Neurology

Clinical Trials in Neurology, edited by Roberto J. Guiloff, 542 pp, $199, ISBN 1-85233-239-5, New York, NY, Springer-Verlag, 2001.

RANDOMIZED CLINICAL TRIALS HAVE changed the face of modern neurology. Over the past 20 years, a new armamentarium of effective drugs and procedures has emerged from clinical trials, including new therapies for epilepsy, Parkinson disease, stroke, spasticity, headache, and dementia. Dr Roberto Guiloff, of Charing Cross Hospital in London, England, has assembled 67 expert contributors, largely British, on the title subject of *Clinical Trials in Neurology*. Although the list is impressive, this may be a case in which less would have been more.

The book is divided into two large parts. Part 1 covers general principles, and part 2 covers trials for specific diseases. The diversity and sheer number of contributors seem to lead to a lack of theme or focus. Notably lacking is a stage-setting chapter by the editor. Most of the writing is technical and terse, and continued reading requires perseverance.

Part 1 has six chapters on statistical analysis, four chapters on drug development, and two chapters on ethical aspects of clinical trials. Each chapter is by a different group of authors. I would have preferred three well-written chapters: one on drug development, one on statistics, and one on ethics of research. Surprisingly, there is little written on important related topics, such as how clinical trials are organized, who runs them, how they are overseen, who pays for them, what they cost to run, how industry-sponsored trials differ from government-sponsored trials, or fraudulent research. I would have liked a more detailed discussion of problems involving research on human subjects, subject recruitment, and the process of informed consent.

Part 2 consists of 26 chapters on trials for specific neurological diseases, including two on dementia, three on stroke, two on epilepsy, three on headache, three on Parkinson disease, three on multiple sclerosis, and three on motor neuron disease. Although the chapters have different areas of focus, there is annoying overlap among them and a sense of repetition that detracts from the book's readability. Again, I would have preferred one well-written chapter on each disease rather than two or three overlapping chapters. Even after finishing this lengthy book, one is left wondering how many successful trials have been completed on stroke, multiple sclerosis, or epilepsy. How many subjects have been studied? What scales were used? What were the outcomes? How statistically significant were the results? How clinically significant? The information is there, but difficult to find.

Medicine in general and neurology in particular have taken the evidence-based path. The randomized clinical trial is at the heart of evidence-based medicine. This is an important book on an important subject. For the foreseeable future, advances in clinical neurology will depend on clinical trials to set the direction. Guiloff has amassed a huge store of important information; I only wish it were better organized and more accessible.

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Dr Beeson

Physician: The Life of Paul Beeson, by Richard Rapport, 227 pp, with illus, $24.95, ISBN 1-56980-203-3, Fort Lee, NJ, Barricade Books, 2001.

IN *PHYSICIAN: THE LIFE OF PAUL BEESON*, Richard Rapport, MD, chronicles the life of a giant in 20th-century academic medicine, known for his research contributions, teaching abilities, and work with numerous medical organizations. Rapport wishes to tell the story of Paul Beeson's life and preserve the ethics by which he has lived. The book could have been entitled "The Life and Times of Paul Beeson: His Teachers, Colleagues, and Students," because it describes events and individuals who influenced Beeson or were influenced by him.

Paul Beeson was born in 1908 and grew up in Montana and Alaska, where his father was a generalist whose practice included general medicine, surgery, obstetrics, urology, and orthopedics. He had had no internship or residency but continued his education through prolonged visits to the Mayo Clinic. Beeson attended the University of Washington, registering first as a major in business administration but soon changing to a premedical course. He followed his brother Harold as a medical student at McGill University School of Medicine in Montreal, Canada, when Osler's textbook was still the main authority in medicine. His internship was at the University of Pennsylvania, staffed primarily by volunteer physicians, in the days of William Pepper.

Beeson soon discovered that his lack of dexterity made surgery an unlikely career for him, so he directed his interest to internal medicine. While interning, he noted that patients receiving intravenous fluids frequently suffered from fever and chills afterwards, presumably because of the incompletely sterilized rubber tubing used in those days. This may have kindled his interest in infectious diseases and fevers, leading to his contributions in those areas. Beeson's most significant discovery may have been that fever is caused by endogenous entities.

