

**Basic and Clinical Biostatistics.** *Beth Dawson-Saunders, Robert G. Trapp.* Appleton & Lange, Norwalk, Conn, 1990, 329 pp, \$24.00 (paper). ISBN 0-8385-6200-0.

If I had to own one omnibus text on the subject of applied statistics in medicine, *Basic and Clinical Biostatistics* would be one of my leading choices. The authors have done a masterful job in writing "a comprehensive text covering the traditional topics of biostatistics and the quantitative methods in epidemiology and decision making used in clinical practice and in research."

There are 15 chapters that cover the following general subjects: introduction to medical research; study design; exploring and presenting data; summarizing data; probability, sampling, and probability distributions; drawing inferences from data; estimating and comparing means; comparing three or more means; estimating and comparing proportions; correlation and regression; methods for analyzing survival data; statistical methods for multiple variables; evaluating diagnostic procedures; clinical decision making; and reading the medical literature.

The authors have a clinical audience in mind, and each chapter begins with a series of brief vignettes of studies taken from the recent medical literature that illustrate various "statistical presenting problems." Important concepts are clearly defined, and liberal use is made of tables, figures, and graphic displays (of note is the welcome inclusion of computer-generated analyses with actual printouts from commonly used statistical software packages). Particularly helpful are the lucid discussions regarding key assumptions or common errors made in the use of different statistical procedures, and the appropriate use of *P* values, confidence intervals, power, transformations, and nonparametric statistics. Readers will also greatly appreciate the valuable series of flow charts that can be used to relate research questions to statistical methods, the excellent glossary of

biostatistical and epidemiologic terms, the suggested practical exercises, and the recommended readings list.

The few minor quibbles I had with this otherwise marvelous text include a definition of prevalence that seems to confuse the concepts of point and period prevalence, the rather limited discussion about nonprobability sampling (see evaluation researcher Michael Quinn Patton, who has elsewhere described various nonprobability sampling strategies), and the unfortunate omission from the bibliography of the excellent McMaster series on reading clinical journals that appeared in the *Canadian Medical Association Journal*. I hope the next edition will also include some further discussion of topics such as cost benefit, cost effectiveness, and cost utility analysis.

The need for family medicine researchers to gain further expertise in biostatistics has taken on added importance with the emergence of the new Agency for Health Care Policy and Research (AHCPR). This very reasonably priced text helps address this need and can be strongly recommended to research-oriented family medicine academicians and practitioners, as well as to fellows, residents, and medical students who wish to learn more about biostatistics and epidemiology.

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**Gynecology—A Practical Approach.** *Victor Gomel, Malcolm G. Munro, Timothy C. Rowe. Williams & Wilkins, Baltimore, 1990, 332 pp, \$29.95 (paper). ISBN 0-7216-2127-9.*

*Gynecology—A Practical Approach* is a misleading title. This book is not a handy guide for clinicians but a condensed gynecology textbook for students. Unfortunately, the book may not be appreciated even by its intended audience.

A major flaw of the book is that it provides too much detail in too few pages. Rather than concentrating on common conditions, all "zebras" appear to be included, making the book very dense reading even for the clinician. Another problem is the idiosyncratic organization of the text. The book begins with the physiology of the female reproductive system, yet anatomy is relegated to an appendix at the back of the book. The disease processes and treatment are discussed in one section, while the approach to the patient is in another section, leading to repetition and frequent references to other parts of the book. For example, the chapter on vulvar dystrophy is separated by more than 100 pages from the chapter on vulvar lesions.

Another concern is that most of the chapters in the clinical gynecology section have no references. Finally, the 1985 sexually transmitted disease treatment guidelines from the Centers for Disease Control are included rather than the 1989 recommendations. Considering these flaws, students and clinicians should search elsewhere for a truly practical and readable gynecology textbook.

