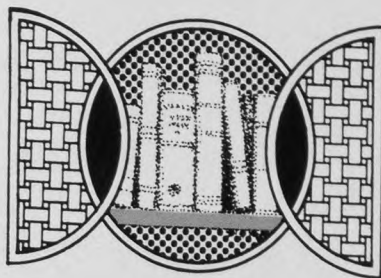


Book Reviews



Orthopedics in Emergency Medicine—The Extremities. Robert R. Simon, Stevan J. Koenigsknecht. Appleton-Century-Crofts, New York, 1982, 449 pp., \$25.00.

The authors of this reference text appear to have accomplished their stated goal: They have pro-

duced a technical volume directed specifically at increasing the orthopedic skill and efficiency of the physician staffing the emergency department. Other practitioners who deal with acute trauma will also appreciate the handy organization of this book. Each extremity

fracture type is presented in detail with a precise illustration of the fracture followed by a consideration of the biomechanics and mechanism of injury. A concise discussion follows, outlining the appropriate radiographs and management and reviewing anticipated associated injuries. In addition, "pitfalls" and "axioms" with respect to each fracture are presented. The authors intend by this to encourage "prudent decision making" and help the physician define his or her limitations, suggesting consultation or referral for more complex conditions.


On the whole, the book serves as a useful reference in the care of extremity fractures. Each section is

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Precautions: Use chlorpropamide with caution with barbiturates, in patients with Addison's disease or in those ingesting: alcohol, antibacterial sulfonamides, thiazides, phenylbutazone, salicylates, probenecid, dicoumarol or MAO inhibitors. Adequate dietary intake should be assured in all patients using Diabinese.

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Adverse Reactions: Usually dose-related and generally respond to reduction or withdrawal of therapy. Generally transient and not of a serious nature and include anorexia, nausea, vomiting and gastrointestinal intolerance; weakness and paresthesias.

Certain untoward reactions associated with idiosyncrasy or hypersensitivity have occasionally occurred, including jaundice, skin eruptions rarely progressing to erythema multiforme and exfoliative dermatitis, and probably depression of formed elements of the blood. They occur characteristically during the first six weeks of therapy.

With a few exceptions, these manifestations have been mild and readily reversible on the withdrawal of the drug. The more severe manifestations may require other therapeutic measures, including corticosteroid therapy. Diabinese should be discontinued promptly when the development of sensitivity is suspected.

Jaundice has been reported, and is usually promptly reversible on discontinuance of therapy. THE OCCURRENCE OF PROGRESSIVE ALKALINE PHOSPHATASE ELEVATION SHOULD SUGGEST THE POSSIBILITY OF INCIPENT JAUNDICE AND CONSTITUTES AN INDICATION FOR WITHDRAWAL OF THE DRUG. Leukopenia, thrombocytopenia and mild anemia, which occur occasionally, are generally benign and revert to normal, following cessation of the drug.

Cases of aplastic anemia and agranulocytosis, generally similar to blood dyscrasias associated with other sulfonylureas, have been reported.

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BOOK REVIEWS

Continued from page 733

written with precision and utilizes excellent illustrations. Strong supplementary chapters review soft tissue injury, infection, casting and splinting, dislocations, and shoulder syndromes. These sections discuss issues conceptually, hence would be useful at a variety of levels of training.

A minor weakness in the presentation—but by no means a major drawback—is the conservative attitude toward consultation and referral, which might be challenged by the physician practicing in a rural site. In summary, one can anticipate that this text will be highly practical for anyone participating in the management of acute extremity trauma.

James Bergman, MD
Seattle, Washington

A Family Physician's Approach to Individual and Family Good Health.

Anthony Sforza. Force Publishing Co., Salinas, California, 1982, 255 pp., \$9.95.

This is a delightful, easy-to-read book that has been written for a wide audience—from teenagers, to new mothers, to those of us who are growing older and would like to do everything we can to preserve our health. Dr. Sforza has a fine background to draw upon in writing this book. He is a family physician who recently has been the assistant director of a family practice residency program and now is in private practice in a small California town.

Written in a relaxed and chatty manner, Sforza's book is packed full of advice of the type that might be given by one's mother or a wise family elder. The book is organized by chapters on such subjects as nu-

trition, mental health, accident prevention, home treatment of common illnesses, and working with physicians. Most chapters are broken down into problems and advice by age group: infancy, childhood, adolescence, adulthood, and old age.

The book is full of practical hints; the author does not shy away from mentioning brand names, both to recommend and to condemn. He also clearly states his position on such areas as nutrition, vitamin supplementation, alcohol, and food preparation. He has a good chapter on mental health, including advice on decision making and five rules for stress reduction. His chapters on accident prevention, emergency care and first aid, and home treatment of common diseases are all clearly and succinctly written. Although not so detailed as some other self-care books, Dr. Sforza assumes a fair amount of basic information and primarily stresses practical treatment rather than physiology or diagnosis.

There are remarkably few flaws in this text. Dr. Sforza is occasionally repetitive in his infant nutritional advice; most would probably feel he recommends bathing too infrequently, and many physicians might disagree with his recommendations for checking triglyceride levels and doing ECGs and chest x-ray examinations.

