

Lipman-Massie Clinical Electrocardiography (8th Edition). *Marvin I. Dunn, Bernard S. Lipman. Year Book Medical Publishers, Chicago, 1989, 620 pp., \$64.95. ISBN 0-8151-2949-1.*

The authors of this 620-page hard-back volume intend it for the "novice" and the "more sophisticated electrocardiographer." Approximately 50% of the book centers on general interpretation of electrocardiograms (ECGs), and the remainder focuses on deciphering arrhythmias.

The book includes an excellent index, allowing quick reference to information about diagnosis of myocardial infarction when bundle branch blocks preexist, about differentiating old inferior myocardial infarction from left anterior hemiblock, and about the significance of the intrinsicoid deflection. A clinically oriented 40-page chapter on pediatric ECG interpretation and a 65-page chapter on illustrative ECGs are additional strengths. The treatise contains a wealth of information, such as the Romhilt-Estes and Wellens' criteria, and the meaning of the *a* and *V* in lead *aVR*. There is a useful 3½-page Glossary of Terms Commonly Associated with Cardiac Arrhythmias; a weakness is the notable absence of an equally useful glossary of terms associated with ECG interpretation. Additionally, one chapter is devoted to eight tables that present information such as normal QT and PR intervals. A welcome addition to this thin chapter would be tables of differential diagnoses of common ECG abnormalities, placing this key clinical information at the purchaser's fingertips.

In general, this edition is well written, but several humorous errors appear, including a figure that reads perfectly for those who hold books upside down while reading in a mirror, and an occasional sentence such as "The problem arises in borderline cases, without the appearance of a fully developed ECG pattern, where *quantitative*, rather than *qualitative*, changes provide the only clue to the diagnosis." (Emphasis added.)

Potential purchasers should be aware that this treatise covers interpretation of ECGs, not therapy. For example, diagnosis of bundle branch blocks complicating acute myocardial infarction is extensively reviewed, but no hint is provided about therapy.

This volume is too detailed to use as a text for a medical student or average family practice resident. For a family physician who desires a physiologic understanding of ECG findings or who needs a comprehensive reference on ECG interpretation, this book may be ideal.

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Conn's Current Therapy 1989. *Robert E. Rakel (ed). W.B. Saunders, Philadelphia, 1989, 1114 pp., \$49.95. ISBN 0-7216-2581-9.*

This text, currently in its 41st edition, is generally well known to family physicians. It is updated annually to provide current and concise information regarding treatment of common problems encountered in daily practice. For this edition, a new section on decubitus ulcers has also been added.

Information is organized chiefly by body system, although there are specific sections that address symptomatic care, infectious diseases, metabolic disorders, diseases of allergy, obstetrics and gynecology, psychiatric disorders, and physical and chemical injuries. Each section contains multiple chapters on topics contributed by authors of special expertise and background. Issues such as pathophysiology may be addressed, but the major focus is treatment. Of note, the topics of acute leukemia, diabetes mellitus, parenteral nutrition, urinary tract infections, asthma, epilepsy, and acute head injury are divided into separate chapters according to pediatric and adult treatment.

Generally, the volume is quite readable, and an excellent index provides easy access to information for the busy physician. Specific information does appear to be up-to-date except

for very new therapies for which the publisher suggests reliance on drug manufacturer information. There are no photographs but many well-designed tables and graphs.

The book is an excellent reference for both the practicing family physician and the resident in training in family medicine. Medical students would find this a useful companion text to general texts in internal medicine, pediatrics, surgery, and obstetrics-gynecology.

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Epidemiology of Human Reproduction. *Bengt Källén. CRC Press, Boca Raton, Florida, 1988, 197 pp., \$110. ISBN 0-8493-6452-3.*

Because reproductive health is so important to both physicians and patients, this book has a degree of relevance to family practice. On the whole, however, it is esoteric and provides more information than is necessary for the family physician about this subject. One does learn many interesting things about epidemiology and the design and outcome of various types of studies. The material relating to the effect of alcohol, tobacco, and occupational hazards is particularly interesting.

I was surprised to find that negative outcomes of some studies were included even though many subsequent studies showed there was no risk. Taken out of context, this type of information could unduly alarm the reader. The book is well organized, but much of it is slow reading at best. There are not many tables, graphs, or illustrations.

This book will be appreciated by the family physician who has a strong interest in reproductive health issues. In general, it will not have wide appeal throughout family practice and other primary care fields.

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AIDS: A Guide for the Primary Physician. King K. Holmes, Arno G. Motulsky (eds). University of Washington Press, Seattle and London, 1988, 66 pp., \$15 (paper). ISBN 0-295-96650-5.

