Abdominal Pain), some with physical findings (Congestive Heart Failure), some with pathophysiologically related entities (Embolic Syndromes, Serous Cavity Effusions), some with specialty areas (Some Neurologic Syndromes), and some with organ systems (Diseases of the Liver). Each chapter has interspersed illustrative clinical vignettes, which are highly variable in adding value. Additionally, at the conclusion of each chapter, the text contains multiple illustrative cases from *The New England Journal of Medicine*'s Case Records of the Massachusetts General Hospital. For example, the chapter on chest and abdominal pain concludes with five such cases: (1) "Mucinous Adenocarcinoma of Colon Metastatic to Right Ventricle, with Pulmonary Tumor Emboli and Infarcts," (2) "Eosinophilic Gastritis," (3) "Tuberculous Enterocolitis," (4) "Chronic Histoplasmosis of Mediastinal Lymph Nodes, with Rupture into Esophagus and Secondary Acute Streptococcal Lymphadenitis," and (5) "Mesenteric Venous Thrombosis." These are the *pieces de resistance* in a chapter that does not include irritable bowel syndrome or panic-anxiety attacks and has one sentence on esophageal spasm.

While declaring that the difference between this text and many others is that most others provide a disease-by-disease description, this one actually does much the same thing, simply in a less comprehensive and more disorganized fashion. The addition of multiple *New England Journal of Medicine* clinicopathologic cases with differential diagnoses and discussions at the end of each chapter might help clarify the processes inherent in clinical thought for some family physicians, and this text would be useful for them. *Differential Diagnosis* is certainly not the place to look for those entities most commonly encountered in family practice.

The editors and authors of *Differential Diagnosis* indicate that diagnosis in internal medicine is a deductive process, that from a wealth of data the pertinent facts can be culled to form a diagnosis. I believe what family physicians do is inductive. With an incomplete data base and a paucity of information, we efficiently induce diagnoses. *Viva la difference!*

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Common Medical Diagnoses: An Algorithmic Approach.
Second edition. *By Patrice Healey and Edwin Jacobson. 231 pp., illustrated. Philadelphia, W.B. Saunders, 1994. $35 (paper). ISBN 0-7216-5401-0.*

Clinical algorithms are visual representations of the decision-making pathways that lead to diagnosis. They can assist the physician in the evaluation of a particular sign, symptom, or laboratory abnormality. Certainly they should not substitute for respect for individual patient variation. The authors of *Common Medical Diagnoses: An Algorithmic Approach* originally intended the book for medical students and house officers but propose that the established clinician would benefit from the compendium.

The book groups algorithms for specific problems or complaints by body system, including generalized disorders; respiratory, cardiovascular, gastrointestinal, renal, acid-base, and electrolyte disorders; and hematologic, neurologic, endocrine, skin, and musculoskeletal disorders. Each algorithm is displayed typically in 1 to 2 pages. Accompanying textual material provides useful information to assist in determining the better pathway. Each algorithm is cross-referenced to two medical texts, *Cecil Textbook of Medicine* and *Harrison's Principles of Internal Medicine*, and the Index is well formulated.

The algorithms vary in their clinical appropriateness. Algorithms for specific abnormalities, such as hypokalemia, appear fairly straightforward. Yet, there are two major concerns about some of the algorithms designed for clinical signs or symptoms. First, the authors indicate in the Introduction that one should assume the evaluation of a specific problem by algorithmic method should initially include a history and physical examination. Several "forks" in the "middle" of specific algorithms, however, require solicitation of historical information. For example, in the algorithm for fatigue, a nutritional history follows an evaluation for occult malignancy. Second, the sequence of tests that are necessary to evaluate a particular problem do not always seem to conform to a sense of first performing less costly, less invasive, and less harmful procedures or tests. For example, in the algorithm for acute diarrhea, performance of a sigmoidoscopy precedes the ordering of stool test for ova and parasites. Or, in the algorithm for cough, the chest radiograph is the first test in the pathway.

In summary, many of the algorithms, particularly those involving abnormal laboratory tests, would clearly serve as useful adjuncts in the evaluation of a particular problem. Given the pressures of managed care environments and the new era of evidence-based practice guidelines, however, some of the algorithms probably do not meet the dual standards of cost effectiveness and medical appropriateness. Learners, particularly, must be careful to avoid strict adherence to the algorithms. For the practicing physician, the book might be used selectively in problem assessment, but specific algorithms seem less practical and costly. Clinical practice guidelines for set problems will become increasingly important for primary care physicians, but they need to be carefully evaluated for evidence of effectiveness and minimization of risk to the patient.

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