

## Book Reviews

**Abortion and Common Sense.** By Ruth Dixon-Mueller and Paul KB Dagg. 298 pp. Philadelphia, Xlibris Corporation, 2002. \$18.69 (paper). ISBN 1-4010-5954-6.

The abortion debate is often characterized by a passionate defense of rather narrowly focused moral, religious, and political beliefs. Broader social and health issues surrounding the abortion issue have typically received less attention despite that an estimated 600,000 women die annually from the complications of pregnancy (including unsafe abortion) and childbirth; and every year 100 million unwanted pregnancies occur. *Abortion and Common Sense* was written to address the practicalities of abortion and to expand discussion of the dilemmas faced by women considering an abortion, realizing all the while that common ground on this subject is probably unachievable.

The first part of the book provides an excellent review of current fertility practices, factors involved in making the abortion decision, descriptions of the abortion procedure, and the “myth of regret.” The discussions are balanced and well-researched, with global and culturally sensitive perspectives. The second half of the book probes several key issues within the public debate, including abortion and the law, abortion within the medical profession, and the politics of public policy.

The text is generally quite readable, and each chapter is supported by chapter notes and multiple references. A separate section details pro-choice organizations in both Canada and the United States, although there is no comparable section on pro-life organizations. Highlights include an historical review of abortion and comparison of privately versus publicly expressed opinions on abortion. The authors’ approach to abortion misconceptions through the use of test questions and evidence-based review of the answers is particularly helpful to the reader.

The family physician, resident, and medical student are all well served by this rigorous discussion of abortion, particularly related to health and safety issues. It takes the reader beyond emotionality and myths to appreciate the day-to-day practicalities of this important issue in women’s reproductive health. This book is an excellent educational choice for those on both sides of the abortion debate.

Kathryn M. Larsen, MD  
Department of Family Medicine  
University of California, Irvine  
Orange, Calif

**Conn’s Current Therapy, 2003.** Edited by Robert Rakel and Edward Bope. 1,400 pp, illustrated. Philadelphia, Elsevier Science, 2003. \$65.00. ISBN 0-7216-8745-8.

Take 300 authors from 15 countries, stir in hundreds of common diseases, set the oven for “preferred manage-

ment techniques,” and bake for 1 year. What you have is the recipe for another new edition of *Conn’s Current Therapy*—one that is bigger and with different suggested approaches for care from the one before it. This trusted book is intended for all clinicians seeking to manage their patient’s illnesses with the most up-to-date guidelines, and it has been around since 1949 with little in the way of change in its user-friendly format. If you have perused a copy before, and I would venture that all of us became users of *Current Therapy* during medical school, then you will know what to expect. Therefore, let’s take a look at what is new with this edition.

The book is a 3/4 inch thicker with 126 more pages than last year’s edition. New topics on diseases of the head and neck, smallpox, and vision correction procedures have been added. There also appears to be an increased number of illustrations and an improvement in their quality. The editors note in their preface that 88 percent of the contributors are new and the other 12 percent have thoroughly revised their material. The editors have continued their ICD-9-code list inside the front cover. I would caution against relying on it to document office encounters. The codes are too few and too basic to describe appropriately the work most primary care physicians do (eg, there is only one code listed for hypertension and two for uncomplicated diabetes). I like to keep my copies of *Current Therapy* next to each other on the shelf of my bookcase so I can refer back and compare a method of treatment I previously read about and used successfully with the new recommendations. For the last several years, the editions have had matching covers with the exception of a change in color, but a minor annoyance this year is that the size, graphic design, and color have changed, so the new edition breaks up the homogeneous appearance of the book series. These are all small concerns when compared with the overall excellence of the book.

Enough “nit picking” (see *Conn’s Current Therapy*, 2003, p 901!) has been done by this review. Rakel and Bope have put together another practical and reliable resource for physicians who need a quick consultation about therapeutic alternatives for managing their patient’s medical problems. *Current Therapy* is a reference that belongs in all physicians’ libraries.

Charles Driscoll, MD  
Lynchburg Family Practice Residency  
Lynchburg, Va

**Drug Facts and Comparisons 2003 – 57<sup>th</sup> edition.** By Kenneth H. Killian and Erwin K. Kastrup. 2,496 pp. St. Louis, Facts and Comparisons, 2003. \$194.95. ISBN 1-57439-135-6.

