
Book Reviews

Adolescent Medicine. *Adele D. Hofmann (ed).* Addison-Wesley, Menlo Park, California, 1983, 550 pp., \$35.00 (paper).

The Introduction to Hofmann's text states this book was written as a "practical, quick, how-to reference guide," a goal that has been superbly achieved in the form of a text unique in its content and pragmatic in its design.

The book is designed specifically as a reference for clinical practice and is appropriate for primary care physicians, house staff, medical students, and midlevel practitioners who care for persons aged between 10 and 21 years. The reader is assumed to have a basic knowledge of general medicine that is built upon to achieve a perspective of care for the adolescent.

The content is arranged with special emphasis on differential diagnosis and management protocols. Subjects found to be particularly useful include optimal health maintenance, a guide to techniques of interviewing and counseling adolescents, sexuality, family dynamics, sports medicine, and legal issues. An exceptional amount of content is compressed into a surprisingly readable and efficiently organized book through the generous use of tables, graphs, and figures. In addition, a comprehensive bibliography at the end of each chapter further expands its potential as a reference for teaching.

As a clinical attending physician,

I found this book most useful as a ready source of specific information on adolescent care. Its organization makes for rapid and efficient information retrieval. It is an attractive and sturdily bound text that would be a welcome addition to the daily-use library of any primary care provider.

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Primary Care: Clinics in Office Practice: Volume 9, No. 4: Ophthalmology in Office Practice.

James C. Folk, Robert E. Rakel (guest eds). W.B. Saunders Company, Philadelphia, 1982, 215 pp., \$12.50.

This volume represents yet another in the long line of valuable *Primary Care* books available for the physician. The editors state that since many physicians receive marginal exposure to eye disease while in medical school, the current volume should be useful for students, residents, and practitioners.

Divided into 12 chapters, the book begins with a brief and understandable section on ophthalmic anatomy. Comments concerning the painless, sudden loss of vision are most serviceable. Sections on the red eye and diseases of the lids

are well written and appropriate. Medications used for eye problems are discussed at length with several beneficial tables. Newer treatments of diabetic problems and laser photocoagulation for senile nocular degeneration are highlighted. A good review of ophthalmic trauma is provided.

The volume is readable and well written. The artwork, photographs, and tables provide valuable information in understandable form. The student and resident will profit from this volume; the busy clinician, less so.

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Quick Reference To Cardiovascular Diseases (2nd Edition). *Edward K. Chung, J.B. Lippincott Company,* Philadelphia, 1982, 672 pp., \$37.50.

This book offers the primary care physician a textbook-size cardiology reference. The format of each chapter helps focus attention on the area of need quickly; the information is complete, stated clearly and concisely.

The first chapter compiles the basics of the history and physical examination in as concise and clear a fashion as I have yet seen, and

chapters dealing with the usual cardiovascular diseases are well done. The differential diagnosis is usually excellent; the treatment section is generally solid, but at times lacks depth. Going beyond the clinical syndromes, the author adds several well-done chapters on the advances in cardiovascular knowledge and technology, ie, nuclear cardiology, echocardiography, and cardiac catheterization. The surgical aspects of this technology, as well as the treatment modalities in the clinical sections, are well integrated with the medical aspects. Two chapters on risk factor analysis and exercise prescription are quite useful. The author clearly separates the constitutional and controllable risk factors and has included useful probability charts. I found the last chapter, "Acupuncture for Cardiovascular Diseases," very interesting and informative.

In summary, this textbook's format, clear and concise style of writing, and clinical approach allow the full spectrum of cardiovascular diseases to be easily referenced in a manner useful in the clinical setting. I would recommend it to the family physician, general internist, and resident as a quick reference for this area of medicine.

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Family Medicine: Principles and Practice (2nd Edition). Robert F. Taylor (ed). John L. Buckingham, E.P. Donatelle, William E. Jacott, Melville G. Rosen (assoc eds).

Springer-Verlag, New York, 1983, 2,020 pp., \$69.50.

Family Medicine: Principles and Practice, Second Edition, is an ambitious undertaking. The volume appears to attempt both to define the discipline of family medicine and to be a reference text for the wide spectrum of problems faced by family physicians. The text has shortcomings in both areas.

The text's description of the discipline is one that may not be shared by all in the field. "Family medicine" was decided upon as the name for the general practice/primary physician specialty, but the consensus for this name has not been unanimous. A segment of the specialty today may feel that this text dwells too long on the importance of the "family" in family medicine, as if the name of the specialty is guiding us more than the intent and needs of the specialty.