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**Geriatric Medicine (2nd Edition).** *Christine K. Cassel, Donald E. Riesenber, Leif B. Sorensen, John R. Walsh (eds). Springer-Verlag New York, 1990, 697 pp, \$99.95. ISBN 0-387-96977-2.*

*To be 'laid on the shelf' . . . is apt to make a person grow old dangerously.—L.F. Barker: Introduction to Geriatric Medicine by Stieglitz, 1943.*

In the 1943 geriatric textbook quoted above, the topic of urinary incontinence did not appear in the index and could not be found; in the 1984 first edition of Cassel's text, 7

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pages were devoted to it; in this, the second edition, incontinence rates a separate chapter 18 pages long. This increasing allocation of space epitomizes the recent rapid expansion of data and expertise in the field of geriatrics. In keeping with such rapid developments, Cassel's textbook of geriatrics has been dramatically revised for the second edition. First, it has been condensed into a more convenient single volume, with 30% fewer chapters and pages (though the pages are larger). Much of the excess verbiage that was eliminated appeared to consist of now unnecessary speculation and justification of geriatrics as a discipline. Second, more than one half of the chapters have been completely rewritten, by new authors, while one third underwent minor revisions and the rest are entirely new. Excellent new chapters are included, not only on incontinence but on screening for asymptomatic disease, gynecology, osteoporosis, and falls. Home care and end-of-life decisions receive added emphasis, as they have in the public mind. Photographs removed from the chapter on dermatology now appear as color plates at the front of the book. In comparison with Reichel's 1989 edition of *Clinical Aspects of Aging* (ed 3), this text covers much the same topics, with better illustrations, a more handsome format, more attention to pathophysiology, and much more extensive bibliographies. Reichel is more succinct and, in keeping with the family medicine training of the editor, offers more practical and complete coverage of certain topics outside of internal medicine, such as orthopedic problems and fractures.

One appreciates the skill and effort that Cassel and the other editors of the second edition (now including Donald Riesenberg, senior editor of JAMA) put into maintaining a comprehensive, biopsychosocial approach to their material, which they compare to "weaving a tapestry." Would I buy this essentially new geriatric textbook? The only danger would appear to be rapid obsolescence, making it worthwhile mainly

for someone actively involved in geriatric care or teaching.

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**Pearls and Pitfalls in Electrocardiography: Pithy, Practical Pointers.** Henry J. Marriott. Lea & Febiger, Philadelphia, 1990, 157 pp, \$17.50 (paper). ISBN 0-8121-1334-9.

Marriott describes "tricks of the trade" in the interpretation of difficult electrocardiograms. Pearls as well as pitfalls are used by Marriott to enhance the reader's memory as he presents 70 cases of electrocardiographic events that he believes in his experience have led to confusion and are of practical importance to the clinician. The text is sectioned into arrhythmias, blocks, and 12-lead abnormalities. In each section a multitude of cases are illustrated, each of which consists of a several-hundred-word essay (pearls and pitfalls plus pointers for even the most thoroughly experienced) with an accompanying display of 2 to 15 tracings that are precisely relative to the points in question. The tracings for the most part demonstrate excellent graphic reproduction quality, allowing the reader to attend to the author's point and not spend valuable time attempting to decode poor technique.

While the detail of writing is clear, *Pearls and Pitfalls in Electrocardiography* presumes that the reader is highly skilled in the interpretation of basic rhythms. This book clearly is not intended for the novice or for the practitioner wishing to improve basic skills. In fact, topics discussed that might be common clinically to the reader would include VPB vs APB with aberration, sinus pause vs non-conducted APB, and differentials in U-wave diagnosis. An exceptionally outstanding discourse on SVT vs VT was one of many highlights in this selection. On a more esoteric level, discussions of Holter monitor artifacts, estimating RV pressure from V1, and rate-dependent Q waves exemplify a good portion of this text's

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mission: developing the sophistication of the heretofore skilled interpreter of electrocardiography.

*Pearls and Pitfalls in Electrocardiography* will appeal most to the primary care physician who commonly deals with patients needing cardiac telemetry or other cardiac monitoring and to any physician who desires direction toward competency in the interpretation of complicated electrocardiograms.

