

Medical Writing

How to Write and Publish Papers in the Medical Sciences, edited by Edward J. Huth, 2nd ed, 252 pp, \$29.95, ISBN 0-683-04272-6, Baltimore, Md, Williams & Wilkins, 1990.

Since a quote from my review of the first edition of this book is included on the dust jacket of the second edition, it is no secret that I liked it. I am happy to report that the new edition has been updated without tampering with its logical organization and essential value.

The new information on accessing computer databases and the appendix on guidelines for authorship are particularly welcome. The book has gained some weight over the years (from 203 to 252 pages), but so have we all.

Dr Huth has written the *Larousse Gastronomique* of medical writing, exhaustive and encyclopedic; it is really indispensable for medical academics and editors. But it is not a book to read cover to cover. It should be a resource to consult each time one writes a piece for a medical journal. It is full of sage advice and practical instances that will serve well in one's labor.

“Has the format of the traditional print scientific article outlived its utility?”

The forms of medical communications described are accepted conventions in the medical literature, and they foster precise and clear scientific dialogue, which is an enormous benefit. But a questioning reader has to ask if there is a down side to the enforced style, rigidity, and artificiality that “medical journalese” introduces into medical communication. Has the format of the traditional print scientific article outlived its utility? Is this the reason that many practicing physicians have given up reading academic journals and get most of their information from more reader-friendly formats?

Some experts believe that new computer databases and access systems offer the prospect of a superior archive for medical research information and a better way for practicing physicians to

obtain desired information. It will be interesting to see if the medical communications of the future will evolve into more creative forms.

Whatever these forms and formats of the future may be, it is my hope that Dr Huth will write the instruction manuals.

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Cocaine

Cocaine: The Great White Plague, by Gabriel G. Nahas, in collaboration with Helene Peters, 300 pp, \$19.95, ISBN 0-8397-1700-8, Middlebury, Vt, Paul S. Eriksson Publisher, 1989.

The danger cocaine presents to individuals and social structures is no longer debated. The suddenness of the spread of cocaine abuse and its accompanying violence has led some prominent people to suggest that all illicit drugs, including cocaine, be legalized to prevent the fueling of illicit drug empires and to preserve civil liberties that strict drug laws threaten. This solution is not widely embraced and is noteworthy mainly because it indicates the dissatisfaction with current approaches to the cocaine epidemic.

This book by Dr Gabriel G. Nahas also displays strong dissatisfaction with current approaches to the cocaine epidemic. Nahas, who has written extensively about the dangers of marijuana, begins his assessment of contemporary approaches to cocaine by reviewing historical attitudes toward cocaine and its control. He describes the debate in the late 19th and early 20th centuries between Freud (who initially wrote that cocaine was a safe wonder drug) and Lewin and others who warned of its dangers. Nahas then briefly describes the events and personalities leading to the restrictive laws, beginning with the Harrison Act in 1914, which led to the control of the widespread use of cocaine and opiates and which kept the abuse of these drugs at low levels until the 1960s. He then identifies a number of individuals and groups, ranging from Timothy Leary, various popular singers, a number of prominent psychiatrists, the media, and scientists and administrators at the National Institute on Drug Abuse, as being responsible for the resurgence of drug use, including cocaine, beginning in the late 1960s. His comments on

these individuals and institutions lean toward the inflammatory, for example, “if one looks for a common thread to relate all of the statements which underestimate the social and health dangers of cocaine. . . one finds that it has been spun by a few articulate and popular psychiatrists, who are frequently mentioned in these pages.”

Nahas clearly reveals frustration with contemporary approaches to drug abuse when he writes, “For ten years I tried to convey this message [of the dangers of marijuana] to my colleagues in scientific and medical circles and to the general public. But I was preaching in the desert.” This frustration and the deterioration and death due to cocaine of a friend's friend described in the first section of the book led him to “a new crusade against still another drug and its obvious destructive effects.” This crusade was reinforced by a trip to Peru where he observed firsthand the destructive effects of cocaine on the social fabric of that country. Nahas is convincing and sincere in indicating the reasons for his current crusade.

However, in discussing solutions to the cocaine epidemic, Nahas displays a certitude not balanced by evidence. He asserts that seeking a pharmacological solution is a “pipe dream” and that money devoted to research, including basic research, is a waste because “the only way to treat cocaine addiction is to. . . cleanse the brain and retrain it to function without the drug.” Preventive education is not mentioned at all except to suggest that it is ineffective. Ignoring extensive treatment research literature and referring to few sources, Nahas indicates that drug-free therapeutic communities offer the only possible cure for addicts. He also asserts, without apparent reference other than the opinion of Lewin, that “the cocaine addict will have to remain as resident in a therapeutic community for an extended time: one year or more.” (Most of the therapeutic communities that Nahas refers to provide treatment to opiate abusers, and the therapy is simply assumed to be as effective for cocaine abusers.) However, Nahas states that only a few addicts will respond to such voluntary treatment and most will require “compulsory treatment and rehabilitation.” Whether this treatment should take place in a prison or hospital is not clear. However, he does speak approvingly of

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Japan's approach to an epidemic of amphetamine abuse in the mid 1930s, at which time "convicted addicts were not referred to out-patient treatment centers but confined in jails or specialized detention centers."