Beeson joined his father and brother's practice, now moved to Ohio, where he focused mainly on medical patients because of his lack of surgical skills.

During this time he learned that patient care involved more than clinical decisions because patients must also be treated as persons. He sought further training at the New York Hospital, a clinical arm of Cornell University primarily for private patients and staffed almost entirely by the visiting attending physicians. He soon transferred to the Rockefeller Institute at a time when antipneumococcal serum for the treatment of pneumococcal pneumonia was in vogue. There, he met Oswald Avery, who did early work suggesting that genes are comprised of DNA. René Dubos was also active at Rockefeller at the time. Beeson then accepted an appointment as chief resident under Soma Weiss, physician in chief at the Peter Bent Brigham Hospital and the Hersey Professor of Medicine at Harvard. Weiss was a legendary figure, not only because of his medical knowledge, but also for his profound interest in people and compassion for and dedication to patients, colleagues, and students. An immigrant from Hungary, Weiss seemed to live for medicine and displayed an intense interest in the personalities, life situations, families, and jobs of his patients and residents. On ward rounds he kept everyone's attention on the analysis of the problem at hand, contributing from his own experience and reading as appropriate. Rapport believes that much of Beeson's approach to medicine and teaching stems from his relationship with Weiss. Other outstanding disciples of Weiss included Eugene Stead, John Romano, Jack Myers, and James Warren, a virtual *Who's Who* of American medicine in the mid-1950s.

During World War II, Beeson became chief physician of the Harvard-Red Cross Field Unit Hospital in Salisbury, England, organized to conduct studies in epidemiology. There he met his future wife, Barbara Neal, a graduate of St Luke's School of Nursing in Chicago. Stead invited Beeson to join the staff at Emory School of Medicine, where, in 1943, Beeson determined that blood products were leading to hepatitis. J. Willis Hurst recalls, "'His teaching on ward rounds and conferences was masterful and gentle, his style more reserved than Stead's. He was, we suspected, a bit shy. He was never intimidating and gained the immediate respect of the students, house staff, and colleagues. His immense knowledge was always evident.'" Beeson subsequently replaced Stead as chairman of the department of medicine at Emory and became active in the Society for Clinical Investigation and the Association of American Physicians. He served on the Armed Forces Epidemiologic Board with Barry Wood, head of medicine at Washington University and a former top athlete at Harvard, who became a close and trusted friend. Beeson accepted Tinsley Harrison's invitation to serve as an editor for his textbook. Later he was an editor for the *Cecil-Loeb Textbook of Medicine*. Beeson believed in generalists in medicine rather than subspecialists and in his later years became interested in geriatrics, which does require its practitioners to be generalists.

In the spring of 1952, he accepted the position of chief of medicine at Yale University. Robert Petersdorf recalls his advice: "'the secret to success [in academic medicine] is to get one's hands dirty in the laboratory. . . .'" The advice must have been sound, for Petersdorf became distinguished in his role as investigator and teacher while head of the department of medicine at the University of Washington and dean at the University of California, San Diego. In 1965, tiring of the immense administrative burden at Yale, Beeson accepted the position of Nuffield Professor of Medicine at Oxford. This appeared to have been arranged by the Regius Professor of Medicine at Oxford, Sir George Pickering. After this tour, Beeson was appointed Honorary Knight Commander of the Most Excellent Order of the British Empire and Distinguished Physician by the Department of Veterans Affairs. He chose to work at the Veterans Affairs Hospital in Seattle, Wash, where he took morning report, continued to edit the Cecil textbook, attended grand rounds, and made rounds with students.

What is Beeson's mystique? Lewis Landsberg, quoted in the book, states, "When Beeson walked into a room everybody stood up. His very presence imbued the Department of Medicine at Yale with an organic unity that was felt by third-year clerks and full professors alike. No one wanted to appear unworthy in behavior, demeanor, medical knowledge in the eyes of Dr. Beeson." Landsberg and Thomas Ferris believe that the quality is "a combination of graciousness, shyness, diligence, and the intense desire to always do the best that can possibly be done for another person . . . ."

