

The Family Practice Desk Reference (2nd Edition). C.E. Driscoll, E.T. Bope, C.W. Smith, and B.L. Carter. Mosby Year Book, St Louis, 1991, 703 pp, price not available. ISBN 0-8151-2884-3

Driscoll and his coauthors have succeeded in producing "a compendium of reference information useful to everyday primary care practice" (from the back cover description). Is it complete? No. A single volume cannot be all things to all people, and every reader will wish to add one or more favorite tables from their own little book or collection of dogeared papers from the pocket of an old lab coat. For the most part, though, I was satisfied despite the already out-of-date immunization schedules, Papanicolaou smear follow-up recommendations, and advanced cardiac life support protocols. Health maintenance recommendations are conservative and tend toward laboratory overkill. Notable is the absence of treatment recommendations for the person who is human immunodeficiency virus positive, as well as instructions for the performance of the O'Sullivan screen for diabetes in pregnancy and adequate instructions for the performance of the "Mini-Mental State Exam." The recommendation for use of long-acting benzodiazepines in the treatment of alcohol withdrawal is dated at best. Other minor editing problems exist: duplication of the Apgar score table, which appears in both the pediatric and obstetric sections; female, but no male, Tanner staging diagrams; some page numbers at the tops of pages, some at the bottom.

What would I add? The things I carry in my pocket now—Sanford's table on the selection of initial empirical antibacterial therapy from his *Guide to Antimicrobial Therapy*, Dickey's table of contraceptive pill activity

from *Managing Contraceptive Pill Patients*, a table of normal joint ranges of motion, and a more complete table of physiologic maneuvers for the diagnosis of cardiac murmurs.

On the whole, the tables are well designed and readable. The index is comprehensive. Unfortunately the authors have chosen not to make the transition to Système International (SI) units for their laboratory values tables or to list both SI units and standard normals.

In summary, this is a useful volume for both novice and experienced clinicians. Future editions, hopefully at no more than 2 year intervals, will undoubtedly improve as the authors make changes based on the feedback they receive from their readers, which is requested in the book's preface.

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How to Raise an Adopted Child: A Guide to Help Your Child Flourish from Infancy Through Adolescence. Judith Schaffer, Christina Lindstrom. Plume, New York, 1991, 310 pp, \$8.95 (paper). ISBN 0-452-26560-6.

One out of every five people in the United States has a close connection to adoption: they have a relative or good friend who was adopted, or have adopted children, or were adopted themselves. Adoption may be increasing, too. Couples who postpone having children often find it more difficult to conceive and to carry a healthy baby to term when they feel ready to become parents. Adoptive families are in some ways different from birth families. If something is not quite right in an adoptive family, there is a tendency on the part of schools, agencies, friends, relatives, and even members of the families themselves to point to the fact of

adoption as the root cause of the problem. Many stigmas still stick to adopted children because of the "illegitimacy" of their origins or fear of "the bad seed." Despite these difficulties, there has been recent evidence which shows that adoptive parents are often more well adjusted to parenthood than many birth parents. These differences are sometimes attributed to the heightened motivation to parent among adoptive parents, who often must overcome powerful obstacles to become parents. Despite the prevalence of adoption and its unique circumstances, there is little professional expertise available on the issue and no "Dr. Spock" for the adoptive family. It is this important gap in the literature that the authors of *How To Raise an Adopted Child* hope to have filled.

This book comes out of the authors' experiences at the Center for Adoptive Families in New York. The authors are the co-founders and co-directors of the center, and Judith Schaffer is herself the mother of two adopted children. The authors of this book have clearly been there. Their counsel is wise, not only for the adoptive parent, but also for health care professionals or anyone whose contact with an adoptive family calls for an enlightened and sensitive response.

The real test of this book's worth ultimately rests on its usefulness to its target audience—the parents of an adopted child. The book is organized into 11 chapters. The first chapter gives an overview of adoption. It addresses many of the key issues such as when and how to tell a child about his or her adoption, the many unresolved conflicts related to adoption for parents or other relatives, and how to deal with the response to adoption by people outside the family. Chapters 2 through 7

focus on the succeeding stages of growth and development of all children, concentrating on the difficulties at each age that are unique to adopted children and their parents. Three chapters explore special (though not unusual) circumstances: special-needs adoptions, single parents, and the multiracial family. The last chapter deals with emerging trends, such as gay adoptive parenting. Each chapter concludes with questions commonly asked by adoptive parents. These questions and the authors' answers serve to reinforce and expand on the ideas put forth in each chapter.

