



ries by people with direct experience of genetic testing. All of the stories are poignant and reflect the rapid evolution of testing options that families face. The book highlights the burden placed on individuals and their families by genetic conditions. This section introduces a recurring theme, namely, that those with first-hand experience of genetic disease and testing have been heard very little in comparison with professionals.

The second section of the book deals with the major areas that constitute the practice of clinical genetics. Essential for overall understanding is a very useful, condensed, but comprehensive account of the content and techniques of the new genetics. Other chapters deal extensively with the objectives and practice of genetic counselling, including research attempts to elucidate the processes of communication and decision-making and the perception of risk. Genetic testing, in the different contexts of adult-onset disease, reproduction and the testing of children, is also considered. Child testing has recently been subject of several generally restrictive policy statements by various professional bodies. This topic is given a separate chapter in which many aspects of these recommendations are persuasively questioned in light of the inadequacy of available data and the bias resulting from excessive professional input.

The final section of this book deals with the social milieu in which the new genetics is practised. There are chapters on the history of the eugenics movement, ethics and law, racism, kinship and feminist viewpoints. Most compelling is an exploration of the public understanding of genetics. This discussion incorporates a description of new research approaches to measuring the social representation of genetics to which the public is exposed. It emphasizes

the limits of improving biologic knowledge.

These contributions have been assembled from a wide variety of experts and are valuable on their own. In addition, the editors have done an admirable job of enhancing the book's readability.

This is a valuable and well-referenced compilation on the social and psychologic issues raised by genetic testing today — an ever more important topic. Although it deals with issues in some depth, it can easily be read by those who do not have a background in the relevant disciplines. I hope that all readers will heed the call for greater and wider consideration of the concerns raised.

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Medicine and the Internet: Introducing Online Resources and Terminology

Bruce C. McKenzie. 206 pp. Illust. Oxford University Press, Oxford, England; Oxford University Press Canada, Don Mills, Ont. 1996. \$39.50. ISBN 0-19-262705-8

Overall rating:	Excellent
Strengths:	Clear, concise and comprehensive; helps anyone get up and running on the Internet; contains plenty of guidance for use of the Internet in medical practice
Weaknesses:	The World Wide Web could have been given a bigger proportion of the book
Audience:	All physicians; targeted at computer neophytes

This is an exceptional book. It stands head and shoulders above the crowd of poorly written books put out hurriedly to cash in on the recent interest in the Internet. Author Bruce McKenzie actually delivers

what he advertises: a book that can bring a physician who knows little about computing and nothing about the Internet to the point of using the Internet as part of his or her everyday practice.

McKenzie assumes nothing about his readers. He starts from the basics of what type of computer to consider, through modems and Internet providers. If you do not know what these terms mean, you will before you are half-way through the book. If you do know, you will not be insulted by patronizing chapters, and you will still learn something.

You might expect a British book to be full of information on Internet sites and resources that are irrelevant to Canadian physicians. However, except for the Internet provider list, all of the sites mentioned can be reached from anywhere in the world. McKenzie does not overlook *CMA Online* or McMaster University's Cochrane Collaboration site.

The section on online ethics contains information I have never seen anywhere else. Besides the usual "netiquette" for e-mail and newsgroups, it discusses how to cite an online source in a research paper. It also introduces some subjects that have to be addressed in the near future. These include confidentiality, the reliability of information on the Internet and the ethics of using references from Internet resources that may disappear. All of these topics have long worried me. McKenzie does not have any pat answers, but he asks the questions well.

The sections on older Internet services, such as Veronica, Archie and gopher, are lucid descriptions of these features and their use. However, today most users have a "net browser" and, in fact, think that the Internet *is* the World Wide Web (WWW). This part of the Internet will grow.

McKenzie spends more time than I would discussing Com-



puServe as an Internet service provider. After reading *Medicine and the Internet*, the user should be able to access the Internet through an independent service provider, which gives the user a lot more control and flexibility than online services such as CompuServe.

