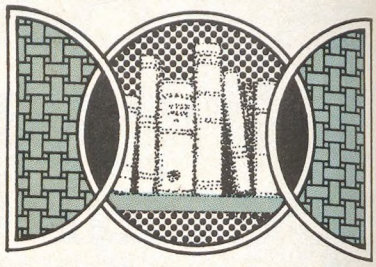
Book Reviews



What Are My Chances? *Ben Eiseman. WB Saunders Company, Philadelphia, 1980, $14.95.*

Clinical Decision Analysis. *Milton C. Weinstein, Harvey V. Fineberg. WB Saunders Company, Philadelphia, 1980, 400 pp., price not available.*

Clinical decision making is a major area of interest to clinically oriented researchers, both in biomedically oriented specialties as well as in primary care. It is the single most active area of research in the North American Primary Care Research Group.

Clinicians spend their lives making decisions, in choosing investigations or selecting treatments for their patients. They must estimate (subjectively for the most part) the likelihood of a patient's response to treatment or the likely contribution of an investigation to clarifying a patient's illness. Clinical decision making theories provide a basic conceptual framework for observing and analyzing the practice of clinical medicine; they also provide a scientific language for describing day-to-day clinical judgments of the physician.

The two books reviewed here represent important contributions to understanding clinical decision making. Both have an essentially biomedical orientation and show relatively little sensitivity to the psychosocial dimensions of clinical practice.

The first book, *What Are My Chances?* written by a distinguished surgeon with a long career of active surgical practice behind him, provides a lucid account of the prognoses and key outcomes of a wide variety of common, surgically oriented illnesses. Its subtitle is, "What you need to know about the surgical and medical odds of getting well." It covers 110 separate conditions under 12 headings ranging from head and neck to breast, vascular, and abdomen, with some limited attention to gynecology, orthopedics, oncology, and urology.

After a brief and lucid explanation of the concepts of probability and risk, the key technical terms to be used in the text are clearly defined. A standard life expectancy table is provided for a comparison between the risks associated with the specific conditions dealt with in the book and the risks for a normal, "healthy" population. For each condition or topic, a simple decision diagram is complemented by detailed but concise explanatory notes.

What Are My Chances is directed at the issue of assessing risks in a "no-risk" society, where failure of a procedure (or treatment) is assumed to be due to incompetence, not to chance. It provides an invaluable method of helping patients understand the choices facing them. It will also help these same patients to make their own choices. The main technical criticism of the text is that the probability estimates and

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risks are all subjective "guesstimates" based on the author's subjective analysis of the literature. There is little justification in the text for the probabilities used. Nevertheless, this is the method most widely used by practicing physicians, and has much to commend it as long as it is seen as the viewpoint of one particular physician (albeit a very experienced one). It is highly recommended to family physicians.

The second text, *Clinical Decision Analysis,* is an excellent treatise on the various techniques of decision analysis. Topics such as probability theory and decision theory are well presented, although somewhat technically so for a physician with no experience in the decision making field. Many clinical problems are tackled in a highly analytic way. Topics range from child abuse to the management of angina by cardiovascular surgery. The text was conceived and developed in the Center for the Analysis of Health Practices of the Harvard School of Public Health, and is more relevant to formulating health policy than to the management of individual patients. It is not recommended for the working clinician, except as interesting background reading. The perspective in the text is not that of the practicing clinician but is more that of the policy maker. It would serve as an excellent reference text, particularly in health planning exercises, in the analysis of complex clinical problems, or in the assessment of new or well-established medical technologies.

In summary, the first text is strongly recommended for family physicians in daily practice, with only minor reservations. The second has a limited attraction to the working physician, but is a lucid and well-organized treatise on the technical aspects of both clinical decision making and policy oriented decision analysis.

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Disorders of the Foot. *Arthur J. Helfet, Daniel M. Gruebel Lee (eds). JB Lippincott Company, Philadelphia, 1980, 253 pp., $27.50.*

This is an interesting summary of foot disease by eleven authors (four from South Africa, four from the United States, three from Great Britain). It is identified as a text of interest to "all practitioners concerned in the management of patients with discomfort, disability, and deformity of the feet." Dr. Apley's forward quickly reminds one of the frequency with which foot problems are neglected, the seriousness of painful feet, and the widely divergent qualities required of feet.

The twenty chapters are arranged logically from terminology and function to orthotics. A chapter on clinical anatomy of the foot is excellent in content and style. Disease descriptions are succinct, readable, and augmented by well-chosen black-and-white clinical photographs, radiographs, and line drawings. Brief references to anatomy, physiology, and biomechanics aid in understanding pathophysiology.

