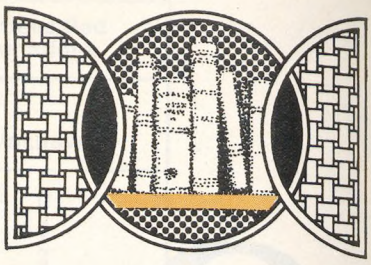
Book Reviews



Medicine for Sport. *David F. Apple, Jr, John D. Cantwell. Year Book Medical Publishers, Chicago, 1979, 241 pp., $19.95.*

Apple and Cantwell have attempted a sports medicine monograph for team physicians, trainees, health educators, and athletes. In trying to reach a diverse audience, the authors have failed to meet the needs of either health care professionals or participants in athletics.

Much of the language of the book is in medicalese that most athletes and many trainers would have difficulty comprehending; however, it is as a reference book for physicians that the monograph most clearly misses the mark. The material fails the reader in a number of categories such as: (1) the introduction of new information, (2) the organization of sports medicine data into a format that would be useful to the practicing physician, and (3) the treatment of a few subjects in depth so that the book might be considered a definitive reference for certain problems in sports medicine.

Furthermore, the authors must be criticized for producing a document that does not address important questions that are being raised by physicians concerned with the care of athletes. What is a thorough medical history and physical examination for the athlete? What are the absolute and relative contraindications to sports participation for contact and endurance sports. What is the work-up required when evaluating a child with a heart murmur? Should all midde-aged or older individuals be stress tested if they wish to participate in endurance sports? What are the components of an exercise prescription; is it based on "target heart rate" alone? What evidence is there that warm-up before endurance exercise reduces frequency of musculo-tendon injury? Is there a place for standard blood test and urinalysis in the routine evaluation of a healthy young athlete? How does a diabetic prepare for sports events that will require major physical effort? How does a diabetic reestablish homeostasis after competition? What are the specific functional and laboratory tests that a physician should apply when evaluating an athlete for return to full participation in a sport? These and other questions remain unanswered after reading *Medicine for Sport.*

It is obvious that the authors have a large backlog of experience in sports medicine. This is most evident in their discussion of stress testing and orthopedic problems; however, I question their sensitivity to the problems that face the family physician who must facilitate a patient's decision to engage in sports activities. In a discussion on "Endurance," it is noted that "pa-

Continued on page 742

Continued from page 732

tients with heart disease should confine rigorous activity to medically supervised classes. . . ." The family physician needs to know what is meant by "heart disease," and the patient needs a definition of "medically supervised" class.

In the section "Testing the Athlete," curiosity is piqued by a note that the Cybex isokinetic equipment can measure the ratio of the quadracepts to the hamstring. Yet, the reader is left wondering if there is a proper ratio between these two muscle groups.

In a monograph dedicated to highlighting "useful" sports medicine intervention, the section on general medical problems is an enigma. For example, an item on tracheo-bronchitis and pneumonia includes a comment that these problems " . . . are infrequently found in the athlete." Exercise induced asthma is discussed without describing the clinical manifestations for its diagnosis. Viral hepatitis, an interesting but infrequent invader of the locker room, is discussed; while the clinical management of one of the most common infectious problems of young adults, infectious mononucleosis, is barely mentioned. Renal failure due to an overdose of alcohol, heroin, or drugs finds a place in the text, but the authors do not indicate how to do a follow-up evaluation of an athlete with primary albuminuria.

The imbalance in the text is most poignant in the incomplete description of the discussion and management of head injuries. As one of the major causes of death in contact sports, this problem deserves careful treatment in any general sports medicine text. What is the natural history of an acute subdural hemorrhage, a subarachnoid hemorrhage, or a cerebral contusion? What parameters must be tracked by the physician charged with the care of the athlete with an acute head injury?

Medicine for Sport is an effort to collate and share knowledge by two experienced physicians in sports medicine who have included in their text many useful references; however, *Medicine for Sport* appears to have some serious flaws in organization and content. It is not recommended for the student or practitioner of family medicine.

Gabriel Smilkstein, MD
University of Washington
Seattle, Washington

Pediatric Diagnosis: Interpretation of Symptoms and Signs in Different Age Periods (3rd Edition). *Morris Green. W. B. Saunders Company, Philadelphia, 1980, 658 pp., $25.00.*

This text was written to fulfill a need not met by ". . .encyclopedic textbooks of pediatrics, synopses, handbooks, or the monographs on specific diseases, organ systems, and age periods." Since children present with problems characterized by signs or symptoms, or for health maintenance, this text can serve as a useful problem oriented guide to pediatrics. The author focuses on the differential diagnoses of problems by dividing the book into two parts. The first section deals with techniques useful for performing the pediatric history and examination, with problems for each organ system. Interviewing skills and examination techniques are presented with the

Continued on page 766

Continued from page 742

skill of an experienced clinician and seasoned with practical advice for the beginner.

