Reviews

Reviews of books for this section are welcomed from osteopathic physicians and from faculty members in osteopathic institutions; see "Information for Contributors" for information on format. A certain number of reviews are invited for books supplied to JAOA *by publishers; persons wishing to be part of this program should write to the editors, giving background and areas of interest.*

Outpatient management of advanced cancer

By J. Andrew Billings. Pp. 340, with illus. J.B. Lippincott Co., East Washington Square, Philadelphia 19105, 1985, $29.95.

Outpatient management of advancing terminal illness is becoming a widely accepted modality of treatment. With the advent of DRGs and limited lengths of stay for critical diseases, the health professions are attempting to expand services that were previously offered only in the hospital setting. Additionally, societal changes in the last 10 years have led to a greater acceptance of handling issues related to death and dying. Many families now readily seek assistance in preparing for this very painful period in their lives.

J. Andrew Billings offers many support mechanisms for dying patients and their family members. But *Outpatient management of advanced cancer* can also be utilized by professionals and paraprofessionals. As a physician caring for the terminally ill, I found it interesting to read the various scenarios and psychologic ramifications from the perspectives of both the family and the physician. Few texts assist the physician in understanding the patient's feelings of resentment. Nor do most books help the professional to cope with the myriad of critical and painful questions that he or she encounters daily. For example, what are a doctor's obligations in informing families of the extent of a disease? How can small children be counseled to cope with the death of a parent? How could a hospice help a patient?

I recommend this book to any professional who cares for terminally ill patients. *Outpatient management of advanced cancer* would also be an excellent reference for any hospice program that is establishing policy standards for frequently encountered problems.

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Single-photon emission computed tomography

By Barbara Y. Croft. Pp. 306, with illus. Year Book Medical Publishers, Inc., 35 East Wacker Drive, Chicago 60601, 1986, $39.95.

While the basic approach to radionuclide imaging has been a two-dimensional portrayal of the physiologic distribution of activity, the need for image discrimination in the third dimension has recently become obvious. Dr. Croft's book represents one major step toward meeting that challenge. This hardcover, first-edition text covers the basic principles of single-photon emission computed tomography (SPECT) as they relate to the science and practice of nuclear medicine. The material is sufficiently technical to appeal to a wide range of scientists and physicians interested in this developing field, although all chapters may not readily fall within the easy comprehension of every reader. That is to say, do not expect a simple review of the image findings in various disease states.

The book begins with a brief history of tomography. Chapter 2 addresses the theory of SPECT both from a qualitative perspective (descriptive) and from a deeper, more thorough treatment, which uses mathematics when appropriate. Chapter 3 describes the various kinds of nuclear instruments, and chapter 4 details the computers used in SPECT. Types of data acquisition and a brief critique of radionuclide tomography, with special attention given to future directions, comprise chapters 5 and 6. Quality assurance procedures are the focus of chapter 7. The final chapter discusses the clinical applications of SPECT that are presently in use or described in the literature.

The last two chapters of the book are of particular interest and value to the clinician who is involved in the actual practice of SPECT. The treatment of quality assurance procedures and acceptance testing is perhaps the best in print on the subject. The presentation of the clinical uses of SPECT, although brief, is stimulating and very well written. One drawback of this chapter is that some of the applications are not accompanied by the high-quality, reconstructed images found elsewhere in the SPECT literature. There is adequate review of correlative imaging modalities.

In conclusion, this quality text is highly recommended as an introduction and reference for all nuclear physicians, scientists, and residents

