

not had a new edition since 1980. In general, the book lives up to its billing as a good reference text for diseases of the peripheral vascular system. It was written primarily by practicing clinicians and is heavily weighted away from theory and toward practical information about the diagnosis and treatment of peripheral vascular diseases. There are no family physicians listed as either editors or contributors.

The book is laid out logically, beginning with chapters on medical history, clinical clues to peripheral vascular disease, and the physical examination of the peripheral vascular system. Following a chapter on noninvasive vascular testing are basic science chapters that cover characteristics of many diseases involving the vascular system, including coagulation, hypertension, fibrinolysis, atherosclerosis, and lipid disorders. Subsequent chapters deal with anatomical areas of vascular diseases, including coronary artery disease, renal vascular disease, and vascular diseases of the upper extremities. Diseases of the venous system and lymphedema are also covered. The text is easily read and, in most cases, each chapter is supported by a good reference list.

Each chapter includes discussion about medical history and physical examinations, diagnostic considerations, discussion of the basic anatomy when appropriate, and present and possible future treatment options. The book is well illustrated, including photographs, roentgenograms, drawings, and histologic figures. It covers such practical areas as how to apply an Unna boot and how to measure intracompartmental pressure when considering the diagnosis of a compartment syndrome. The chapter on physical examination of the peripheral vascular system contains a number of excellent figures that demonstrate the thoracic outlet maneuver, the Allen test, and listening points for head and neck bruits.

The practicing family physi-

cian, resident, or medical student will find this book most valuable as a general reference text in peripheral vascular diseases. Weaknesses of this book are very few. Future editions could be improved with the inclusion of one or more family physicians as contributors and perhaps an expanded scope of the book to include more than just the technical aspects of diagnosis and management of peripheral vascular diseases. I highly recommend this book.

Paul M. Paulman, MD  
University of Nebraska  
Medical Center  
Omaha

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### **Bronchial Asthma: Mechanisms and Therapeutics**

*3rd ed, edited by Earle B. Weiss and Myron Stein, 1259 pp, with illus, \$210, ISBN 0-316-92899-2, Boston, Mass, Little Brown & Co, 1993.*

The third edition of *Bronchial Asthma: Mechanisms and Therapeutics* is a lengthy and erudite dissertation of a complex disease. Each chapter was written by experts who have devoted many years to the study of asthma. The book follows a standard format. Chapters on pathophysiology, diagnostic methods, treatment of patients, and management of disease are both practical and up to date. The bibliography cites published literature from 1992. All of the chapters are easily cross-referenced, making it easier for the reader to fully understand basic sciences as they apply to issues of clinical care. While the book is easy to read it is particularly directed to pulmonologists, allergists, and physicians who are seriously interested in the complexity of asthma and want a major reference text to review. This book is not a text for reference in the midst of a busy office day when trying to decide which asthma medica-

tion to use, but it can easily be the book to take home to review specific chapters on issues in which more detailed knowledge is desired.

Over one third of the book is devoted to the complex issue of what the fundamental mechanism of asthma is. It is now recognized that penetration of inflammatory cells into tissue depends on their adhesion to vascular endothelial cells prior to migration to the site of inflammation. The chapter on leukocytes discusses adhesion molecules intercellular adhesion molecule 1, and endothelial leukocyte adhesion molecule 1, explaining their roles in inflammation. Intercellular adhesion molecule 1 is active in the recruitment and migration of neutrophils and eosinophils and may play a role in the migration of inflammatory cells to the airway epithelium. A discussion of how human bronchial and nasal epithelial cells can express intercellular adhesion molecule 1 is provided. Potential development of monoclonal antibodies to intercellular adhesion molecule 1 may decrease airway eosinophilia and hyperresponsiveness, a direct clinical application of a basic science theory.

A busy family physician with a strong interest in asthma would especially enjoy the second half of the book, which provides detailed discussions of management issues including inhaled corticosteroids and possible systemic adverse effects. There is an excellent discussion on the dosage of inhaled steroids required to cause growth retardation, bone loss, and posterior subcapsular cataracts. As detailed in this chapter, conventional doses of inhaled corticosteroids (0.4 to 0.6 mg/d) do not exert any discernible growth-inhibiting effect in asthmatic children followed up through adulthood. This information is very useful when dealing with the moderate-to-severe pediatric or adolescent asthmatic patient, as inhaled corticosteroids are the drug therapy of choice.