Part 2 emphasizes general signs and symptoms that do not fit nicely into any organ system. The more common problems, such as fever and abdominal pain, are covered, along with some of the more unusual ones, such as dysphagia, sleep disorder, noisy breathing, and unusual body or urine odors.

Since the focus of the book is on the differential diagnosis of problems, little or no information on evaluation and therapy is presented. Although these limitations allow the author to cover a vast subject area within a minimum of space, each section seems incomplete, and needs to be coupled with a more traditional text for a full understanding. However, the differential diagnosis of each problem is so thoroughly covered that most health care providers will be hard-pressed to discover a significant ommission. Whereas the first section of the book presents information valuable to the novice, the second part will stimulate the experienced clinician.

Important references are included in the body of the text under the appropriate problem; this system allows the reader to easily pursue a particular topic. Although the appendix contains a few growth charts that are readily available from other sources, the index more than makes up for this deficiency. It alone comprises 60 pages of key terms that allow immediate location of almost any problem in the text.

Given the limitations of a book that focuses on the differential diagnosis and excludes treatment, *Pediatric Diagnosis* is a useful and extremely relevant text to add to a working library.

James E. Crutcher, MD
University of California, Davis
Sacramento, California

ICHPPC-2: International Classification of Health Problems in Primary Care (2nd Edition). *World Organization of National Colleges, Academies and Academic Associations of General Practitioners/Family Physicians (WONCA). Oxford University Press, New York, 1979, 146 pp., $16.95 (cloth) $7.95 (paper).*

The publication of ICHPPC-2 is a landmark event since it establishes official World Health Organization recognition of a classification designed by and for primary care physicians. It has practical significance beyond its modest size of 362 rubrics since it is closely aligned with ICD-9. Its simplicity allows it to be readily mastered by relatively untrained staff in a physician's office, and the modest price makes it an offer that cannot be turned down.

In countries with a fee-for-service system where diagnostic coding is necessary for third party reimbursement it may be necessary to make some changes in the arbitrarily selected ICHPPC-2 codes for a given ICD-9 rubric.

For example, the ICHPPC-2 code selected for "Syphilis All Sites and Stages" is 090-. This particular code in ICD-9 refers to "Congenital Syphilis" and a better choice in ambulatory care would be "Early Syphilis, Symptomatic," which has been assigned code 091

Continued on page 779

Continued from page 766

in ICD-9. In the majority of cases however, the ICHPPC-2 code will be acceptable uncritically to third party payers.

The text is well laid out but a slightly larger typesetting would be appreciated by this reviewer. Anyone involved in ambulatory medical care will find this classification a welcome, useful, and appropriate tool for practice management and research.

Ronald Schneeweiss, MD
University of Washington
Seattle, Washington

Basic Biostatistics in Medicine and Epidemiology. *Alfred A. Rimm, Arthur J. Hartz, John H. Kalbfleisch, Alfred J. Anderson, Raymond G. Hoffman. Appleton-Century-Crofts, New York, 1980, 353 pp., $16.50 (paper).*

The family physician must critically evaluate new medical information and integrate it into the everyday care of patients. A fundamental understanding of biostatistics is essential to this intelligent translation of the results of medical and epidemiologic research into practice. This book helps the physician gain that understanding and acquire the maturity of judgment that is as important in evaluating the research paper as it is in evaluating the acutely ill patient.

The authors develop concepts keyed to the design, reading, and evaluation of scientific studies: sampling methods, descriptive statistics, the normal distribution, and hypothesis testing. Statistical techniques—both parametric and nonparametric—that are commonly used in medical studies are clearly described, mathematically summarized, and illustrated by relevant examples. For each topic discussed, actual examples of published studies are cited. The appendix provides a helpful collection of tables, including all the material needed to use each of the techniques presented in the text. The authors show skill in using figures and tables and in avoiding mathematical notation. The emphasis is on the clear and concrete understanding of a few central concepts rather than upon the derivation of statistical formulae.

Ample discussion is devoted to experimental design, preparation of study protocols, questionnaire design, and sources of routinely collected statistical data. The cornerstones of epidemiologic methods are covered with discussion of rates, ratios, standardization techniques, and measures of strength of association. Correlation, regression, and survival curve methods are described in brief but helpful terms.

The book is designed to be used as a course text in concert with lectures and discussions. In this setting the instructor can fill in the gaps in content and the unevenness of style that result from the book's multi-author approach to such an expansive topic. This book reads well enough to satisfy the solitary student and summarizes the statistical methods clearly enough to serve later as a reference cookbook. In-depth study of statistics, experimental design, or epidemiology would require supplemental texts, but this basic presentation can serve as a core in mastering the fundamentals of the critical, quantitative study of medical research.

William R. Phillips, MD, MPH
University of Washington
Seattle, Washington