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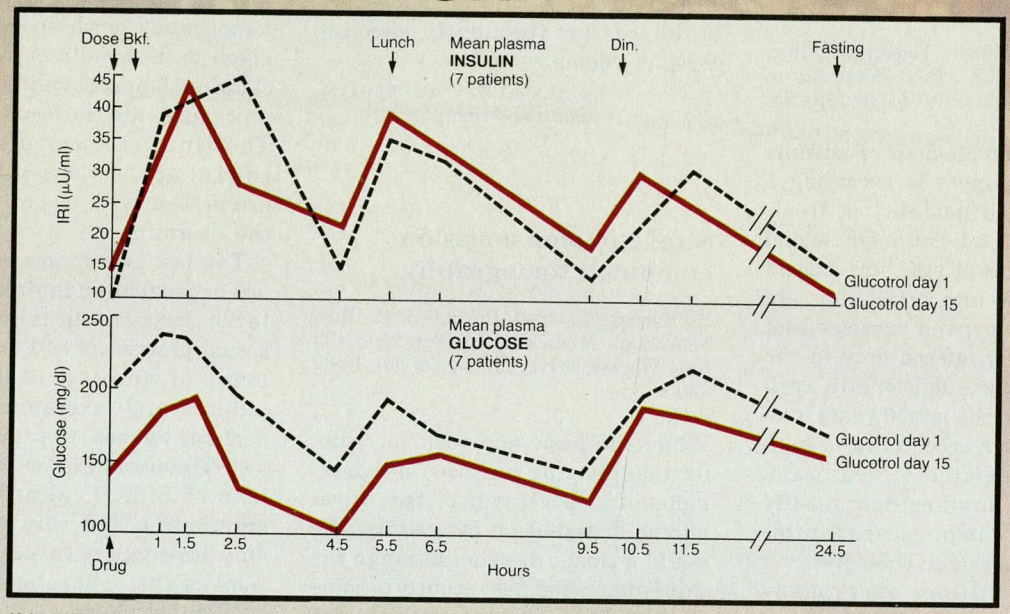

(Adapted from Peterson CM, et al[1])

Glucose and insulin response to three standard meals was measured at eleven time points on the first and fifteenth days of administration of Glucotrol (glipizide) to seven patients with NIDDM. The mean dose of Glucotrol was 8.7 mg per day (0.1 mg/kg).

■ Insulin levels rose markedly after the first meal, then dropped, then rose again following subsequent meals.

■ The insulin response pattern with Glucotrol closely simulates the pattern commonly seen in nondiabetics.

References: 1. Peterson CM, Sims RV, Jones RL, et al: Bioavailability of glipizide and its effect on blood glucose and insulin levels in patients with non-insulin-dependent diabetes. *Diabetes Care* 1982; 5:497-500. **2.** Melander A, Wåhlin-Boll E: Clinical pharmacology of glipizide, in *Proceedings of a Symposium: New Perspectives in Noninsulin-Dependent Diabetes Mellitus and the Role of Glipizide in Its Treatment. Am J Med*, pp. 41-45, Nov. 30, 1983. **3.** Feinglos MN, Lebovitz HE: Long-term safety and efficacy of glipizide, in *Proceedings of a Symposium: New Perspectives in Noninsulin-Dependent Diabetes Mellitus and the Role of Glipizide in Its Treatment. Am J Med*, pp. 60-66, Nov. 30, 1983.