I found the chapter on childhood asthma to be insufficient, as there was

no detailed coverage of problems specific to pediatric asthma. This chapter should have had a much more detailed discussion of issues such as patient education and environmental control specific to the pediatric patient. While the chapter cross-referenced many other chapters for further information, I found this chapter to be weak compared with most of the other chapters.

My only other criticism of the book was the lack of a chapter specifically addressing the issue of patient compliance. If a chapter with practical pointers had been written discussing the experiences of the authors in improving compliance, it would have made this book a must for all physicians involved in the care of asthmatic patients. However, the appendix of the book does include useful sources to contact for patient information as well as tables for dispensing asthma medication.

As a practicing family physician who is actively involved in the care of pediatric and adult asthmatic patients, I find this text to be an excellent addition to my library. I strongly recommend this text for the family physician who wants to understand the complex issues involved in the care of the asthmatic patient.

Stuart W. Stoloff, MD  
Private Practice  
Carson City, Nev

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### **Handbook of Prescribing Medications for Geriatric Patients**

by Judith C. Ahronheim, 465 pp, \$30,  
ISBN 0-316-02042-7, Boston, Mass,  
Little Brown & Co, 1992.

Keeping current with information on the multitude of available

medications and their appropriate selection, doses, and potential adverse consequences is a challenging, ongoing task. Judith Ahronheim, MD, has met this challenge and produced a handbook that is an impressive collection of key information on prescribing medications for geriatric patients. The handbook provides factual information organized into 37 chapters on the major therapeutic agents in common use for geriatric patients and on therapeutic problems. However, this handbook is much more than a mere compendium of facts about drugs. Stuffed between the 448 narrative pages is a treasure trove of clinical experience: practical, direct advice (ie, "clinical pearls") to promote rational prescribing for geriatric patients.

The scope of topics covered is broad but very selective. Chapter topics range from the common therapeutic agents and medical problems (eg, "Nonsteroidal Anti-inflammatory Agents," "Antihypertensive Agents," and "Treatment of Urinary Bladder Disturbances") to more general areas such as "Ophthalmic Agents" and "Drugs Used in Dementia." Several chapters cover only one agent: for example, "Lithium" (six pages), "Pentoxifylline for Peripheral Vascular Disease" (three pages), and "Metoclopramide" (three pages).

Ahronheim intentionally presents conservative prescribing guidelines. These guidelines include the appropriate use and common misuses of medications. Established therapeutic agents with better-known safety records are generally preferred over newer agents. The reader may challenge some of Ahronheim's conclusions. The section on histamine (H<sub>2</sub>) blockers provides an example, concluding: "until other firm evidence that other H<sub>2</sub> blockers are safer, ranitidine should

be considered the H<sub>2</sub> blocker of choice for the elderly." Controversial recommendations such as this are not referenced; however, the supportive narrative provides the basis for this statement. Each chapter has a selective bibliography for those seeking more information.

Dosing information is adapted to deal with situations commonly seen in geriatric patients. Information about adverse reactions and drug interactions selectively includes only those that are common or likely to result in serious consequences. Importantly, Ahronheim usually includes identified risk factors and/or the means to reduce risk for these serious situations. Chapters with multiple "therapeutic equivalent agents" have comparative information that will assist the prescriber in separating genuine therapeutic advantages from the exaggerations of advertisements. The index is organized primarily by nonproprietary drug name and medical problem/disease.

This handbook provides helpful, practical information that should improve prescribing for geriatric patients. Chapters contain factual information liberally laced with the author's clinical experience and therapeutic opinions. Conservative prescribers will agree with most of the author's recommendations, while others may challenge the scientific basis of some of them. If you seek consultation for common therapeutic situations in a very user-friendly format, then you may find Ahronheim's *Handbook of Prescribing Medications for Geriatric Patients* to be indispensable.

Robert J. Cluxton Jr, PharmD  
Gregg A. Warshaw, MD  
University of Cincinnati College  
of Medicine  
Cincinnati, Ohio