

Psychiatric Dimensions of Medical Practice: What Primary Care Physicians Should Know About Delirium, Demoralization, Suicide Thinking, and Competence to Refuse Medical Advice. By Phillip R. Slavney. 123 pp. Baltimore, Johns Hopkins University Press, 1998. \$15.95 (paper). ISBN 0-8018-5906-9.

As a consultation psychiatrist, the author is frequently asked to evaluate patients who are delirious, demoralized, thinking of suicide, or refusing to follow medical advice. His purpose in writing this book is to help colleagues in adult primary care deal with these four situations. He begins the book by reviewing a screening psychiatric history and mental status examination that includes a family psychiatric history, the patient's psychiatric history, the patient's premorbid personality, the patient's mood—evaluated both verbally and by the physician's observations, and the patient's cognition. This chapter ends with definitions of hallucinations, illusions, and delusions. A Mini-Mental State Examination and instructions for administration are included in the Appendix.

Each of the four situations is discussed in subsequent chapters. In fact, the chapter on delirium comprises more than one half the book, starting with a historical note and the *Diagnostic and Statistical Manual of Mental Disorders*, 4th edition (DSM-IV) criteria for diagnosing this condition. These criteria are then addressed in separate sections, and a case study is described to illustrate the author's assertion that delirium is often unrecognized or undocumented by family physicians, internists, and surgeons. He states later that "most often, delirium is not recognized because it is not considered."

In discussing the cause of delirium, the author appropriately lists almost every organic cause known. The list of drugs that can cause delirium is also extensive. As physicians care for an increasingly aging population whose conditions are treated with greater numbers of high-potency medicines, they must become more knowledgeable of the possible harmful sequelae that occur. The author points out ways to make the diagnosis and to discover the cause of the patient's delirium. He also describes ways to differentiate delirium from other conditions with which it is frequently confused: depression, dementia, schizophrenia, and mania. In some cases treatment for the wrong condition can worsen a patient's delirium. Suggestions for treatment of delirium are included, such as preventing the syndrome, which is often the physician's responsibility by not overmedicating, then by making suggestions to the family to enhance the patient's environment, and finally by correcting the cause of the delirium.

The remaining chapters in the book address demoralization, suicidal thinking, and competence to refuse medical advice. The clinical case illustrations are mainly about hospitalized patients, but we can easily

find numerous examples in the ambulatory setting that relate to the advice given in the book. Many times the key to resolving the problem is the physician's communication skills. When the physician listens to the real needs of the patient and communicates his or her concerns and plans for treatment, the patient has a better mental health outcome.

For the family physician, the main value of this book would be the extensive chapter dealing with delirium. It is important to differentiate delirium from other causes of abnormal behavior so that we do not exacerbate the problem by prescribing inappropriate medications and making inappropriate recommendations. Because 90 percent of our patient care is in an ambulatory setting, psychiatric consultation is not readily obtained. By having a reference such as this available, we can better care for our patients.

Ralph E. Breggren, MD
Narragansett, Rhode Island

The Little Black Book of Primary Care. 3rd edition. Pearls and References. By Daniel K. Onion. 923 pp, illustrated. Malden, Mass, Blackwell Scientific, 1999. \$39.95 (paper). ISBN 0-632-04345-8.

Many medical students and residents have fashioned a personal resource book during their training experiences in patient care. These pearls-of-wisdom references affectionately labeled "peripheral brain," provide valuable assistance in situations where rapid recall of specific information is required in the absence of multi-text libraries, eg, guidelines for intravenous fluid and electrolyte orders. *The Little Black Book of Primary Care*, now in its third edition, was written as a starter notebook for students of primary care. The author has intended it, not as a comprehensive collection of facts, but as a framework for organizing clinical knowledge with additions and notes to be added by the learner.

The book itself is designed as a pocket portable with alphabetic topic organization by medical and surgical specialty, including obstetrics-gynecology, pediatrics, psychiatry, emergency medicine, and prevention and health maintenance. Each chapter references specific diseases, with such information as cause, epidemiology, pathophysiology, identifying signs and symptoms, course, complications, pertinent laboratory tests, and treatment. The discussions are replete with focused journal citations (more than 6000) and typically include references to recent review articles, most commonly from *The New England Journal of Medicine*, *The Annals of Internal Medicine*, *The Journal of the American Medical Association*, and *The Medical Letter*. More attention is paid to those areas of known controversy, such as the treatment of breast cancer or management of myocardial infarction. The use of literature references is a key feature of this work and is certainly critical to

the reinforcement of the importance of evidence-based medicine.