Rapport has traced the exemplary career and contributions of Paul Beeson and in the process has described the accomplishments of many other distinguished physicians. The book allowed me to become better acquainted with Dr Beeson and to review the contributions of other giants in US medicine of the 20th century. Younger physicians can gain hints from Beeson's accomplishments on how to become a successful and caring physician who exemplifies the humanism of Osler. Older physicians will gain insight into legendary practitioners and academicians who contributed to the medical literature and to their education.

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Evidence-Based Practice

Users' Guides to the Medical Literature: Essentials of Evidence-Based Clinical Practice, edited by Gordon Guyatt and Drummond Rennie, includes CD-ROM, 442 pp, soft cover, $34.95, ISBN 1-57947-191-9, Chicago, Ill, AMA Press, 2002.

Users' Guides to the Medical Literature: A Manual for Evidence-Based Clinical Practice, edited by Gordon Guyatt and Drummond Rennie, includes CD-ROM, 736 pp, soft cover, $49.95, ISBN 1-57947-174-9, Chicago, Ill, AMA Press, 2002.

ABOUT A DOZEN YEARS AGO, WE HEARD the call to practice medicine on the basis of credible evidence. McMaster University clinicians Gordon Guyatt, David

Sackett, and colleagues began to etch evidence-based medicine's (EBM's) triple tenets of finding, evaluating, and applying explicit evidence in clinical practice. They drummed their message gently and periodically in a series of publications in *JAMA* with timely assistance from editor Drummond Rennie. As a result, "EBM" as a term has come of age, having gained MeSH (National Library of Medicine Medical Subject Headings) entry and general acceptance in clinical vocabulary. There are several excellent books on this topic; THE JOURNAL has reviewed some of them recently.[1,2] Now, Guyatt, Rennie, and more than 60 contributors have brought forth two more books on EBM, one an *Essentials*, the other a *Manual*. Is there a need for more volumes in the growing field of EBM?

The authors have taught us well over the last dozen years through their Users' Guides to the Medical Literature series in *JAMA*. Consequently, we are familiar with the need for dredging credible evidence from the morass of publications, rejecting those with bias and using only those applicable to our patient at hand. These two books are an expansion and extension of their 25 seminal publications that appeared in *JAMA* from 1993 through 2000. Thus, in these books we receive our message from the "gurus" in the best sense of that Sanskrit word. Books by other authors place varying emphasis on aspects of EBM: some stress cost-effectiveness and intentional ambiguity in data presentation, others emphasize teaching methods with earthy wisdom. The Guyatt and Rennie volumes treat all these topics and the staples of EBM exhaustively. They cover the ground already trodden and much more.

Both books are divided into two parts, including an identical part 1, "The Basics: Using the Medical Literature." Part 2, "Beyond the Basics: Using and Teaching the Principles of Evidence-Based Medicine," contains detailed discussions of the points introduced in part 1. *Essentials* thoroughly makes the case for the need to move away from authority-based practice toward scientific evaluation and for specific application of evidence from primary and secondary databases. Practitioners need such evidence to evaluate diagnostic and screening tests and therapies and to assess harm and prognosis. Readers learn to avoid the pitfalls of accepting uncontrolled data and ostensible benefits of early detection. We guard against the allure of *P* values without confidence intervals (CIs) and learn of the superiority of absolute over relative risk reduction and of likelihood ratios over sensitivity and specificity.

In the *Manual*'s part 2, the vista opens to an expansive treatment of all of these topics. Multiauthored chapters provide painstaking details about pretest and posttest probabilities, circular reasoning, κ values, regression, the potential for misleading benefits from screening, use and misuse of surrogate end points, value judgments about cost, cautious use of administrative databases, and economic analyses. Most chapters open with a patient care question, followed by sections on evidence tracing, appraisal of evidence, and problem resolution. En route, we encounter abundant examples of both good and faulty publications. Some articles are analyzed in detail. These expositions, the inimitable hallmarks of this group, peg the reader's attention to familiar habitat instead of losing it in arcane methodological details. Formulae and statistics are aplenty, but they reside within understandable clinical contexts. The teacher-investigator and policymaker perspectives are also addressed in many places. Thus, part 2 of the *Manual* is the most exhaustive; it has more chapters than the *Essentials*. While part 1 aims to teach students and entrants to the field of EBM, part 2 in both books reaches more experienced clinicians, and EBM teachers. I expect both books to service my needs and fulfill my wants readily.

