

**Essentials of Clinical Neurology.** Carl H. Gunderson. Raven Press, New York, 1990, 566 pp, \$55.00. ISBN 0-88167-564-4.

Dr Gunderson designed this hard-bound textbook for "the student, junior house officer, or practicing physician . . . for gaining some idea of the field as a whole and how to approach neurologic problems . . . as an aid in the evaluation and treatment of neurologic patients with specific complaints . . . and as a brief reference guide to common neurologic disorders." *Essentials of Clinical Neurology*, Dr Gunderson states, is a substantial revision of his "seriously out of date" 1982 book, *Quick Reference to Clinical Neurology*. To accomplish his objectives, the author provides four sections: (1) introduction to neurologic evaluation, (2) analysis of common neurologic complaints, (3) differential diagnosis and management of neurologic syndromes, and (4) selected neurologic disorders.

*Essentials of Clinical Neurology* is very readable; in fact, technically imprecise medical jargon is used liberally. The author's use of the English language is also technically imprecise, a stylistic tendency that is noteworthy but tolerable, except for occasional unclear sentences.

The book contains a wealth of information. The potential purchaser should be aware of several characteristics, however. Included are color plates of PET scans, reproductions of angiograms and CT scans, and so on, but few diagrams or plates of physical examination techniques or findings. In fact, for those not already familiar with certain findings, such as subhyaloid hemorrhage, even the descriptions seem inadequate. These features limit the book's usefulness for medical students. Also, discussion about therapeutics is cursory. For example, in the section on ischemic stroke, heparin anticoagulation is not mentioned. Regarding therapy for transient ischemic attacks and reversible ischemic neurologic deficits, the author fleetingly recognizes the controversial nature of carotid angiography and endarterectomy, proposes

liberal angiography, and states that platelet antiaggregants (which he calls "antiplatelet agents") are probably less effective than anticoagulants. Specific references are not cited for these (or any other) controversial positions; referencing is limited to selected texts and journal citations listed at the end of chapters. These factors limit the utility of the book for academic physicians and house officers.

Because medical education is a process of repetitive intense study of the essentials, I believe this book is too lengthy to provide a manageable overview for students or residents on a 4- to 8-week neurology rotation. Additionally, it lacks the intensity of therapeutic information most primary care residents and practitioners desire.

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**Case Studies in Geriatrics for the House Officer.** Judith C. Ahronheim. Williams & Wilkins, Baltimore, 1990, 256 pp, \$15.95 (paper). ISBN 0-683-00064-0.

This book is intended to "teach medicine by a case study approach." It is written in the basic format of the larger House Officer series, which now numbers about two dozen books. This particular book accomplishes its mission to present actual geriatric case studies, but there are several problems with the book's organization and content.

As with any work that is divided into a number of sections, the cases presented and the accompanying discussions vary in quality and content. The best sections of the book are the case discussions of persistent vegetative state, screening in the geriatric population, and the workup of osteoporosis. The sections of the book are subdivided into (1) case presentation, (2) clues, which include laboratory findings, charts or x-ray films, (3) questions, (4) answers, (5) "pearls" and "pitfalls," and (6) references.

There are several drawbacks to the book's organization and content: The case titles are not listed in a consistent fashion; for example, the case of Parkinson's disease is listed as a case of "occupational deterioration," which makes it more difficult for the reader to find the information quickly, although the index could be used. Charts, x-ray films, and electrocardiograms are used sparingly. References vary in current content, and the chapter on insomnia recommends the use of tryptophan as a sleep supplement. Lastly, there are a number of omissions in therapy, such as the use of Unna boots in venous stasis ulcers. No significant discussion is included concerning the use of family counseling, do-not-hospitalize orders, and other practical management techniques needed in caring for the elder patient.

This book would best serve the medical student and resident for some of its practical pearls. Unfortunately, the same information can be obtained more easily from other standard texts dealing with specific topics of interest.

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**Introduction to Ophthalmology (3rd Edition).** John Parr. Oxford University Press, New York, 1989, 233 pp, \$35.00 (paper). ISBN 0-19-261743-5.

This paperback book on ophthalmology, now in its third edition, is striking for its clarity and style. The author has certainly achieved his objective of balancing basic science concepts and techniques of eye examination with clinical topics relevant to the nonophthalmologist.