Sections of special value to family physicians are those on dysfunction (fatigue, strain, metatarsalgia, tarsal tunnel, foot in old age), the foot in athletics, developmental abnormalities (metatarsus adductus, pes cavus, osteochondritis), acquired deformity of the toes, and painful conditions of the foot. The latter includes an excellent sum-

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mary of plantar fasciitis and calcaneal ridge ("winter heel" syndrome). It describes nine reasons for pain in the heel. The "foot regimen" described appears very useful. It includes contrast bathing, nonweightbearing, and weightbearing exercises.

The minimal bibliography for each chapter warrants mild criticism. Only the section on athletic related conditions is documented adequately by recent (1970 to 1980) references.

I disagree with the recommendation to use either curettage or electrocautery as treatment for plantar warts. Either of these therapies may produce symptomatic permanent scarring. Careful surgical paring in conjunction with topical application of 40 percent salicylic acid plasters, although unmentioned in this text, is an effective therapy. The chapters on the diabetic foot and orthotics were disappointing. The former gave little new information, no specific data concerning infection, and was not clear in defining management plans. The latter was divided into comments about specific orthotic devices rather than approaches to specific diseases. Interesting items (depth shoes, Plastizol) were given superficial coverage.

As a starting point for gaining a clinical perspective on a variety of foot disorders, this is an excellent text. Recognition and understanding of many diseases are stressed. Although it needs augmentation from the recent literature in several areas, it would make a useful addition to most clinical libraries.

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Harrison's Principles of Internal Medicine (9th Edition). *Kurt J. Isselbacher, Raymond D. Adams, Eugene Braunwauld, Robert G. Petersdorf, Jean D. Wilson (eds). McGraw-Hill, New York, 1980, 2073 pp., $45.00 (one-volume edition), $55.00 (two-volume edition).*

The ninth edition represents the latest product of over thirty years of sustained effort by a carefully chosen group from the American academic internal medicine community. They have again produced an authoritative, contemporary, topically succinct, encyclopedia of patient care philosophy and knowledge, relating to diagnosis and treatment of diseases within the province of internal medicine. The initial leader of this mounumental ongoing effort was Dr. Tinsley R. Harrison, now deceased, whose founding contribution is memorialized in the title. Names of the principal editors and chapter contributors have changed gradually over the years as time and the dictates of advances in the subspecialties of internal medicine have brought new names and new knowledge to the forefront.

The ninth edition has 220 listed authors from a wide geographic representation of departments of internal medicine and closely allied disciplines, almost exclusively from medical schools in the United States. All are authorities in their respective fields.

This new edition has essentially the same number of pages (2,073) as the eighth edition published in 1977, but there are 16 more chapters. There are nine additional chapters in the section dealing with infections and parasitic diseases. In some of the additional new chapters are discussed abnormalities of leu-

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kocytes, biochemical abnormalities as presenting findings, and endorphins. There is evidence of revision and updating in all chapters. The latest bibliographic references throughout are dated 1978. There is a total of ten color plates illustrating dermatologic lesions and hemocytology. The editorial emphasis is on clear, succinct prose, together with summary tables, plus a scattering of black-and-white photographs and diagrammatic illustrations.

The table of contents has been improved in two ways. First, an abbreviated table of contents lists in sequence the five major parts of the book and the 50 subsections with their page numbers. This is in addition to the full table of contents, which lists the above headings plus the 383 chapters under their respective sections with authors and page numbers. The improved second table of contents shows bold columnar listing of page numbers, making them more readily found than in the eighth edition.

In traditional Harrison style, the text begins with discussion of the physician's approach to the patient, the physician-patient relationship, the physician's responsibility to the patient, the process of diagnosis and management, and a number of legal and ethical issues inherent to medical practice. A new topic in this section is "Incurability and Death," in which is discussed how life prolonging technology has tended to blur the distinction between life and death and the ethical implications thereof. A basis for resolution of this contemporary dilemma is proposed: "If the medical profession, in accord with social sanction, can be brought to redefine life as a state in which cerebral action subserves awareness of environment and the possibility of expressing intellect, emotion, personality and character, and if it can equate the opposite of this with death, the dilemma can be avoided." Four guidelines for determining brain death are given, all of which are sound, with one exception: "The family and nurses should be informed of the irreversibility of brain function but should not be asked or permitted to make the decision whether medical treatment should be discontinued." The statement could be interpreted as suggesting that the family not even be consulted in the decision making process. Many family physicians would take serious issue with this interpretation as well as with the ambiguity of this guideline.

Chapters on cardinal manifestations of disease (eg, pain, fever, weight changes) occupy 13 percent of the book; an updated section on basic biological processes (genetics, immunology, nutrition, and metabolism), 12 percent; biological and environmental agents of disease, 22 percent; and diseases of organ systems, 52 percent. All are well written and useful for students, residents, and physicians. The text is heavily oriented to physical disease and reflects the disciplinary emphasis of the field of internal medicine.

This is definitely a book of value to family physicians. Either this text or the latest edition of one of the one or two other comprehensive, authoritative internal medicine texts should be readily available in the office as a day-to-day reference for every physician who practices general adult medicine.

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