# Book Reviews

**Emergency Medicine—A Quick Reference for Primary Care.** *John Hocutte, Jr. Arco Publishing, New York, 1982, 464 pp., $16.95.*

Returning to clinical medicine after several years in largely administrative jobs, I was looking for a concise source that would provide me with a quick overview of ambulatory medicine. I was fortunate in selecting this book, which can be easily digested in a short time and which provides a rather broad coverage of emergency and outpatient medical problems.

Most of the common complaints that cause patients to seek medical care are included as well as more serious life-threatening conditions, which although rarely encountered in the office, must be treated immediately when they are encountered. A chapter on medicolegal concerns is included, which is of special importance in this litigation-minded society.

A unique aspect of the book is the inclusion of a section in each chapter on handling emergencies in the office (as opposed to the emergency room) and on the street. The latter could probably have been deleted without reducing the book's value.

Reproducible patient education sheets are also included as well as lists of equipment and medications that should be on hand in the office and in the physician's bag to handle "routine" emergencies. These lists would be especially helpful for someone opening an office de novo.

A major deficiency is the lack of a separate pediatric chapter. The four-page chapter on obstetric emergencies could also have been expanded. Recommendations for drug dosages are erratic, as specific dosages for many drugs are mentioned in some parts of the book, but not in others. There were inevitable factual errors, such as the confusion between barotrauma and decompression sickness.

Despite these few deficiencies, the book provides a concise synopsis of emergency medicine as seen from the point of view of a family physician. That it is relatively inexpensive and fits easily into the laboratory coat pocket or physician's bag makes it an even more desirable addition to one's library.

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**The Medical Teacher.** *Kenneth R. Cox, Christine E. Ewan. Churchill Livingstone, New York, 1982, price not available.*

*The Medical Teacher*, edited by Kenneth R. Cox and Christine Ewan, is a comprehensive discussion of teaching in the medical field. The book is very well organized and is fairly complete in that it covers the most important aspects of teaching in the medical setting. Most of the chapters are brief and well written.

The information presented in this book is generally of two types. The first type represents a review of concepts and principles of teaching and learning that have been prevalent and well accepted for many years. Those chapters present an excellent review of the most important principles that medical teachers should use as they

plan their teaching and interrelate with students. Examples of this type of review material can be found in Chapter 2, entitled "How Do Students Learn?," in which the author reviews four principles teachers can use to ensure effective teaching and learning, and in Chapter 11, entitled "How Do Students Learn in Lectures?," in which the author sets forth some practical guidelines for the effective organization of material to be presented in a lecture format.

The second type of information presented in this book relates to current developments in medical education. Examples are found in Chapter 15, "Problem Based Learning," in which the elements that are necessary for a problem-based learning exercise are described in some detail, and in Chapter 27, "Clinical Simulation," in which the latest information concerning the use of simulation to solve specific educational problems is presented.

This book is an excellent resource in that it provides an effective blend of philosophical principles and practical guidelines for effective teaching. All who are interested in teaching in medicine or health-related fields would find this book to be invaluable.

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**The Physician in Literature.** *Norman Cousins (ed). W.B. Saunders, Philadelphia, 1982, 477 pp., $16.95.*

Norman Cousins has had an impact on medical education in recent years through his somewhat controversial advocacy of eclectic medical treatment, making his case for "holistic" medicine by including laughter, focused imagery, and other nontraditional "treatment" as weapons in the healing armamentarium. He has been adjuvant professor in the program in Medical Law and Human Values at the UCLA School of Medicine for the past few years, seeking to bring a dimension to medical education that, from his perspective as teacher, patient, and humanist, he and a growing cadre of others feel is lacking.

This book draws on Cousins's experience as editor of *The Saturday Review,* which under his masterful stewardship was a major contributor to the growth of contemporary literature in this country. He is a well-read and learned man. He has chosen from among his favorites and from those suggested to him by others a collection of prose, stories, and poetry that reflects the physician as portrayed in literature.

His purpose in compiling this volume is to correct what he says is the "educational disequilibrium" that pervades medical education, emphasizing quantitative and analytical skills at the expense of linguistic and observational skills. He succeeds in giving physicians a guide to re-establishing their links with literature and language.

Sections of the book represent such aspects of medicine as "The Role of the Physician," "Doctors and Students," and "The Practice." Any collection of "favorites" includes some others might not have chosen and omits some that definitely would have been included by others. Although it includes many familiar works, *The Physician in Literature* contains some real surprises that will be a source of enjoyment for years. The letters of Anton Chekov as a young physician on a 13,000-mile round trip by carriage and boat to the far reaches of Siberia near the Tartar Straits are both a remarkable historical documentation of the conditions in Czarist Russia and an agonizing portrait of the physician faced with almost inconceivable social and health problems who realizes that his puny remedies could not touch the misery of the people he visited. In his 1871 address to the Bellevue Hospital graduating class, Oliver Wendell Holmes, the great jurist who was first a physician, gave one of the truest analyses of the relationship of physician, patient, and community when he said, "The normal is what you find but rarely." Things really have not changed.

