

Current Medical Diagnosis and Treatment, 1991. Thirtieth edition. Edited by Steven A. Schroeder, Marcus A. Krupp, Lawrence M. Tierney, Jr., and Stephen J. McPhee. 1275 pp. East Norwalk, CT, Appleton & Lange, 1991. \$37.95 (paper). ISBN 0-8385-1430-8.

Current Medical Diagnosis and Treatment, 1991, continues with the very practical and expected format that has become so familiar over the years. The primary advantages of this text continue to be the breadth of topics, the predictable easy-to-read format, and the brevity of the discussion. Busy house staff or established practitioners will be able to use this text quickly without wading through copious details. The index is thorough, but a reference index on the inside front cover can quickly guide the reader to common presenting problems.

The text is organized primarily by organ system. Additional special chapters deal with health maintenance and disease prevention, geriatrics, nutrition, AIDS, disorders from physical agents, poisoning, and genetics. The various chapters and topics provide useful information for both inpatient and outpatient settings. Particularly relevant to ambulatory care are the screening criteria from the American Cancer Society, US Preventive Services Task Force, and the National Cholesterol Education Program, as well as a guide to selecting imaging studies.

Although brevity is a strength of this text for ease of use, it also is a drawback. Such common and complex topics as decubitus ulcer care received only two paragraphs. Even though there are no illustrations, there is excellent use of summary tables.

The topics that the editors chose to include are "all internal medicine . . . and other topics of concern to the primary care physician." Topics omitted are orthopedics, rehabilitation, and most of pediatrics.

In summary, although this text cannot be considered a single-source reference for family physicians, it is a readable and concise resource for internal medicine and selected topics for a busy physician or physician in training.

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Ethical Practice in Clinical Medicine. By William J. Elliot. 190 pp. New York, Routledge, Chapman & Hall, 1990. \$59 (cloth), \$15.95 (paper). ISBN 0-415-05070-7.

The introduction to this book promises a clear integration of ethics theory with practical case examples suitable for consultant ethicists and for medical practitioners, as well as medical students. I believe the book might serve only the consultant ethicist group.

There are six chapters: "The Platonic Foundation," "The Aristotelian Frame," "Thomistic Prudence," "Scottish Moral Sense," "American Pragmatism," and "Contemporary Developments in Virtue Ethics." The final chapter deals with the biological frame, the

psychological component, and the social sector. While perhaps overly ambitious in the range of concepts and guidelines it covers, the last chapter could be self-standing as a state-of-the-art update.

The goal of a biopsychosocial model is developed through a review of the history of the virtue ethics process. This review is presented in a theoretical discussion that is pretty heavy going. The clinical case examples, of which there are just about the right number, might have been linked more explicitly to the ethics principles presented. The written language of the ethicist for the clinician needs to be crisp and simple to allow the ready grasp of new concepts. The author was unsuccessful in achieving that necessary clarity of expression. I found the general style difficult, with some dangling participles and complex phrases forcing me to reread sentences too frequently.

I did learn much that was new to me, however; and I appreciate that because as the book reviewer, I was obliged to read on and discover more about ethics. I fear most practitioners and medical students would not persist. For them, this is not an appropriate first book on ethics.

Given today's wide interest in standards of care, I found one paragraph especially worth reporting here. Knowing that ethics is much more an art than a science and within the context of constant ethical growth and revision, one develops a habitual ability to use the tools offered by the biopsychosocial framework in the most appropriate and effective way. It is a pragmatic practice based on experience and continuous renewal. Given that definition of virtue ethics, the following quote leads us to a reconsideration of our directions in teaching physicians about standards:

A very useful distinction is made between standards and purposes, aims, or ends-in-view. Standards look to the past, ends-in-view to the future. It is important in decision-making and the habits formed in this progress to set our sights on aims or ends-in-view. If we are always primarily concerned to be satisfying standards, we will never be actually able to do this as the standards are always changing. If the habitual practice of virtue is taken to be some type or other of standard behavior, we will never be satisfied in our pursuit of virtue as we will never feel that we have reached that ideal standard. ^{p 118}

Anyone involved in teaching ethics to medical students and physicians would do well to take the time to read this book. There is grist for preparing for seminars, small groups, or classes, particularly in the reviews of the conceptual constructs of major ethicists through history, and the clinical examples are good ones.

There are a few typographical errors and no tables or figures. Chapter references are at the end and appropriately annotated. Important cases from recent literature mentioned in the text were not referenced, which was a minor frustration.

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