This 57th edition of the annually published *Drug Facts and Comparisons* is an extraordinarily comprehensive drug

information reference. The stated goal of the publisher is to provide “timely, accurate, comprehensive, unbiased, comparative information on prescription and nonprescription medications.” More simply put, and to quote many clinical pharmacists, it is “the bible” of drug information. Its format is unique, with single drug monographs organized by therapeutic usage instead of alphabetically. Detailed comparisons of similar agents are also included. Drugs are organized into chapters, such as hematological agents, cardiovascular agents, systemic anti-infectives, dermatologic agents, etc. Each monograph includes the formulations, indications, administration and dosage, actions, contraindications, warnings, precautions, drug interactions, adverse reactions, overdose, and patient information relevant to each drug. In addition, if a drug has multiple usages, it will be listed in multiple sections. The text is well indexed, with drugs being listed alphabetically by both generic and trade names. There is also a useful Canadian trade name index as well as a manufacturers-distributors index.

The new version incorporates 26 new drugs and details important new indications for old drugs. It also includes a handy CD-ROM, which helps with pill identification. Drug information for handheld PDAs can be found and downloaded at [www.drugfacts.com](http://www.drugfacts.com). In addition to the hardcover text, both a soft-cover, pocket-sized, abridged version and a new, online version are now available. Other interesting features of this 57th edition include sections on orphan drugs and investigational drugs and a limited section on treatment guidelines for hypertension, rabies, and *Helicobacter pylori*. There are also tables of normal laboratory values, common calculations related to drug therapy, and the classification of controlled substances.

The readability of the text suffers somewhat from the small font and the information-packed tables, which are both necessary to include so much information into a single source. I also found that the interspersed tables within columns of text made reading more difficult. That aside, clearly every pharmacist should own this text. In addition, I think it is very useful for practicing primary care physicians as their single online or hardcover authority on drug-related information. In my years of using this text in clinical and teaching practice, it is rare to *not* be able to locate the answer to almost any drug-related question. It is eminently more useful and readable compared with the *PDR*, and worth the investment.

Kara Cadwallader, MD  
Boise, Idaho

**Office Emergencies.** By Marjorie A. Bowman and William G. Baxt. 416 pp, illustrated. Philadelphia, W B Saunders, 2003. \$34.95 (paper). ISBN 0-7216-7779-7.

The editors of this paperback text state that it is “designed to provide quick and accurate information on a broad range of urgent problems and emergencies that present by telephone or in person at a primary care office or urgent care center.” The contributors are primarily academic emergency physicians and family physicians, providing “authoritative information based on both literature evidence and practical experience.” Most of the 27 chapters address emergencies of specific body systems, such as upper airway obstruction, seizures, precipitous delivery, and electrolyte disturbances, but there are also chapters on chemical terrorism and bioterrorism. Chapters typically include boxed sections on clinical recognition and telephone triage, as well as comments directed specifically at pediatric practice; many include algorithms for initial management. The sparse illustrations are comprised of line drawings and black and white photographs.

From my experience, the selection of topics is appropriate to an ambulatory setting. Even with 29 different authors, the chapters have about as consistent a format as the topics allow. The lists of differential diagnoses are comprehensive without likelihood statistics. Treatment recommendations have few evidence references. The sections on terrorism are timely.

The editors indicate they intend the book as a concise, quick-look reference for busy practitioners, but the style is prosaic, using minimal illustrations. I found this to be especially noticeable in the Clinical Recognition boxes, the sections that highlight critical elements in recognizing each emergency situation or condition. These sections are written in full sentence, paragraph format rather than as outlines or tables. The same is true of the Phone Triage boxes. For that reason, this text is probably more useful as reading in anticipation of emergencies instead of as a guide when these situations occur. From that perspective, I found some of the most useful information to be the lists of office supplies and the general remarks about telephone triage. From these resources, a physician and office manager could establish office protocols and training for staff preparedness, perhaps the most important aspects to managing urgent care and emergencies anyway.

Scott E. Moser, MD  
Department of Family and Community Medicine  
The University of Kansas School of Medicine-Wichita