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Clinical Strategies in Adult Asthma

Steven S. Smith

a physician should ask a patient along with possible medical responses. The chart also reminds physicians to look for double meanings, and to keep certain factors in mind. Purchase this text, if for no other reason than this chapter.

To me, the last part of the book was the most interesting. It gave me insights into problems that I did not really know existed. For example, consider individuals in nursing homes who still desire to have sexual relations, but who have no means to satisfy the need. Old age does not necessarily force one's love life to end. Sexual desires do not cease just because a person's hair turns gray. The ratio of males to females must also be contended with.

The sixth chapter deals with sexuality and aging in the adult and the seventh covers the theoretical framework of sexuality. Familial sexual possibilities for the aged in the year 2050 are explored in another chapter. A fascinating view of the future is offered. Sexual preferences may change and communal living, institutionalized cohabitation, polygamous marriages, lesbian relationships, and reversal of the marriage gradient could all become common arrangements.

A better understanding of the relationship sex has in an elderly person's life may be had if age, sex and perceptual roles, and the concept of self-determination are taken into account.

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Progress in cardiology

Edited by Paul N. Yu and John F. Goodwin. Cardiology series, vol. 10, pp. 409, with illus. Lea & Febiger, 600 S. Washington Sq., Philadelphia 19106, 1981. \$38.50.

The tenth volume of *Progress in cardiology* is one of a long series of publications dating back to 1972, edited by Drs. Yu and Goodwin. This particular volume is dedicated to Professor Sir John McMichael, M.D., FRCP, FRS, and his achievements. I am not personally familiar with his

work, but Sir John's achievements are of world-wide renown.

The volume's contributors are noted authorities. Each author was asked to predict future trends in cardiology, covering such topics as academic cardiology, pacemakers, cardiomyopathy, nuclear cardiology, angiography, and cardiovascular surgery. The format is both interesting and enjoyable: The same topics are addressed by two different authors who did not consult each other in advance. Thus, controversy is always evident.

This volume is also attractive to me because it is a review of most diagnostic cardiologic techniques. It also provides a perspective for future development of each technique by two different, prominent cardiologists. Of particular interest were the varying opinions on prevention of coronary artery disease, and a review by Dreifuss of future directions of permanent pacemakers. A major weakness of this volume is its inadequate coverage of percutaneous transluminal coronary angioplasty as an exciting and potentially useful therapeutic technique.

The tenth volume of *Progress in cardiology* is a deserved addition to any medical library.

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Clinical strategies in adult asthma

By Charles H. Scoggin and Thomas L. Petty. Pp. 149, with illus. Lea & Febiger, 600 S. Washington Sq., Philadelphia 19106, 1982. \$9.75 (paperbound).

A disturbing trend in medical publishing is the growth in popularity of the "submonograph." This species of literature usually can be recognized easily by its soft cover, pocket size, and seductive title. After the "competitive" price (usually \$10.00 to \$15.00 dollars) is safely in the bookstore's register, the buyer realizes he's been "had." Scoggin and Petty's recent offering, *Clinical strategies in adult asthma*, is a classic example of the submonograph phenomenon.

Like all submonographs, it promises "a systematic approach." There is none. Instead, the reader must

ramble through a thoroughly boring format including rhetorical questions that sound like rounds with the bottom 10 percent of the sophomore class. This Socratic method is clearly dear to the heart of Dr. Scoggin as he lapses into it unexpectedly in each chapter.

The promise to avoid "in-depth" discussion must be Dr. Petty's influence, as he guides the reader through a superficial journey through the "A.B.C.'s of therapy."

Aside from the condescending use of "we think" or "we prefer" repeatedly, the most disturbing aspect of this book is the cavalier attitude toward classification. Dr. Scoggin, in chapter 2, introduces the reader to his formulation of asthma: "We believe that the types of asthma are most practically distinguished by the measures that are necessary to control the manifestations of the disorder."

If Dr. Scoggin really thought about his sentence, he would realize the folly of his reasoning. He then proceeds to sweep aside decades of research (and ignores Dr. Petty's antecedent chapter) while classifying asthma into three types: chronic persistent, acute intermittent, and specious asthma. I am not certain whether the authors bothered to check the dictionary regarding the last term, but they are clearly uncomfortable with it and keep referring to it as "hidden" asthma. They are seemingly unable to bring themselves to refer to it as "occult" or "non-wheezing" asthma like the rest of the medical community.