A CD containing the full text of the *Manual* accompanies each volume. The search mode, with logical operators, functions well. The CD format allows searching for a concept and linking via PubMed to a reference, with such concomitant PubMed features as related articles and full-text (if available). Other benefits of the CD format include a clickable glossary and the ability to pick topics to read à la carte, without having to progress from previous chapters.

Is there scope for improvement? Yes—here is my whine and wish list. Even these authors, with their keen sense of currency, keep referring to Internet GratefulMed, which has gone into retirement. PubMed is the available format now. They strive to avoid redundancy, and yet there is repetition of concepts, citations, text, and formulae, eg, CI and risk reduction. A glossary distinction between *efficacy* and *effectiveness* would have helped. The layout for the two books is confusing—are contents of parts 1 and 2 and of the CDs unique or overlapping? The editors hope that the dual organization—with chapter 1 of part 1 corresponding to chapter 1 of part 2, etc—will suit users well. However, to avoid redundancy, heft, and page flipping, I would have preferred a single-part continuum of chapters. Modified font and style could have distinguished basic and advanced contents. A few citation errors will also need correction.

I relate with gratitude to the sympathetic discussion of the problems of the policymaker, who "much of the time [is] operating in a cost-utility gray zone." When it comes to setting payment and coverage policies, the academics' darling EBM meets a quagmire. The inextricable mix of political, governmental, societal, and local priorities subordinates EBM's cherished principles. As one of the editors aptly observes elsewhere, "when beliefs conflict with evidence, beliefs tend to win."[3] In the field of technology assessment, some have asked scientists to allow space for a comprehensive approach with integration of "sociopolitical dimensions."[4] In this turbid mix of science, reason, beliefs, and politics, EBM's next challenge is to teach us floatation skills.

Let us return to the initial question of the need for another EBM book. The

depth and breadth of coverage, extensive illustrations of principles and pitfalls using well-chosen published articles, the abundant tables and figures, and a glitch-free, link-enabled CD are justifications enough for both volumes. In clinical practice, we will find the *Essentials* invaluable for interpreting studies and guidelines. In times of dwindling independence, we may lean on such books should we receive that occasional call to make scientific clinical decisions. Sackett's second edition would also serve this need. EBM teacher-investigators will surely benefit from the robust *Manual*. Aspiring policymakers will need the *Manual* and good luck. Thus, there is something for all of us in these two books, ranging from a lean, healthy meal to a gourmet dinner.

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1. Satya-Murti S, reviewer. *JAMA*. 2000;283:2306-2307. Review of: Geyman JP, Deyo RA, Ramsey SD, eds. *Evidence-Based Clinical Practice: Concepts and Approaches*.
2. Satya-Murti S, reviewer. *JAMA*. 2000;284:2382-2383. Review of: Sackett DL, Straus SE, Richardson WS, Rosenberg W, Haynes, RB. *Evidence-Based Medicine: How to Practice and Teach EBM*, 2nd ed.
3. Rennie D. Cost-effectiveness analyses: making a pseudoscience legitimate. *J Health Polit Policy Law*. 2001;26:383-386.
4. Lehoux P, Blume S. Technology assessment and the sociopolitics of health technologies. *J Health Polit Policy Law*. 2000;25:1083-1120.

Epilepsy

The Treatment of Epilepsy: Principles and Practice, edited by Elaine Wyllie 3rd ed, 1328 pp, with illus, $189, ISBN 0-7817-2374-4, Philadelphia, Pa, Lippincott, Williams & Wilkins, 2001.

THIS BOOK HAS BECOME THE PRIMARY source of information for both trainees and professionals interested in epilepsy. In fact, childhood-onset epilepsy has finally received its deserved space in a general epilepsy volume. The third edition of this volume is welcome.

