

# Book Reviews

**ACLS. Third edition. Volume 1: Certification Preparation. Volume 2: A Comprehensive Review.** By Ken Grauer and Daniel Cavallaro. St. Louis, Missouri, Mosby Lifeline, 1993. v. 1, 368 pp., 277 illustrations. \$19.95 (paper). v. 2, 366 pp., 286 illustrations. \$34.95 (paper). ISBN 0-8016-7069-1.

**ACLS: Mega Code Review Study Cards. Second edition.** By Ken Grauer and Daniel Cavallaro. 64 pp. St. Louis, Missouri, Mosby Lifeline, 1993. \$6.95 (paper). ISBN 8016-7070-5.

This reviewer is someone who likes teaching but is frightened by the thought of having to resuscitate someone; material about advanced cardiac life support has to be very accessible for me to enjoy it. Yet after studying Grauer and Cavallaro's third edition of *ACLS* and the *Mega Code Review Study Cards*, I believe that I could acquit myself well in a code and might even want to *teach* ACLS! This is partly due to a richness of pedagogical aids, such as double-column pages and assorted colors; print sizes and fonts to distinguish the basics from differing layers of detail, which explain and illustrate the concepts; inset "boxes" summarizing the material; profuse illustrations (mostly of rhythm strips); and problems for study. These problems, especially the resuscitation scenarios and many practice examples for arrhythmia interpretation, distinguish this text from the one published by the American Heart Association, which is didactic but not as oriented to decision making and problem solving in emergency care.

Volume 1 is designed to be a comprehensive study guide to review and prepare for the ACLS course. Chapter 1 contains the essence of the ACLS course and includes algorithms for managing various arrhythmias in various clinical situations. Chapters 4 and 5 contain simulated code scenarios, while chapter 6 consists of practice questions similar to the written part of the ACLS certification examination. Other chapters detail the drugs commonly used in cardiopulmonary resuscitation, including dosage and administration, the diagnosis of arrhythmias, intravenous access, and ventilatory support.

Grauer and Cavallaro's recommendations differ in minor ways from those of the American Heart Association, and the authors have been careful to point out the range of acceptable responses and their reasons for recommending a different treatment. Specifically, Grauer and Cavallaro favor higher doses of epinephrine earlier in resuscitation attempts, empirical use of magnesium therapy for ventricular arrhythmias, verapamil rather than adenosine as first choice for some PSVTs, and more cautious dosing of atropine than do the American Heart Association guidelines.

Volume 2 is a clinically pertinent reference source for one who wants to explore cardiopulmonary re-

suscitation beyond the basics. Each topic is posed as a question relevant to the care of patients and is followed with a review of the scientific and empirical literature to show how the question might be answered and what remains unknown. For example, "What is the mechanism of blood flow during CPR?" "How risky is mouth-to-mouth resuscitation?" "Does lay bystander CPR improve survival?"

There is a long section that details current knowledge about management of acute myocardial infarction, including thrombolytic therapy, antiarrhythmics, angioplasty, and emergency cardiac surgery. Another section treats special resuscitation situations, such as near-drowning, cardiac arrest in pregnancy, and cocaine-induced arrest. Additional drugs and more advanced arrhythmia interpretation are followed by sections on pediatric resuscitation and the medicolegal aspects of ACLS.

The *Megacode Review Study Cards* and their container are flimsy, but their content and format are excellent. Not only useful for review and self-study, they could form an educator's notes for an ACLS course. Each set of cards parallels one part of the two-volume book, but in a flashcard format. They are written in a medical vernacular that brings the student immediately into a scenario with specific decisions to be made; e.g., "The patient is unresponsive with a weak pulse, a palpable blood pressure of 60 mmHg, and the rhythm shown; what should you do?" Residencies and ACLS instructors should probably buy both the cards and the books to suit the needs of different learners. Someone whose aim is to prepare for ACLS certification could use *either* the cards or the textbook and need not purchase both.

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**Emergency Medicine Secrets.** Edited by Vincent J. Markovchick, Peter J. Pons, and Richard E. Wolfe. 462 pp., illustrated. Philadelphia, Hanley & Belfus, 1993. \$32.95 (paper). ISBN 1-56053-051-0.

