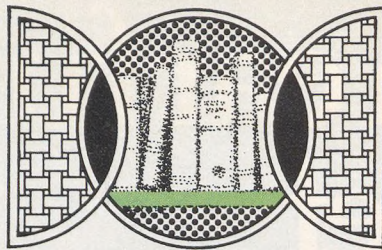


Book Reviews



Profiles in Human Development. George Kaluger and Meriem Fair Kaluger. The C. V. Mosby Company, St. Louis, 1976, 250 pp., \$5.95.

Understanding the human life cycle and the life cycle of the family has become an area basic to education in family medicine. It was clear that medicine, with perhaps the exception of Eric Erickson, had not dealt with the human life cycle, particularly the normal human life cycle, in cognitive terms. Conclusions regarding normative data based on individual experience were often the only way to bring to residents and students some understanding of what to expect in interpersonal growth and development.

Kaluger and Kaluger, in the introduction of their book *Profiles in Human Development*, state that they are attempting to give "a sampling of human experience in development and behavior" to help this area of learning to become more meaningful to students and teachers. They chose the profile to serve as a sort of written history which they hoped would reflect general concepts of behavior. It is an excellent idea, but in this case it does not work.

The book itself seems to be mostly directed toward high school students, though this is not specifically stated. The profiles in general are simplistic and superficial — more like essays for a creative writing class than attempts to get at motivation, feelings, or basic elaboration of significant life events. There are introductions preceding each section, but none is helpful in detailing themes or concepts relative to the developmental life cycle of the subsequent section. The book is organized chronologically; vignettes illustrate each section, and suggested readings are included in each.

Profiles in Human Development is of little value to medical students, educators, or family physicians. One might get a far more profound look at human behavior revealed through personal statements by reading any of Studs Terkel's collections of oral history, *Working, Hard Times, or Division Street, USA*. Another alternative is to keep listening to one's patients.

John J. Frey, MD

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An Inventory for Primary Health Care Practice. Archie S. Golden. Ballinger Publishing Company, Cambridge, Massachusetts, 1976, 146 pp., \$15.00.

This interesting book is, as the title implies, a master inventory of over 700 tasks performed by primary physicians. The book is divided into ten chapters largely dealing with such tasks as data gathering, assessment/evaluation, diagnosis, strategy selection, etc. There is a rather long and comprehensive list of tasks related to primary care in each chapter. Each task statement is subdivided into an action (eg, "Scrape Skin Lesion"), and an objective (eg, "in order to have a specimen for examination"). Adjacent to each action and objective, a number is placed corresponding to the following headings: Cognitive, Affective, and Psychomotor (the educational domain level that is necessary to perform the specific task). The numbering system is on a scale of one to six, with one requiring minimal skills and six requiring maximal skills.

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The task lists were derived from a number of sources: public health nurses, nurse-midwives, health assistants, primary care physicians, and so on. It is interesting to note that family physicians were not included in the list of primary care physicians.

The master task inventory focuses on health and its maintenance in the ambulatory setting. The author clearly states in the preface that the inventory does not define primary care by or for the physician. Therefore, the book would be of interest largely to those individuals responsible for health service planning, curriculum development, and health manpower administration. It would be of little value to practicing family physicians, family practice residents, or medical students.

*William L. Stewart, MD
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Springfield, Illinois*

The Healer's Art: A New Approach to the Doctor-Patient Relationship. *Eric J. Cassell. J.B. Lippincott Company, Philadelphia, 1976, 240 pp., \$8.95.*

Eureka! While family physicians continue their attempts to explain the philosophy and scope of their new specialty, an internist has wrapped it all up in a concise, neat, and fascinating package which is as readable as it is important.

Dr. Cassell explores the world of the sick, delineates the distinction between illness and disease, differentiates curing and healing, and explores the possible conflicts between science and morality. Drawing liberally on case studies from his experience, the author clearly points out obstacles in effective physician-patient relationships, including the fallacy of excluding all medical processes which do not involve purely analytic thinking leading to scientific decisions.

The author states that "if the central problem in the case lies outside those areas for which the system of medicine has conceptions or falls within categories that are evaluated lower, the central problem ceases to be a medical matter becoming instead

'social,' 'psychological,' or 'personal' and no longer within The Province of Doctors." In his pleas for correction of this deficiency in patient care, Dr. Cassell makes an extremely strong case for family practice without ever mentioning the discipline!

The author concludes by applying the previously described humanistic principles to the dying patient.

All family physicians should find this book rewarding reading, from the medical student or resident who is struggling with problems of rehumanization to the experienced practitioner whose reaction may well be, "I knew this all the time but never knew how to put it into words."

*Herbert L. Tindall, MD
Lancaster General Hospital
Lancaster, Pennsylvania*

Pulmonary Diagnostic Techniques. *Lea and Febiger, Philadelphia, 1975, 285 pp., Price not available.*

Pulmonary Diagnostic Techniques is an up-to-date, concise volume which will be of value in the family practice library as a reference text regarding specific procedures employed in diagnosis of lung diseases. Many of the actual procedures are beyond the province of the family physician; however, a knowledge of the techniques will be of value in performing the integrationist role in rational patient care.

The patient management format with many case presentations, excellent illustrations, and photographs provides a stimulating presentation. This book is logically sequenced and well organized by many knowledgeable clinicians from the Department of Medicine at the University of Colorado Medical Center. Content is authoritative and provides the primary physician and house staff with an excellent reference text, particularly in making visible the many non-invasive techniques of modern pulmonary diagnosis. A current extensive bibliography is included after each section.

*William Fisher, MD
University of Oregon
Portland*

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