Interspersed throughout the text are the names, addresses, and telephone numbers of organizations that might be helpful to the parents of an adopted child. Many, but not all, of these resources are included in a separate listing at the end of the book. Sources of information—for example, books or videotapes to help parents learn about particular issues such as temperament or to assist children to answer their own questions about adoption—are also given at relevant points throughout the text. A compendium of these resources, organized by topic, might have proven useful. An extensive index allows the reader to locate a discussion of a particular topic.

The authors' attitude toward dealing with family adversity is laudable. They are proponents of family empowerment and give excellent and specific advice with which to approach many of life's difficulties, including those that are not necessarily unique to adoptive families. They rarely feel the need to recommend the services of professionals to help families overcome problems, but instead offer actual responses to difficult circumstances or realistic means to achieve desired ends. It is evident that professionals, often ill informed or insensitive about adoption issues themselves, can sometimes do more

harm than good. I have a slight quibble with the authors on this point, one that is particularly relevant for this journal. In a discussion of choosing a physician for the adopted child—one who is knowledgeable and sensitive about adoption issues—the authors refer only to pediatricians, neglecting family physicians as important sources of child health care.

This book is well and clearly written. The authors are to be congratulated for creating a valuable resource for parents and professionals alike.

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Handbook of Psychiatric Emergencies.

William R. Dubin and Kenneth J. Weiss. Springhouse Corp, Springhouse, Pa, 1991, 294 pp, \$22.95. ISBN 0-87434-330-5.

"Most psychiatric emergencies are treated by nonpsychiatrists in . . . the emergency department of a general hospital," (p. viii). This book by two professors of psychiatry, one at Temple University and one at Robert Wood Johnson University, was "written for the nonpsychiatrist to supplement direct clinical supervision" (p. viii).

The opening two chapters are introductory. The first explains how to interview the patient and how to conduct a thorough mental status examination; the second surveys the important medicolegal issues that might arise. Chapters 3 through 14 deal with prevalent psychiatric disorders encountered in the emergency department: delirium, alcohol and drug emergencies, schizophrenia and mania, violent and self-destructive behavior, depression, anxiety, domestic abuse, rape, child and adolescent emergencies, and geriatric emergencies. Chapter 15 discusses various

situations that can become frustrating for the clinician, including drug-seeking behavior, acquired immunodeficiency syndrome, persons who feign illness, homelessness, telephone callers who abuse hotlines, borderline and antisocial personality disorders, language barriers, and the developmentally disabled. All of these chapters follow the same format: identifying the problem, including mental status, physical findings, laboratory studies, and differential diagnosis; interpersonal intervention; pharmacologic interventions; educational intervention; disposition; and medicolegal considerations.

Chapter 16 deals with patients who are experiencing side effects from medications such as antipsychotics, antidepressants, lithium carbonate, antianxiety drugs, anticonvulsants, antihistamines, beta blockers, or disulfiram. Family physicians will find many of the 32 tables scattered throughout the book to be really helpful. Some of my favorite chapters are the ones on schizophrenia and mania, violence, depression, and child and adolescent emergencies. The section on interpersonal intervention provided in several chapters was especially helpful. In the chapter on self-destruction, however, I would have also included the suggestion that clinicians ask patients to enumerate the reasons why they would never actually take their life and to help them to lengthen their list.

Emergency medicine and family practice residencies provide the most training in emergency psychiatric intervention according to Weissberg,¹ who surveyed 236 residencies in the major nonpsychiatric specialties. Close to half of the family practice programs studied did not provide

¹ Weissberg, Michael: "The Meagerness of Physicians' Training in Emergency Psychiatric Intervention," *ACADEMIC MEDICINE*, 65 (12):747-750, Dec., 1990.

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lectures or required readings on the subject.¹

This is the most recent handbook on psychiatric emergencies. It should be available in emergency departments and in the libraries of family medicine residency programs and medical schools.

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Pocket Handbook of Clinical Psychiatry. Harold I. Kaplan and Benjamin J. Sadock. Williams & Wilkins, Baltimore, 1990, 335 pp, \$24.95. ISBN 0-683-04523-7.

In recent years there has been a trend to publish briefer versions of standard texts as substitute or companion volumes.

