Book Reviews

DANGEROUS COMPANY: THE CONSULTING POWERHOUSES AND THE BUSINESSES THEY SAVE AND RUIN

By James O'Shea and Charles Madigan. 384 pp. New York, Times Books, 1997. $27.50. ISBN 0-81292-634-X.

SEX is a lot like consultants. It can be treacherous to live with but untenable to live without. Achieving the right balance of both is something, I suspect, that a great many health care executives struggle with. Consulting, not sex, is the focus of *Dangerous Company,* a revealing book by two *Chicago Tribune* reporters. It is one of the first exposés of an industry that tries hard to keep its activities out of the public domain. Consultants are hired by the government, the largest medical centers and managed-care organizations, and the smallest group practices. The consulting industry eats up precious health care dollars and has grown remarkably in the years since market-driven forces began to dominate the field.

Dangerous Company relies on many well-documented anecdotes to paint an incomplete but compelling picture of the way consultants, and especially the large consulting firms, operate and the kinds of influence they can have on huge corporations. Though several of the anecdotes illustrate how effective consultants can be in helping companies cope with change, the bulk of the book details the mess they can make. Failing to make good on promises, raising inappropriate expectations, overcharging, assigning inexperienced junior employees to complex tasks, obtaining the wrong answers, and nearly bankrupting a firm are but a few of the outcomes that O'Shea and Madigan describe.

Most of us in health care have had similar experiences. Cynics might describe the experience as follows: pinstriped consultants a few years out of business school take our time to learn about our "business," then issue a report that regurgitates what they have learned. They then make a recommendation that makes no sense, and it ends up on a shelf with others of the same ilk. Many of their decisions seem to be designed just to please the people who pay their bills. Even people who are less cynical will recognize this pattern, and it is no surprise that heads nod in health care organizations at the hackneyed definition of a consultant as one who "borrows your watch and then tells you the time."

Dangerous Company is a must-read for leaders in health care. Apart from gaining a greater appreciation of the scope of the disasters that can befall organizations that rely too heavily on consultants, they might benefit from the recommendations that O'Shea and Madigan make after their two-year study. These proposals could help executives obtain help when they need it without exposing themselves to the confusion, obfuscation, and drain on resources that consultants sometimes bring to an organization.

Some of the helpful hints are these: Define the goal clearly and narrowly. Don't ask a consultant to solve a vague problem. Decide whether outsiders are really needed to help reach the goal. Don't hire a consultant to take the blame for decisions that you already know you must make. Find out the cost and how long it will take. If you're not happy about the process, say so immediately. Don't lose control; make sure that your own managers stay in charge. Value your own employees; remember that long after the consultants are gone, your employees will still be there. Remember that it is in the consultant's best interest to find trouble where there isn't any. If you know that something isn't broken, don't let them persuade you to try to fix it.

I've often wondered how much health care we could buy if we eliminated the superfluous costs of consultants. Even before reading *Dangerous Company,* I was convinced it is quite a lot. The judicious and appropriate use of consultants should be a major criterion for evaluating the performance of all health care executives.

JEROME P. KASSIRER, M.D.

MAXX: THE ELECTRONIC LIBRARY OF MEDICINE ON CD-ROM

CD-ROM, with manual, 21 pp. System needed: Multimedia IBM PC or compatible computer, with at least 4 MB RAM. (Also available for Macintosh System 7.0 or higher, with at least 4 MB RAM.) Philadelphia, Lippincott–Raven, 1997. $395 (single user). ISSN 1092-1508 (WIN).

FOR many physicians, the Little, Brown Spiral Manuals have eased the stress of their first days at a new internship or residency; the well-known "Washington" manual has been a friend in numerous near-panic situations throughout internship. Some of us still carry one of these manuals in our coat pockets to this very day. In recent years, there has been a steady proliferation of Little, Brown Spiral Manuals on subspecialties. At present, such specific manuals as *The Manual of Pediatric Emergencies, The Manual of Dermatologic Therapeutics,* and *The Manual of Toxicology* accompany fellows and subspecialists throughout internal medicine, emergency medicine, and intensive-care units. There are now more than 25 titles, covering 20 medical specialties, with a total of more than 17,000 pages.

MAXX ("maximum access to diagnosis and therapy") contains, on a single CD-ROM, the entire Little, Brown Spiral Manual series. Besides the numerous specialty-oriented manuals, this CD has two additional titles — namely, Wallach's *Interpretation of Diagnostic Tests* and *A Pocket Manual of Differential Diagnosis.* These additional reference sources are often needed during routine work when clinical problems are encountered.

To operate most of the features of this CD, a half-hour or so to read the concise printed manual would be sufficient. Occasionally, one might have to consult the on-line help feature, which also includes a highly recommended tutorial. When the package is run for the first time, the initial screen displays the front pages of the manuals in an icon format. By clicking on any of these small images, one gets the full text and illustrations of the requested manual.

