addresses the practical basis from which the medical student and physician must approach the treatment of diabetes.

This book is the second edition of Olson's work. Its revisions include a new chapter on the "finger-stick" method of self-glucose testing, along with reviews of the "second-generation" sulfonylureas and the use of external and implanted insulin infusion pumps. Olson restructured his text to emphasize the growing consensus that continuous hyperglycemia is responsible for the complications of diabetes.

The general organization of the book is carried over from the earlier edition. The first few chapters offer a succinct and well-written explanation of the classification, epidemiology, and diagnosis of diabetes. The second portion of the book is devoted to those aspects of diabetes management which the afflicted patient must deal with on a daily basis; these include self-glucose testing, urine testing, dietary management, insulin use and administration, and oral anti-diabetes medications. Subsequent chapters discuss the more serious management of both types of diabetes and the associated complications. The section on pregnancy management in diabetics is particularly good, and the chapters dealing with the relationship of blood sugar control to acute decompensation and the chronic diseases and complications are well done. The final chapters deal with substitute sweeteners and alternate insulin delivery systems.

The book is unique and particularly useful because of its practical style. Unlike more comprehensive works on diabetes, this volume is in essence a manual which gives the most important step-by-step procedures for treating both acute and chronic diabetic complications. The author provides a brief but adequate scientific background, thus adding a logical basis to the material and avoiding the dryness inherent in other manuals. Olson's text provides a readily accessible desk reference for the practicing physician in the general management of diabetes; it also is essential reading for any interested medical student.

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AN ILLUSTRATED GUIDE TO GASTROINTESTINAL MOTILITY. Edited by D. Kumar and S. Gustavsson. New York, John Wiley and Sons Inc., 1988. 470 pp. No price.

The study of gastrointestinal (GI) motility has expanded in the past few years and with its growth has come substantial development of the methods and diagnostic techniques used to study the GI tract. An Illustrated Guide to Gastrointestinal Motility is an attempt to integrate this increasingly diversified field of knowledge into a comprehensive and practical guide for clinicians and researchers of gastroenterology.

The book is a collection of reviews written by experts in the field. It is divided into five major sections, which include morphophysiology of the GI tract; methodology of motility; normal GI motility; the effect of stress, drugs, and surgery on GI motility; and GI motility disorders.

The first section, on morphophysiology, includes an introductory chapter on gross GI morphology, a chapter on smooth muscle, and a complete though less than satisfactory descriptive view of the GI enteric nervous system. The chapter on the GI enteric nervous system appears to be a collection of short descriptions based on
well-cited studies; however, it lacks the consistency necessary to integrate these individual topics into a cohesive overview. Section II (Methodology of Motility) proves to be a comprehensive review of the ten latest methods of detecting and recording GI motility changes. One of the major criticisms of this section, and other portions of the book, is the lack of consistency in each topic reviewed. Some subjects are covered in great depth while others are treated with only cursory summaries. The subsections on manometry, electromyography, radiotelemetry, and electrogastrography provide excellent and detailed analyses of the applications and limitations of these various detection methods. Other subsections, such as those in ultrasonography and radiology, are less adequately discussed, but offer a reasonable assessment of the general field of knowledge in gastroenterology.

Section III provides a detailed review of normal GI motility, with extensive references and relevant illustrations useful for both general clinicians and practicing gastroenterologists. The inclusion of a special detailed subsection on sphincter regions is a helpful topic, which aids in synthesizing the entire process of GI motility.

Section IV attempts to describe the pertinent environmental/external factors which may affect bowel movement, citing many pertinent studies on the effect of stress, drugs, and surgery on GI motility. Numerous pharmacological agents are known to affect GI function. Clinicians will appreciate the fact that this particular article provides a practical summary and classification of drugs (and their effects) as well as an extensive list of references at the end.

The final section presents a comprehensive review of abnormalities of GI motility from esophagus to anorectum, with a particularly detailed clinical account of constipation and its accompanying treatments.

The volume has a good deal to offer in the way of content, but it lacks consistency. Much of the text is easy to follow, providing useful illustrations to accompany the topics, but some sections are more cursory, less descriptive, or less organized than others. The book as a whole, however, does provide useful and practical insights into the latest developments and is suggested as an aid to clinicians, practicing gastroenterologists, and researchers in the field of GI motility.

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Second Opinion: What's Wrong with Canada's Health-Care System and How to Fix It. By Michael Rachlis and Carol Kushner. Toronto, Ontario, Canada, Collins Publishers, 1989. 371 pp. $26.95.

The Canadian health care system is in crisis. Too much of medical practice is wasteful. Patients are hospitalized unnecessarily, high-technology services are overused, and simple low-technology care is often unavailable. Preventive medicine is neglected, and elaborate cures are used inappropriately. Solving these problems will require vast changes in the organization, financing, and management of medical care. This message of crisis—and the call for reform—come from a new book written about the Canadian medical care system. It is interesting that its Canadian authors propose that their nation's health care system use America's as its model.

On the face of it, this suggestion is somewhat bizarre. The Canadian system has long been the envy of U.S. policymakers. It offers universal access to health care, yet has an