Kaplan and Sadock have gone further in offering their *Comprehensive Textbook of Psychiatry*, its companion, *Synopsis of Psychiatry*, and now the *Pocket Handbook of Clinical Psychiatry*. The *Handbook* is "meant to be used as an easily accessible reference by the busy doctor in training or clinical practitioner." The book's intended audience includes medical students, psychiatry residents, psychiatrists, and (only incidentally) other physicians.

By its title one would assume that the text is meant to be carried in pocket or hand; however, it is too large and heavy to make this practical. Also, the content, though less than that of encyclopedic texts, is more detailed than would be desired for a quick reference. Tomb's *Psychiatry for the House Officer*, for example, is more selective and direct, as well as more portable.

On the other hand, the *Handbook* is complete despite its abbreviated size, even including a description of how to administer electroconvulsive therapy with details on

where to place the electrodes and how to prepare the site.

Most chapters are written in outline form and the material is easily accessible. Outlines rarely make for interesting reading and those in this book are no exception.

Two special features of the book are of some value. The *Diagnostic and Statistical Manual of Mental Disorders* (DSM-III-R) categories are listed on the front and back page and in tables for each specific area of discussion. There is also a 4-page drug guide with color photographs for aid in quick identification of psychotherapeutic drugs.

This book has very limited usefulness for family physicians or family practice residents and should not be part of the libraries of most of them. It is not intended for dealing with the special aspects of psychological medicine for family physicians. For residents on psychiatry rotations or physicians with specific patient problems, a standard psychiatry text or a psychiatry consultant would be more useful. For those rare individuals who want a complete psychiatry text on their shelves at little cost, the *Pocket Handbook of Clinical Psychiatry* may be an appropriate choice.

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The Cardiac Rhythms: A Systematic Approach to Interpretation. Raymond E. Phillips and Mary K. Feeney. W. B. Saunders Company, Philadelphia, 1990, 591 pp. ISBN 0-7216-2427-8.

Most physicians will have only one book on electrocardiogram interpretation. There is a tendency to rely on one of a few standard texts that provide a comprehensive discussion of ECG analysis. These texts try to provide everything one needs to

know to approach electrocardiograms, and are sufficient for all but the cardiologist. *The Cardiac Rhythms*, however, does not profess to be such a book. Instead the authors carve out a niche that concentrates on the interpretation of abnormal cardiac rhythms.

This is a large book that provides an anatomical approach to dysrhythmias. There is a generous display of rhythm strips (as opposed to complete 12-lead tracings), which are presented in a highly clinical manner along with case presentations. This approach provides a sense of reality that gives an urgency to each example. Additionally, there are self-evaluation sections that allow readers to assess their understanding of the material. This edition is expanded to include complete sections on pacemakers and cardiac pharmacology.

While this book is good for what it does, I do not recommend it for comprehensive electrocardiogram training. It is best suited for critical care nurses and emergency medical technicians, whose primary responsibilities involve single-lead interpretation.

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Exercise in Pregnancy (2nd Edition). Raul Artal Mittelmark, Robert A. Wiswell, and Barbara L. Drinkwater (eds). Williams & Wilkins, Baltimore, 1991, 332 pp. ISBN 0-683-00258-9.

With obstetrics as a significant part of my practice as a family medicine faculty member at a university, I try to keep abreast of the relevant literature in this area. It is often a difficult body of literature in which to find answers. I was disappointed to discover that *Exercise in Pregnancy*

provided few of those answers in an easily accessible manner.

In the preface the primary editor states that the goal of the second edition is to "collate all existing significant information to serve as a basis for exercise prescription in pregnancy." The text is, in fact, comprehensive in reviewing the literature. It is a cross between a year-book type of text and a series of review articles. Many of the authors are physiologists (only one is a family physician), thus, most of the background information presented is of a physiological rather than clinical nature.

The first section reviews physiological adaptations to pregnancy. I really enjoyed the chapter on physiological and endocrine adjustments to pregnancy, which contains material I teach to my residents and students; but one would not usually consult a book focused on exercise to obtain this information. Because it is stylistically different, a chapter on orthopedic injuries seemed out of place in this section. Incongruity is one of the problems encountered in having more than 40 authors for a 300-page book.