There is a clear consensus regarding the need to eradicate cocaine use because of its dangers to individuals and to society. The approach to this problem must take place on many fronts, including controlling the supply (which Nahas agrees with and discusses in several chapters), lessening demand through law enforcement and educational programs, providing treatment to those caught in cocaine's grip, and researching the optimum means of achieving each of these objectives while keeping a watchful eye on the balance between individual rights and societal needs. The lessons of the past, including attention to mistakes, are worth noting and remembering, as is that these mistakes were mainly made by well-intentioned individuals and organizations. It is also worth noting that there are aspects of the current epidemic of cocaine use that have no historical precedents, such as the rise of powerful illicit cartels controlling cocaine production and distribution, a population in the supplying and using countries made vulnerable by rapid social change and poverty, and the presence of mass communication with global effects. These and other aspects may mean that old solutions to the cocaine epidemic will not work and that innovative solutions may be required.

In summary, Nahas has correctly identified where we are and indicated, at least in part, how we got here. His solutions for the problems cocaine has brought are probably not sufficiently comprehensive, but he is no doubt correct that we must increase our efforts to deal with the problems—and quickly.

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Medical Informatics

Medical Informatics: Computer Applications in Health Care, edited by Edward H. Shortliffe, Leslie E. Perreault, Gio Wiederhold, and Lawrence M. Fagan, 715 pp, with illus, \$45.25, ISBN 0-201-06741-2, Reading, Mass, Addison-Wesley Publishing Co Inc, 1990.

The formidable title of this well-written textbook belies its readability and usefulness. While the terms *informatics* and *computers* can turn all but the computer literate away in disinterest or even fear, this book is useful to many, computerophilic or not.

It is written by a veritable Who's Who

in medical informatics (the "rapidly developing scientific field that deals with the storage, retrieval, and optimal use of biomedical information, data, and knowledge for problem solving and decision making"). The two editors, two associate editors, and 24 authors are all well published and leaders in the field. Yet, unlike some books with many authors, this one is well conceived and edited. There is agreement of terminology throughout and little overlap of topics.

The need for a book such as this is well understood. As the editors state, "The practice of medicine is inextricably entwined with the management of information." With all the documentation conducted in the practice of medicine, we retain tremendous volumes of information. Little is easily retrievable for decision making or monitoring trends, except by chart reviews and tedious cross-referencing, unless the information is available on a computerized database. With the proliferation of low-cost computing power throughout homes and businesses, the health care industry, by necessity, needs to capture this power and put it to use in improving our product. *Medical Informatics* tells us how.

The material presented in this book is a synthesis of information available from a wide range of sources, but to my knowledge heretofore unavailable in one bound volume. Topics range from an introduction to medical informatics and what the technology can do for medicine through specific current and future applications. I particularly enjoyed reading the chapter on medical decision making, which, in my opinion, should be required reading for all student physicians.

There are excellent discussions in each of the major areas of computer applications in medical practice (eg, medical records, hospital information systems, nursing, laboratory, radiology, pharmacy, patient monitoring, and office systems) and in decision support, clinical research, medical education, and literature searches.

The format is that of an instructive textbook. Each chapter begins with a brief list of objectives and ends with related readings and discussion questions.

Medical Informatics should be required introductory reading for any serious student of the subject and serves as an outstanding reference for physicians, nurses, other health care workers, and administrators of health care organizations utilizing information systems (the "well-equipped professionals"). While it is not for advanced infor-

maticists, programmers, or computer technicians, I would highly recommend it to anyone involved in the processing of medical information.

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History, Instruments

American Armamentarium Chirurgicum, reprinted with a new introduction by James M. Edmonson and F. Terry Hambrecht, centennial edition, 846 pp, with illus, \$145, ISBN 0-930405-23-4, San Francisco, Calif, Norman Publishing & The Printer's Devil, 1989.

Do not come to this text in hope of obtaining the latest information on surgical equipment and technique; the information presented will be nearly contemporary with the bottom of your "to read" journal pile. However, this catalog from the famous 19th-century surgical instrument manufacturer George Tiemann & Co can be fascinating reading for any physician with an interest in the history of American medicine.

"to please the eye as much as to perform"

The original catalog, published in 1889, is regarded as one of the most complete descriptive texts of medical equipment of the era. As such, it is sought after by collectors of medical antiques as well as medical historians and bibliophiles. This reissue, though a limited edition of 1000 copies, will be welcomed by that growing constituency for the renewed availability of an otherwise esoteric sourcebook.

The passion for antique medical paraphernalia is one that particularly afflicts physicians, and the most sought-after items are those of the pre-Listerian period, when pieces were often made to please the eye as much as to perform. As this catalog initially appeared shortly after the ascendancy of antiseptics and the dawning of asepsis, it not only touted the "modern" tools of the new era, but also supplied the needs of the more conservative medical brethren, who still valued the beauty and heft of fine tortoise shell, whalebone, and mahogany in their surgical kits. Arising from this cusp, the catalog reflects the culmination of the skills of the surgical cutler with items of rare quality and material as well as presenting the first generations of modern-day surgical instrumentation, most of which are recognizable, and some of which are still in use.

For its depiction of over 3400 surgical and diagnostic items of the time, this publication has great value, but there is much more here. The original authors