

# Book Reviews

**The Laboratory Consultant.** By Hugo C. Pribor and Terry A. Hurlbut III. 780 pp., illustrated. Philadelphia, Lea & Febiger, 1992. \$59.95. ISBN 0-8121-1387-X.

*The Laboratory Consultant* is presented as a handbook of laboratory interpretation for clinicians, pathologists, and others who would like to interpret laboratory findings but might lack the necessary specific knowledge.

Covering the "most commonly seen patterns of laboratory abnormalities encountered in modern medicine," it is sectioned (with convenient, alphabetically ordered, marked marginal dividers) by laboratory profile and organized by test, allowing the reader to look up diseases from the findings. Diagnostic algorithms are presented as flow diagrams, which are supplemented by discussion of the various conditions possibly responsible for the findings.

The text and algorithms are derived from the personal-computer-based expert system developed by the authors and their colleagues. As a transferral of writing from a software construct to the printed page, it doesn't work too well. The algorithms read like computer program diagrams and extend several pages (up to 17) in pursuing one test battery. To connect the algorithms with their numerically referenced diagnostic statements found on subsequent pages requires the reader to flip back and forth continuously. Keys on the algorithm pages are not well explained, and abbreviations for test names are not always defined. References are repetitive (amenorrhea-related references, which are noted as 1-4, are repeated 37 times in that section). Prose explanations in the list of diagnostic statements are referenced from five-digit codes on the algorithms and include many repetitious statements that in a software mode are justifiable but in a book reduce the syntax to a frustrating series of phrases exactly replicated over and over again.

The book frustrates in other ways. The last of the section on anemia suggests the reader should evaluate the blood film "with your own eyes," a sole indication that the clinician and pathologist might share a laboratory specimen. In the Profile Components part of the Lupus section, a series of questions to be put to the patient begins, "Do you have cytopenia?" That section later goes into an elaborate mathematical and jargonistic explanation of Bayes theorem that is completely at odds with the intended simplicity of many of the definitions offered the reader in some chapters, e.g., "wellness, the absence of the disease under study, or the absence of hard evidence of the disease."

From the point of view of a family physician in primary care practice, this book presents in my mind the scenario that a laboratory test result has walked into my office, and I must determine whether it rep-

resents a disease, and if so, which one. The batteries of tests do not reflect the usual family practice needs in our local practices in my part of the world. The format leads one to find answers by doing more and more tests. In a system breaking down because of excessive cost, this is the wrong way to go. Nowhere does the book address the costs of investigating patients in the manners prescribed.

I would not recommend the book for the offices of primary care physicians, for family medicine residents, or medical students. It may have a use in some consultant specialist offices or hospital libraries, but I expect the computer program from which it is derived is much more user friendly.

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**Pediatric Diagnosis: Interpretation of Signs and Symptoms in Infants, Children, and Adolescents.** Fifth edition. By Morris Green. 544 pp., illustrated. Philadelphia, W.B. Saunders, 1992. \$45. ISBN 0-7216-3469-9.

This book represents the 5th edition, updated after an interval of 5 years, of a text on the differential diagnosis of pediatric signs and symptoms. It is clinically oriented and intended to aid any practitioner faced with diagnosing common or uncommon illnesses in children. There are two sections to the book: Part 1 covers the physical examination and is divided into anatomical areas; Part 2 is indexed by specific signs and symptoms.

The first chapter in Part 1 addresses methods for examining children and imparts helpful guides and philosophical wisdom acquired by the author after years of personal experience. The other chapters in Part 1 are indexed by body part and then subindexed by topic (e.g., head control, circumference, head injury, scalp). There are occasional illustrations, frequent lists and tables, and a selection of pertinent references that have been updated. The information provided under a given topic can often require supplemental sources. A symptom might be followed by a long list of associated conditions or causes, some of which are listed by name only and could be unfamiliar to the reader. Each chapter tends to be concise and well organized.

Part 2 contains 54 chapters on specific signs and symptoms, ranging from fever to fire setting. Twelve chapters cover such psychological symptoms as School Refusal, Out-of-Control, or Conversion. Under the specific chapter headings, such as Diarrhea, follows an etiologic classification, which in some cases is further categorized by age. Additional references are interspersed. There is an orderly and

logical organization to the text: Failure to Thrive is subdivided into sections on inadequate intake, defects in assimilation, loss of food substances, and failure of utilization or increased metabolism.

