

Painful Choices: Research and Essays on Health Care. David Mechanic. Transaction Books, New Brunswick, NJ, 1989, 248 pp., \$34.95. ISBN 0-88738-258-4.

This book contains 17 papers written over the years by David Mechanic, one of the most eminent medical sociologists and health services researchers in this country. These papers are divided into four areas of interest: the changing health arena and social research, general perspectives and approaches, research issues and approaches, and challenges and choices in health care organization.

Mechanic, in an excellent short introduction, summarizes the problems of health care in the United States: the development of the most cumbersome, elaborate, bureaucratic, and expensive health care system in the world, occurring in parallel with the devaluation of necessary sociomedical care and lack of access (through financial barriers) for increasing numbers of people. The first chapter, "The Growth of Medical Technology and Bureaucracy," should be read by all students, residents, and practitioners in family medicine, since it deals with concepts of the primary care physician and the rationing of care. Mechanic makes the point that the bureaucratization of medicine has diluted personal responsibility of the physician with the resulting loss of advocacy for the patient. In another chapter, the author laments that health services research, which can provide data for significant thinking and policy making in health care, is both under funded and disregarded at the national level. Other chapters deal with the issues of illness behavior and social and personal adaptation to stress and the environment, and social and psychologic factors that affect body complaints (including the chronic complainer). In the final section of the book, Mechanic addresses the alternatives to mental hospital treatment, the challenges of long-term care in the aging population, the current tensions in the physician-pa-

tient relationship, and future challenges for health care.

This book should be read, or browsed through, by family physicians who are thinking about the future of their discipline and want to do something about it. There are plenty of useful data and references on health care utilization and illness behavior.

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The Directory of Online Healthcare Databases 1989 (4th Edition). Karen Peterkin, Donald V. Black (eds). Medical Data Exchange, Los Altos, California, 1989, 62 pp., \$26 (paper).

Reading medical journals, attending scientific lectures and grand rounds, participating in CME courses—all of these are strategies used by physicians attempting to keep up with the rapidly changing practice of medicine. Now, enter center stage the computer and online healthcare database searching! The *Directory of Online Healthcare Databases 1989* is a testimony to our "infomedical revolution" and is a veritable treasure trove of publicly available databases. The 202 national and international databases listed cover a wide variety of health-related subjects including AIDS, legal issues, pharmaceuticals, biotechnology, marketing, and medical specialties such as sports medicine, ophthalmology, and general practice, to name just a few.

The directory is very easy to use and has the following structure: (1) an introduction describing how one goes online and performs a database search using Boolean logic and operators; (2) a series of clinical vignettes demonstrating the potential uses of online searching (eg, pharmacological treatment, determining the need for surgery, differential diagnosis, check-

ing drug interactions, and clinical decision making); (3) a glossary that defines 46 important online terms for the novice computer user; (4) an index of the 202 databases (40 new databases have been added during the past year); (5) descriptions of each database including the name of the database, producer, vendor, cost per hour, file size, update, coverage, and descriptive comments; and (6) cross-referencing by database producers and vendors and by 157 key subject areas.

There is not much one can critique in this "user-friendly" and inexpensive text. I would note that AMA/NET's MEDICOM, a drug interaction database mentioned in one of the clinical case examples (p 10), is unfortunately not included among the 202 databases. The editors also appropriately point out that a number of other general business and scientific databases are used in searches for health care topics, but have not been listed in the directory. In terms of suggestions for future updates, the editors should consider including an assessment of the quality of each healthcare database, a discussion of potential liability issues relating to the use or nonuse of online databases, and suggestions for dealing with the problem of computer viruses. In addition, family physician users of the directory would probably find it helpful to have additional primary care subjects (eg, health promotion, screening, exercise, accidents, trauma, women's health care, managed care) listed in the subject index. Finally, the toll-free 800 number listed in the directory was no longer in use at the time of this review—hopefully this will be reinstated so that the expense of a long-distance call can be saved if telephone consultation is required.

As medical students and residents learn more about the multiple and expanding uses of computers in clinical settings, one hopes that the important subject of online healthcare database searching will be covered in greater detail. The 1989 *Directory* is a most

helpful resource text for this purpose, and should have a place reserved next to any practicing physician's office or personal home computer.

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Atlas of Office Surgery. *Robert B. Benjamin (ed). Lea & Febiger, Philadelphia, 1989, 142 pp., \$49.50. ISBN 0-8121-1208-3.*

The editor set out to develop a practical treatise to encourage the safe and effective performance of appropriate surgical procedures in the office, with the goals of saving time and money. The operations described run the gamut of the surgical specialties. A caution to physicians whose surgical expertise is limited, and a reference in Acknowledgments, suggests that the book is for family physicians, perhaps other primary care physicians, certainly for nonsurgeons.