Cousins has included pieces from some great physician writers, Chekov, Somerset Maugham, Celine, and William Carlos Williams, but the preponderance of the book is devoted to the physician as perceived by others. The layman, no matter how perceptive, is obviously unable to understand or see the world of medicine as does a physician. It is a matter of perspective, a delineation of separate and unique truths; however, it is precisely the range and variety of the literary view of medicine and of the physician that make this collection useful.

While educators and politicians decry the loss of America's scientific competitiveness and urge increasing scientific training in general education, it is ironic that medical education is reacting to the lack of humanism in the technological world of the modern physician by encouraging the growth of courses and research in ethics and humanities. *The Physician in Literature*

provides a source of material for medical educators who are interested in broadening and enriching their work with students and residents. It is a way to begin.

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**Guide to the Management of Infectious Disease (Monographs in Family Medicine).** *Laurel G. Case (ed). Grune & Stratton, New York, 1982, 238 pp., $29.50.*

This textbook on infectious disease is merely a guide, as stated in the title, not a complete, comprehensive text on infectious disease as published by various noted authorities who specialize in that area. It is, however, an excellent guide that offers a review of infectious diseases from the viewpoint of the family physician. Chapters reviewing immunology, empiric vs prophylactic antibiotic therapy, office culture techniques, the various characteristics and appearances of infectious agents, and the rational use of vaccines are offered as an introduction to the book, aimed toward a basic clinical understanding of the common pathogens and diseases most commonly seen in the office or in hospitalized patients. This book, however, should not replace other reference textbooks useful for more in-depth information on rarer forms of infectious diseases.

The book for the most part contains chapters relating to the most common of infectious diseases seen in certain specific organ systems. Excluded from this classification of diseases are some of the rarer

forms of infectious diseases of various organ systems, and there are no descriptions given of any of the gastrointestinal infections. Similarly the parasitic diseases and secondary complicating wound infections are excluded.

The highlight of the book is the review, in the first five chapters, of diagnosis and assessment of infectious causes of disease and vaccinating against them. These introductory chapters make the book also useful for allied health personnel. In summary, this book serves the family physician as an excellent review text on infectious diseases.

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**Private Practice-Surviving the First Year.** *Jack D. McCue. Collamore Press, Lexington, Massachusetts, 1981, 304 pp., $15.95 (paper).*

This book, written for those nearing the end of their postgraduate training, should greatly reduce the trauma of the transition from institutional medicine into private practice. It is concise, easy to read, and eminently practical.

The book is divided into three parts, although the last two could really be lumped together. The first deals with factors to be considered when deciding where to locate, what type of practice would be appropriate, and how to go about finding the position for which one feels most suited.

The second and third parts are less detailed than the first and deal in a general way with practice management and the problems inevitably faced in the establishment of a new practice. Tips on hiring, firing, collecting bills, and estimating costs of setting up the office and lists of supplies and equipment that will be required regardless of specialty are provided.

Although full of saliently practical advice, the last two sections are less detailed and mechanistic than the first part and appear designed essentially to alert the future private physician to some of the situations he will inevitably face that, because they are less urgent, he will have more time to prepare for later on. Adequate references are provided for additional reading within these areas covered with deliberate superficialty. A point repeated more than once is the importance of being paid for services provided. As the physician in training is paid by the institution, it is all too easy to become overly altruistic and detached from the hard reality of the requirement to set and collect fees. Surprisingly, despite several references to helpful materials and services of the AMA, there was no mention of the periodic AMA clinics for private practitioners.

Overall, this is a practical, almost fun to read book that should be of immense help to those contemplating making the jump into private practice.

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**The Youngest Science: Notes of a Medicine-Watcher.** *Lewis Thomas. Viking Press, New York, 1983, 270 pp., price not available.*

There are many reasons for spending hard-earned leisure hours with Lewis Thomas's latest book.

One is to encourage the investigator spark within each of us. Another is to appreciate the harmony of nature and our precious ecosystem. However, the main thrust of this much-praised work is based on Thomas's sharp comments on the trends of medicine. These comments begin with the happy informality of his father's office in the 1930s in Flushing, New York, and continue with the antibiotic era, the research grant era, and the intricate workings of immunology and chemotherapy at the Memorial Sloan-Kettering Cancer Center, New York. With great sensitivity Thomas provides anecdotes revealing the lives of medical students, bedside teachers, dedicated nurses, trusting patients, and tireless laboratory investigators.

