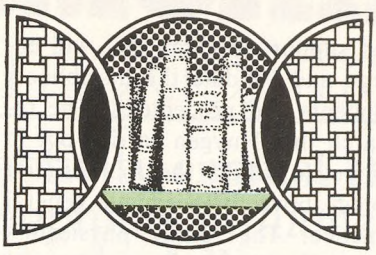
Book Reviews



Interpretation of Electrocardiograms: A Self-Instructional Approach. *Nora Laiken, Stuart L. Laiken, Joel S. Karliner. Appleton-Century-Crofts, New York, 1978, 207 pp., $12.95 (paper).*

This book outlines the authors' method of teaching electrocardiography to medical students at the University of California, San Diego, School of Medicine. It is intended to provide a practical working knowledge of this subject. Basic principles of the vectorcardiogram are explained and clearly demonstrated throughout the earlier chapters in order to enable the student to conceptualize the electrical forces involved rather than to memorize patterns. Standard electrocardiograms are used throughout the book and the vector loops merely add to the reader's understanding of the abnormalities of the standard electrocardiogram. As the title of the book indicates, self-instructional methods are utilized and the entire format is organized to permit each reader to progress at his/her own pace.

The authors have done an admirable job of making the introductory learning of this subject as interesting and clear as any text I know. Illustrations and reproductions of electrocardiograms are generally of high quality and supplement the written material well. The various chapters in the book are arranged in a very logical progression, and in keeping with the self-instructional approach, important concepts are easily identified and repeated often enough to facilitate learning. Although the book is written primarily for medical students, family practice residents, and family physicians who either never had a formal course in electrocardiography or learned it in the traditional manner could easily

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expand their understanding by reading this nice little book. For a general reference in electrocardiography, one of the more comprehensive standard texts would be more appropriate.

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Family Medicine—The Medical Life History of Families. *F. J. H. Huygen. Dekker and Van de Vegt, Nijmegen, The Netherlands, 1978, 163 pp., (price not available).*

Some academicians in family medicine are concerned that the teacher and the community practitioner are becoming increasingly estranged. The publication of Huygen's *Family Medicine: The Medical Life History of Families* should allay these fears, since the author, a practicing physician in the Netherlands, demonstrates that education and research in family medicine can be successfully achieved in the community. Huygen's epidemiological research, based on a 30-year study of patients in his general practice, documents not only family structure, but family function as well. His book is a report of a carefully conceived study of family and community, but more than that it is a verification of the goals of the modern movement in family medicine.

In defining the scope of family medicine, Huygen utilizes the framework for academic general practice recommended by Richardson.[1] This thesis holds that the discipline should: (1) study a population group with a definable morbidity, (2) utilize specific problem solving skills, (3) teach an identifiable philosophy, and (4) create and support research that will enlarge and validate the discipline's concepts and procedures. The research that Huygen carried out in Nijmegan fulfills the four criteria noted above for academic general practice. The family physician's touch is evident in the structure of Huygen's book. Huygen humanizes the text by introducing the reader to the families under his care. Part One of the book contains a series of case histories that give the reader an intimate view of family problems that the author managed (eg, "a young family, a father dies, a mother with a chronic illness"). The reader enters the home and the lives of the patients and is made to feel part of the community.

Part Two of the book brings the reader to Huygen's major studies—the data from an analysis of 100 younger families, 100 older families, and a three-generation family. The blending of the case histories with the epidemiological studies gives the reader both a subjective and an objective view of Huygen's patients.

The results obtained from Huygen's research highlight and reinforce some of the basic problems of family function.

1. Research findings on stress and family function suggest that "in illness the family has to be regarded as a unit, and that families tend to be consistent in illness patterns over the years."

2. The physician can gain insight into the problems of the child as the projected patient, as Huygen's findings show that "disagreement between the parents has more repercussions on the medical data of their children . . . than on their own medical data."

3. Although the reasons for vul-

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nerability of families to illness were not ascertained, it was evident from Huygen's studies that certain families demonstrated vulnerability both over a period of many years and spread over different disease categories.

The chapter on family therapy should prove of value to practitioners who wish to help their patients resolve family conflict. Huygen recommends principles of family therapy that make eminently good sense: (1) therapy should be directed at improving inter-member relationships; (2) the therapist should encourage discussion of symptoms and problems, and not spend much time in dealing with causes; (3) the therapist should deal with the here and now problems and not ruminate over the past; (4) therapy should be short term—approximately four sessions held over a period of a few months seems to be the most appropriate for the management of family problems; (5) families seem most responsive to therapy initiated at the time of crisis; and (6) components of family function and structure should be examined during therapy. These include such items as communication styles, life cycle, and role assignments.

For the family physician who wishes to do epidemiological studies in the community, Huygen includes two valuable appendices in his book. The first is a documentation of his research procedures and the second consists of examples of the family charts that served as the central data base for his research.

Dr. Huygen's contribution should be considered a textbook. As such, the absence of a subject index must be considered a slight weakness in a book that is otherwise well organized.

