

convinced a child to practice the piano before the child was good and ready to do so."

Before I read it, I had a prejudice against this book. Too many skin diseases, I believe, are treated on the basis of symptoms and signs rather than accurate diagnosis. To ask, "What's a good treatment for itch?" is analogous to asking, "What's a good treatment for chest pain?" Dr. Bernhard addresses the issue by including chapters on dermatologic conditions that cause itch but spends extra time on conditions that cause intense itch (e.g., *notalgia paresthetica*) and those that cause itch without any sign of skin disease at all (e.g., the itch of renal failure or pregnancy).

Itch is multiauthored, but the eight chapters written by Dr. Bernhard himself are among the most interesting. They are spiced with quotations, neologisms, and observations that make one by turns perplexed, thoughtful, and openly amused. Two chapters discuss the pathophysiologic aspects of itch, 12 chapters discuss pruritus associated with skin diseases, 10 discuss pruritus associated with systemic diseases, 1 discusses psychiatric aspects, and 4 discuss treatment. I liked Caroline Koblenzer's contribution in the chapter entitled "Psychologic and Psychiatric Aspects of Itching," especially for its discussion of psychiatric drugs used to treat itching.

The book is the best on its subject. It suffers from its diversity; itch accompanies too many disorders. However, most dermatologists, and their patients with them, should gain a better understanding of a variety of pruritic disorders. Different audiences will pick out different chapters, because the book is "for anyone who sees patients with itch." This book does more than simply scratch the surface.

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CONNECTIVE TISSUE DISEASES OF THE SKIN

Edited by Charles M. Lapière and Thomas Krieg. 389 pp., illustrated. New York, Marcel Dekker, 1993. \$150. ISBN 0-8247-9133-9.

The goal of this book, as aptly stated in the preface, is "to introduce biochemistry, biology, and pathology of the extracellular matrix to all those who do not have close contact with this exciting and rapidly developing field." The book is reasonably successful in accomplishing its rather ambitious aim. It is important to note that the term "connective tissue diseases" in the title is meant to be interpreted literally; this book is not concerned with the collagen vascular diseases, such as lupus erythematosus, which are unfortunately also known as connective-tissue diseases. There is a chapter on scleroderma, but it is concerned more with the structural and biochemical changes of that condition than with its immunology.

Many of the chapters in this book have been contributed by authorities on the topics under discussion, and each is well written and very well edited. Several of the authors are European, which will provide some American readers with new perspectives on the topics covered. Although multiauthored, this book has a uniform style and is written in good-to-excellent English — a tribute to the work of its editors.

The book is very well thought out and well organized. It begins with chapters on molecules, such as collagen and elastic fibers, proceeds to discussions of complex molecular interactions, such as connective-tissue protein receptors, cytokines, invasiveness, and cell-cell and cell-matrix interac-

tions, and then to discussions of specific diseases and groups of diseases, such as the Ehlers-Danlos syndrome and epidermolysis bullosa. The final chapters are devoted to wound healing, scar and keloid formation, and therapeutic aspects of collagen and connective-tissue biology.

The photographs and photomicrographs are, with a few notable exceptions, of excellent quality. The diagrams are reasonably clear but are visually of mixed quality. However, this is a minor point in a relatively specialized book such as this one. The print, paper, and binding are of excellent quality.

The price of this book appears at first glance to be excessive, considering its relatively small size and the lack of color illustrations. However, after a careful reading, it is clear that this book is well worth its cost and belongs on the shelf of every physician and scientist with a strong interest in cutaneous-tissue biology and disease.

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DORLAND'S 27TH EDITION ELECTRONIC MEDICAL SPELLER VERSION 1.1 FOR WORDPERFECT WINDOWS AND DOS

Diskettes (3.5" or 5.25") with instruction sheet. Orem, Utah, WordPerfect, 1993. System needed: IBM PC/DOS or a compatible system with WordPerfect for DOS 5.0 or higher or Windows 5.0 or higher, with at least 600 KB of hard-disk space. \$39 (single user).

STEDMAN'S/25 PLUS VERSION 1.0B

Diskettes (3.5" or 5.25") with instruction sheet. Cambridge, Mass., SoftKey International, 1992. System needed: IBM PC/DOS or a compatible system with at least 634 KB of hard-disk space (Microsoft Word for Windows) or at least 440 KB RAM and 1 MB of hard-disk space (WordPerfect for DOS). Macintosh version also available. \$99 (single user); \$345 (multiple users).

Word-processing packages usually have a built-in program to check the spelling of general English terms. However, such programs do not meet the needs of the medical profession, since many medical terms are not included. Programs designed to check the spelling of medical terms overcome this problem. These programs contain approximately 140,000 medical terms, drug names, eponyms, and abbreviations, most of them unfamiliar to the built-in spell-check program. Examples of such terms are ECG, β -agonist, uveitis, herniorrhaphy, caesarean, ELISA, drosophila, chloramphenicol, and adenocarcinoma. Thus, a medical spell-check program is nothing more than a long list of medical terms appended to the general spell-check program as an accessory dictionary. A complete spell-check program consists of three dictionaries: an all-purpose English dictionary consisting of about 120,000 words; a personal dictionary — namely, a file containing words added by the user; and a professional accessory dictionary containing terms specific to a particular field, such as law, medicine, or engineering. Users who do not have a medical spell-check program can add medical terms to their personal dictionary. This, however, is a Sisyphean job.

We reviewed medical spell-check programs based on Stedman's and Dorland's dictionaries for use with two popular word-processing programs: WordPerfect for DOS and

Microsoft Word for Windows. Versions for Macintosh computers also exist. Installation requires between 600 KB and 1 MB of hard-disk space. Overall, we did not find a substantial difference between the programs we reviewed.