The editors of this text have chosen a question and answer format to convey information about the evaluation, diagnosis, and treatment of a number of emergency medicine topics. The text is divided into major sections, such as trauma, primary complaints, cardiovascular system, and toxicologic emergencies. Each section is further subdivided into individual chapters. For each chapter, specific questions are listed with their corresponding answers. The type of information presented is quite variable from one chapter to the next. References are listed at the end of each chapter, but individual facts or statistics are not specifically referenced. The questions listed for

each topic are well chosen and reflect the questions a practicing family physician might ask. The answers to the questions are written in a clear, concise style and cover important information regarding diagnosis and evaluation. The information presented on the treatment, however, is quite broad and not specific enough to be useful to the practicing physician.

This text provides information about common medical, surgical, and traumatic conditions. Unfortunately, the question and answer format used by the authors makes it more difficult for the reader to access the desired information. Additionally, the text is lacking information on such important common topics as domestic violence, soft tissue injuries, and common lacerations. The text is well indexed, and this will help the reader find information about a specific condition. There are charts and flow diagrams in some of the chapters, but the text contains surprisingly few illustrations and only one radiograph.

The question and answer format is intended to stimulate the reader to seek further knowledge from a more comprehensive text. Teachers of emergency medicine might find this textbook a useful guide to student learning. Physicians working more extensively in emergency departments or urgent care settings will need a more comprehensive and easily accessible resource.

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**The Fifteen-Minute Hour: Applied Psychotherapy for the Primary Care Physician. Second edition.** By Marian R. Stuart and Joseph A. Lieberman III. 202 pp. Westport, CT, Praeger Greenwood Publishing Group, 1993. \$55 (hard). ISBN 0-275-94498-0. \$18.95 (paper). ISBN 0-275-94499-9.

Primary care physicians have long struggled to produce an acceptable definition of their domain. This struggle has produced an interesting and peculiar literature: you can find content descriptions based on encounter diagnoses, closely argued exhortations to add this or that to what we already do, and pessimism that integration of all the "recommended" knowledge and skills is even possible. One gets the impression that primary care practice is a difficult, daunting proposition.

Stuart and Lieberman enter this conversation as a breath of fresh air. They have produced an upbeat little handbook — a cookbook, really — that is clear, simple, and concrete. This book is aimed squarely at practicing primary care clinicians, and it does not miss the mark. They show a solid understanding of the temperament, language, customs, content, and constraints of primary care medical practice. This book is written from the inside, as it were.

The word "psychotherapy" in the title might be misunderstood. Psychotherapy here means the use of words and the power of the physician-patient relationship to promote healthy change for the patient. This is not a book on psychiatry in primary care, or

even a book that deals with mental disorders. The focus is on the emotional component of ordinary medical problems. The authors argue for adoption of the biopsychosocial model: every primary care patient encounter has a psychosocial component, this component has a major influence on the patient's health, it is the clinician's business to address this component, and the skills necessary for such an expanded inquiry are well within the capacities of all primary care physicians to master. The authors then specify what these skills are, and when and how they should be used.

The prose is informal, and the central points are repeated and incorporated into acronyms and other mnemonic devices. This might put off those readers who prefer a more formal and scholarly tone, but that includes very few busy primary care clinicians. Nevertheless, this stylistic informality should not be mistaken for irresponsibility or ignorance. The breadth of the references marshalled in support of the authors' points is impressive, particularly that literature linking mental processes to physical outcomes. The references and suggested readings alone are worth the price of the book.

Having said that simplicity and concreteness are two of this book's chief virtues, I nevertheless wished for a bit more detail in places. For example, when should one make a consultation or referral? How does one integrate pharmacotherapy with the psychotherapy presented here? How does one approach patients who have been or are being abused?

Another half-dozen examples come to mind, but this is asking the book to be something it is not. On the whole, *The Fifteen-Minute Hour* is an extremely valuable little volume that will be useful to primary care clinicians at all levels of training and experience.

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**Oxford Textbook of Palliative Medicine. Edited by Derek Doyle, W.C. Hanks, and Neil MacDonald.** 845 pp. New York, Oxford University Press, 1993. \$125. ISBN 0-19-262028-2.

This large (845 pages), costly (\$125) textbook covers a broad range of issues that face physicians when caring for terminally ill patients. It was developed primarily as a text for Hospice physicians. Its many chapters vary in quality and depth. For example, it provides 16 pages on opioid medication (including exhaustive discussions of pharmacokinetics) — far more than this reviewer would have wanted to see — and then tries to provide a meaningful overview of Hinduism in less than a page. In part, the problem is the book's attempt to be comprehensive. Other general textbooks, such as those of family practice and some texts of geriatric medicine, often suffer similarly. For a family physician, this book provides relatively little useful new information beyond what is available in general texts of medicine, family medicine, and geriatric medicine. Therefore, I hesitate to