Much of being a good family physician has been considered to be common sense. But an academic discipline cannot survive on anecdotal and empirical knowledge. The new academic discipline of family medicine requires validation of its philosophies. The knowledge base of common sense, therefore, must be identified, collated, and evaluated. This can take place best in the laboratory of the family physician—the community. Huygen has demonstrated that knowledge can accrue from careful investigation of families in their community environment. His book is recommended to all students, practitioners, and teachers who believe that the patient should be cared for within the context of family and community.

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Reference

1. Richardson IM: The value of a university department of general practice. Br Med J 4:740, 1975

Psychosomatic Families: Anorexia Nervosa in Context. *Salvador Minuchin, Bernice L. Rosman, Lester Baker. Harvard University Press, Cambridge, Massachusetts, 1978, 351 pp., $15.00.*

This book focuses on the increasingly prevalent and ever-perplexing problem of anorexia nervosa; however, the psychosomatic family model presented is much more central to family prac-

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tice. The importance of this study lies in what the authors demonstrate empirically (and family physicians already know subjectively)—that adequate and successful interventions for many "medical" problems can *only* be made at the family level.

The volume continues to develop the "structural" approach to understanding and intervening in families begun by Salvador Minuchin in his previous works, *Families of the Slums: An Exploration of their Structure and Treatment* and *Families and Family Therapy*. As in these books, a summary of the "structural" concepts is followed by extended family interviews with commentary highlighting the concepts and interventions.

Although this book concentrates upon anorexia nervosa, it represents only part of a larger study of psychosomatic problems, including children with intractable asthma (in excess of organic findings) and those with labile, juvenile onset diabetes. If the family physician keeps in mind that Minuchin and his co-workers found the same interactional patterns in all three groups of families, then this book will be invaluable for understanding the family patterns which lead to a child becoming a patient with severe psychosomatic illness.

Besides providing a review of the literature and a history of the treatment of anorexia nervosa, Minuchin et al contrast several models for understanding illness in general: the medical, psychodynamic, behavioral, and systems models, choosing the latter as a paradigm for their own work. Most impressive is their comparison of the outcome of their 53 anoretic patients and families with one to seven years of follow-up to the outcomes in the literature: their 86 percent recovery rate (both medically and psychologically) has no peer. Criticism of these remarkable results, published previously as separate papers, is more than adequately answered here. Their work with diabetics and asthmatics, published elsewhere, is equally impressive.

Minuchin et al emphasize the importance of autonomy and belonging in the development of identity in the family. In order to accomplish this development, the family differentiates into subsystems by generation, sex, and interest or function; the most important and stable of these are the spouse, parental, and sibling subsystems. Boundaries between subsystems are maintained through rules which define and guide participation in transactions: "who does what with whom and when." Equally important is the family's capacity to change with changing conditions. Diffuse boundaries between subsystems lead to "enmeshed" families, while rigid boundaries yield "disengagement." At times during the family life cycle one style or the other might be more functional and appropriate, such as the "enmeshment" of the mother-infant relationship during the first year of life.

The four transactional patterns which characterized the psychosomatic families were enmeshment, overprotectiveness, lack of conflict resolution, and rigidity and adherence to the status quo in the face of changing conditions. The children have some physiological vulnerability but become caught between the two parents; the

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child's symptoms are used to avoid underlying, more painful conflicts, and thus function to reduce the family's anxiety as a whole. The tactics the authors outline for intervention make the several family interviews dramatic reading.

Most important (and gratifying) for the family physician is the evidence presented throughout the book that a family intervention is the treatment of choice for this group of medical problems, a judgment that is based on hard, clinical data and not romanticism. That alone makes it worth reading for all those engaged in family medicine.

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The Practicing Physician's Approach to Headache (2nd Edition). *Seymour Diamond, Donald J. Dalessio. The Williams and Wilkins Company, Baltimore, 1978, 154 pp., $20.00.*

This monograph is designed, as the title suggests, to provide the practicing physician with a practical approach to the management of patients with headache. The authors, both well known in the area of headache management, draw from their extensive clinical experience.

The monograph consists of 13 chapters beginning with four chapters dealing with classification, obtaining history, performing the examination, and indications for additional studies to evaluate patients with headaches. The following five chapters are devoted to specific types of headaches, including migraine, cluster, other vascular headaches, traction and inflammatory headaches, and muscle contraction headaches. The monograph then concludes with chapters touching upon headaches in children, drug abuse and headaches, pain mechanisms, pain clinics, and conditioning through biofeedback and operant technics.

This monograph is well organized, and clearly and simply written. It can be completed in two to three hours. Chapters conclude with brief summaries and easily self-administered true/false and multiple choice tests. The chapters on history taking and indications for additional studies in headache evaluation are especially useful. Helpful physiological hypotheses are utilized to assist in explaining the mechanism of several syndromes.

