Blue Book of Medical Diagnosis. *Richard Cummins, Mickey S. Eisenberg. WB Saunders Company, Philadelphia, 1986, 654 pp., $21.95 (paper).*

The Blue Book of Medical Diagnosis is intended to help active clinicians make diagnostic decisions. Some chapters are organized by symptoms and signs such as chest pain, cough, amenorrhea, diarrhea, and anemia. Other chapters are organized as more specific disease entities, such as valvular heart disease, pulmonary embolism, nephrolithiasis, AIDS, viral hepatitis, leukemias, and sarcoidosis. Each chapter discusses the definition of the disease, diagnostic criteria, epidemiology, and historical, physical, and laboratory findings. It is written in outline format and emphasizes the "pearls" and key diagnostic features. The core feature of each chapter is the highlighted section on recommended diagnostic approach. This section is presented in an algorithm format for the busy clinician to consult when faced with a challenging case in the midst of a busy office practice.

The book is practical, giving the key ingredients for the diagnostic workup. The inclusion of epidemiology and probability assists the clinician to focus on conditions that are more likely to be encountered vs those that will be rarely seen. The problems contained in the book are those of internal medicine with a heavy emphasis on infectious disease.

It has often been stated that the key to the practice of medicine is to make the diagnosis. Treatments then can be looked up in a book. Initially, reading the *Blue Book,* I felt that the punch line was missing, as there is little comment on treatment. An individual using the book will have to consult other references when assistance is needed with therapy protocol.

I feel that the book is an excellent contribution to the family physician's library. The outline format makes it a quick and well-organized reference. It would be an appropriate reference for a busy practicing family physician, family practice resident, and medical student. I enjoyed reading the book, especially as I am now preparing for my ABFP recertification examination.

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Maxcy-Rosenau Public Health and Preventive Medicine (12th edition). *John M. Last (ed), James Chin, Jonathan E. Fielding, Arthur L. Frank, Joyce C. Lashof, Robert B. Wallace (assoc eds). Appleton-Century-Crofts, Norwalk, Conn, 1986, 1,958 pp., $125.*

This latest edition of a widely used textbook of public health has been significantly expanded since the 11th edition published in 1980. An increase in page size from $6\frac{3}{4} \times 10$ to $8\frac{1}{2} \times 11$, accompanied by a change to larger print, has produced a clear, clean, easier-to-read appearance, but does make it difficult to quantitate the increase in content. The number of pages grew only from 1926 to 1958, but it is clear that the coverage of the subject matter has been expanded substantially. A number of new chapters have been added, including a separate chapter on alcoholism, previously included in the general chapter covering drugs of abuse, new chapters on specific health problems (eg, diabetes, digestive diseases, homicide, and spouse abuse), and sections on family planning programs, nuclear war as a public health concern, and social policy and the organization of health care. Although the content, as supplemented by the new chapters, seems quite appropriate, I am not certain that some sections, for example, "Advertising of Prescription and Over-the-Counter Drugs" and "The Drug Lag," are essential in a textbook of this sort.

Another change of some significance is that, whereas in the preceding editions the authors were all from North America, several authors in the present volume are from Europe or Asia. This appears to reflect an attempt by the editor to expand the scope of the book to better meet the needs of readers in developing nations.

As is probably inevitable in such a massive, multiauthored textbook, there is some variation in style and comprehensiveness of coverage among the various chapters and sections. Some of the chapters on specific diseases seem to try to cover too much territory and are, in my view, too broad and general. More specifically, I find that I take issue with some authors on specific points. For example, more toxicity seems to be imputed to some of the occupational exposures (eg, aluminium, tellurium) than has been unequivocally demonstrated; the section on physical hazards states that "vibration appears to contribute to nearly all chronic

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muscular and tendon disorders of the upper extremities," but does not describe any of the well-documented specific effects of vibration, such as Raynaud's phenomenon. Also, chromic acid and its derivatives were omitted from the table enumerating the hazardous substances for which the Occupational Safety and Health Administration mandates medical screening. Despite these and other specific shortcomings that might be cited, the book is well written and readable and the coverage of this vast field is generally accurate and thorough.

My only substantial criticism of the book has to do with its general approach to many public health problems. It is easy to look up a specific diagnosis in the comprehensive index and read about that subject, but it is my view that the book would be more useful to the student, resident, or practitioner if it were organized in a problem-oriented format. For example, although there is a section on sexually transmitted diseases, there is no section on diarrhea. This important symptom must be researched by reading separate sections on Escherichia coli, salmonella, giardiasis, amebiasis, etc. These specific diagnoses are distributed in different portions of the book in a fashion that I find confusing. I feel that a symptom or problem-oriented approach would make this a more useful reference book for the practitioner. This text does not go into enough detail on specifics of the diagnosis and treatment to qualify as a practitioner's sole reference on the subject, so it would seem most appropriate for the text to stress the differential diagnosis of these problems as well as measures directed toward their prevention or control, as exemplified by the sexually transmitted diseases section.

Despite these criticisms, I feel that the book generally meets Dr. Last's objective of providing "serious students . . . an overview of the field which is reasonably broad and deep." I think it should be available in the libraries of family practice residencies, and would probably be useful to public health workers from a variety of backgrounds other than medicine. It would certainly be an especially useful reference book for family physicians who find themselves called upon to serve as consultants to or members of local health agencies. In this regard, the new chapter on public health law is helpful, as are the sections on environmental health, including food and dairy sanitation, water and waste disposal, and housing and health, and the chapter on occupational and environmental health control.

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Oxorn-Foote Human Labor and Birth (5th edition). *Harry Oxorn. Appleton-Century-Crofts, Norwalk, Conn, 1986, 918 pp., $29.95 (paper).*

Dr. Harry Oxorn, with the assistance of six colleagues, has written the fifth edition of *Human Labor and Birth*. It is from this classic, soft-covered handbook that a whole generation of physicians have gained their understanding of the fundamentals of obstetrics.