The reader will find the text easy to use, with disease summaries that are well researched, concise, and without extraneous material. Abbreviations are used liberally throughout the work, but they are certainly not distracting. Many chapters are complemented by well-designed tables, graphs, and clinical algorithms. There are additional useful educational tools, such as common electrocardiogram patterns, basic fetal monitoring patterns, stepped-care charts for asthma management, a Mini-Mental State Examination, childhood immunization guidelines, and common overdoses and poisons with antidotes. For those learners who are faced with signs and symptoms but do not have the clinical sophistication to make the diagnosis by specific disease, the index is a valuable reference.

As the author notes, this "little black book" is intended as a starting point for medical students and residents. He notes that many physicians will ultimately abandon these references when the volume becomes too overwhelming. The practicing primary care physician will appreciate the thoughtfulness and attention given to the development of this work, however, particularly to the selection of the literature references. Even the more seasoned physician in a busy practice setting will benefit from its well-designed organization of information.

Kathryn Larsen, MD
University of California, Irvine
Orange, Calif

Textbook of Clinical Neurology. Edited by Christopher G. Goetz and Eric J. Pappert. 1220 pp. Philadelphia, WB Saunders, 1999. \$75. ISBN 0-7216-6423-7.

The *Textbook of Clinical Neurology*, which weighs more than 6 pounds and is 9 by 11 inches, is intended primarily for neurologists and primary care physicians. The editors indicate that this text is unique because each chapter is divided into three sections that follow the sequence of clinical neurologic diagnosis: (1) neuroanatomic localization, (2) neurodiagnostic tools, and (3) "etiologic diseases." *Neurology* also features icons in the margins to indicate that the accompanying DC-ROM contains an illustrative video, such as physical examination findings.

OK, quick..., define "diencephalon," "intrafusal," and "extrafusal." An irritant in this book is the frequent use of terms that readers are expected to know. In addition, abbreviations are defined at first use and reappear pages later without interval use or redefinition. For example, RBD (REM sleep behavior disorder) is defined 10 pages before its subsequent use. If a reader were to use the index to find a section of interest (such as parasomnias), the reader might have to search exhaustively to find such definitions. A simple glossary including abbreviations would be most helpful.

The CD videos allow illustration that text cannot. Even so, many examination techniques that would be easy to illustrate are, unfortunately, not; and many that

are relatively easily described are illustrated. Unless a reader is already familiar with the techniques, there is no way to know which of a variety of ways to interpret the follow paragraph is correct—and there is no video.

Finger flexor jerks may be obtained in two different ways.... The middle finger is held between the second and third fingers of the examiner and the distal phalanx is flicked downward by the examiner's thumb.... A more reliable way of obtaining this flexion reflex of the fingers was described by Tromner. The examiner lays the fingers of the patient's hand on his own taps his own fingers."

As the user loads the CD in Windows, the user is told that *Neurology* is going to load Apple QuickTime version 2.1.2. The user, however, is not given the option to skip this step or to quit the installation, which is rude behavior. Having QuickTime 2.1.2.59 already on my computer, I did not want to risk overwriting a more current version with an older version. (As it turns out, *Neurology* loads 2.1.2.59.) The CD does have reasonable teaching videos and also has quizzes that are not in the book—but those are the only attractions of the CD. Otherwise, the electronic medium is poorly used. There is no search feature at all—almost all medical CDs now contain relatively sophisticated ones (or so I thought)—and not even the textbook's index is included (which, if it were, should be hyperlinked to the appropriate places on the CD). The on-screen text is very large, with no user preference settings, as best I could determine.

There is no support for cutting and pasting, printing, making bookmarks for sections users would like to return to, or even backtracking one step to a previous section. The videos had no audio (at least on the computer I was willing to load it on), which make them eerily silent. Most disappointing to me, there was no list of videos—I had to scour the on-screen text, going between arrows to turn pages and scroll bars to read each page, or I had to return to the margins of the printed book to locate icons and then look up these sections on the CD. Although the CD contains the full text of the book, with no index and no search feature, the CD is not particularly useful except for the teaching videos and quizzes.

In summary, we have a textbook that weighs more than many modern laptop computers (or newborns, if you prefer) and that includes primary care physicians among its intended audience, but contains more information than most primary care physicians want in a manner that requires too much deciphering. The included CD has rudimentary functions and does not leverage its greatest potential utility—the ability to list and play the videos. At this point, this text would be useful only for a medical library on a limited budget that wants to cover all of neurology with one current text. For all others, I would recommend waiting until the second edition before (re)considering purchase.

Gary N. Fox, MD
Toledo, Ohio