In using the book to assess a specific condition, ataxia, I found no individual heading for ataxia (vertigo is listed), but I did find a listing in the Index referring to the anatomical section titled Nervous System; listed under the heading Soft Neural Signs there was an extensive list of associated conditions. From the clinician's standpoint, the major deficiency is that little or no information is available to aid in the selection of the appropriate diagnostic choice. There are no guides for organizing a work-up or selecting further studies or tests. Given the list of diagnostic choices, it would then often be necessary to consult other references to be able to select among them. Finally, as the title indicates, this book is on diagnosis, and as such, does not provide any information on therapy.

In summary, the strengths of this book are that it is well organized, easy to use, concise, and clinically organized. It is reasonably priced, and it contains selected and up-to-date references. The weaknesses include this same brevity that results in the need for other reference sources and the lack of any diagnostic guide to selecting from the extensive choices of conditions listed.

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**Somatization Disorder in the Medical Setting.** By G. Richard Smith, Jr. 97 pp. Washington, DC, American Psychiatric Press, 1991. \$15. ISBN 0-88048-374-1.

Studies suggest that 5 percent of patients seen in primary care settings could have somatization disorder, defined as a chronic, relapsing psychiatric condition characterized by multiple unexpected somatic complaints. There is, however, often under-recognition of the disorder and inappropriate mental health management and referral. Smith's monograph provides primary care physicians and mental health consultants with current research findings on the recognition, diagnosis, and management of somatization disorder.

The text has eight chapters, which include patient identification, historical perspective, prevalence of the disorder, course of the disorder, diagnosis, treatment, case studies from primary care, and clinical scripts applicable to primary care case management. Each chapter maintains a comfortable balance between research studies and practical application in primary care settings and concludes with a clearly written summary. Current references and an annotated bibliography serve to complement the work.

Acknowledging the different needs of its readers, the author indicates that the text can be read on three different levels. He suggests that readers can use the text as a quick reference as clinical situations arise, read the chapter summaries only, or read the entire

monograph. Given the number of patients with somatization disorder (a condition as common as diabetes or urinary tract infection, the Foreword notes), the primary care physician would greatly benefit from a thorough reading of this concise and clinically relevant book. Certainly accurate diagnosis will lead to better patient management (there is no cure) and referral to mental health consultants. Somatization disorder appropriately recognized will engender a less "defensive medicine" posture, fewer unnecessary and potentially dangerous tests or procedures, and improved health care utilization.

Both practicing family physicians and medical students would benefit from this well-written volume. It serves not only to enlighten us but to remind us of a not uncommon disorder that requires the same attention typically reserved for more physically based conditions and diseases.

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**Principles of Clinical Practice: An Introductory Textbook.** Edited by Mark B. Mengel. 419 pp., illustrated. New York, Plenum Publishing Corporation, 1991. \$34.50. ISBN 0-306-43847-X.

This book offers an informative overview of a wide range of principles that have an impact on the physician-patient relationship. Its text emanated from a course entitled "Introduction to Clinical Care" for first-year medical students, which was offered by the faculty of the Department of Family Medicine at the University of Oklahoma College of Medicine. Students taking this course also integrate their didactic knowledge with real-world experiences through 16 half-day sessions in physicians' offices.

The chapters, which have been revised and refined over the preceding 3 years, are organized in an innovative manner around four themes that approach clinical encounters from the perspectives of purposes, processes, relationships, and values. A variety of topics are considered, including the basics of interviewing, history taking, physical examination, clinical management, health maintenance, and the family system. Other, less often considered, issues address a brief historical summary of patient care, the philosophical and ethical foundations of the physician-patient relationship, a cogent analysis of clinical decision making, a sensitive description of influences affecting the physician-patient relationship, the cultural world of the patient, health care systems, medical ethics, malpractice, and medical economics. The concluding section emphasizes the importance of integrating these previously discussed components of the physician-patient relationship into a coherent patient-centered approach, which is proposed as being more appropriate for the majority of medical encounters than the scientific reductionist biomedical model. The editor stresses that "a new approach to