isoproterenol. A separate small chapter on each drug includes general introductory comments, electrophysiologic properties, pharmacologic considerations, therapeutic uses, and adverse drug reactions. The comments about electrophysiologic properties are particularly useful if the reader has a reasonable understanding of the material presented in Section One of the book. Section Three includes comparisons of the antiarrhythmic agents and management of refractory arrhythmias. The tables in this section of the book are excellent and provide instant comparison of electrophysiologic properties, primary functional activity, pharmacodynamic properties, adverse drug reactions, and even relative cost of the different drugs. The extensive list of references at the end of the book will also be useful to many readers.

The authors have "put it all together" very nicely in this monograph. It should be particularly useful to the practicing family physician and family practice resident.

Herbert R. Brettell, M.D.  
University of Colorado  
Denver

**The Future General Practitioner—Learning and Teaching.** The Royal College of General Practitioners. The British Medical Journal BMA House, London, 1972, 265 pp., \$10.00

This 265 page paperback book has been written specifically for teachers of family medicine. It is concise, well-written, well-organized and a genuine jewel for a family physician who is teaching students or residents. It should also be of great value to learners of family medicine if they are curious about educational methodology.

Sections of the book related to establishment of goals and objectives are excellent. The methodical dissection of "The Consultation" and how to make the most meaningful education experience from patient contact is well executed. Teaching-learning techniques regarding human behavior are really the finest segments. The educational terminology is well-defined and usable.

This volume is the most concise, relevant

text that this reader has encountered to date regarding techniques for teaching family medicine. It should be of maximum value to family physicians who are moving from practice to teaching or who are much involved as volunteer faculty members in model family practice units or preceptorship programs.

William A. Fisher, M.D.  
Portland, Oregon

**The Family in Social Context** (2nd Edition). Gerald R. Leslie. Oxford University Press, London, 1973, 701 pp., \$9.00

The second edition of *The Family in Social Context* is designed as a textbook for students approaching the family from a sociological point of view. Information is presented for the sake of the information. The author did not intend to construct a reference that is clinically relevant to the practice of medicine, although some of the data will be helpful to persons involved in primary care. However, it will be up to the health professional to make the selection of materials and effect a transfer into practical application.

The book is divided into four parts — I, Cross Cultural Perspective; II, Historical Perspective; III, Theoretical Perspective; and IV, The Sociology of the Family. Most persons in family medicine will not wish to spend time reviewing the first three parts. However, portions of Part IV (Chapters 9-20) will be interesting and useful to family physicians, physician associates, nursing associates, and medical social workers.

Chapter 9, The Middle-Class Family Model; Chapter 10, Racial, Ethnic, and Class Variation; and Chapter 11, The Kin Network are useful models of family dynamics for the family practice health care team. These chapters are adequate reference materials for family practice residents and are also pertinent to undergraduate medical students. However, because there are no signposts to clinical application, medical students may require that such posting be provided by a practicing clinician before the relevance of these materials is perceived.

The remaining chapters in Part IV refer to information about the experiences of family members from adolescence through old age, i.e., mate selection, sex adjustment, childbearing and child rearing, divorce, remarriage, and the post-parental phase. The health professional will want to pick and choose materials from these chapters according to his own interests and patient population.

As a sociological textbook, this reference is more than adequate. There is a broad coverage of subject matter. Its major drawback is the reliance on classical research studies which predate 1965. As a behavioral scientist, I feel hampered by the repeat of old, though classical data, in a reference-textbook under a 1973 publishing date.

F. Marian Bishop, Ph.D.  
University of Alabama  
Huntsville