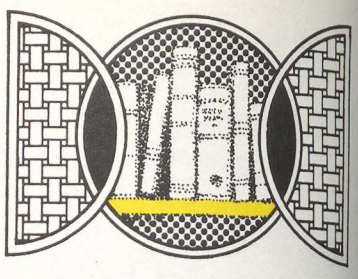
Book Reviews



Pediatric and Adolescent Gynecology. *S. Jean Herriot Emans and Donald Peter Goldstein. Little, Brown, Boston, 1977, 195 pp., $15.00.*

This concise informative text deserves a readily accessible location in the office library of every practitioner who provides gynecologic care for problems in the pediatric and adolescent age group. The content is especially relevant to family practice in that it focuses on common gynecologic problems which are frequently encountered in family practice.

The text consists of 195 pages of quickly read, easily understood, succinctly presented, usable information. Illustrations are strategically inserted with appropriate frequency to clarify concepts requiring visualization. Organization of the text also enhances readability by presenting basic facts and concepts clearly in early chapters and using them well in later chapters.

The authors' goal of presenting a simplified approach which will enable pediatricians, family physicians, and nurse practitioners to effectively manage common gynecologic problems in the nonadult appears to be well met. Although simplified, information is presented in enough detail to precisely identify and manage the common gynecologic problems encountered by family physicians. Treatment regimens presented are specific, up to date, and are not too complex to follow. Only the emotional and behavioral aspects seem to be oversimplified, but they are at least considered.

The text is well suited for all levels of practitioners and especially suited to those in the ambulatory setting. Medical students and residents can benefit particularly from the chapter, "Office Evaluation of the Child and Adolescent," which covers material frequently neglected in both medical schools and training programs. This group will find it an adequate practical basic text for pediatric and adolescent gynecology. The experienced family physician will find it useful as a quick update and reference which can be used in the two minutes he may have while a patient is getting dressed.

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Community Hospitals in Primary Care. *John H. Bryant, Allen S. Ginsberg, Seth B. Goldsmith, et al. Ballinger Publishing Company, Cambridge, Massachusetts, 1976, 399 pp., $15.00.*

This book is a compilation of working papers based on the results of the Community Hospitals Ambulatory Care project undertak-

Continued on page 216

Continued from page 212

en by Columbia University. There were 5,520 community hospitals surveyed. The methodology and results of this survey are discussed in detail. The survey documented the present role of the community hospital in ambulatory primary care and provided the focus for the discussion of current potential roles of community hospitals in providing primary care. Individual chapters are devoted to a discussion of such topics as reorganization of outpatient departments to serve ambulatory patient needs, hospital-sponsored primary care group practice, and health manpower issues.

The stated purpose of the book is "to provide a perspective that will assist those considering initiatives in primary care and [those] understanding the complexities of such undertakings, [and will] help delineate the full range of options open to them; and to provide guidance in the practical steps of developing one of those options—hospital-related primary care group practice." The authors emphasize that the book is not meant to be a blueprint for establishing hospital-oriented group practice, but to set forth the present trends in that direction and to provide some suggestions as to what hospitals can do to contribute to improved delivery of primary care in their communities. Thus, this book presents and examines one option for health-care delivery: hospital-centered primary care.

The book is relevant to family practice and other primary care specialties. It was intended to serve as a reference to hospital trustees, administrators, and staff to aid in their planning for expanded hospital involvement in ambulatory care, and as a textbook for students, scholars, and health planners. I recommend it to anyone interested in knowing about health-care delivery in the United States.

The book is devoid of jargon and intelligibly written. It is printed on recycled paper, and other than graphs and tables, there are no illustrations.

In summary, I think the objectives outlined by the authors are well met. One option for primary health-care delivery in this country is presented, and although I do not particularly think that this option is the best system, I think it is well presented.

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The Genetic Approach to Human Disease. *Vincent M. Riccardi. Oxford University Press, New York, 1977, 288 pp., $13.95 (hardcover), $7.95 (paper).*

The Genetic Approach to Human Disease is essentially a primer in clinical genetics for the generalist. The author reviews genetic mechanisms and their implications for the practicing physician rather than providing a text which is all inclusive in various areas of genetic disease. The first half of the book discusses traditional Mendelian chromosomal and polygenic disorders as well as the more complex area of environmental teratogenicity. While well written and straightforward, this content is available in most genetic texts in more comprehensive detail.

Continued on page 218

Continued from page 216

The second half of the book is devoted to the process of obtaining a genetic history, getting information to the family about the hereditary nature of the problem in question, and helping them work through the various options that are available. The chapter on components of a genetic evaluation is very helpful in giving the family physician a structure to collect information and formulate the problem for him/herself, the family, and the genetic consultant. Riccardi's chapters on genetic counseling—which are the conceptual heart of the book—are excellent. He states that "genetic counseling per se is part of a broader clinical involvement with the family." He pursues this emphasis by discussing various team approaches to genetic counseling, providing support—emotional and financial—to the family, and he does a good job discussing primary prevention and the legal and ethical issues involved. In general he touches areas and ideas which are important and which cannot be explored too often.

