therapy, modern research techniques, and mental health policy are all presented. (Many of these areas are changing at such a rapid rate that the second edition of the book may soon be in demand.) The book is well organized, topics of interest are easy to find and, with few exceptions, are logically placed. Another strength of the book is the multidisciplinary approach taken by the editor, mirroring the multidisciplinary nature of the field. Thus, unlike Kanner's groundbreaking text, the audience for this textbook is likely to include a wide range of scientists and clinicians in the field of child psychiatry.

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INTRODUCTION TO CLINICAL MEDICINE. Edited by Harry L. Greene, Richard J. Glassock, and Mark A. Kelley. Philadelphia, PA, B.C. Decker, Inc., 1991. 794 pp. No price. Softcover.

Most medical schools attempt to bridge the gap between the basic science classroom and the clinical wards with some form of introductory course in the practice of clinical medicine. At Yale, this course is titled, appropriately, "Introduction to Clinical Medicine," or ICM. It spans the last five months of the second year and, along with giving students a sense of their own profound lack of knowledge, acquaints them with the basic principles of the practice of medicine.

I found Yale's ICM course excellently designed. The heart of the course is a series of lectures and workshops on systems-oriented pathophysiology—the common diseases encountered in cardiology, pulmonology, nephrology, infectious disease, and so on. The rest of the time is split between lectures and/or demonstrations in laboratory medicine and physical diagnosis. While all this is happening in the classroom, students are expected to hone—actually, to develop, then hone (time permitting)—their own physical diagnosis skills through once-weekly, two-hour group sessions with a clinical preceptor.

Despite this seemingly rational design, in my experience the ICM course quickly buckled under its own weight. ICM began by surveying the entire field of cardiology—in one week. By the end of the second day, coronary disease, congestive heart failure, valvular disease, angina, EKGs, and the laboratory diagnosis of myocardial infarction had been disposed of. After a month, or about the time most of the second-year class was entirely devoted to the second-year show, all of cardiology, pulmonology, gastroenterology, and endocrinology had been covered, as well as the complete physical exam.

You get the idea. Most students quickly succumbed to this juggernaut. Attendance the first week was roughly 90% of the 100 second-year students. By March, the popular lectures drew 35 to 40 students. In April, the obstetricians faced an audience of ten devotees. By then, students were three months and hundreds or even thousands of pages behind in basic reading—and much too cowed by the looming threat of the National Boards Part I exam to consider that maybe understanding clinical medicine was, ultimately, more important than learning about cytoskeletal proteins for the Boards.

I point all of this out not to criticize Yale's ICM course—which, I believe, played the role of Sisyphus about as well as could be expected while remaining within Yale's
system of self-directed learning. Rather, I point this out because, in the editor's preface to Introduction to Clinical Medicine. Dr. Greene states that his book "is a work stimulated by and intended for medical students [and] primarily designed to help bridge the chasm between the basic sciences and the wards." The purpose of this new textbook is, then, exactly the same as that of Yale's similarly named course—to take the student from what he or she has learned in the first 16 months of medical school to a point where he or she can apply it to patient care, some six months hence.

Introduction to Clinical Medicine, the text, is by no means a companion to the ICM course, however, because it pursues this goal by a radically different approach. While it too is divided into sections on body systems, rather than discussing specific diseases it covers only the signs and symptoms commonly encountered in those fields. For instance, the section on "Neurology" spans eight chapters, on coma, gait disturbances, memory loss, numbness and tingling, dizziness, seizures, and weakness. Each of these short, five-page chapters breaks down a symptom into possible etiologies, mentions techniques for examining a patient with the symptom, and, finally, in most instances, presents a full-page flow chart on how to work up the symptom and arrive at a diagnostic end point.

While this arrangement may not seem like an unusual approach, it is in stark contrast to what is taught in ICM, the course. When presented with my first patient with anginal chest pain, my ICM course would have me think about the relative balance of myocardial oxygen supply and demand, mechanisms for increasing coronary perfusion, the reversibility of subendocardial ischemia, systemic effects of hypoperfusion, the heart's compensatory mechanisms for changing preload, afterload, and contractility, and, assuming I had not slipped out to the bathroom at the time it was mentioned, a little something about nitroglycerin and streptokinase.