By way of critique, the monograph clumps all headaches into the classical spectrum of vascular, muscle contraction, and traction, or inflammatory origins. One has to suspect that this categorization, though long held, reflects more the incompleteness than completeness of our current knowledge. The final chapter, introducing concepts of biofeedback and operant conditioning, views headaches generically as problems of pain which may have organic, behavioral, and environmental determinants. Such an organizing theme for the entire monograph would have enhanced not only the approach to patients with classical syndromes but also the approach to the many patients who do not seem to fit into a classical mold.

The authors suggest a variety of approaches to headache manage-

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ment that have appeared to be of assistance in their own or in other hands. It is difficult to define which therapies have been documented effective in controlled studies. While a list of approximately 115 selected references are included, this reviewer would have preferred bibliographic references.

In summary, the monograph is an easily read book and is helpful in assisting the physician in identifying headache syndromes and approaches to management. This reviewer's frustrations lie in the realization that we have a long way to go before achieving a comprehensive understanding of mechanisms and management of headache—among the most perplexing problems facing the primary care physician.

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The Golden Cage: The Enigma of Anorexia Nervosa. *Hilda Bruch. Harvard University Press, Cambridge, Massachusetts, 1978, 150 pp., $8.95.*

Dr. Bruch has created a masterful teaching device with this concise, easily readable book whose goal is to clarify anorexia nervosa for primary care physicians. By using case vignettes from her series of 70 patients, she focuses on the pre-illness problems of these young patients and highlights recurring themes which may alert the physician early in the course of the disease.

Points of emphasis are woven into the eight chapters, each of which develops an important facet of the disease. The crucial fact rests in her description of anorexia nervosa as a disease of "inner doubt, uncertainty, failure of self-expression," and not one of appetite derangement. An equally important characteristic is its association with disordered family dynamics, which may be overlooked because of the usual initial assertion by all family members that harmony and happiness are the rule.

The anoretics' viewpoint includes the pride of accomplishing something difficult (starvation) and an adoption of an artificial facade of perfection and superiority which shields them from blame and criticism. This is the "golden cage" which dazzles observers but entraps the patient. Increasing social isolation, subsequent bizarre thoughts or goals, ritualistic binge eating with vomiting, and a paradoxical interest in food preparation and cooking may be features of the disease.

Treatment of the starvation must be done immediately, often by intravenous hyperalimentation. The psychic components of starvation itself may include ego splitting, depersonalization, and severe ego defects. Immediate individual psychotherapy is necessary for those patients with severe personality deficiencies, but family therapy can be employed in most other instances. In my view, it is here that Dr. Bruch errs. She insists that the medical aspects of nutritional therapy should be managed by "an internist or pediatrician who has a good and open working relationship with a psychiatrist." The value of a family physician is evident, since he/she knows the family members, can

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identify early warning signs, and can anticipate the depression or marital problems which may occur in the parents as the anoretic child is treated. Undeniably the psychiatrist's expertise is also helpful. The consultant's task is succinctly defined in the final chapter, which also includes much pragmatic advice on the content of the initial interview, communication style, dealing with hostility, common patient delaying tactics, and signs of progress.

In summary, this book should be read by all primary care physicians. It may stimulate others, as it did me, to read some of Bruch's earlier works, *Eating Disorders*[1] and *Learning Psychotherapy*.[2]

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References

1. Bruch H: Eating Disorders: Obesity, Anorexia Nervosa, and the Person Within. New York, Basic Books, 1973
2. Bruch H: Learning Psychotherapy: Rationale and Ground Rules. Cambridge, Mass, Harvard University Press, 1974

Psychological Interventions in Medical Practice. *James J. Strain. Appleton-Century-Crofts, New York, 1978, 222 pp., $12.50.*

This small volume is apparently directed toward "front line" physicians, and the author expresses the hope that "it will prove useful to physicians at every phase of their professional development." However, this may have been too ambitious a goal. The organization of the material into three sections—conceptual, clinical, and educational—suggests that a better product might have been three small treatises, for each section has something of value for a different audience.

The section entitled "The Conceptual Framework" is subdivided into headings that this reviewer found confusing and repetitious. It would perhaps be of some value as a text for a course in psychosomatic medicine for students in psychology, but many psychologists will take issue with the terminology used and the organization of the material.

The topics of greatest interest to the primary care physician are contained in the section on "Selected Clinical Issues," especially the part on noncompliance, which is well thought out and clearly written in a way that may give the clinician new insights on the motivations of noncompliant patients.

The section on obesity does less well—the important concept of body image, for example, is barely mentioned, and some of the treatment methods suggested are subject to question.

Finally, "Extensions of the Model of Psychological Medicine" describes some interesting approaches to teaching psychosomatic topics and raising the awareness of clinicians to psychological concerns. It could be of value to behavioral scientists and others involved in training programs or continuing education courses, but is not of much interest to the practitioner.

One notes that Dr. Strain has previously written a text suitable for use in teaching liaison psychiatry. In attempting to write a book directed to the primary care physician, he has arrived at the same goal.

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