There are many redundancies, platitudes, and statements of the obvious, as shown by the following examples of chapter beginnings: "Medical textbooks are written by medical people, physicians for the most part. . . . None are written by families!" "The family gives reason for family medicine to exist. There is a place for the family physician. The physician may be likened to an electric plug, but the family is like the socket—without which there would be no light, no warmth, no spark." "It is sometimes difficult to realize, until road accident or cardiac catastrophe reminds us, how fragile and uncertain is one's grip on life." "Everyone practices the skill of communication daily." "In many respects the task of learning what to do when counselling is like learning to

paint on canvas." ". . . we described marriage in rather irreverent terms. Its improbability is compared with the aerodynamics of the bumblebee. . . ."

I found many statements of what a family physician must be to be obvious, repetitive, and condescending in a way that makes me fear academic family medicine may have become too isolated from the needs and realities faced by those in practice.

The volume is not an adequate reference text, as it deals only superficially with specific disease entities. As problems arose in my own practice, this volume did not substitute for a collection of texts from other specialties. Hyperbilirubinemia in the newborn, pyelonephritis in pregnancy, atrial fibrillation, multiple sclerosis, sarcoidosis, and even parental antimicrobial dosage for pneumococcal pneumonia are just a few examples of areas where problems and questions arose that were not adequately covered in this text.

In summary, this book does provide a detailed review in the specific area of the "family" and an academic view as to the content of family medicine, but I have not found it helpful as a reference text for family practice.

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The Intellectual Basis of Family Practice. G. Gayle Stephens. Winter Publishing Company, for Society of Teachers of Family Medi-

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cine, Tucson, Arizona, 239 pp., 1982, \$22.50 (paper).

This anthology is composed of some of the writings of Gayle Stephens over a period of 15 years, some previously published elsewhere. The collection enables the reader to perceive the continuity of thought and, incidentally, the genesis of the thinking of this leader of the emerging discipline of family medicine.

The articles have been assembled in groups according to their subject matter. The titles of the sections are Why Family Practice?, Family Practice and Reform, Beyond Diseases, More Than Drugs and Surgery, and Family Practice and Academe. This arrangement of collections of writing at different times on the same subject area is helpful to the reader. However, in the very useful Appendix B, the original occasion of the lecture or article is listed, and its former publication date is arranged in chronological order.

As Stephens points out, there are inevitably some repetitions in such a collection of related essays, developed for diverse reasons and occasions throughout the years. There are also some interesting inconsistencies. The point is made, for instance, that although conservative, in many ways, family practice has become, and should remain, part of the nationwide reform movement. In this counterculture, the women's movement has played a vital part in the development of family practice. It is surprising, therefore, to find that in Chapter 4, entitled, "The Horse and Buggy Doctor—1980 Style," the physician is always "he." But this is to cavil at relative trivialities.

Stephens offers a powerful polemic in defense of family practice. His defense is based primarily upon a philosophical rather than a clinical approach to its strengths. He deals extensively with the academic role of family medicine, and takes upon himself something of the role of both prophet and reformer. Indeed, he draws richly on his own philosophical and religious background and seeks to secularize his position. Identifying himself with an Old Testament poet who, homesick, was commanded by his captors to sing as though he were free, he feels like a captive in the alien land of the medical school, a sense that many of his colleagues in academic family medicine would share. In spite of these senses of insecurity, he is ardently convinced of the place and value of family medicine, not merely pragmatically, but as something that patients both want and need.

Stephens epitomizes what he pleads most ardently for: a physician, wise, understanding, who sees the whole of any situation—the person more than the disease—and is willing to give himself in selfless, continuing, and sympathetic care. This is a book that must be on the shelf and in the hands of every teacher of family medicine. Many family physicians will find refreshment in its pages. Many students, in this and in future generations, will benefit in the study of the writings of this reformer and philosopher. The presentation of the book belies its contents. Do not be put off. Here is real worth and challenge.

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Signs and Symptoms in Pediatrics.
Walter W. Tunnessen, Jr. J.B.
Lippincott Company, Philadelphia,
1983, 654 pp., \$27.50.

This selection presents extensive differential diagnoses to virtually every common sign and symptom encountered by the family physician whose practice includes the care of infants and children. The author without a doubt realizes his goals, which are stated quite precisely: (1) present a broad-based approach to each major category of symptom and sign, (2) organize a concise differential diagnostic list for each category, and (3) further subdivide each category in a fashion promoting the concept of the practitioner developing the case-specific differential.

