

for a nauseous drought. The wise, for cure, on exercise depend; God never made his work for man to mend."

The authors have given us a clear road map leading from illness to health. We would do well to share this travel guide with our patients.

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Endocrinology. Third edition. By Warner M. Burch. 216 pp. Baltimore, Williams & Wilkins, 1994. \$20 (paper). ISBN 0-683-01131-6.

The third edition (1994) by Warner M. Burch is the newest version of *Endocrinology* in the House Officer Series, published by Williams & Wilkins. Dr. Burch, who is currently Associate Professor of Medicine and Assistant Professor of Pharmacology at Duke Medical Center, comments in the Preface that the third edition is different from the first two in that the chapters have been expanded, and they were formatted by the publisher rather than the author. The approach is still the same: a convenient and practical "how to" and "why" source that can be used in both hospital and ambulatory settings by house officers, medical students, and primary care physicians. There is a list of references at the end of each chapter for those who would like to do further reading.

The first chapter of the book describes the most widely available tests to assess thyroid, pituitary, adrenal, and parathyroid function. The basic physiology involved and normal ranges are explained. The author also reviews specificity, sensitivity, and prevalence. The second chapter highlights signs and symptoms and treatment for eight endocrine emergencies.

The remainder of this 216-page book is devoted to 12 categories of endocrine disorders: diabetes mellitus, hypoglycemia, hyperlipidemia, pituitary disease, amenorrhea, impotence, hirsutism, gynecomastia, thyroid disease (both hypothyroidism and hyperthyroidism), calcium disorders, metabolic bone disease, and adrenal disease. The discussion of each condition includes signs and symptoms, recommended work-up, and treatment options.

The reader should be aware of certain stylistic features. Dosages (for diagnostic tests and treatment) are usually given in terms of "the typical adult," which are sometimes difficult to extrapolate. Also, dosages are occasionally given in millimoles per liter instead of milliequivalents per liter. Generally, important points are highlighted with underlining; however, occasionally bold-faced type is used, for unclear reasons.

Dr. Burch's approach to the various conditions is very practical. For instance, when discussing the management of diabetic ketoacidosis, he comments that the method of insulin administration does not matter so long as the patient is frequently reassessed. In the discussion of outpatient management of diabetes, he emphasizes the importance of examining the patient's feet

at every visit. The culmination of the book is a chapter on how to evaluate the "weak and tired patient."

A logical approach to the weak, tired, dizzy, and gassy patient from the endocrine viewpoint is to ask specific questions that relate to possible hormone causes (see pp. 203 and 204). If the clinical index for suspicion of any endocrine diagnosis is low and laboratory results do not indicate a specific problem, then be honest with the patient. Give your opinion, but remember the fifteenth century proverb that summarizes the purpose of medicine: "To cure sometimes, to relieve often, to comfort always."

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Instructions for Patients. Fifth edition. By H. Winter Griffith. 598 pp., illustrated. Philadelphia, W.B. Saunders, 1994 (paper). ISBN 0-7216-4930-0.

Six hundred titles of patient education materials regarding various medical diagnoses, diets, and physical therapy recommendations are presented in this soft-bound volume. Griffith's objective: "to provide quick, inexpensive, and effective supplements to personal contact" at the physician's office — "a time when patients are most motivated to learn."

One medical problem is presented on a single page, and each page is punched conforming to a standard three-ring binder. The diagnosis is first addressed with "basic information": a brief description, signs and symptoms, causes, preventive measures, and complications. Then "treatment" follows, subdivided into medication, activity, and diet recommendations. The discussion of each entity concludes with "notify our office if . . .," utilizing several lines directed at reminding patients of triggers that should prompt a call to the office for further assistance.

Generally speaking, the information and advice given in *Instructions for Patients* follow standard, traditional lines. Every common office diagnosis is covered (sunburn, viral pneumonia, menopause, head injury, hiccups, laryngitis, molluscum, diabetes, heart disease, and so forth). The author could probably have covered fewer topics, as many of them are somewhat uncommon, such as amyotrophic lateral sclerosis, carcinoid syndrome, cryptococcosis, hyperaldosteronism, and sporotrichosis. Some points in the presentations might prove less alarming if trimmed of information, such as that discussed in "brain tumors," which if not treated could result in death or permanent brain damage. Although these outcomes are, of course, true, patients, perhaps, would be better served if they were not reminded in print of something that most certainly already exists as a realistic fear.