This larger, 918-page edition contains 51 chapters covering such topics as the anatomy of the pelvis, the mechanisms of labor, all abnormal presentations, all complications of pregnancy during labor and birth, and finally the newborn infant. Chapters dealing with analgesia, assessing the fetus in utero, ultrasonography, preterm labor, and the newborn infant have been re-

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vised and updated. Four new chapters have been added. The style is that of concise prose often in numerically or alphabetically captioned points or terse sentences organized under a logical series of headings. Clear illustrations that are well integrated with the text simplify such difficult concepts as asynclitism or the mechanism of labor so that medical students are able to conceptualize the stages and process of child birth on the first visit to the case room. Any experienced family physician will find some of the revised chapters, such as the assessment of the fetus in utero or ultrasonography, an excellent update to knowledge in a discipline that has undergone major changes in the past five years.

The fifth edition offers the new generation of medical students the same refreshingly clear explanation of human labor and birth that launched the obstetric careers of their parents and mentors. As Harry Oxorn is retiring in 1986 as Professor and Head of the Department of Obstetrics and Gynaecology at the University of Ottawa, the fifth edition provides an eloquent tribute to an outstanding career as an obstetrician, teacher, and writer.

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A Clinical Manual of Pediatric Infectious Disease. *Russell W. Steele, Appleton-Century-Crofts, Norwalk, Conn, 1986, 390 pp., $19.95 (paper).*

This clinical manual of pediatric infectious disease is an excellent reference for any physician involved in the care of infants and children. All 18 chapters present concise, pertinent, clinical information that highlights procedural, diagnostic, and treatment modalities for many common and uncommon infections seen in the pediatric age group.

The manual is well organized into chapters dealing specifically with select organ systems such as the respiratory tract, skin and soft tissues, central nervous system, and genital tract. In addition, special chapters deal effectively with infectious disease emergencies, neonatal infections, procedures, prevention, and infection control.

Each chapter contains several tables that summarize clinical laboratory and differential diagnosis for each infectious disease entity that is discussed.

The author is careful to point out in the Preface that differences among authors regarding treatment modalities for specific infectious disease processes often exist and that frequently only one approach was presented to avoid confusion. I found the manual to be well indexed and very readable.

This manual represents a current, quick reference for pediatric infectious diseases that is small enough to fit in most white coat pockets. I intend to refer to it regularly.

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In Pursuit of Quality: Approaches to Performance Review in General Practice. *David Pendleton, Theo Schofield, Marchall Marinker (eds). The Royal College of General Practitioners, Hyde Park and London, 1986, 185 pp. (price not available).*

This book is one of a long and important series of publications from the Royal College of General Practitioners and holds a good deal of interest for North American physicians. What struck me forcefully about this publication was not so much the content, but how and why it was published—in other words, its process and outcome.

There are several points that are worthy of note: First, the Royal College of General Practitioners and the Merck, Sharp & Dohme Foundation had invited an American, Avedis Donabedian, an acknowledged world authority on performance review, to visit general practice in England. Quality of care and audit were "invented" in the United States in the early 1970s. Second, the unifying structure of the National Health Service is one that provides a more rational base for developing standards of care than the multiplicity of approaches and shifting sands of American practice. Third, the major element of competition and financial survival, which is becoming increasingly significant in North America, is generally absent from British general practice, and this allows for collaboration and support. Finally, I asked myself why, if the concepts of performance review were developed in the United States have not the American Academy of Family Physicians and other family practice organizations done this a long time ago. Was Donabedian ever invited to take a look at US family practice?

Some of the chapters in *In Pursuit of Quality* deal with specific projects based on British national or local statistics and serve mainly to illustrate some of the difficulties of terminology and standard setting. One such study is the ambitious child health care project in the northern region in which standards are being set in 65 training practices. The major problems for the investigators were isolation of practicing physicians, lack of information about patterns of patient care, and hospital-based continuing education—all elements to be found in US practice. The description of how this research group is addressing standards for a regional group of practitioners is of considerable value.

Of more general interest is a philosophical paper by Marshall Marinker in which he postulates that performance review should be based on professional values about the practice of medicine. These rest on ten domains: technical vs humanistic, reductionism vs holism, deductive vs inductive reasoning, cost vs benefit, equity vs excellence, individual vs team performance, paternal vs fraternal care, and professional conscience vs public accountability. The reading of this short but stimulating chapter immediately set me thinking of how these domains were present but generally not discussed in their relationship to the overall purpose of family practice in the United States.

One other chapter in the book created another "missed" deja vu effect that teachers of family medicine will probably recognize. "What Sort of Doctor" is a new initiative for assessing the performance of established practitioners in the setting of their own practices and seeks to examine professional values, accessibility, clinical competence, and ability to communicate. This method includes six items:

1. A practice profile study based on a questionnaire
2. Direct observation of the practice and its functioning
3. Discussion with the practice staff
4. Inspection of medical records
5. Review of the videotape of a series of the physician's recent consultations with relevant records
6. An interview with the physician

Donabedian in his commentary is enthusiastic about this method of performance review, calling it "a clinical approach to the assessment of performance in general practice"—its purpose being to "refresh, connect and educate"—because it is not validated to "regulate" practice.

Many of the components of the "What Sort of Doctor" program reminded me strongly of the current techniques of residency training—especially videotape feedback. It is interesting that this feedback and assessment technique have remained within the confines of educational programs in the United States; perhaps this again is evidence of the constraints placed upon the generalization of innovations by competition and the marketplace in medicine. This then is a provocative text for discussion by residents and medical students and for pondering on by teachers.

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