This book originally appeared as a special edition of the University of Washington *UW Medicine* magazine in the winter of 1987. It has been published as a reference for primary care physicians; a continuing medical education test is offered for \$15. The relevance of AIDS to family physicians should be great; several contributors correctly emphasize the important role of primary care physicians in caring for patients with human immunodeficiency virus (HIV) infection.

The chapters vary in readability and quality of content. Although well organized, conflicts and lack of clarity on important points weaken the text. The chapter on public health identifies screening the HIV antibodies as a "cornerstone of HIV control"; this serious error is made especially conspicuous in the excellent chapter by Drs Metheney, Hostetter, and Surgeon General Koop.

The book presents the important innovations of several active clinical groups. Especially valuable are descriptions of universal precautions and "body substance isolation" by Lynch and Stamm. A worthy chapter on psychosocial aspects of AIDS presents innovations in community health education found valuable in Seattle's largely Anglo/gay population of HIV-infected people. Unaddressed are issues and approaches to care of HIV-infected individuals from the ranks of minority groups, children, and intravenous drug abusers. Personal concerns of primary care physicians in regard to care of HIV-infected patients—an important topic—receives little attention.

The chapter on antiretroviral drugs is technical but, for interested readers, as simple an introduction as perhaps can be found. Since first publication, there has been an increase in concerns about HIV infections in the central nervous system. Similarly, transmission of the virus among heterosexuals

has been a recent subject of much interest. New information in both areas is not included in this book. Methods of taking a complete sex history are absent.

AIDS attempts to address the needs of primary care physicians in an important clinical area in which available information is exploding. It is perhaps the "best there is" even though it has weaknesses and is to some extent already dated. Primary care physicians will also find *The Medical Letter on Drugs and Therapeutics*, published by The Medical Letter, New Rochelle, New York, and *Morbidity and Mortality Weekly Report*, published in the *Journal of the American Medical Association* as Leads from the MMWR, valuable sources of current information. Dr Ron Goldschmidt's recent review article on HIV and AIDS in the *Journal of the American Board of Family Practice* (1988; 1:112-130) is excellent, comprehensive, and scholarly. Rutherford and Woo's recent editorial (*JAMA* 1989; 259: 3609-3610) on the issue of testing is also recommended.

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Nutrition, Hypertension and Cardiovascular Disease (2nd Edition). Ronald S. Smith. The Lyncean Press, Portland, Oregon, 1989, 228 pp., \$12.95 (paper). ISBN 0-9614229-1-2.

There is clearly a need for increased physician knowledge and practice in nutritional counseling. The report of the US Preventive Services Task Force "Guide to Clinical Preventive Services" has recommended that "clinicians should provide periodic counseling regarding dietary intake of calories, fat (especially saturated fat), cholesterol, complex carbohydrates, fiber, and sodium. Women and adolescent girls should receive counseling on calcium and iron intake and pregnant women should receive specific information on nutritional guidelines during pregnancy. Parents should also

be counseled about the nutritional requirements of infancy and early childhood." In this regard, there is a need for readable and clinically useful texts for clinicians.

Ronald Smith has attempted to provide a comprehensive yet succinct review of the literature related to nutrition in cardiovascular disease and hypertension. The book begins with a brief overview of atherogenesis and a review of the role of prostaglandins in atherosclerosis. The body of the text deals with the relationship of specific nutrients and foods to cardiovascular disease (Chapters 2-11) and to hypertension (Chapters 12-16). Nutrients and foods related to cardiovascular disease that are discussed include lipids, fish oils, copper, zinc, chromium, selenium, vitamins B₆, C, D, E, niacin, fiber, milk, alcohol, garlic, and carnitine. Nutrients and foods related to hypertension discussed include sodium, potassium, calcium, magnesium, fiber, lipids, protein, caffeine, alcohol, and sugar. The relationship of weight to hypertension is also discussed.

The text succeeds in providing what seems to be a thorough and frequently balanced review of the literature. The primary difficulty with the book probably derives from an attempt to meet the needs of both the layman and the clinician. Consequently, the book at times is poorly organized, is incompletely referenced, and incompletely covers nutrient metabolism. Its usefulness in the clinical setting would have been improved by providing food nutrient content tables and a summary table reviewing the quality of evidence and the direction of effect of each of the nutrients on cardiovascular disease and hypertension.

The book will be of interest to those who are looking for a concise text that will familiarize them with the literature in this area, but of limited use either to the researcher needing a more scientific-oriented text or the clinician needing a reference for use in patient care.

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