Any weaknesses in this book are trivial, balanced against how well the book fulfils its promise.

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Saunders Manual of Medical Practice

Edited by Robert E. Rakel. 1247 pp. Illust. W.B. Saunders Company/Harcourt Brace and Company, Philadelphia; W.B. Saunders Canada, Toronto. 1996. \$138. ISBN 0-7216-5192-5

Overall rating: Good
Strengths: Short, direct discussions of common conditions
Weaknesses: Lacks depth; no photographs
Audience: Family physicians

This book identifies busy primary care physicians as its target audience. By calling it a “manual,” the editor and publisher align the book with other well-known publications of the genre of the “Washington Manual”; but, because it weighs 3 kg and is 5 cm thick, this book will not be found in anyone’s lab-coat pocket. Nevertheless, primary care clinicians will find its short, direct discussions of frequently encountered conditions appealing. The breadth of subjects covered and the inclusion of 58 well-illustrated procedures will appeal particularly to physicians in rural practice, who may be responsible for patients in the office, hospital and emergency-department settings. Thus, sections on nasal fracture reduction, endotracheal intubation and abdominal diagnostic tap coexist hap-

pily alongside discussions of breast-feeding and advance directives. In some of these critical areas, however, this textbook needs to be supplemented by more narrowly focused but more comprehensive material.

The chapter organization is interesting and different. Of the 451 topics presented, 318 focus on disease, 75 on symptoms and 58 on procedures. These are grouped by physiologic system. For example, the section on eye, ear, nose and throat problems begins with a chapter outlining 9 common symptoms (from “red eye” to “hiccups”), followed by 12 chapters on diseases. Interspersed among these chapters are discussions of 6 procedures. Chapters on diseases contain subsections on causes, symptoms, clinical findings, laboratory tests, differential diagnoses, treatments and follow-up. Symptom sections emphasize differential diagnoses, key questions to ask, clinical findings, tests, management and follow-up. Each section is self-contained and written by a separate author.

Each chapter is written in summary form. The reader will not find a discussion of the pathophysiologic aspects of disease or the medical background to controversial subjects. In some areas the summary format is taken to an uncomfortable extreme. The chapter on arrhythmias covers the entire subject in 5 pages of dense point form. Even busy clinicians may have time to read a more leisurely presentation of such an evolving and controversial subject. However, the commonly accepted conclusions are provided, and these are up to date. The influence of evidence-based medicine is clear and its inclusion is commendable. A short (occasionally annotated) bibliography follows each topic.

The text is uncluttered, and a 2-colour icon-based highlighting system draws the eye to the subsections of each chapter. Line-drawn illustrations are plentiful; however, no pho-

tographs are used, a lack most keenly felt in the section on dermatology.

Practitioners will not find everything they want in this volume, particularly if their habit is to “read around their cases.” However, this is a useful textbook to refer to “on the fly.”

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The Stop Smoking Workbook

Lori Stevic-Rust and Anita Maximin. 171 pp. Illust. Raincoast Books, 8680 Cambie St., Vancouver BC V6P 6M9. 1996. \$17.95. ISBN 1-57224-037-7

Overall rating: Fair
Strengths: Emphasizes the importance of preparation and provides practical advice; well designed and easy to read; addresses fundamental issues
Weaknesses: Tends to downplay addiction and emphasize behavioural issues; strategic thinking in establishing quit dates, appropriate use of nicotine-replacement therapy and relapse management not emphasized enough
Audience: Smokers

Many clinicians recognize the value of self-help materials in informing, motivating, guiding and sustaining those embarked on the journey toward cessation of smoking. The authors of *The Stop Smoking Workbook*, both practising psychologists, have provided a resource for would-be nonsmokers in a relatively inexpensive, readable format. Within its pages are found a straightforward synopsis of the “stages-of-change” concept as applied to quitting smoking, a recitation of the health consequences of tobacco consumption and a description of the specific advantages of becoming a nonsmoker. Most useful are the particular strategies that would-be nonsmokers can