In the last few years we have gained new knowledge of epilepsy. For example, in 1998 geneticists identified the two benign familial neonatal convulsion genes on chromosomes 8 and 20 as coding potassium-channel subunits. That year neurophysiologists discovered that these same potassium-channel subunits coassemble the M-channels, a slowly activating channel that causes a delayed membrane hyperpolarization after the action potential. M-channels are of key importance in controlling and regulating repetitive firing in neurons. The investigative antiepileptic drug retigabine causes these channels to open at a more hyperpolarized membrane potential and slows the rate of channel closing and is therefore considered the first of a new class of selective potassium channel antiepileptic drugs. New experience has also been gained with other new antiepileptic drugs, vagal nerve stimulators, and epilepsy surgery, particularly in children.

The basic conception of this volume remains unchanged. There are six parts with a range of topics, including basic mechanisms of epilepsy, principles of electroencephalography, seizure types, antiepileptic medications, epilepsy surgery, and psychosocial aspects. The 125 contributors cover almost every conceivable aspect of epilepsy. Most chapters are clearly written and updated; some are truly exceptional. Valuable tables and illustrations enhance the text, but most of the imaging and histology reproductions are of poor quality.

The volume has not escaped deficiencies, some typical of multiauthored texts. The first is methodological. When it comes to treatment of complex disorders, today's reader prefers evidence-based medicine to anecdotal reports. I could identify only a few contributors making any effort in this direction. Where, for example, is the evidence to categorize antiepileptic drugs into first, second, and third choices for most seizure types? Incorporating a single evidence-based–medicine system, like the one used by the Cochrane foundation, would help the reader make informed decisions.

Other deficiencies relate to the editing. Information on the same subject is often scattered throughout the volume, repetitive, and not always up to date. For example, for pyridoxine dependency, the recommended initial dose is given as 50 to 500 mg IV on page 595, 100 to 200 mg IV on page 638, and 50 to 100 mg IV on page 995, not really helpful to the reader. Contributions are often scattered, fragmented or repetitive (for instance, those on Lafora disease, pages 511-514, 124, 649, and benign familial neonatal convulsions, pages 19,119, 462, and 594); they should have been consolidated to make the volume more user friendly. Other topics, such as the above mentioned potassium channels, are described in different chapters without cross-references. These are only a few examples of how better editing could have improved this valuable and useful text. Finally, highlighting controversies, such as in the epilepsy classifications, treatment of subtle seizures and transient cognitive impairment, or use of different treatment modalities in specific conditions, would have added a further dimension and credibility to the text.

Obviously, these criticisms should not discourage health professionals from acquiring this book. Despite its deficiencies I have found *The Treatment of Epilepsy* to be a useful and comprehensive reference text, certainly worthy of a place on the bookshelves of professionals and students interested in epilepsy.

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RECEIVED

Cardiology

Cardiovascular Trials Review, edited by Robert A. Kloner and Yochai Birnbaum, 1471 pp, paper, $68, ISBN 1-929660-08-1, Greenwich, Conn, Le Jacq Communications, 2001.

ECG Diagnosis Made Easy, by Romeo Vecht, includes CD-ROM, 234 pp, paper, $29.95, ISBN 1-85317-721-0, London, England, Martin Dunitz, Malden, Mass, Blackwell Science, 2001.

Clinical Laboratory Medicine

TestTrakker 2.0 for the PalmOS, software for tracking test results, 21-day trial version available at http://www.testtrakker.com, $19.95, Haverhill, Mass, CedarCove Technologies, 2001.

Ethics

Beleaguered Rulers: The Public Obligation of the Professional, by William F. May, 286 pp, $24.95, ISBN 0-664-22339-7, Louisville, Ky, Westminster John Knox Press, 2001.

Beyond a Western Bioethics: Voices From the Developing World, edited by Angeles Tan Alora and Josephine M. Lumitao, 176 pp, $59.95, ISBN 0-87840-874-6, Washington, DC, Georgetown University Press, 2001.

The Ethics of Medical Research on Humans, by Claire Foster, 159 pp, $74.95, ISBN 0-521-64196-9, paper, $24.95, ISBN 0-521-64573-5, New York, NY, Cambridge University Press, 2001.