The book has an idiosyncratic waywardness that is sometimes endearing but just as often worrisome. The choice of procedures to be included might be expected to be somewhat arbitrary, but the surgical treatment of axillary hyperhidrosis is a surprise, and not the only one. Technical advice is usually appropriate. The procedures described vary greatly in their difficulty and complexity, and for some, critical points in technique are not mentioned or are glossed over, for example, the description of carpal tunnel decompression, and female sterilization by minilaparotomy. Conversely, management of thrombosed external hemorrhoids seems elaborate and overly enthusiastic. The illustrations by Allen O. Hage are bright, original, and technically revealing, but could be misleading to the surgical neophyte.

I think this book could be a dangerous minefield for family physicians who are relatively unskilled in sur-

gery. For family physicians who have a fair amount of surgical experience, there are many helpful hints. In general, this book is too uneven and too unsteady for it to be recommended to a general audience, which is a real pity, because it has brightness and dash, qualities often lacking in medical literature.

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A Textbook of Family Medicine. *Ian R. McWhinney. Oxford University Press, New York, 1989, 380 pp., \$29.50. ISBN 0-19-505037-1.*

McWhinney's text is a revision and update of his earlier work, entitled *An Introduction to Family Medicine*. His current work represents a significant expansion over his earlier volume. The text itself is organized into four parts: basic principles, clinical problems, the practice of family medicine, and education and research. Excellent tables and figures illustrate main points. Because it is written by a single author, it is uniform in style and easily read. This text is an ideal book for third-year medical students on a family practice clerkship. Residents who are learning clinical methods, or clinicians who want to update their knowledge would also benefit from this text.

Because McWhinney feels that clinical method defines a clinical discipline, the strength of this book is in his description and analysis of the clinical methods that have developed within the discipline of family medicine. McWhinney spends seven chapters setting the historical, philosophical, and scientific foundations for his analysis of family medicine's method. What follows the establishment of this foundation is clearly the high point of the text, the chapter on clinical methods. McWhinney himself has done much research on what he feels is the primary clinical method of family medicine, the patient-centered approach, but does not shy

away from integrating the results of other studies into the chapter, especially studies from the disciplines of clinical epidemiology, clinical management, and systems theory.

McWhinney then goes on to describe how the family medicine clinical method would prove useful in managing five common clinical problems: sore throat, headache, fatigue, hypertension, and diabetes. McWhinney clearly displays the usefulness of the family practice method by using these specific examples. It is unfortunate that McWhinney does not describe the management of other common family practice problems, as he does such a good job of integrating general principles with specific clinical information.

It is also unfortunate that McWhinney seems to flag in the later two sections of his text. Descriptions are not as rich, nor is the analysis as deep. Also, little mention is made of how malpractice issues are affecting the practice of family medicine, nor is the managed health care sector and its effect on family practice described or analyzed. In his education and research section McWhinney champions continuing self-education, but provides little in the way of specific strategies for the reader who wants to institute a plan of continuing self-education and self-awareness. Finally, even though McWhinney mentions in his introduction that there were some "notable and inexcusable gaps" in family practice research, he does not describe those gaps in his "Research in Family Practice" chapter, nor does he provide interested family medicine researchers with a sound strategy for filling those gaps.

In conclusion, this text provides the best description and analysis of family medicine's clinical methods to date and thus would be highly useful for medical students being introduced to the discipline of family medicine. Family practice residents and practitioners would also clearly benefit from McWhinney's lucid style, his integration of recent family medicine

research, and his outstanding description of the patient-centered approach.

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Diagnostic and Interventional Radiology: A Clinical Manual. Gregg M. Gaylord, Lawrence P. Davis, and Stephen R. Baker. W. B. Saunders Company, Philadelphia, 1989, 316 pp., \$24.95 (paper). ISBN 0-7216-2333-6.

In this compact volume, the authors set out to "help medical students, residents, and primary care physicians decide which of the many imaging modalities are useful for evaluating their patients' problems." They have provided an excellent reference manual for medical students doing a radiology rotation or for residents learning to work up patients. An experienced family physician will probably already have assimilated much of the information herein and would find it useful mainly for occasional review of a specific topic.

After an overview of radiology, which includes confusing information about radiation dosages and excellent information about contrast agents, the chapters are organized by body systems and by imaging method. Concise language presents the indications, contraindications, patient preparation, technique (in enough detail to enable one to describe to a patient what will happen) and limitations of each test. The applications of various methods are compared, with a refreshing emphasis on parsimonious use of tests. Magnetic resonance imaging receives scant coverage; in the authors' view its disadvantages very often outweigh its advantages. A few excellent tables and appendices enhance the text, but most of the diagrams are extraneous. There is not a single image of an image (eg, x-ray or scan), which must make this book unique among radiology texts.

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Decision Making in Oncology. Philip S. Shein. B. C. Decker, Toronto, 1989, 245 pp., price unavailable. ISBN 1-55664-078-2.

Decision Making in Oncology utilizes a host of oncologists each of whom reviews one or more specific diagnoses. The author stresses the multidisciplinary nature of current management by presenting for each diagnosis the appropriate participation by the surgeon, the chemotherapist, the radiation oncologist, and those providing supportive care.