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**Diabetes and Its Management (4th Edition).** Peter J. Watkins, Paul L. Drury, Keith W. Taylor. Blackwell Scientific Publications, Oxford, 1990, 251 pp, \$44.95 (paper). ISBN 0-632-02692-8.

With so many advances in the management of diabetes, *Diabetes and Its Management* has been completely rewritten. The aim of the authors was to produce a book that would be of practical help to all who care for diabetic patients both in the hospital and in general practice.

The book is divided into five sections: basic principles of diabetes and its biochemistry; principles of treatment; diabetic complications; special situations including pregnancy, children, and hypoglycemia; and diabetic care including social and legal consequences. I especially appreciated the chapters on insulin secretion and action, etiology and pathogenesis, and diabetic complications. The problems or concerns that I had as I read the book include recording the blood glucose in millimols per liter instead of milligrams per deciliter; most resources and addresses being more appropriate to those practicing in the United Kingdom, such as BDA (British Diabetic Association); and the authors taking the position that the best management for diabetic patients is provided in diabetic clinics by specialists in team care management. The role of the general practitioner is limited to "shared care."

I enjoyed reading the book. It is challenging, well organized, and a re-

freshing review and update of advancements in the care of diabetic patients. Even with its limitations the book would be an excellent resource for senior medical students, family practice residents, and family physicians who wish to update their cognitive base in the management of diabetes.

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**Family Problems (Oxford General Practice Series 17).** Peter R. Williams. Oxford University Press, New York, 1989, 108 pp, price not available (paper). ISBN 19-261604-8.

I was disappointed by this book, described in the preface as being oriented toward dealing with "those families who are most amenable to help from a general practitioner with an interest in family pathology." The 15 chapters cover a variety of interesting topics but are unbearably short; the book has only 97 pages of text.

As an example, Chapter 3, "The Family as a Cause of Illness," tackles schizophrenia, depression, psychosomatic illness, infections, alcohol, anorexia nervosa, and psychosomatic families in six pages! Minuchin's work is capsulized in less than two pages. Anorexia nervosa gets a paragraph; obesity is not covered.

Chapter 8, "Working with Family Problems," takes nine pages to present family wheels, convening of the family, and construction of genograms. Three full pages are replications of genograms from the excellent book *Genograms in Family Assessment*, by Monica McGoldrick and Randy Gerson (published by W.W. Norton, 1985).

A chapter on teaching and learning includes a psychoanalytically oriented figure linking physical and psychological states; the book from which the figure is taken is not listed in the reading list or references.

The epidemiological data pre-

sented in the text relate exclusively to England. Appendix 1, "Helping Agencies," contains only references to English resources. An interesting but irrelevant reading list includes literature ranging from T.S. Eliot to Milan Kundera.

The book's brevity, design for the English audience, and incompleteness prevent me from recommending it to practicing family physicians, house officers, or students.

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**Premenstrual Syndrome (2nd Edition).** H. Jane Chihal. Essential Medical Information Systems, Dallas, Texas, 1990, 180 pp, \$12.95 (paper). ISBN 0-929240-10-3.

*Premenstrual Syndrome* is a small center-indexed handbook reviewing the etiology, diagnosis, and therapies for premenstrual syndrome. The manual is designed for use by the active clinician. It covers the subject succinctly in all sections but has a larger annotated bibliography at the end. The information is extremely well organized and accessible. Illustrations and charts are kept at a minimum; however, those included may be helpful to the clinician, eg, the exercise prescription and symptom diary.

Because so much controversy remains in the understanding of this disorder, the advantage of this small guide may be that it includes the available information with a brief analysis of its validity in an accessible format. This information is not only helpful to the clinician, but can be easily transmitted to the patient in discussion with the clinician or read by patients themselves.

This guide is recommended to clinicians and therapists who treat and counsel women with somatic and behavioral complaints related to their menstrual cycles during childbearing years.

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