In short, their book is poorly written, disorganized, redundant, and insulting to the very audience they pretend to address. Much is out of date (little mention of albuterol, the use of epinephrine in adults, and no mention of calcium blockers or the exciting work on leukotrienes); and the other therapeutic recommendations are controversial at best. It will amaze the reader that rectal ether and azathioprine would actually appear in a 1982 text on asthma (not to mention bronchial lavage, intravenous isoproterenol, and "fluid therapy.")

If I had my way, the pop-literature cult of the submonograph would die

a quiet death somewhere in south Philadelphia. Such books have become the junk-food of medical publishing and their superficiality and avoidance of "in-depth material" make them unhealthful for both developing and mature medical minds. As an alternative, there exist several excellent works on asthma that will provide real nutrition: Clark and Godfrey's *Asthma*; Gershwin's *Bronchial asthma: Principles of diagnosis and therapy*; and Weiss and Segal's *Bronchial asthma: Mechanisms and therapeutics*.

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Building a successful professional practice with advertising

By Irwin Braun. Pp. 289, with illus. AMACOM, Div. of American Management Associations, 135 W. 50th St., New York 10020, 1981. \$24.95.

In the not too distant future, the vast majority of professionals will engage in some form of advertising, claims ad man and author Irwin Braun. The combination of removal of legal and professional barriers, and growing competition because of both the increased numbers of physicians and deteriorating economy assures it, he declares. Meanwhile, most professional advertisements are "amateurish, poorly planned, ineffective and lacking in understanding of the need for continuity."

Braun explains in detail how physicians can expand their practices and reach out to attract new patients. Through research, the professional must "position" himself and, in effect, use those comparative advantages he might have over his competitors. The author sketches the development of strategies, plans, and budgets. Then the reader is escorted through the details of the various advertising media with examples and case histories of successful programs.

In general, the author scoffs at the potential of the professional developing his or her own advertising program. Chances are, he says, the physician will drop a do-it-yourself program because of limited time and other obligations. He admits, however, that agencies are not interested in limited budget programs. The author, who is president of Braun Advertising, Inc., of New York, recommends the selection of an agency in which your account would represent 5 or 10 percent of the agency's total billings per year.

Building a successful professional practice with advertising should serve as an excellent textbook and reference source for those professionals considering advertising as a possible route to increased practice. The techniques described will be new to most physicians, and, perhaps, distasteful to some. Nevertheless, the concepts are well worth knowing and evaluating in the light of individual practice situations.

The author of this "Advertising 101" kind of text infers that only multioffice practices epitomize success and that advertising is the only way to accomplish growth. Overlooked is the view that success involves more than numbers and the fact that many physicians have found equally successful alternatives to the Madison Avenue approach.

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Echocardiography: Techniques and interpretation

By Sonia Chang and John K. Chang. Ed. 2, pp. 362, with illus. Lea & Febiger, 600 S. Washington Sq., Philadelphia 19106, 1981. \$22.50.

It is a pleasure to review this well-written primer of echocardiography. The authors admirably achieve their ambition, which is, as stated in the preface: "to discuss the important critical findings, correct recording techniques, pitfalls, and interpretation of echocardiographic

patterns." The book would certainly benefit medical students, residents, echocardiographic technicians, and physicians starting an echocardiographic laboratory.

The text is well organized and easy to read. Correlative pathologic specimens complement the meticulously performed M-mode echocardiographic tracings. A concise and descriptive clinical history accompanies the superb tracings, giving the reader a greater understanding of the echocardiographic findings.

The author begins by emphasizing the basics of echocardiography. In the first chapter, the physical properties of ultrasound are presented in a manner that offers the reader a greater understanding of how the echocardiogram is produced. Using her extensive technical background, the author gives valuable suggestions for making the basic adjustments in instrumentation so that one might obtain a better study. The second chapter is concerned with the normal heart, emphasizing basic anatomy. Recording techniques used in obtaining echocardiograms of the mitral and aortic valve as well as measurements of intracardiac chambers are also discussed. The chapter dealing with subcostal echocardiography presents a thorough discussion of alternate positioning to be considered when performing more difficult echocardiograms. The remaining chapters are devoted to causes of cardiomegaly, pericardial and extrapericardial disease, as well as abnormalities affecting the mitral and aortic valves and the ventricular cavity. The chapter dealing with left ventricular function is extremely well done and correlates the variables that influence the echocardiographic evaluation of ventricular performance. The last three chapters are concerned with tricuspid, pulmonary, and prosthetic valves, which are not as easily studied with echocardiography. Even so, the authors have presented this material in a manner that demonstrates how to obtain optimal tracings when clinically indicated.

I was extremely impressed not only with the extensive bibliography that accompanies all the chapters, but also with the way the bib-