The second section, "Physiology of Exercise During Pregnancy," incorporated some interesting graphs and tables. In the section's final chapter on the effect of maternal exercise on pregnancy outcome, the authors stated, "Based on present published literature, it is not possible to conclude in a scientific way whether maternal exercise is beneficial or detrimental to pregnancy." Dealing with highly conflicting literature has clearly made this text difficult to write.

The last section on practical applications occupies less than one quarter of the book. Important topics are covered, including the elite athlete, the amenorrheic athlete, and pregnancy and altitude. Practical ad-

vice for the clinician is scattered throughout this section. In terms of usable guidelines, however, the physician would still be wise to consult those prepared by the American College of Obstetricians and Gynecologists in 1985. Entitled "Exercise During Pregnancy and the Postnatal Period," the ACOG guidelines appear as an appendix to this text.

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Software Reviews

Gary N. Fax, MD, Section Editor

MEDTUTOR, Version 2.0/May 1990. National Technical Information Service, US Department of Commerce, 5285 Port Royal Rd, Springfield, VA 22161. \$25.00.

HOW SUPPLIED: Both 5¼" and 3½" diskettes.

DOCUMENTATION: 5-page pamphlet.

HARDWARE REQUIREMENTS: Any IBM-compatible machine, 512K RAM, one disk drive (both 5¼" and 3½" disks supplied), DOS 2.0 or higher, supports most video interfaces. Function key templates are supplied.

MOUSE SUPPORT: No.

TOLL-FREE TELEPHONE NUMBER: Yes. (800) 638-8480 (MEDLARS)

CUSTOMER SUPPORT: NTIS support: (703) 487-4763, or (703) 487-4650

DEMONSTRATION DISKS: No.

MONEY BACK GUARANTEE: No.

MEDTUTOR is a low cost training package to teach direct interactive searching of MEDLINE, rather than using an "automatic" front end such as GRATEFUL MED. The purpose of this program is to *train* someone to do direct searching

on MEDLINE; it does not include software to access MEDLINE.

To test the software I used a 386/16 IBM-clone and a 1200 Baud modem. I experienced no unusual difficulties with this configuration. I tested the software on a monochrome monitor and a VGA color system; no problems were apparent. The program could not print to a Hewlett Packard LaserJet III laser printer, however, but did print to an Okidata dot matrix printer without difficulty. This program uses some memory-resident software, but I did not experience any conflicts with my memory-resident programs.

Because this is a training program, I used GRATEFUL MED's (version 5.0) direct searching feature to test this alternative method of searching the medical literature.

The initial action after starting the program involves telling the program the hardware configuration. Unfortunately, the program asks the same questions every time it is activated; a setup file saved to disk would be useful. After the setup, there is a title screen; unfortunately there is no prompt to tell the user to push the carriage return to proceed to the next screen. Screen speed seemed adequate, but not great from a 3½" diskette. It improved when using the hard disk.

The software is organized into seven chapters. It should take about 4 hours to complete the interactive instruction. The seven chapters consist of an introduction and then three informational chapters alternating with simulated searches, all of which are accessed through nested menus. The density of material suggests several short training sessions rather than one long one. As I got more and more into the program, I became more impressed with the possibilities of tailoring my searches. The presentation is clear and thorough. On the practice simulations, the trainee is given the option of

getting either help or the correct answer.

The first question that came to mind after receiving the training software was: Why would anyone want to use anything other than GRATEFUL MED, which seems quite friendly and adequate? After going through the software and trying the manual approach, the answer seems to be that if one wishes to use the full, rich resources that are available for a search, one can. Because of the details and specialized codes necessary for operation, however, unless one uses the program at least once per week, the learning curve is too steep.

The occasional user should stick to GRATEFUL MED, unless GRATEFUL MED adds a pop-up help feature in the future for direct searching. For the hard-core bibliographic searcher this training program would be a useful investment. The capabilities bestowed on the trainee by this program should be available through the local library staff. The individual who does a lot of detailed searching may be interested in this program.

I accessed MEDLINE through the "direct search" command of GRATEFUL MED. The program logged me in and let me search using my newfound knowledge. The interaction

was automatically saved to disk for later review. The increased power is useful and nice without too much worry about other details.

In conclusion, MEDTUTOR is a thorough training program that enables one to perform detailed and tailored searches of MEDLINE. Although the capabilities are valuable, the frequency of use for most family physicians would be low enough that the time investment for training is too high. The program may be valuable for the individual who does a lot of literature searches and does not have access to the services of a librarian.