The most important advantage of having all the manuals on a single CD is the ability to search through the entire data base — all 17,000 pages — at one time. Thus, the retrieval set of a single query may span several different manuals. For example, material relevant to amyloidosis was found in 21 manuals, including *Clinical Oncology, Nephrology,* and *Allergy and Immunology.*

It is possible to gain access to images, tables, and related chapters simply by clicking on each highlighted hyperlink entry. Multiple electronic bookmarks and "sticky notes" can be attached to the text, while sections of the text can be permanently (but reversibly) highlighted. A very useful feature is the ability to print sections of the text. Think how handy and impressive it would be to be able, in a matter of seconds, to extract the entire differential diagnosis for a patient with hypomagnesemia, as well as the treatment options, for an informal discussion in routine rounds or, alternatively, to be able to place this useful information in the patient's file.

This CD can be a valuable addition to routine patient care in several key locations of the hospital. In various emergency settings, be it an emergency room, an intensive-care unit, or the office of a primary care physician, this very practical yet powerful reference source could be lifesaving. In addition, those conducting teaching and grand-round forums may find this data base an authoritative source of information and its on-line capabilities useful.

In contrast to the didactic and comprehensive coverage of standard textbooks, the Little, Brown manuals provide concise and highly focused medical information in a most practical and ready-to-use format.

DANIEL MIMOUNI, M.D.
Beilinson Medical Center
Petah-Tiqva, 49100 Israel

EYTAN Z. BLUMENTHAL, M.D.
Hadassah University Hospital
Jerusalem, 91120 Israel

TREATMENT OF PRIMARY GLOMERULONEPHRITIS

(Oxford Clinical Nephrology Series.) Edited by Claudio Ponticelli and Richard J. Glassock. 260 pp., illustrated. New York, Oxford University Press, 1997. $110. ISBN 0-19-262666-3.

RENAL medicine is largely a disappointing discipline for the practicing physician. Although dialysis and transplantation can nowadays successfully substitute for renal function when kidneys have failed, there are almost no effective treatments for chronic glomerular diseases. Large-scale clinical trials have investigated ways to protect what is left of renal mass after injury or to retard inexorable progression toward renal failure, but there are no well-designed studies with sufficient statistical power concerning the specific treatment of glomerulonephritis. This may be due partly to insufficient knowledge of the mechanism (or mechanisms) of the glomerular injury and partly to the relative rarity of these syndromes. Modern nephrology was born when orderly classification of glomerular diseases was achieved. This classification is based on the pathologic description of the injured glomerulus, and it distinguishes primary forms (not associated with extrarenal manifestations) from secondary forms, which are associated with systemic diseases. The book of Ponticelli and Glassock is an excellent overview of all the efforts to treat primary glomerular diseases.

The opening chapter examines all the aspects of symptomatic or supportive therapy — the measures to correct or attenuate the biochemical imbalance and pathophysiologic disturbances that follow renal damage. In the second chapter, 52 of the book's 260 pages are devoted to an exhaustive and up-to-date review of the clinical pharmacology of drugs that have been used to treat glomerular diseases (or are at an investigational stage). This chapter contains abundant information regarding the side effects of the various drugs, which offers the practicing physician the opportunity to balance the advantages and risks of these treatments. The subsequent chapters summarize the natural history of primary glomerular diseases and the effects of various treatments.

All the chapters are replete with references to small, uncontrolled studies and to larger, controlled clinical trials, although the latter could rarely be considered statistically powerful enough to allow definitive conclusions. The authors make generous use of tables and figures to summarize the results of these studies. Concise algorithms illustrate the authors' suggested plan for a patient affected by a given glomerular disease. As a matter of fact, practical recommendations are what nephrologists look for in a book like this, and the authors fulfill this need.

However, I am not sure that all their recommendations can be taken for granted. Most of them are based on small, uncontrolled clinical trials, and it is difficult to pack together sparse observations in one conclusive statement on the efficacy of a proposed therapy. In fact, small studies generally have positive results, but when therapeutic hypotheses are tested on a large scale they often fail to show a definitive benefit. Curiously, there is a contradiction in the book regarding the use of meta-analysis in nephrology. Ponticelli and Passerini criticize the application of this method to studies on membranous nephropathy, noting that pooling the results of studies with different designs, populations, and forms of therapy is an intrinsic limit of the meta-analysis. Yet in another chapter, Glassock states that meta-analysis of trials in IgA nephropathy supports the beneficial effect of steroid therapy on reduction of proteinuria.

One has the general impression that this book is a collection of conscientiously documented chapters but lacks internal consistency and a unifying overview of the mechanisms of damage, and therefore of the therapeutic approach. It is probably time to look at the glomerular diseases with a different perspective. It appears that minimal lesions respond well to steroids; active inflammatory lesions, such as those in crescenteric forms, are often sensitive to immunosuppressive drugs; and when sclerosis is the prevailing pathologic feature, there is very little hope of avoiding progression and renal failure, whatever the treatment. While we are waiting for such an approach to be consecrated in print, this book should be considered a good, up-to-date source of information and references on