The book ends with an excellent chapter on working with physicians. The author describes the evolution of family practice and gives recommendations on how to select a family physician. Overall, this is a book that covers much ground. Each chapter or section could be a book in itself. However, just as a family physician would do, Dr. Sforza sticks to practical

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Precautions: *General:* Certain conditions may require additional nutritional supplementation. During pregnancy, supplementation with vitamin D and calcium may be required. Not intended for treatment of severe specific deficiencies. *Information for the Patient:* Toxic reactions have been reported with injudicious use of certain vitamins and minerals. Urge patients to follow specific dosage instructions. Keep out of reach of children.

Drug and Treatment Interactions: As little as 5 mg pyridoxine daily can decrease the efficacy of levodopa in the treatment of parkinsonism. Not recommended for patients undergoing such therapy.

Adverse Reactions: Adverse reactions have been reported with specific vitamins and minerals, but generally at levels substantially higher than those in Berocca Plus. However, allergic and idiosyncratic reactions are possible at lower levels. Iron, even at the usual recommended levels, has been associated with gastrointestinal intolerance in some patients.

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How Supplied: Golden yellow, capsule-shaped tablets—bottles of 100.



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Continued from page 737

dents revealed "a picture of values, pressures, rewards, and sanctions which suggest an environment in which the choice of family medicine can only be interpreted as a process of resistance against the dominant school culture." Having made that observation, the authors conclude that this situation need not remain as it is. John Geyman and Lynn and Joan Carmichael make valuable contributions on education for the practice of family medicine and the content of family practice.

This is an exciting little volume that should be read by every teacher of family practice, and have a place on the shelves of many practicing physicians as well.

*Robin J.O. Catlin, MD
Worcester, Massachusetts*

Common Health Problems in Medical Practice (2nd Edition). *E. Scott Medley (ed). Williams & Wilkins, Baltimore, 1982, 336 pp., (paper), price not available.*

In his preface the principal author announces the purpose of his book: "to provide for the medical student, the primary care resident, and the practicing physician a book which can be read from cover to cover and then can be kept handy as a quick reference for the common problems one encounters in everyday practice." The goal is laudable, but this book, uneven in quality, sometimes trite, studded with platitudes and loose thinking, is, in the final analysis, unsuccessful.

There are good ideas put forward, and there is much useful information. The contributors, all but one from the College of Medicine, University of Florida, do a workmanlike job. The subjects are

well chosen, and the chronological sequence is sensible.

There is an immaturity about the book that I found disturbing. Personal opinions are expressed, often unsupported and essentially meaningless. Screening procedures are recommended, for example, chest x-ray examinations every five years in asymptomatic adults, with no explanation. Reassurance is dispensed freely, but apparently without adequate thought as to its appropriateness. We are asked to talk to the adolescent patient about contraception in a "permission-giving" manner, by asking, "What are you doing about birth control?" It is true that such advice occurs in a section on contraception, but surely more appropriate would be some initial probing of the adolescent's attitude towards his or her sexuality.

Examples of loose writing abound. What is one to make of "normal lymphadenopathy" or, in the discussion of childhood cancer, "more than 50% of the children can survive at least five years or more"? Leukemia and lymphoma are quoted as "sites" for cancer in children.

The editing is uneven, and there are notable omissions. The only reference I saw to occupational disease was a phrase listing of a few industrial causes of asthma. There are no illustrations.

Reading the book "from cover to cover" became more and more of a chore as I progressed. As a reference source, it has significant shortcomings. Intellectually, it did not satisfy me. Though it is written with the primary care physician in mind, it seems somehow to diminish the discipline. It could well be of value to midlevel practitioners.

*Peter Goodwin, MD
Portland, Oregon*

Critical Issues in Family Practice. Kenneth Kushner, Harry E. Mayhew, Leroy A. Rodgers, Rita L. Hermann (eds). Springer Publishing Company, New York, 1982, 270 pp., \$22.95.

This book presents 34 "critical incidents" with two commentaries about each. The authors of and most of the commentators on the critical incidents are family physicians or residents in family practice. The briefly outlined incidents and the commentaries make up the six- to ten-page chapters.

Critical Issues in Family Practice deals with cases that family physicians will recognize as central to the specialty. Since the cases were submitted in response to the editors' request for "critical incidents," they are not only difficult situations but ones that made lasting impressions in the family physicians' minds. They can be categorized as ethical dilemmas, situations producing guilt or anger in the physician, or legal questions.

More than one half of the cases involve family practice residents, though only a few concern residency training per se. One can extrapolate from all of the cases to issues faced by any family physician. The commentaries were invited from family physicians, other specialists, nurses, attorneys, or ethicists affiliated with academic family practice programs. The quality is generally quite good, though the writing styles vary. There is usually agreement between the two commentators, but the different perspectives are useful to compare with one's own.