Sophisticated as Dr. Thomas is on matters of the sponge, the Schwartzmann phenomenon, and the logic of Montaigne, his comments on the developing discipline of family medicine are naive and at odds with the strength of the movement across the nation. One could dismiss this as the provincialism of an elite Northeasterner (Princeton, Harvard, NYU, Yale, etc). Nonetheless, thousands of readers accept his profundities. They will accept his immunology (recognition of self and nonself and olfactory skills of bloodhounds) along with some casual misinformation on primary care: impersonal, high-cost technologists are really better for the patient than warm, concerned, well-trained family physicians who even persist in making selective, old-fashioned house-calls.

Read it for yourself. Enjoy his magnificent prose. Then invite the famous author to visit a real, up-to-date science-based family medicine center such as yours, or ours! It may influence his ideas for his next book.

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**The Social Transformation of American Medicine.** *Paul Starr. Basic Books, New York, 1982, 514 pp., $24.95.*

There appears to be a predisposition among both medical educators and practitioners to concern themselves with clinical issues and to leave the economic and political dimensions of health care to others. This tendency has never been completely desirable, and currently in the United States it is downright dangerous. Changes of great magnitude appear to be coming, and the ability to influence them will be determined in large part by an understanding of their historical and economic determinants. A health care system's stability and usefulness are delimited in large part by the system's relationships with the larger society of which it is a part, and those who would influence health policy should understand those relationships and the forces that shape them.

Paul Starr, a sociologist at Harvard University, has written a perceptive analysis of the United States health care system from a historical perspective. It is strongly recommended reading for those who want to understand the social, economic, and political context in which physicians care for patients. The book describes the evolution

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of American medical education from its crude beginnings through the development of proprietary and then university-affiliated medical schools to the complex system currently in operation. Starr outlines the history and influence of the American Medical Association, from its early activism through its profound impact on health care economics to its present position as guardian of the status quo. He describes the aspirations, struggles, and frustrations of generations of medical reformers and their close working relationship with the federal government. Starr then turns to more recent developments and their implications for the future. As costs have escalated, so have assertions that health care is too important and too expensive to be left in the control of its providers. The end of the physician shortage and recent antitrust actions have largely destroyed the AMA's ability to control innovation, and changes in public beliefs have weakened its social authority. Initiatives by hospitals and corporations that would have been blocked by "organized medicine" a decade or more ago are now occurring rapidly, with profound implications for both patients and caregivers.

The book's value is limited somewhat by the author's preoccupation with the political and economic determinants of physician behavior to the exclusion of interpersonal factors. The focus is system oriented and does not deal with the impact on physicians of the professional responsibility and interpersonal stresses that are an inescapable part of clinical practice. The book should be read with this bias in mind.

Starr's work highlights many potential problems for family medicine in years to come. If most future family physicians will work for corporations, should corporate survival and administrative skills be taught in residency programs? Can family medicine ideals survive in a highly competitive, dollar-oriented practice environment? What skills will family physicians need if they are to serve as effective "gatekeepers" in network-model HMOs and other evolving types of delivery structures? This book provides no simple answers, but at least it puts the questions in perspective.

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**Principles of Clinical Electrocardiography (11th Edition).** *Mervin J. Goldman. Lange Medical Publications, Los Altos, California, 1982, 437 pp., $15.00 (paper).*

I have used this book through several editions and feel that it continues to be an excellent basic book on clinical electrocardiography. Written concisely and clearly, it is well illustrated and easily understood, and can be used in teaching conferences and in clinical situations. We have used it as a reference book and in a series of electrocardiogram conferences to look up immediate questions that arise. The format of first discussing physiologic mechanisms, followed by demonstration cardiograms and summary criteria, is very helpful.

I have tried other electrocardiogram books, and this has been the most useful. Physicians who need to go into more depth can, of course, do additional reading in the

appropriate medical and cardiology literature.

In summary, I think the book is well written, useful, and clinically helpful. It can be used by medical students learning cardiography as well as house officers and physicians doing electrocardiograms in their practices.

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**Basic Clinical Urology.** *John R. Dalton. Harper & Row, Philadelphia, 1983, 278 pp., $17.50 (paper).*

This book deals with common urologic problems from the viewpoint of a urologist, but with content emphasizing points of importance to physicians of other specialties. The book started as a series of lectures for undergraduates. The author emphasizes his own approach rather than reviewing available literature. The result is a rather dogmatic series of "roadmaps" for diagnosing and treating urologic disorders. The practice bias of the author is most obvious in the section on impotence, in which the surgical approach is emphasized.

The range of topics covered is broad, but does not include renal physiology or renal failure. The book contains numerous illustrations, most of which are clear. The reproduction of some of the radiographs did, however, obscure the points being illustrated.

