an index that easily lends itself to quick reference by clinicians in busy practices.

Volume III, Moral and Cultural Foundations, covers a cornucopia of topics from public health perspectives, religious perspectives, and various cultural groups’ perspectives on sexual health and addresses prostitution and female genital cutting. Unless a reader has extraordinary expertise in cultural issues and sexuality, this volume will surely provide new information. The chapter on Native American culture and sex is outstanding. It addresses sexual violence and sexual variance in aboriginal societies. Another section examines the exploitation of Native Americans (including residential schools and out-of-reservation adoption) and the challenges of establishing healthy sexuality in the diverse populations of indigenous people. Other chapters that review sexual dysfunctions in Middle Eastern culture, sexuality in Mexico, and female genital cutting will help clinicians have a better understanding of sexual health beliefs and practices so they can provide more culturally competent care.

Volume IV, State-of-the-Art Treatments and Research, delves into the myriad of available treatments for sexual dysfunction for both sexes, issues of gender variability, contraceptive management options/family planning, and problematic sexual behaviors. Many newer pharmacologic treatments are addressed as well as nonpharmacologic and behavioral therapies in the first part of the book. Case examples in each chapter are helpful in highlighting many of the important concepts presented. This last book of the series lives up to its claim of presenting state-of-the-art treatments.

Sexual Health would be useful to clinicians from any specialty who work with patients with sexual problems. It is an essential read for behavioral science faculty members who teach about sexual health and sexual disorders. Overall, in spite of its hefty price, Sexual Health is a “must have.”

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Cardiology in Family Practice: A Practical Guide (Current Clinical Practice Series), Tracy Walker, Steven M. Hollenberg, Humana Press, 2006, 175 pp., $49, hardcover.

Cardiology in Primary Care, Clive Handler, Radcliffe Medical Press, 2004, 337 pp., $49.95, paperback.

Cardiology in Family Practice and Cardiology in Primary Care are both solid resources for family physicians, though they differ significantly in scope and format.

Written by two family medicine educators as a “fast and effective resource” for practitioners, Cardiology in Family Practice is one in a series of clinical references from Humana Press. The book’s nine chapters cover acute coronary syndromes, arrhythmias, endocarditis, heart failure, hypertension, pericardial diseases, angina, and valvular diseases. Each chapter provides an in-depth yet concise review of the topic at hand, including fairly thorough discussion of the relevant major studies that inform current practice. In some cases, such as the reviews of beta-blockers and lipid-lowering agents in the chapter on acute coronary syndromes, this also includes a short overview of the historical developments in research that led to current thinking.

Certain sections will be particularly helpful for the family physician. The discussion of arrhythmias includes a good general overview of ECG rhythm diagnosis. The chapter on hypertension is an exceptionally concise review of the clinical application of both JNC VII and recent landmark studies. Last, the chapter on valvular heart disease provides a more thorough primary care-oriented discussion of the pathophysiology, clinical features, and management of common heart valve disorders than is usually found in family medicine literature.

A particular strength in the text is the discussion of recent guidelines and evidence-based recommendations, including the 2001 American Heart Association (AHA) guidelines on atrial fibrillation, the 2001 AHA guidelines on evaluation and management of heart failure, the JNC VII guidelines on hypertension, and the NCEP ATP III guidelines for cholesterol management. However, as with any textbook, the time elapsed between writing and publication means that even with a 2006 publication date, the book is unable to address the most recently updated guidelines on heart failure, atrial fibrillation, and valvular heart disease.

While this book is a readable and concise reference text, it is not a handbook or manual of therapeutics. Dosing recommendations are not addressed with consistent thoroughness throughout, and this would not be the best book for a student or resident physician needing guidance for day-to-day patient management. Future editions could be strengthened by adding more systematic discussion of medication dosing, by including more consistent discussion of numbers needed to treat for each therapy, and also by including a chapter to guide family physicians in the care of adult patients with congenital heart disease.

Cardiology in Primary Care was written by a consultant cardiologist in London to address the needs of the many general practitioners in the United Kingdom who, despite having no formal cardiology training, are faced with the challenge of providing primary medical care to
patients with heart disease. As such, the book presumes a set of roles and relationships between primary and specialty care that differs somewhat from medical practice in the United States, but it still is a handy reference for clinicians and learners.