The format places emphasis on anatomic origin of the tumor, presenting each neoplasm within a particular system and developing the discussion for each to include symptoms, key physical findings, clinical staging, and particulars in the specific tumor histology. Then for each type of cancer, a detailed flow diagram complements the discussion. The diagram typically uses a single page and takes the reader from a suspected lesion to the appropriate diagnostic testing, and by branching, to options commonly available in chemotherapy, surgery, and radiation. Additional diagnosis-specific information (tumor markers, special follow-up recommendations, experimental therapy) is included in the text.

Each tumor presented is addressed in a concise, two- to three-page essay, which also includes exceptional illustrations of computed tomographic scans, bone scans, and histological findings. The previously mentioned flow diagrams accompany each essay to complete the subject unit.

Decision Making in Oncology would appeal primarily to those clinicians who have a special interest in general oncology or to those who would be interested in a reference book to consult when a particular oncological issue arose in primary care. As a text for the family physician, the sections concerning supportive care are essential. The review of nutrition and pain management are particularly appreciated. Perhaps more unique are the discussions on nausea and oral care in the patient with cancer.

The chief strength of this book

comes down to the author's concise presentation of each tumor. One can readily review the most current information concerning a particular tumor in 10 to 15 minutes of reading. This of course would be most welcomed by the busy clinician.

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Ophthalmology. A Diagnostic Text. William H. Coles. Williams & Wilkins, Baltimore, 1989, 402 pp., \$29.95 (paper). ISBN 0-683-02056-0.

Immediately apparent features of this 400-page paperback are its high-quality paper (and weight), inexpensive price, and plethora of illustrations, tables, and lists; these are its strengths. This text is really two books bound within one cover. The first one consists of fifteen 10- to 20-page chapters, or "concepts," in ophthalmology, including chapters discussing specific anatomic sites (eg, cornea, retina), specific diseases (eg, glaucoma, tumors), and other areas (eg, neuroophthalmology, pediatric ophthalmology, and refraction). The second part, a 140-page alphabetic glossary entitled "Essential Topics and Definitions," includes everything from abbreviations, absolute scotoma, and *Acanthamoeba* keratitis to xanthopsia, xeroderma pigmentosum, and yoke muscles. The author intends his textbook to be an ophthalmology primer for "medical students, interns, ophthalmology residents beginning their training, nonophthalmology physicians who may want to expand their knowledge of ophthalmology, and foreign medical graduates" who may want to review ophthalmology in English. Dr Coles is true to his word that his text is *diagnostic* and rarely digresses to discuss therapy.

In general, this edition is grammatically well written, but on occasion the discussion is difficult to follow. For example, sentences as "It is vertical to the lid margin" leave the reader guessing about whether the structure is parallel or perpendicular to the margin, or vertical until it reaches the lid margin. If readers do

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not know how colobomas affect vision, they will not find the answer in the discussion in this book. Further, figures, although plentiful, often add little to illustrate or clarify discussion. For example, a photograph labeled "inclusion cyst" portrays an appearance characteristic of molluscum contagiosum, but could easily represent a basal cell carcinoma. A photograph labeled "molluscum contagiosum" is so indistinct that it is meaningless. An additional slide on the histopathology of molluscum seems out of place in an ophthalmology primer. All illustrations and pho-

tographs are black and white except a 45-plate color atlas.

The major weakness of this book for medical students and primary care residents is that the author does not clarify what information is relevant at these levels of training. In the discussion of corneal disease, for example, in addition to the core content information about infectious corneal ulcerations, material is presented on Fuchs's endothelial dystrophy, Mooren's ulcer, Salzmann's nodular degeneration, and dellen, leaving the inexperienced reader to decide what to concentrate upon.

In summary, this textbook has

some useful lists and information. This volume is too detailed, however, for most medical students and family practice residents. Because of the absence of therapeutic information, most family physicians would not find this text a useful addition to their office libraries. Medical students and residents preparing for careers in ophthalmology and desiring a diagnostic primer should consider this inexpensive book.

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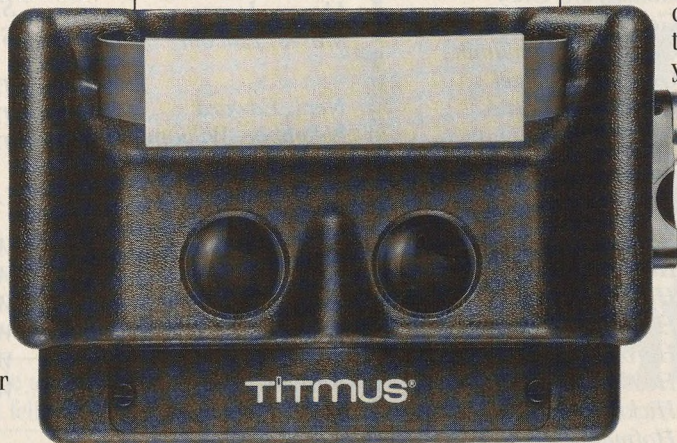
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