The text is divided into four parts. Part I, which accounts for nearly one half the book, includes anatomy of the eye and visual system, ophthalmic optics, and physiology of vision. The second part discusses general and instrumented eye examination. Part III reviews the clinical topics of retinal vascular disease, op-

tic disc edema and atrophy, glaucoma, squint (strabismus) and amblyopia, and failing vision in the elderly. The fourth part, "Casualty Officer Ophthalmology" (from the British medical system), addresses ophthalmologic problems commonly seen by the family physician, such as injuries; painful red eyes, including conjunctivitis, inflammation of the eyelids, inflammation of the cornea, and iridocyclitis; watering eyes; and sudden loss of vision. A bibliography provides citations for additional information.

Illustrations are abundant and extremely helpful. Specifically, the diagrams used to illustrate eye examination are superior. There are also eight pages of color plates of retinal diseases.

Medical students, residents in family medicine, and practicing family physicians probably need look no further for a clear and concise text in ophthalmology. It not only provides readable material presented in an engaging style for early learners, but is an excellent resource for ophthalmological problems routinely encountered in ambulatory practice.

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**Adolescent Sexuality and Gynecology.**  
Donald E. Greydanus, Robert B. Shearin. Lea & Febiger, Philadelphia, 1990, 313 pp, \$27.50 (paper). ISBN 0-8121-1251-2.

The authors of this text attempt to provide physicians with the basic information needed to treat adolescents who have gynecologic concerns. The subjects covered are important and commonly seen, such as breast and menstrual disorders and contraceptive issues. This book, however, has several problems and few advantages over more general gynecology texts.

Unfortunately, many of the most glaring problems are in the chapter that may be referred to most often—"Contraception." As an example, one page states that the cervical cap

may be left in place for 7 days; on the following page the limit is stated as 48 hours. The diaphragm is described as requiring insertion 6 hours before intercourse. This error may be typographical (*up to 6 hours before?*), but the book as a whole has a fair number of such errors. When discussing oral contraceptive prescription, the authors recommend an extensive initial laboratory evaluation and follow-up Papanicolaou smears at 3 and 6 months! I know of no physicians following these guidelines, nor any adolescents who would comply.

In general, the book has an abundance of tables, many of which are not very useful. The references are current. A few sections of the text should probably have been omitted, such as a chapter on adolescent nutrition and substance abuse disorders. The section on health care of the pregnant adolescent is a mere three paragraphs long and includes the recommendation to obtain a toxoplasmosis titer on all patients. This too would have been better excluded.

On the basis of the above comments, this book would seem to have limited appeal for family physicians.

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**Obstetric Care: Standards of Prenatal, Intrapartum and Postpartum Management.** Kathryn M. Andolsek. Lea & Febiger, Philadelphia, 1990, 293 pp, \$35.00 (paper). ISBN 0-8121-1250-4.

Dr Andolsek, Assistant Professor of Family Medicine at Duke University Medical Center, is the author of this book on obstetric care, which is unusual in two respects. First, it treats obstetric care as a normal event which, even though it demands adjustment by the pregnant patient and her family, does not demand massive amounts of technological intervention unless difficulties arise. Second, the book contains a wealth of practical information, including numerous useful tables and figures, on the management of the pregnant patient dur-

ing all phases of pregnancy. Two multiple tables on the effects of drugs on the fetus and on the breast-fed infant are particularly helpful. Clearly, this book would be highly useful not only for any family physician who is practicing obstetrics, but also for medical students and residents interested in learning the family practice approach to obstetric care.

The book is organized into chapters that follow the natural chronological progression of obstetric care, from prenatal issues, to labor and delivery matters, through postpartum management. All major facets of obstetric care are covered, with perhaps the exception of preconception care, a very recent addition to family practice obstetric care. Chapters on psychosocial issues in pregnancy, labor and delivery, alternatives to traditional labor and delivery settings, breast feeding, and infant death are truly excellent and deserve to be read by all practitioners. Information presented is up to date with excellent references provided.

About the only criticism that can be leveled against this book is that the controversy surrounding some obstetric care issues is not adequately presented so that readers can make their own decisions about these issues. Clearly such a presentation would have significantly lengthened the book and its tone would have become significantly less practical. Readers who are interested in delving into such controversial areas, however, may be slightly put off by the blunt conclusions offered by the author with regard to certain controversial areas.

In conclusion, this book represents the strongest, clearest presentation of obstetric care from a family practice perspective to date. This text would be highly useful, not only for medical students and residents being introduced to family medicine obstetric care, but also to practitioners who are interested in updating their approach.

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