Health Systems

Health Care in America: Can Our Ailing System Be Healed? by John P. Geyman, 441 pp, paper, $49.99, ISBN 0-7506-7322-2, Boston, Mass, Butterworth-Heinemann, 2002.

Legal Aspects of Health Care Administration, by George D. Pozgar, 8th ed, 487 pp, $69, ISBN 0-8342-1911-5, Gaithersburg, Md, Aspen Publishers, 2002.

Monitoring Financial Flows for Health Research, 55 pp, downloadable from http://www.globalforumhealth.org/pages/index.asp, paper, gratis, ISBN 2-940286-05-1, Geneva, Switzerland, Global Forum for Health Research, 2001.

On Beyond Compliance: Thinking INSIDE a Brand New Box, by Richard E. Thompson, 85 pp, paper, $18, ISBN 0-924674-85-7, Tampa, Fla, ACPE, 2001.

To Improve Health and Health Care, edited by Stephen L. Isaacs and James R. Knickman (*The Robert Wood Johnson Anthology*, vol 5), 272 pp, paper, $21.95, ISBN 0-7879-5946-4, San Francisco, Calif, Jossey-Bass, 2002.

Imaging

PACS: A Guide to the Digital Revolution, edited by Keith J. Dreyer, Amit Mehta, and James H. Thrall, 435 pp, with illus, $95, ISBN 0-387-95291, New York, NY, Springer-Verlag, 2002 (picture archiving and communications systems).

Infectious Disease

Infectious Disease Trials Review, edited by Eleftherios Mylonakis and Josiah D. Rich, 616 pp, paper, $78, ISBN 1-929660-01-4, Greenwich, Conn, Le Jacq Communications, 2001.

***Legionella*,** edited by Reinhard Marre, Yousef Abu Kwaik, and Christopher Bartlett, et al, 444 pp, with illus, $109.95, ISBN 1-55581-230-9, Washington, DC, ASM Press, 2001.

Pocket Book of Infectious Disease Therapy 2002, by John G. Bartlett, 348 pp, paper, $19.95, ISBN 0-7817-3432-0, Philadelphia, Pa, Lippincott Williams & Wilkins, 2001.

Tropical Medicine: A Clinical Text, by Kevin M. Cahill and Herbert M. Gilles (*The Center for International Health and Cooperation*), 257 pp, with illus, paper, $78, ISBN 1-929660-07-3, Greenwich, Conn, Le Jacq Medical Publications, 2001.

Miscellaneous

The Heavenly Ladder, by Jack Coulehan, 63 pp, paper, AU$10, ISBN 1-74027-099-1, Australia, Ginninderra Press, 2001 (poems, many of which have appeared in the Poetry and Medicine section of *JAMA*).

Medical Physics, edited by Fernando Alejandro Barrios and María-Ester Brandan (symposium, Juriquilla, Querétaro, México, March 2000), 204 pp, with illus, $135, ISBN 0-7354-0036-9, Melville, NY, American Institute of Physics, 2001.

Mixed Signals: Chemical Messengers in the New Age, by Hugh Crone, 152 pp, paper, ISBN 0-9579302-0-8, Melbourne, Australia, Hugh Crone Publishing, 2001.

Thinks . . . , by David Lodge, 341 pp, $24.95, ISBN 0-670-89984-4, New York, NY, Viking, 2001 (novel about director of a center for cognitive science).

Nephrology

The Renal System, by Michael J. Field, Carol A. Pollock, and David C. Harris, 166 pp, with illus, paper, $24.95, ISBN 0-443-06478-4, St Louis, Mo, Churchill Livingstone, 2001.

New Media

Dr. Ian Smith's Guide to Medical Websites, by Ian K. Smith, 250 pp, paper, $12.95, ISBN 0-129-91818, New York, NY, http://Atrandom-.com, 2001.

Nutrition

Manual of Nutritional Therapeutics, by David H. Alpers, William F. Stenson, and Dennis M. Bier, 4th ed, 656 pp, spiral-bound, $39.95, ISBN 0-7817-3122-4, Philadelphia, Pa, Lippincott Williams & Wilkins, 2001.