All summaries are succinct and written in a style the patient can readily comprehend. Major strengths, es-

pecially in topics dealing with chronic disease (diabetes, multiple sclerosis, epilepsy), are the lists of telephone numbers of support groups and additional reading directed to the concerned patient. Further references made available to the patient interested in major diagnostic categories would have been even more effective. Convenient for the physician and staff is that the 600 topics are presented in alphabetical order.

A 50-page appendix highlights various areas of patient interest, e.g., cast care, preventive care of the back, and basic physical therapy (low back pain, shoulder pain, knee disorders), and provides a childhood immunization review. A substantial supplementary section devotes another 50 pages to common diets, such as for reducing weight and cholesterol, avoiding food sensitivities, increasing fiber, maintaining potassium, providing good nutrition in pregnancy, and limiting sodium intake. Available also to the reader are 17 pages of unlabeled anatomical illustrations (middle ear, the skeleton, the heart) that can be modified appropriately to enhance take-home points.

Altogether, *Instructions for Patients* appears to be an effective patient education adjunct for the practicing physician to use at the conclusion of a professional encounter. The most noteworthy aspect of this collection is the publisher's eagerness to permit the reader unrestricted copying privileges. The indicated material can be quickly copied right in the office, much to patients' satisfaction. I have been quite pleased thus far in using *Instructions for Patients* in my clinical practice and, given the excellent feedback, plan to continue using these high-quality materials.

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Manual of Admitting Orders and Therapeutics. Third edition. By Eric B. Larson and W. Conrad Liles, Jr. 303 pp. Philadelphia, WB Saunders, 1994. \$23.95 (paper). ISBN 0-7216-5268-9.

This handbook is intended to teach medical students and perhaps junior housestaff how to write hospital admission orders in a more formalized teaching format than likely occurs at the current time. I think it succeeds well at achieving this goal. Importantly, in addition to listing the physician orders most often used for common and uncommon medical conditions, it provides a brief justification for each one. The medical conditions, drug doses, and physician orders are limited to adult medical and surgical patients. It is not written to include pediatric patients.

The book is divided into four sections: (1) philosophy and general approach to order writing; (2) admitting orders for specific medical conditions; (3) orders to accompany procedures, such as bronchoscopy, paracentesis, and streptokinase infusion; and (4) therapeutic agents. The sections are all equally helpful. The book is well indexed for ease in finding the topic of interest.

I put the book through its paces by letting my in-house team of family practice residents use it for two call nights each. They found it helpful, especially the junior residents. One senior resident sheepishly admitted that it reminded him of something that was important that he would have likely forgotten.

Manuals of this type, I believe, are helpful to use much as a pilot would use a preflight checklist. It allows medical students to feel secure that they are not forgetting anything important. It will not help readers make a diagnosis — that is not its purpose — but it will help them learn the important task of writing orders in a sensible and standardized fashion.

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Physical Diagnosis: Bedside Evaluation of Diagnosis and Function. By Janice L. Willms, Henry Schneideman, and Paula S. Algranati. 804 pp., illustrated. Baltimore, Williams & Wilkins, 1994. \$48. ISBN 0-683-09110-7.

In the Preface of the book, the authors discuss their frustration at the lack of a textbook that would parallel the progressive building blocks of basic science and clinical information as they are sequentially acquired in the medical education process. Many of us who have organized and taught at various levels in medical education can empathize with that frustration. We have made up our own syllabi to teach the introduction to clinical skills and have utilized various texts to supplement this information. The authors have done an excellent job in accomplishing their goal of presenting the information sequentially in modules appropriate to the knowledge base of the learner.

In reviewing the book, I was especially impressed with the authors' inclusion and emphasis on the conduct and the process of the interview, as well as the content. Attention to the physical arrangements, introductions, and verbal and nonverbal behaviors is discussed. Those of us who have some years of practice behind us recognize the value of these items. The content sections are also well done, including the section on family history that recommends a genogram as well as a search for common, recurring familial patterns. Important concerns, such as problems created by being sick, behavioral styles, and methods to cope with sensitive data acquisition, are also included.

The book is organized so that a section in each chapter addresses a *screening examination* and another an *extended examination*. The authors chose to present the material by anatomic regions rather than by physiologic systems. They also make suggestions for handling unusual but difficult situations or settings that demand special approaches or modification of standard interviewing or physical examination procedures. They have included sample written reports at the end of each chapter to help the student record information. Another useful addition is a section entitled *Beyond the Physical Examination* in which the authors