The editors suggest that the cases and commentaries can be used as stimuli for seminars with residents or medical students. I believe that they will be excellent for small-group discussions involving

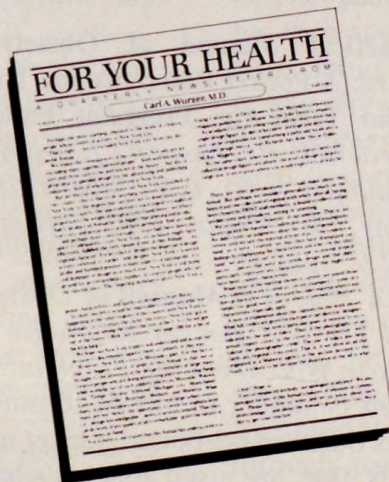
Patients want to hear from their primary care physicians more often — according to the results of a recent survey

We asked patients how they felt about receiving a newsletter from their physicians which contained brief articles about some of the more recent discoveries and advancements in the field of medicine, explained how best to use the services of their family doctor, and offered practical tips to improve their own and their family's health.

90% of those surveyed were ready to receive a regular newsletter from their physicians. In fact, almost 80% not only were ready but expressed great enthusiasm with such comments as these...

- I would be favorably impressed and would feel he was thinking about me.
- It would be like the old days when doctors really cared.
- Good — it would be the voice of authority.
- I'd be very pleased. I'd have much more respect.
- I would have respect for him if he took the time to do that.

Respect was an important issue with more than half of the respondents who stated they would have more respect for their physician if he took the time to send them a newsletter on a regular basis.



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family physicians and trainees for whom medical ethics, professionalization, or practice management are goals. Practicing family physicians, especially residency graduates, will find the book stimulating and reassuring in its approach to the quandaries of thorny issues.

As brief descriptions of actual occurrences in family practice with responses and advice from experienced academic family physicians, *Critical Issues in Family Practice* adds greatly to the literature of the specialty.

Richard Baker, MD
Chapel Hill, North Carolina

Behavioral Medicine in General Medical Practice. Patrick A. Boude-wyns, Francis J. Keefe (eds). Addison-Wesley Publishing, Menlo Park, California, 1982, 320 pp., \$24.95.

The expanding use and interpretation of "behavioral" in family medicine make it necessary to indicate that this multiauthored text written to "acquaint primary care physicians with the field of behavioral medicine" deals specifically with the application of techniques based on behavioral theory and knowledge to a number of common problems in family medicine—pain, headache, enuresis, encopresis, Raynaud's disease, hypertension, coronary artery disease, eating disorders, smoking, and compliance with medical regimens. It is designed not to teach behavioral techniques to physicians but rather to increase awareness and understanding of the potential of these techniques.

While some would dispute their trite dismissal of the main competing psychological treatment model, namely, psychotherapy, as theoretically "interesting" but not very effective, the authors do an excellent

job of objectively assessing the available evidence for consideration of behavioral therapy; for example, sleep disorders and alcoholism were not included by the editors for lack of convincing support from the research literature.

Recognition of the need to place behavioral management in the context of other concurrent medical treatments is a consistent theme that should help discourage the notion that a problem needs either a medical or a behavioral treatment. All the chapters are highly readable, with excellent and detailed references, and each ends with an important and useful section on when to refer patients for behavioral treatment.

The authors have produced a first-class text that would help any family physician to enlarge his or her behavioral perspective on these common problems while improving the important skills of clinical psychology.

This book would be a useful addition to any program or department library and certainly justifies closer inspection by individual physicians.

Charles Freer, MD
Chelsea, Michigan

Practical Manual of Obstetrical Care: A Pocket Reference for Those Who Treat the Pregnant Patient. Frederick P. Zuspan, Edward J. Quilligan (eds). C.V. Mosby Company, St. Louis, 1982, 414 pp., \$11.95 (paper).

A *Practical Manual of Obstetrical Care: A Pocket Reference for Those Who Treat the Pregnant Patient* is similar in format to numerous other spiral-bound pocket manuals that are used extensively by house staff and medical students throughout the country. It is not in-

tended to be an exhaustive reference, covering the entire field of obstetrics; it is meant to provide bedside or on-ward information that will enhance the quality of care rendered by the practicing physician or obstetrician.

The book is divided into seven sections dealing with (1) prenatal care and considerations, (2) medical disorders during pregnancy, (3) problems in late pregnancy, (4) conduct of labor and delivery, (5) postpartal care, (6) operative obstetrics, (7) family planning, and (8) use of drugs during pregnancy. An extensive index follows the text and is quite usable.

The text includes numerous illustrations and graphic portrayals of information taken from the classic textbooks and articles in obstetrics and gynecology. Such concise graphic presentation is extremely helpful at times when information is needed on short notice. The pharmacologic and operative information presented is timely and up to date.

No attempt has been made to be exhaustive in presenting information relating to controversial topics. References, which are given at the end of each chapter, are spotty at times, and frequently cite textbooks rather than current journal articles. The sections dealing with physiologic changes of pregnancy, the identification of high-risk patients, forceps delivery, vacuum extraction, version and breech procedures, as well as cesarean section and cesarean hysterectomy, are well presented.

The book presents a well-balanced picture of obstetrical care relevant to the needs of family physicians and obstetricians practicing in the 1980s.

Douglas D. Pile, MD
Healdsburg, California