More than a mere listing of diagnoses is offered here, as brief commentary providing helpful clinical insight toward the inclusion or exclusion of each diagnostic entity accompanies it.

Signs and Symptoms in Pediatrics would be best suited for the physician desiring ready access to information capable of augmenting his or her evaluation expertise in the clinical setting. Alternatively, the reader who anticipates a rapid review of clinical diagnosis in pediatrics will be quite satisfied. Detailed discussions of various disease entities do not appear in this volume, enhancing its effectiveness by maintaining immediate access to relevant diagnostic possibilities.

The most outstanding feature of this selection proves to be an absolutely exhaustive and detailed index of clinical symptoms, signs, and diagnoses. The book's use on a day-to-day basis can enhance the clinician's formulation of a logical and complete differential diagnosis

surrounding a clinical question and thus improve quality of care as well as practitioner satisfaction.

James Bergman, MD
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Illustrated Manual of Fluid and Electrolyte Disorders (2nd Edition).
R. Douglas Collins. J.B. Lippincott
Company, Philadelphia, 1983, 218
pp., \$35.00.

How many times a week do you review and interpret electrolyte or blood gas results from patients with congestive heart failure, dehydration, diarrhea, renal failure, emphysema, or diabetes? How often have you wanted (but could not find) a concise overview of the pathophysiology of electrolyte abnormalities in these diseases (especially when precepting medical students or residents)? How many times a week are you confronted with electrolyte abnormalities without an obvious cause and have wanted a reference that quickly outlines the differential diagnosis for that particular pattern? This book may solve your problem, particularly if illustrations and tables aid your comprehension and retention of rather complex material.

The core of this text is a schematic representation of the body fluids and electrolytes, the compartments in which they reside, and the organs involved with their intake, absorption, transport, regulation, and excretion. This illustration is rather imposing and confusing at first glance; however, its usefulness as a visual summary

is apparent after reading the first two chapters, which review the normal metabolism and the excess or deficit of each element in the figure.

The third chapter is composed primarily of tables on the clinical features of fluid and electrolyte disturbances, the typical electrolyte alterations in common clinical disorders, and the differential diagnosis of every conceivable electrolyte or blood gas result. These tables are helpful for interpreting laboratory results, but the author provides "laundry" lists only. No information is given on the frequency of electrolyte abnormalities in specific diseases (ie, sensitivity) or the likelihood of diseases for specific results (ie, predictive value), serious omissions for a comprehensive text designed to provide practical diagnostic information.

The bulk of the book is devoted to discussions of the pathophysiology, clinical picture, diagnosis, treatment, and etiology of over 50 disorders of fluid and electrolyte balance, including the effects of diuretics and disorders of serum calcium. Each discussion is accompanied by the schematic representation summarizing the electrolyte and fluid abnormalities. The sections on clinical picture, diagnosis, and etiology are very brief—sometimes too brief to be of much usefulness in clinical situations. The pathophysiology sections are concise but thorough and constitute the book's major strength. The discussions of treatment are supplemented by a chapter on therapy but, again, are often too sketchy to be of practical use. The final chapter presents cases illustrating diagnostic and treatment problems. These cases are very challenging and provide an

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opportunity to practice using the other chapters in the book as aids to problem solving.

Understanding the diagnosis and treatment of fluid and electrolyte disturbances is essential in any field of medicine, and despite some limitations, this book provides the clinician at any level with a concise summary of the information necessary for a disciplined, knowledgeable approach to these problems.

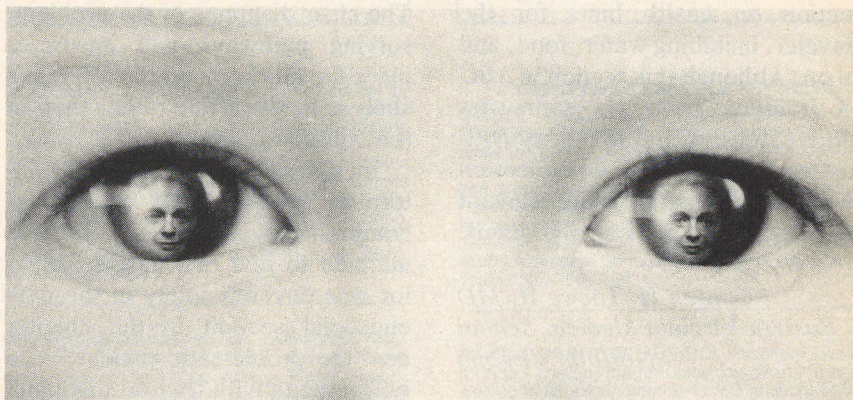
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ABC of Healthy Travel. *Eric Walker, Glyn Williams. British Medical Journal, London, 1983, 39 pp., price not available.*