This book would best suit a clinical clerk or beginning house officer as a ready reference on one approach to common problems. Its lack of consideration of alternative viewpoints and lack of depth would limit its usefulness as a reference for the practicing family physician.

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**Psychiatric Emergencies.** *John C. Urbaitis. Appleton-Century-Crofts, East Norwalk, Connecticut, 1983, 166 pp., $10.95 (paper).*

People with psychiatric emergencies often present diagnostic and therapeutic dilemmas to physicians in emergency rooms and other settings. This book attempts to provide practical information for evaluation and treatment of patients with possible psychiatric emergencies.

*Psychiatric Emergencies* is written in conversational prose, with definitions, physical diagnosis findings, and pharmacological information often buried deep within the paragraphs. There are 17 short chapters divided into four major sections dealing with basic concepts, patient evaluation, general principles of psychiatric management, and finally, the assessment and management of specific psychiatric syndromes. Despite this organization, the chapters are repetitive and disjointed. The same topic is frequently covered in more than one chapter. Instead of a succinct presentation of the materials, the chapters have a great deal of filler. At times the author loses sight of the theme of the chapter in order to add to its length. For example, a chapter concerned with gathering information about the patient from collateral sources ends with a narrative on handling incoming calls to the emergency room from troubled patients. A one-page chapter on helpful hints and axioms begins with some short, useful caveats for psychiatric intervention, but then begins to ramble.

In its present form, the book might be appropriate for medical students and residents. The information would be more useful for practicing family physicians if presented in a journal article review format.

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**Basic Clinical Parasitology (5th Edition).** *Harold W. Brown, Franklin A. Neva. Appleton-Century-Crofts, East Norwalk, Connecticut, 1983, 339 pp., $27.50.*

With few exceptions parasitic diseases are rare in the United States. Pinworm, trichinosis, giardiasis, amebiasis, and trichomonas vaginitis, however, are parasitic diseases that family physicians are likely to see with some frequency. Illnesses caused by insects are also common and covered nicely in this book. The vast majority of the text, however, describes parasitic diseases that few physicians will ever see. Diseases such as trypanosomiasis are so rare as to merit case reporting in *Morbidity, Mortality Weekly Report*. This does not limit the book's use as a desk reference but does limit its use as an overview of the field of parasitology relevant to the American physician. This flaw could have been overcome to some degree had the authors expanded the "epidemiology" section on each of the diseases described. Such an effort could have given the reader a better

idea of prevalence and incidence of the diseases that are considered quite rare.

The book deserves credit for its readability, the quality of illustrations, and its clinical focus. Finally, as a reference, it is commendable for its brevity.

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**Epidemiology and Research in General Practice.** *G. I. Watson. Royal College of General Practitioners, London, 1982, 282 pp., price not available.*

This book is a posthumous tribute to the work of Ian Watson, a British general practitioner, past president of the Royal College of General Practitioners, and longtime researcher into the epidemiologic and clinical features of respiratory disease in general practice. At the time of his sudden death in 1979, he had almost completed a book on respiratory infections in general practice, and this text published by the Royal College includes the 16 completed chapters and 9 selected articles based on Dr. Watson's extensive work in this field. The final product is an inspiring record of the original thoughts, observations, and analyses of a remarkable individual and physician.

The "book" section on respiratory infections proceeds from general chapters on epidemiology, bacteriology, diagnosis, prophylaxis, and treatment to more specific clinical chapters including sore throat, earache, upper and lower respiratory tract infections, etc. These chapters are based on detailed clinical observations and some extensive collaborative research in Dr. Watson's practice with the help of the Public Health Laboratory Service and the Medical Research Council. The chapters contain a wealth of distilled clinical experience and research; for example, his discussion on how to distinguish viral and streptococcal sore throat should be of interest to many. This, however, is not a textbook to be read for factual recall, since there is much that readers will find to challenge—for example, his recommendations on antibiotic use and the statement that "among adolescents and young adults follicular tonsillitis was most often due to infectious mononucleosis." The strength and appeal of these chapters is that they will force the reader to question and re-examine his own knowledge and practices, perhaps even to research the controversial.

The nine previously published papers are a tribute to an energetic and productive mind and include the lecture "The Inquiring Mind," which should be mandatory reading for all general practice and family medicine researchers, and his 1966 James Mackenzie lecture, "Learning and Teaching by Family Doctors," which surveys the work of Mackenzie, whose studies and thoughts remain fresh and relevant today.

Ian Watson's work has perhaps escaped many American readers. This inexpensive but worthy tribute to his thoughts and research will give many the opportunity to catch up on his extensive work on respiratory infections and will be best appreciated by physicians, teachers, and educators who have had at least a few years of clinical experience.

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