

A Guide to Physical Examination and History Taking. (4th Edition). Barbara Bates. J. B. Lippincott, Philadelphia, 1987, 661 pp., price \$35.95.

Bates' text is a joy to read. In clear and straightforward prose, the author, aided in part by Robert A. Hoekelman (Professor and Chairman of Pediatrics, University of Rochester), elaborates the skills, knowledge, and attitudes that apply to the health history and physical examination. Step by rational step, the reader learns of the process by which information may be obtained and the patient examined.

The chapter "Interviewing and Health History" establishes the purpose of the health history interview as being multifaceted—to gain information, to establish a relationship, and to recognize the communication problems that may influence the outcome of the interview. Both the structure and the process of the medical interview are clearly explained. Appropriate reference is made to the "special problems" that may influence the physician-patient relationship, such as the overtalkative and depressed patient. The chapter on interviewing is an ideal reference for the student being introduced to clinical medicine as well as the advanced student and resident physician who wish to review basics in the health evaluation of patients.

The new chapter, "An Approach to Symptoms," will probably prove to be somewhat overwhelming to first-year medical students; however, as the students' knowledge of medicine grows, the worth of the chapter on symptoms should increase.

Some may claim that the author's use of common disease problems as a vehicle to explain symptoms to be incomplete or simplistic. It is likely, however, that preclinical and early clinical students will have their learning facilitated by exploring the break-

down of disease problems into process, common locations, patterns of spread, onset, progression and duration, and associated symptoms.

The major strength of Bates' textbook, however, is in the wonderfully illustrated and carefully described techniques of physical examination. Normal physical findings are well balanced with some of the more common pathological findings. Thus, the student of the physical examination can learn the techniques to be employed when solving such problems as abdominal pain and impaired musculoskeletal function.

The final two chapters, "Clinical Thinking from Data Base to Plan" and the "Patient's Record," help to fit the preceding parts into a whole. The problem-oriented medical record is highlighted but not completely described. Other texts should be used to gain an in-depth view of the problem-oriented medical record.

The fourth edition of Bates' *A Guide to Physical Examination and History Taking* now represents the "gold standard." It should be recommended to students who are being introduced to or are reviewing methods of patient assessment.

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Essentials of Emergency Medicine. Douglas A. Rund. Appleton-Century-Crofts, Norwalk, Connecticut, 1986, 486 pp., \$22.95 (paper).

This is the second edition of a popular, quick review of emergency medicine with emphasis on management and coordination of emergency department skills. Because of the wide variety of patients seen in the emergency department, and the necessary wide spectrum of medical knowledge required, the treatment is not in

depth. The organization is excellent, and except for the first chapter, which deals with triage stabilization, there is an anatomical organization to the following chapters. Each chapter has a list of ready references and bibliography that allows for further in-depth reading, if necessary. The final chapter is an overview of emergency medical care with some brief comments on organization and requirements within the emergency medical system. The broad definition of emergency physicians is presented as well as the philosophy that the patients and the public define emergency care.

The goal of the presentation is to allow an emergency physician or a student in emergency medicine to recognize clinical problems, their seriousness and methods of stabilization, and then the use of laboratory assessment, consultation, treatment, and final disposition of patients. The material is slanted toward the medical student or house officer, who may read this clear and concise text in a short period of time.

There is a question of whether this book would be useful in clinical or office practice, since its concentration is exclusively on the initial episode of care without regard to follow-up care. For example, the treatment of headache is covered, with a good evaluation of the types of headaches, but the suggestion of using meperidine (Demerol) in doses of 75 to 100 mg, combined with an antiemetic, promethazine (Phenergan), hydroxyzine (Vistaril), or prochlorperazine (Compazine) in appropriate dose, is not a logical treatment for the individual physician who is going to be following that patient other than for episodic visits. It may even be contraindicated if there is serious cause for the headaches.

There is valuable information concerning dosages, particularly of

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emergency medications, and there is a wide spectrum of medical problems covered in this small text, including a well-done review of dermatology with excellent illustrations of the topical area presentations of certain skin diseases. Another notable chapter is the treatment of poisoning and overdose, which is extensive and contains antidotes, plus general overall management of the overdose patient.

The book appears to be appropriate for medical students and house officers involved in the emergency room. It can be quickly reviewed and referred to in those instances in which an evaluation of the patient needs to be checked for thoroughness and content. It is unlikely that physicians other than those just starting in practice would have cause to consult such a book on emergencies because it is not in sufficient depth to provide a definitive reference, but for a quick reference it deserves a place on the office bookshelf. The organization by chapters is excellent. It has a good index and especially good illustrations, which are simple line drawings in many cases. Algorithms are used for evaluation of some problems such as dizziness, the evaluation of coma, and impaired consciousness.

The book, then, can be highly recommended for those individual physicians in family practice who are also interested in emergency medicine and for those physicians who may not work in emergency rooms, but whose practice pattern is such that they need ready reference to emergency medicine.

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Handbook of Family Practice.

Charles E. Driscoll, Edward T. Bope, Charles W. Smith, Jr., Barry L. Carter. Year Book Medical Publishers, Chicago, 1986, 685 pp., \$14.95.