The role of the family physician in problems of clinical genetics continues to be one of observation and recognition of relationships between generations and family members. The family physician provides a continuing forum for talking out feelings and concerns once the diagnosis of a genetic disorder is made. And, while the geneticist and genetic counseling team have a limited and well-circumscribed connection with the family, the family physician remains to help the family deal with its grief, its anger, and its deliberations about the future. Riccardi is sensitive to these issues and reminds us of them throughout his book.

Overall, the book is clearly written and well referenced with an up-to-date and useful bibliography. It is worth reading to help one put genetic disorders and genetic counseling into a reasonable and practical perspective. It is the type of book which provides a review of what is current and diagnostic in evaluative genetics. In a field which changes so rapidly, these are the first areas to become out of date. But the discussion of the basics of genetic evaluation and the process of counseling families about genetic disorders makes this book a valuable one for all of us.

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Cardiac Arrhythmias in the Neonate, Infant, and Child. *Nigel K. Roberts and Henry Gelband. Appleton-Century-Crofts, New York, 1977, 533 pp., $32.50.*

In the 17 chapters of this nicely printed and clearly illustrated work with over a thousand references, the editors have brought together the expertise of 30 writers in the field of pediatric cardiology, primarily from American and Dutch institutions. For most family physicians this book will be "more than you ever wanted to know or were afraid to ask" about cardiac arrhythmias in the young patient. While the field of pediatric cardiology in general is broadly surveyed, the stated purpose of the editors "is to gather information related to cardiac arrhythmias in the neonate, infant, and child and to present it as a 'state of the art'." The first five chapters concern anatomy and physiology, then a chapter on the electrocardiology of the child, five chapters on specific arrhythmias, three chapters on situational arrhythmias and, finally, two chapters on treatment.

The book is for the subspecialist and it is doubtful that many pediatric generalists will wish to own it. Medical school libraries and the better hospital libraries will purchase copies where the occasional physician may want to read about a specific topic or learn more about a problem patient. The book is interestingly written but for the most part quite technical.

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Pediatrics (ed 16). *Abraham M. Rudolph (ed), Henry L. Barnett and Arnold H. Einhorn (co-editors). Appleton-Century-Crofts, New York, 1977, 2,198 pp., $38.95.*

This 16th Edition of *Pediatrics* is the latest revision of one of the standard pediatric textbooks and will prove to be an excellent reference for the family physician, resident, and medical student. The 16th edition has expanded to 2,198 pages as compared to 1,395 pages in my old 13th edition, quite a commentary on the information explosion.

The medical student or resident physician will find the expanded chapters on assessment and care of the child and psychosocial development and growth, as well as the new chapter on the health-care system, particularly informative. As a practicing family physician, I have found the new chapters on prenatal care and diagnosis, genetics, and immunology very enlightening.

Continued on page 220

Continued from page 218

The text is presented in a clinically useful format with a majority of the chapters organized by organ systems. A description of the disease process, pathology, symptoms, diagnosis, and therapy is presented for each disease process as is information about other problems which must be considered in one's differential diagnosis.

I have had the opportunity to use *Pediatrics* as a reference in clinical situations on a number of occasions and find no significant grounds for criticism. When more depth is required, the references have generally been readily available and include both "classics" as well as pertinent recent literature. The illustrations are generally of excellent quality and complement the text. My only criticism would be that more color plates would improve the volume, particularly in the hematology section.

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Child Abuse: Intervention and Treatment. *Nancy B. Ebeling and Deborah A. Hill (eds). Publishing Sciences Group, Inc, Littleton, Massachusetts, 1975, 182 pp., $15.00.*

Child Abuse: Intervention and Treatment is a contribution to an evolving area of interest for physicians and other health-care professionals, as well as the community at large. It is a collection of papers presented at the 1972 and 1974 Children's Advocates, Inc, New England Child Abuse Symposia. The papers were presented by persons of varied disciplines involved in child abuse work, particularly from the discipline of social work. Many of the papers explicate the nature of the child abuse problems and the social work with involved families and children. The point is brought home that child abuse occurs as a symptom of a disturbed family.

One of the most valuable aspects of the book for physicians is the look "beyond the referral" that is given through the experience of obviously capable social workers. Too often physicians who make referrals of patients do not understand the work of those in behavioral sciences to whom they refer. The result is unrealistic attitudes by physicians, both overly optimistic and overly pessimistic. This book offers physician readers an opportunity to appreciate the problems and some of the solutions that are possible with difficult families. We are also treated to a description of experimental approaches in the Boston area to abused children and abusing parents.

This book is divided into eight parts, each part dealing with an aspect of the child abuse phenomenon. The topics range from casefinding to diagnosis, treatment, to considerations of community resources, and the law. Although the book ranges far on the subject, it is by no means comprehensive. Important areas of interest in this field have apparently fallen into the crevices between the presentations. It cannot qualify as a scholarly work on this account and the absence of a bibliography is disappointing. It is however easy reading with much usable information for the family physician on the child abuse problem.

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