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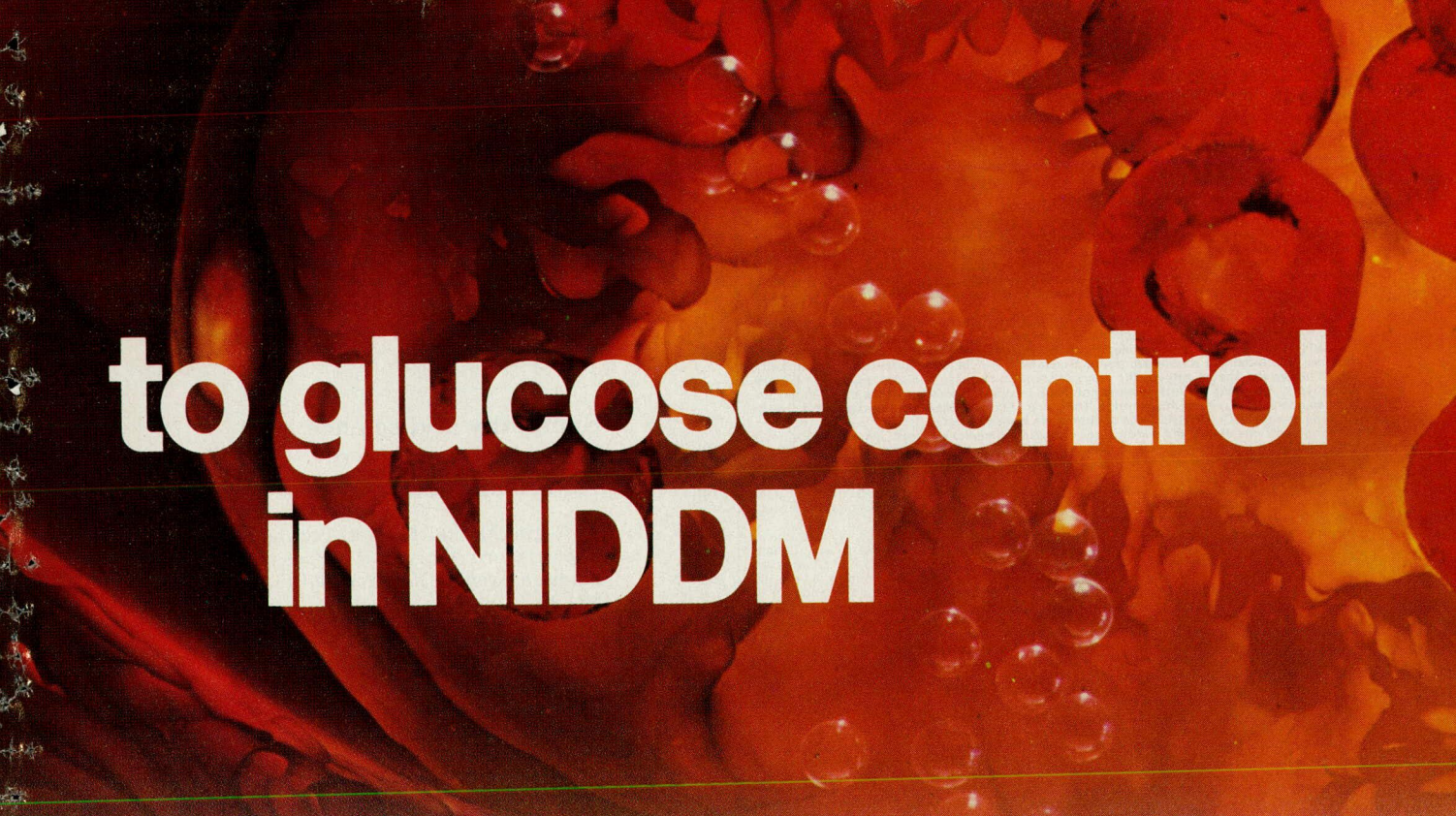

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Rapid excretion, inactive metabolites "As glipizide [Glucotrol] is very rapidly eliminated, and as there is no evidence that its metabolites are significantly active, the risk of long-lasting hypoglycemia should be small.... "[2] However, as with all sulfonylureas, hypoglycemia may occur.

Long-term metabolic improvement "Long-term therapy with glipizide, in contrast to studies of other sulfonylureas, often results in a sustained increase in glucose-stimulated insulin secretion."[3]

While controversy remains in the findings of the UGDP, there have been reports of increased cardiovascular risk associated with oral hypoglycemic therapy.

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who are initiating or participating in SPECT imaging.

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Sympathy and science: Women physicians in American medicine

By Regina Markell Morantz-Sanchez. Pp. 496. Oxford University Press, 200 Madison Avenue, New York 10016, 1985, $24.95.

This interesting book points out the multiple problems that were encountered by the early female pioneers who wanted to enter the male-dominated worlds of medicine and surgery. The text begins with a chapter entitled "Colonial beginnings: Public men and private women," and ends with annual ratios of male/female physicians.

The author has performed a tremendous amount of research. The bibliography is exhaustively complete, and the notes on methodology are interesting. Further notes at the end of the book clarify and emphasize various points.

A remarkable female physician of the 1890s is quoted in the book. "Holiness," she used to say, "is simply wholeness. Righteousness is rightness, right doing....Our first duty is to work the beautiful engineering of body, intellect, and will in such a way as to make the very best of all the powers God has given us." This observation intrigued the reviewers because, basically, it encompasses the holistic theory that we have tried to teach in our osteopathic medical schools in the last several decades.

The word "ovariotomists"—curious terminology—has been used to describe early women surgeons. And William Osler is quoted as saying that "human kind might be divided into three groups—men, women, and women physicians."

The story of Dr. Alma Dea Morani, the first woman to become certified as a plastic surgeon in the United States, is a typical one. After gradu-

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