Although titled as a handbook, this volume is fairly substantial and unfortunately does not fit a pocket in the white coat, where it would be most useful. The book covers a wide range of useful, practical data and clinical

tips presented mostly in tabular graphic or diagrammatic form with ample references. It would be most useful as a rapid clinical reference guide in the office or residency rooms, although the range of clinical entities covered is necessarily limited. One difficulty with the book is that some of the print is very small and these aging reviewers were not able to read it adequately.

If, as the authors say, it is intended for students and residents, it would be useful to add to the family practice section of the book aspects of the US health care system, family practice organizations and institutions, family medicine journals, and awards obtainable by practitioners, faculty, and residents.

We would recommend this book as a quick reference manual to be used in the clinical setting both in residencies and office practice.

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Guide to Clinical Laboratory Diagnosis (3rd Edition). John A. Koepke, John F. Koepke. Appleton & Lange, Norwalk, Connecticut, 1987, 421 pp., \$28.50 (paper).

This book is intended "to give guidelines to students, house officers, and practitioners for a better and more efficient use of the clinical laboratory. . . ." Attention is focused on common problems and on cost effectiveness. It is derived from a medical school seminar and is written at a level that will most comfortably fit the interests and prior knowledge base of medical students.

The introductory chapters deal with such issues as sensitivity, specificity, predictive value, and screening. Two other general chapters deal with therapeutic drug monitoring, toxicology, and laboratory techniques. The core of the book is a discussion of the laboratory tests useful in the diagnosis of such clinical problems as chest pain, hypertension, anemia, jaundice, leukemia, abnormal bleeding, fever, and pregnancy. Basic sci-

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ence information is presented about the tests so that their use and interpretation can be understood.

While most of the book is well written it is rather uneven. Some chapters contain material that is not pertinent to the main topic and not clearly written. There are many good illustrations and tables.

One limitation of this book for the practicing physician is that it deals only with the use of the laboratory in clinical medicine. In patient care it would be preferable to have a more complete reference text dealing with other aspects of patient management in addition to the laboratory information. This book would be most useful as a textbook to accompany a course on the use of the clinical laboratory by physicians or for physicians with a special interest in the clinical laboratory.

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Radiology in Emergency Medicine.
Richard C. Levy, Hugh Hawkins,
William G. Barsan. C. V. Mosby
Company, St. Louis, Missouri, 1986,
468 pp., \$79.95.

Levy, Hawkins, and Barsan introduce their text, *Radiology in Emergency Medicine*, as a selective review of clinical problems and corresponding radiographs that are most commonly encountered by acute care physicians. "Unexpected illnesses and sudden severe trauma" are the essence of this book, which was written to bridge the "gap" between radiologic imaging and clinical medicine. The book suffers from a number of problems.

While a handsome volume, with clear type and excellent photographs of roentgenograms, computed tomographic scans, and ultrasounds, there are major organizational deficits. Chapters are divided into three sections: discussion of clinical entities, inventory of indications and techniques of imaging studies, and photographs. An unexpected omission is the absence of cross-references; find-

ings (and signs) presented in clinical sections are not accompanied by references to the photographs in which they are demonstrated. Some sections discuss important entities for which no roentgenograms are shown. Diagrams of radiologic anatomy would be welcome occasional additions.

There are several important clinical errors. For example, separate sections on testicular torsion give different time periods after which spermatogenesis and tissue viability are lost.

The authors fail to meet their stated goals. Spotty writing, textual inconsistencies and errors, inclusion of irrelevant materials, conspicuous omission of important materials, and failure to cross-reference, all detract from the volume's value to family physicians—even those spending significant time in emergency medicine.

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The Fifteen Minute Hour: Applied Psychotherapy for the Primary Care Physician. *Marian R. Stuart, Joseph A. Liebermann III. Praeger Publishers, New York, 1986, 199 pp., price \$38.95.*

Along with most of the population, physicians frequently ask the question, "where has the time gone?" *The Fifteen Minute Hour* is a book that aids the primary care physician in more effectively using precious time in caring for patients who are having problems adapting to stress. At the outset, the authors make a case for the use of the biopsychosocial model in health care. The evidence for discarding the exclusive use of the traditional disease model is reasonable and appropriate. Thus, the groundwork is set for the employment of a rational scheme for assessing and managing the psychosocial portion of the biopsychosocial paradigm for health care.

Using a readable and well-organized format, the authors take the reader through the commonalities in psychotherapeutic techniques. They then introduce their own modality designed primarily for the generalist. Of value to the primary care physician is the distinction that is made between the therapeutic interventions of the psychiatrist and the generalist. The psychotherapy scheme for the gen-

eralist strikes a happy medium between Balint's and Norell's *Six Minutes for the Patient* and *The Twenty Minute Hour* of Castelnuovo-Tedesco. *The Fifteen Minute Hour* of Stuart and Liebermann employs empathy, exploring options, encouraging new behavior, providing explanations, and giving anticipatory guidance.

If the reader discards the unrealistic notion that primary care therapy can be accomplished in 15 minutes, Stuart and Liebermann's book has some worth. It is well-written and presents the basics needed by physicians who wish to understand the principles of supportive psychotherapy. It offers a basic road map to guide the reader into the world of psychosocial stress of patients who will benefit from primary care psychotherapy. The text may also be recommended as a reference book for students. For example, the chapter on the difficult patient should prove worthwhile for introduction to clinical medicine students who wish to gain an understanding of this problem area.

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