To assess word recognition, we used the programs to check the spelling in 200 abstracts (a total of 39,000 words) that were randomly selected from Medline. When we used only the built-in dictionary of general English, 68 words per 1000 were not recognized. With the Stedman's spell-check program, only 23 words per 1000 were not recognized. Over 80 percent of the unrecognized terms were medical abbreviations, such as CD4+, OGTT, DRw52, PDGF, and cGMP. The rest were proper names (e.g., Washioka et al.), several biochemical terms (e.g., acetylgalactosaminyltransferase and alcophosphamide), and a very few (<3 percent) medical terms (e.g., endothelin, Hickman, and topoisomerase). Installation of the medical spell-check program resulted in a slight reduction in the speed of spell checking, but the overall procedure was considerably accelerated, because correctly spelled medical terms were not highlighted. In conclusion, we recommend a medical spell-check program for use by health care institutions, clinicians, and researchers in the medical field.

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CHIROPRACTIC IN AMERICA: THE HISTORY OF A MEDICAL ALTERNATIVE

By J. Stuart Moore. 228 pp., illustrated. Baltimore, Johns Hopkins University Press, 1993. \$34.95. ISBN 0-8018-4539-4.

J. Stuart Moore's history of chiropractic in the United States seeks to explain why chiropractic has survived whereas other fringe medical movements have disappeared. The author's first conclusion appears on the initial page of his preface: the vast market and imperfect methods for the alleviation of back pain have permitted more than one style of practice. Moore also argues that the very persecution by which standard medicine hoped to suppress chiropractic led to a sense of martyrdom that enabled chiropractic to persist

through missionary zeal. Finally, Moore claims that chiropractic flourished because of its effectiveness, a fact supported by his research in chiropractic archives but uninformed by an awareness of the power of the placebo effect.

The story begins with the late-19th-century "discoveries" of D.D. Palmer of Davenport, Iowa, about the flow of nervous energy from the spine to all organs of the body. It was the disruption of that flow that Palmer believed led to ills of all organs, not just back pain; its restoration could thus cure a wide range of diseases. Later leaders of chiropractic realized that this position was untenable and limited their claims to musculoskeletal pain. Moore discusses the schisms in chiropractic over differences in dogma, the introduction of various machines for diagnosis and treatment, and the evolution of chiropractic under the glare of opposition from the American Medical Association. He emphasizes two themes in chiropractic theory that at times competed for dominance: the emphasis on the harmonious flow of bodily spirits (which could become disrupted and be restored), and the more mechanistic view of bone malalignment and nerve compression. Moore's story is well told and enlightening, albeit more favorable to the claims of chiropractic than some physicians may find palatable.

My main disappointment with this book is that it has missed an opportunity. Although he charts the change in chiropractic with clarity, Moore never asks how that change has been governed. In standard medicine, change comes legitimately from new scientific discoveries. Change may be catastrophic, as old therapies or theories are overthrown, but at least as a group, medical practitioners accept science as the ultimate arbiter of therapeutic efficacy and source of new ideas. Not so in chiropractic, which depends on a canon without a mechanism for change built into the structure of the field. How, then, can legitimate change occur? Who is the arbiter of change when, for example, chiropractors start using the "Neurocalometer" or begin emphasizing vitamin therapy? Here Moore, perhaps overly influenced by his sources in chiropractic who claim effectiveness so persuasively, fails to analyze what may be the most fundamental difference between chiropractic and standard medicine.

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NOTICES

Notices submitted for publication should contain a mailing address and phone number of a contact person or department. We regret we are unable to publish all Notices received.

RE-USE OF DISPOSABLE MEDICAL DEVICES

The "4th Regional Symposium of the Canadian Coordinating Office for Health Technology Assessment" will be held in Montreal, Oct. 6 and 7.

Contact Nancy Quattrocchi, CCOHTA, 110-955 Green Valley Crescent, Ottawa, ON K2C 3V4, Canada; or call (613) 226-2553.

ARMED FORCES INSTITUTE OF PATHOLOGY

The following courses will be offered in Washington, D.C., unless otherwise indicated: "Environmental Pathology" (Aug. 19-21); "Anatomy, Histology, and Electron Microscopy of the Eye, Orbit, and Ocular Adnexa" (Aug. 27 and 28); "Ophthalmic Pathology" (Aug. 29-Sept. 2); "Congenital Heart Disease" (Sept. 12-16); "Pulmonary and Mediastinal Radiology" (San Antonio, Tex., Sept. 17 and 18); and "Morphologic Findings in Renal Disease" (Bethesda, Md., Sept. 19-22).

Contact AFIP, Educ. Div., 14th and Alaska Ave., NW, Washington, DC 20306-6000; or call (301) 427-5231.

CALL FOR PROPOSALS

The Robert Wood Johnson Foundation and the Henry J. Kaiser Family Foundation are accepting proposals for a grant program entitled "Opening Doors: A Program to Reduce Sociocultural Barriers to Health Care." Research should be aimed at reducing sociocultural barriers to maternal, child, or reproductive health services. Deadline for submission is Sept. 12.

Contact Opening Doors Natl. Program Office, Greater Southeast Healthcare System, 1310 Southern Ave., SE, Washington, DC 20032; or call (202) 574-6943.

CORRECTION

Response of Resistant Idiopathic Thrombocytopenic Purpura to Pulsed High-Dose Dexamethasone Therapy (June 2, 1994;330:1560-4). On page 1563, in Table 3, the mean level of platelet-associated IgM for all patients before therapy should have been 1004, not 770, as printed. The P values for the means for all patients should have been 0.054 for IgG and 0.025 for IgM, not 0.06 and 0.08, as printed.