This brief, nicely written, profusely illustrated book consists of a series of articles previously printed serially in the *British Medical Journal*. It deals with immunization, malaria prophylaxis, some governmental requirements facing the international traveler, and a collection of health hints for international travel, all directed toward the British physician and his or her traveling patient. As a result, information such as that in the section entitled "Insurance and Medical Services Overseas" and the lists of sources of further information and of locations of yellow fever immunization centers in the United Kingdom are of little interest to the American physician or traveler. Likewise, as immunization practices in this country and the United Kingdom vary somewhat, not all of the recommendations are appropriate for travelers

from the United States (eg, since adult diphtheria-tetanus is not available in the UK, British adults are not usually immunized against diphtheria, and Schick testing is recommended for certain patients).

The United States Department of Health and Human Services Centers for Disease Control (CDC) publishes an annual volume, *Health Information for International Travel*, which provides in-



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formation comparable to that in this book, but written specifically for Americans. It provides far more detailed information on the extent of the quarantinable and certain other diseases in the world and more specific immunization guidelines. Like *ABC of Healthy Travel, Health Information for International Travel* also contains a section on health hints for the traveler, including water, food, and so on. Although this section in *ABC of Healthy Travel* is somewhat more extensive and is profusely illustrated, the CDC publication provides information more relevant and useful for American physicians.

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Office Practice of Medicine. William Branch, Jr. W. B. Saunders, Philadelphia, 1982, 1,318 pp., price not available.

This book has been developed from the curriculum given to the primary care track in the general internal medicine program at the Harvard Medical School-Peter Bent Brigham Hospital. Besides traditional internal medicine, which takes up most of the book, there are sections encompassing the common problems in gynecology, orthopedics, general surgery, and psychiatry. This book differs from the large family practice reference books in that the subject matter is confined mainly to the problems of ambulatory adults. Angina pectoris is therefore included, but not acute

myocardial infarction or pediatric problems. I found the sections on internal medicine to be especially good. They provide more detail than the family medicine texts and are more practical than the traditional internal medicine textbooks because each condition is approached from the point of view of the patient's presenting problem. The clear diagrams of the problem-solving pathways will ensure a place for this book on the reference shelves in the office rather than in the study at home.

In a textbook intended for internists who provide continuing, comprehensive primary care, I was alarmed to find that illness behavior was covered solely in the psychosocial section in the chapter on "the problematic patient." Do not patients with thyroid disorders have compliance problems? I believe a chapter giving an overview of the morbidity that physicians are likely to encounter is also warranted. Perhaps then such problems as fatigue would be given more emphasis than five brief references as a symptom of anxiety, depression, heart failure, diabetes, and hypercalcemia.

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The Design of Medical and Dental Facilities. Jain Malkin. Van Nostrand Reinhold Company, New York, 1981, 320 pp., \$36.50.

This book, the first reference of its kind, covers both the struc-

tural and the psychological aspects of professional office design. Although it was written primarily for architects and interior decorators who plan to design medical and dental offices and professional complexes, it could also be profitably read by physicians and dentists who are in the market for an office. The author displays an outstanding knowledge of physicians' requirements, both clinical and administrative, enabling her to configure the office space for maximum productivity and efficiency. She is quite aware of the psychological impact upon the patient of all aspects of the office and never forgets that the patient is the one for whom the office ultimately exists.

After several interesting and practical chapters covering general office planning considerations, sections are devoted to unique aspects of office design for all major medical and dental specialties. Further chapters cover the use of color, lighting, interior finishes and furniture, and building codes. With the exception of the chapter on color, which tended to delve into the esoteric, these chapters were uniformly relevant and helpful.

The book is profusely illustrated with numerous schematics of office layouts, many photographs and drawings of sample office designs and professional furniture and equipment, and a generous number of full-color plates.

This book should be high on the reading list for any physician contemplating the rental, purchase, or construction of a professional office.

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