Book Reviews

Screening in General Practice. *Edited by C. R. Hart. Longman Inc., New York, 1975, 338 pp., $16.00.*

This is an up-to-date, comprehensive review of the effectiveness of various screening programs instituted within the United Kingdom. The work should be of reference value to medical students, family practitioners, and administrators of Home Health Agencies interested in detecting treatable, asymptomatic illnesses.

The central problem of screening lies in deciding which disease to screen for, and whether recognition of the disease in the symptomless individual will bring mutual benefit to the patient and the doctor. Accordingly, the authors argue that screening is best carried out by the general or family practitioner because of his or her more intimate relationship with and understanding of the patient.

The experience of the authors reveals that the benefits derived from many screening programs carried out in England are questionable. Cost, confining screening to the high-risk group, and follow-up care were considered important parameters in the series studied by the authors.

The investigations adhered to Wilson's Criteria:

1. The condition sought should be an important problem.
2. There should be an accepted treatment for patients with recognized disease.
3. Facilities for diagnosis and treatment should be available.
4. There should be a recognized latent or early symptomatic stage.
5. There should be a suitable test or examination.
6. The test or examination should be acceptable to the population.
7. The natural history of the condition, including its development from latent to declared disease, should be adequately understood.
8. There should be an agreed upon policy as to whom we should treat as patients.
9. The cost of case finding (including diagnosis and subsequent treatment) should be economically feasible.
10. Case-finding should be a continuing process and not a "once for all" project.

Using the above criteria and by means of the age-sex register organized by the British National Health Service, the following groups and specific diseases were screened and evaluated by the authors: (1) the newborn, (2) the pre-school child, (3) the school child, (4) the prenatal clinic, (5) women in middle years, (6) geriatric screening, (7) psycho-geriatric screening, (8) urinary infections, (9) diabetes mellitus, (10) obesity, (11) hypertension, (12) ischemic heart disease, (13) glaucoma, (14) anemia, (15) carcinoma of the breast, and (16) mental illness.

A well-organized, readable presentation has been accomplished, and much information contrary to our general medical knowledge has been uncovered. This text should be well worth an interested physician's time.

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Medical Care of the Adolescent (3rd Edition). *Edited by J. Roswell Gallagher, Felix P. Heald and Dale C. Garell. Appleton-Century-Crofts, New York, 1976, 774 pp., $17.40.*

Review of this text presents basic problems since the assumptions around which it was organized and written are not ones with which I agree. The central rationale for the effort which is stated in the Introduction is one which reads like a tongue-in-cheek advertisement for family practice: "[Adolescent] medical care has inevitably fallen between

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the two stools of internal medicine and pediatrics." The proposed corrective for this neglect is to urge the specialization of physicians in the area of adolescent medicine and the establishment of clinics for the care and study of adolescents. Once having decided that the cure for a symptomatic expression of specialization is subspecialization, the stage is set for the organization that follows.

The book is divided into 20 parts representing general organ systems or topics, and 69 chapters, mostly dealing with specific disease entities. It reproduces, then, much of what would be available in traditional texts of medicine, pediatrics or surgery, attempting to stress those areas with particular relevance to adolescence. This creates an occasional awkwardness such as that found in the chapter on nocturnal enuresis, when the rationalization for writing about childhood enuresis is said to be that "... the best way to treat adolescent bedwetting is to treat it early in childhood ..." The text is well-written with adequate graphics where needed. There is an excellent section on the legal status of adolescents with a state-by-state breakdown of relevant statutes and an addendum that attempts to update the information to the time of publication.

The book suffers from the usual, perhaps unavoidable, problem of a text authored by multiple writers in that much is repetitive and some is contradictory. For example, in Chapter 5, "The Psychology of Adolescence," anorexia nervosa is attributed to displacement of pleasure-seeking from sex to food, while in Chapter 25 it is ascribed to disturbance in body image and perception. Certainly alternative viewpoints deserve to be voiced, but there is no acknowledgment that such a difference exists elsewhere in the text. The area of most concern to this reviewer, however, is the absence of the "family medicine"[1] perspective generally. To a disturbing extent, the adolescent patient is seen from an intrapsychic orientation with minimal attention to the family's role in a systems or contextual way. Thus, problems of asthma, diabetes mellitus, and anorexia nervosa have chapters devoted to their discussion without reference to the important work of the Philadelphia Child Guidance Clinic.[2,3,4] In these studies, the origin and treatment of these diseases is related to the family structure and dynamics in a manner that suggests vital significance to the practicing family physician.

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Principles of Genetic Counseling. *Edmond A. Murphy and Gary A. Chase. Year Book Medical Publishers, Chicago, 1975, 391 pp., $22.95.*

This volume seeks to serve as a source of thorough and readily accessible information on genetic counseling. It is, in general, tightly written and well organized, although there is inevitable recourse, in the more technical chapters, to mathematical formulae whose formats are sufficiently forbidding as to discourage the average practitioner from further encounters. Explanatory charts and diagrams are clear and well laid out.

The authors have provided in the first 100 pages a very logical and clear development of the elements of good genetic counseling, as well as the basic genetic principles and probability theory which underly this process. This section of the book, taken alone, should prove to be of substantial assistance to the practitioner seeking to refresh his prior knowledge of genetics and counseling strategies.

Overall, the text tends to emphasize the more technical considerations in genetic counseling. As a result, it would appear to be of relatively little utility as a day-to-day reference volume for the practicing physician.

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