

problems do not lend themselves easily to such an approach because of the unpredictability of many body responses, the complexities of intrinsic homeostatic mechanisms, and the biological individuality of members of the species. Despite these difficulties, a radical "cleaning up" of our thought processes is essential if traditional clinical considerations are to be translated into precisely defined logistics.

Dr. Alvin Feinstein was among the first to apply the concepts of mathematical abstraction to the particulars of differential diagnosis. He used the concepts of Boolean algebra to demonstrate the thought process of the clinician. Shoemaker, quoted in the book, outlines the necessity for "protocol medicine" and comments "Protocols routines and other standards do not insure excellence, but sometimes they prevent disasters."

Most authors are hesitant to commit themselves to quantitation. Drs. Gill and Long are to be commended for their application of the mathematical concept of the orderly sequential process of problem-solving to a clinical area as complex as the care of blunt trauma injuries. Previous algorithms dealt with diagnosis. These algorithms concern patient care and physician education. An enormous amount of creative intellectual energy and medical acumen have gone into the development of these 130 "decision trees." They force the reader to use his own intellect to follow the reasoning process and critically examine the author's action plan. Some of the decisions may be subject to criticism, but the approach is unique and of the future.

This is a fine book and would be of value to anesthesiologists, especially those whose practices contain significant amounts of emergency trauma care. Also, anesthesiologists who serve on their hospitals' emergency care committees would profit from the sections on organization and the reference lists of OR equipment, instrumentation and organization.

The manual is large ( $8\frac{1}{2} \times 11$  inches), soft-covered, and has clear type set in two-column format. It reads easily and represents a profitable use of medical reading time. Drs. Gill and Long

have made a significant contribution not only to the care of the patient suffering from shock and trauma, but to the entire field of medical education.

MARK B. RAVIN, M.D.  
*Department of Anesthesiology*  
*University of Kentucky*  
*Albert B. Chandler Medical Center*  
*Lexington, Kentucky 40536*

**Webster's Medical Office Handbook.** EDITED BY A. H. SOUKHANOV AND J. R. HAVERTY. Springfield, Massachusetts, G. & C. Merriam Company, 1979. Pages: 596. Price: \$10.95.

This comprehensive reference work is directed not so much to anesthesiologists or their ilk as to the administrators, assistants, and secretaries to whom they entrust the business side of health care and research. On the principle that everyone benefits from a job well done, this encyclopedic guide to efficient performance ought to be available at everyone's desk.

Replete with practical information and advice, its contents cover six principal fields: office careers in medicine, medical law and ethics, public relations in the medical office, medical office administration, medical office financial management, written communication in the medical office. This last is typical. It has chapters on such important matters as dictation and transcription, style in medical correspondence, special editorial and typing projects, a concise guide to English and medical writing, office copying equipment.

The reviewer feels it is his misfortune that this book has not been available sooner, and contemplates somewhat ruefully the gold mine of up-to-the-minute know-how its publication now puts at his fingertips. —B.R.F.