Nonsense, says Introduction to Clinical Medicine, the book. When presented with angina, first get the vital signs. If they are stable, get an EKG and a chest X-ray. Then follow your flow chart. Certain EKG changes suggest an acute myocardial infarction, others make you think pericarditis; acute, intense pain with mediastinal widening on X-ray should make you worry about dissection; and so on. This approach is carried out for the common symptoms in each of the major medical subspecialties covered in the text.

So, while it is not a companion to the standard ICM course, Introduction to Clinical Medicine is something of a complement. The textbook is most useful to second-year medical students who need a framework on how to arrive at a diagnosis, given a common presenting sign or symptom. Clearly, this is an important skill that most physicians develop gradually over the course of their careers. The question is, is it the best approach for guiding students through the transition to the clinical years?

The major stumbling block of the book is that specific diseases are not discussed in Introduction to Clinical Medicine. You will not find a single mention of diabetes among the 175 chapters; it is not even referenced in the index. (Granted, Yale's ICM course spent less than a half hour on a single case presentation of new-onset diabetes). Obviously, this omission is intentional; the goal is to help students think about the significance of and approach to common signs and symptoms. But this way proves to be a difficult, unfamiliar concept for students who have spent two years training their minds to think about, and commit to memory, an overwhelming volume of facts about diseases and processes.
The best analogy I can come up with for the transition to third year—and it is neither original, nor, for that matter, particularly good—is that of learning to live in a foreign land. My preparation as a Yale medical student was like being immersed for two years learning the social, political, and economic history of the Hungarian people—and then being handed an unabridged Hungarian dictionary, taught a few handy phrases like "Uh, does that go in a purple-stoppered tube?", and then sent to Budapest with instructions not to return until achieving fluency. Leafing through Introduction to Clinical Medicine is more like picking up Fodor's Let's Go Hungary! It serves you well for a few weeks, it teaches you basic facts that no one else has bothered to, and it is convenient and straightforward—but soon you find that, if you are going to survive in such a strange place and learn to deal with its inhabitants, you had better learn a little more detail and a touch more nuance.

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AIDS Research Reviews: Volume 1. Edited by Wayne C. Koff, Flossie Wong-Staal, and Ronald C. Kennedy. New York, Marcel Dekker, Inc., 1991. 455 pp. $150.00.

The nature of AIDS research presents a challenge to book publishers in keeping pace with events. AIDS Research Reviews attempts to do so by providing an annual review of research developments in the field. The editors focus specifically on recent advances and leave historical information to the many other books published on AIDS.

This volume's first section is a collection of articles concerning the molecular biology of HIV. Three reviews deal with different cellular aspects of the virus. Moreover, there is an interesting review of nonhuman primate lentiviruses, which discusses the phylogeny of the simian immunodeficiency viruses (SIV) and their link to HIV.

Parts of Section II, Host Responses, retreat from the editors' promise of a limited scope. This section describes the more general topics of immunopathogenesis, transmission, cofactors, biological variation, and neuropathogenic parameters of HIV. Animal models are the topic of the third section. Specifically covered are SIV, equine infectious anemia virus, severe combined immunodeficiency in mice, and HIV in chimpanzees and transgenic mice.

Sections IV and V present information about AIDS drug and vaccine development. While there are a number of well-written discussions on various approaches to the problem, here the editors are true to their promise, maintaining a narrow focus. There are notable, presumably purposeful omissions; for example, there is no discussion of reverse transcriptase inhibitors.

In addition to the subject areas dealt with in this book, a second volume of AIDS Research Reviews covers the topics of cell-mediated immune responses, HIV-macrophage interactions, drug resistance, pseudovirion approaches for vaccine development, and maternal-fetal immunology.

The 24 articles in AIDS Research Reviews, Volume 1, are all carefully referenced reviews of relatively narrow topics. There is an admirable consistency of writing