Ophthalmology

Ocular Surface Disease: Medical and Surgical Management, by Edward J. Holland and Mark J. Mannis, 283 pp, with illus, $150, ISBN 0-387-95161-X, New York, NY, Springer-Verlag, 2002.

Pain

The Massachusetts General Hospital Handbook of Pain Management, edited by Jane Ballantyne, Scott M. Fishman, and Salahadin Abdi, 2nd ed, 587 pp, with illus, paper, $39.95, ISBN 0-7817-2377-9, Philadelphia, Pa, Lippincott Williams & Wilkins, 2001.

Neuropathic Pain: Pathophysiology and Treatment, edited by Per T. Hansson, Howard L. Field, Raymond G. Hill, and Paolo Marchettini (*Progress in Pain Research and Management*, vol 21), 277 pp, $79, $55 members, ISBN 0-931092-38-8, Seattle, Wash, IASP Press, 2001.

Psychiatry

The Clinical Interview Using DSM-IV-TR: vol 1, Fundamentals, by Ekkehard Othmer and Sieglinde C. Othmer, 547 pp, $59.95, ISBN 1-58562-050-5, paper, $47.95, ISBN 1-58562-051-3, Washington, DC, American Psychiatric Publishing, 2002.

The Clinical Interview: Using DSM-IV-TR, vol 2, The Difficult Patient, by Ekkehard Othmer and Sieglinde C. Othmer, 513 pp, $59.95, ISBN 1-58562-052-1, paper, $44.95, ISBN 1-58562-053-X, Washington, DC, American Psychiatric Publishing, 2002.

Every Family in the Land: Understanding Prejudice and Discrimination Against People With Mental Illness, edited by Arthur Crisp, one CD-ROM, requirements: Windows & Macintosh: Acrobat Reader (included) or Acrobat, £11.75, ISBN 0-9541314-0-1, London, England, Sir Robert Mond Memorial Trust, 2001 (also available as an e-book at http://www.stigma.org).

Pulmonology-Respirology

Handbook of Chronic Obstructive Pulmonary Disease, by P. John Rees and Peter M. A. Calverley, 163 pp, with illus, soft cover, $29.95, ISBN 185317-916-7, London, England, Martin Dunitz, 2002.

Pulmonary Physiology and Pathophysiology: An Integrated, Case-Based Approach, by John B. West, 162 pp, with illus, paper, $31.95, ISBN 0-7817-2910-6, Philadelphia, Pa, Lippincott Williams & Wilkins, 2001.

Respiratory Medicine Specialist Handbook, by J. Paul Dilworth and David R. Baldwin, 701 pp, with illus, soft cover, $39.50, ISBN 90-5823-077-5, Amsterdam, the Netherlands, Harwood Academic Publishers, 2001.

Surgery

Manual of Aesthetic Surgery 1: Rhinoplast, Rhytidectomy, Eyelid Surgery, Otoplasty, Adjuvant Therapies, Including Laser Surgery, by Werner L. Mang, with 171 illus by Hans Jörg Schütze, 9 plates of surgical instruments, and 32 photographs, includes DVD video, 288 pp, with illus, $215, ISBN 3-540-66512-9, New York, NY, Springer-Verlag, 2002.

Musculoskeletal Cancer Surgery: Treatment of Sarcomas and Allied Diseases, by Martin Malawer and Paul H. Sugarbaker (Washington Cancer Institute), 626 pp, with illus, $200, ISBN 0-7923-6394-9, Dordrecht, the Netherlands, Kluwer Academic Publishers, 2001.

Quality and Cost in Neurological Surgery, edited by Mark E. Linskey and Michael J. Rutigliano (*Concepts in Neurosurgery,* vol 10), 442 pp, $100, ISBN 0-7817-3260-3, Philadelphia, Pa, Lippincott Williams & Wilkins, 2001.

Reconstructive Facial Plastic Surgery: A Problem-Solving Manual, by Hilko Weerda, 148 pp, with illus, $99, ISBN 3-13-129641-0, New York, NY, Thieme, 2001.

Reconstructive Surgery of the Esophagus, by Mark K. Ferguson, 333 pp, $105, ISBN 0-87993-494-8, Armonk, NY, Futura Publishing, 2001.