The author makes repeated references to our steadfast focus on "sick" care but our inability to focus on promoting "health" care and preventing illness. He bemoans the fact that in 1977 he labeled the organization he established to manage Medicare and Medicaid as the Health Care Financing Administration (HCFA). In retrospect, Mr. Califano would have named this oversight body the Sick Care Financing Administration (SICKFA). A revealing part of this work is his discussion on how the three trillion dollar pot of money for medical care is spent. Of every dollar, 39 cents goes to hospitals; 19 cents to physicians; 10 cents to operators of nursing homes and home health care programs; 9 cents to the pharmaceutical industry and pharmacists; 6 cents to private health insurers, the "money changers and cherry pickers," as he refers to them; and 14 cents to other health professionals. Half of our nation's sick care beds are occupied by patients who are the direct or indirect victims of addiction to tobacco, alcohol, or drugs. Not surprisingly, only 3 cents of every dollar is invested to keep the public's health. Mr. Califano believes that every U.S. President from Johnson to Clinton has been preoccupied with paying for our sick care system.

The author challenges the reader to a broader vision. He says we must give priority to the trinity of health care, e.g., treatment, research, and prevention. Mr. Califano believes there are resources to fund "health" care, but we must be more selective in funding "sick" care. We must stop passing the "hot potato" of rising costs. Mr. Califano makes the following recommendations: 1) adopt the employer mandate as the basis for comprehensive coverage; 2) abandon private money sponsorship of congressional members; 3) maintain the numbers of subspecialists and primary care physicians; 4) expand the

nursing role for the delivery of primary care and health promotion; 5) broaden the emphasis of traditional health promotion by addressing safe driving, air and water purity, poverty, traditional values, disability in the elderly, and education; and 6) debate and resolve the inherent ethical issues and dilemmas regarding who has rights to what medical care. Mr. Califano implores all Americans to participate in this dialog. He cautions that surgery must be performed with a "delicate and dicey" touch of the scalpel.

The author compiled and used many excellent references in preparation of this work. His bibliography is replete with state-of-the-art articles and reviews from the clinical, epidemiologic, ethical, utilization review, quality management, and governmental literature. He uses quotes from the Bible, newspapers, periodicals, and personal conversations to set the stage for chapters and its sections. Frequently the introductory quote or anecdote captures the spirit and content of the entire section. The only weakness in this work is the apparent confusion regarding limiting care. He loudly condemns rationing but makes it clear that much of our "sick" care is wasteful and directed toward less-than-admirable objectives.

On the personal side, Mr. Califano is doing more than writing about the ills of American medicine in the 1990s. He cites his efforts and the accomplishments of many of his colleagues at Columbia University's Center on Addiction and Substance (CASA). He is the founder of that enterprise and is the full-time chairman and president. All royalties from this book will be donated to CASA. Mr. Califano practices what he preaches!—**DAVID A. NARDONE, MD**, Veterans Health Administration Medical Center, Oregon Health Sciences University, Portland, Oregon

CORRECTION

An error occurred in the book review that appears in the May issue (J Gen Intern Med. 1995;10:298). The price for Mark H. Swartz's *Textbook of Physical Diagnosis, History and Examination, 2nd Edition* (W. B. Saunders, Philadelphia) was listed as \$99.00. The correct price is \$49.95.