The first three chapters provide helpful overviews of the patient’s relationship to the entire primary care team, the importance of the clinical history, and the role of the clinical examination. The fourth chapter provides a helpful exploration of the use of guidelines in clinical practice and discusses the clinical relevance of concepts such as absolute risk, relative risk, and number needed to treat. The remaining 21 chapters discuss individual clinical topics such as obesity, smoking, diabetes, hypertension, congenital heart disease, the elderly, cardiac testing, and a host of other topics in cardiovascular medicine relevant to primary care.

This book has a number of features making it useful for day-to-day clinical practice. The topic chapters include helpful explanations of basic concepts, discussion of the basics of good clinical medicine (e.g., description of proper blood pressure measurement technique), and provide practical suggestions for patient education. There is a particularly helpful overview of heart disease in the elderly and a good discussion of perioperative risk assessment. The discussion of evidence-based medicine illustrates the application of clinical epidemiology by way of a discussion of Bayes’ theorem and cardiac stress testing.

The text would be strengthened by further citation of references as opposed to relying simply on assertions. There is insufficient use of references in the text for the reader to engage the scholarly discussion behind the statements and recommendations in the text. The book could also be improved by including a discussion of the population-based evidence behind recommendations (e.g., the use of spironolactone in heart failure) rather than simply discussing hypothesized mechanisms of action.

This book might serve as a comprehensive handbook of primary care cardiovascular medicine for the student, resident, or practicing clinician. However, since it is written from a UK perspective, readers in the United States must bear in mind medical care system differences such as guidelines that are UK based and differ from guidelines commonly used in the United States, priorities in UK guidelines toward economic considerations, and the relationship between primary and specialty care. This contrast in medical systems contributes to interesting reading, however.

Overall, both Cardiology in Family Practice and Cardiology in Primary Care are excellent resources for primary care, but they meet different needs. Cardiology in Family Practice would be an excellent concise reference text for family medicine clinicians, for residents, and perhaps for advanced medical students, but it will not serve as a handbook or guidebook for day-to-day clinical practice. Conversely, while Cardiology in Primary Care provides a wealth of practical, clinically relevant resources for the student, resident, or clinician, it does not provide adequate interaction with research and scholarly development to allow an understanding of the developments that have lead to current thinking and practice.

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All books reviewed in this column are available for purchase through the STFM Amazon portal at www.stfm.org/bookstore. STFM receives a small percentage of each sale made through this portal.
This companion volume to the Common European Framework of Reference for Languages: Learning, teaching, assessment (CEFR) represents another step in a process that has been pursued by the Council of Europe since 1971 and owes much to the contributions of members of the language teaching profession across Europe and beyond. Organisations, in alphabetical order, that facilitated the recruitment of institutes for the validation of the descriptors for mediation, online interaction, reactions to literature and plurilingual/pluricultural competence: Cambridge English Language Assessment. CERCLES: European Confederation of Language Centres in Higher Education. Obviously, no one is saying that grammar and vocabulary are unimportant but the fact seems to be that readers of an English text can usually forgive a non-native user of English for the occasional mistake in grammar and odd expression, as long as it does not impede understanding; the reader may recognize something as a local error and move on. However, something similar may not be said of logical connectors; the misuse of a logical connector may not be seen as simply a linguistic error, especially if it is associated with a student writer proficient in grammar; the wrong or inappropriate use of logical connectors may not be as easily forgiven.

The headline of the passage: Book Review. Questions 27-29: (Multiple Choice Questions). Multiple choice questions are a common type of question set in the IELTS Reading test. It is also found in the Listening test. We find the mention of Greek philosopher Aristotle in line 7 of paragraph no. 2. So, we need to scan the lines carefully. Here, the writer says in lines 6-10, “For Bentham it was obvious that the human good consists of pleasure and the absence of pain.” The reference to food can be found in lines 9-10 of paragraph no. 3. He drew up plans for a frigidarium to keep provisions such as meat, fish, fruit and vegetables fresh. These lines directly refer to the preservation of food. So, the answer is: G (preservation).