

Conn's Current Therapy 1997. Latest Approved Methods of Treatment for the Practicing Physician. Edited by Robert E. Rakel. 1354 pp. Philadelphia, WB Saunders Company, 1996. \$57.50. ISBN 0-7216-8674-5.

Conn's Current Therapy 1997 is the 49th edition, and if you have enjoyed the past editions, you certainly will not be disappointed. The intent of this book is "...to focus on problems frequently encountered in practice and those less common conditions that could have serious consequences..." and to provide ... "up-to-date information on recent advances in medicine in a concise...manner." Once again Dr. Rakel has orchestrated an incredible feat, with 437 experts contributing to this edition (95 percent of the authors are new). Of the 303 articles, 289 either are appearing for the first time or have been newly revised. This edition accomplishes its goals and serves as an excellent comprehensive resource text for the family physician. It is simply astounding that one text can contain such a wealth of information and be so economically priced.

The format of the previous editions is maintained and includes current information presented in an easy-to-read manner. The book is organized into 17 different sections according to body systems. It includes 6 new topics not covered in previous editions: chronic fatigue syndrome, high-altitude sickness, giardiasis, erectile dysfunction, attention-deficit hyperactivity disorder, and hypertrophic cardiomyopathy. The outline format of each chapter makes finding information expeditious for the busy practitioner. Almost all the chapters include quick-reference tables displaying treatment information. Some (but not all) chapters have helpful diagnostic and therapeutic algorithms. The content is uniformly up-to-date, concise, and reliable. The appendix (section 18) has a useful section on laboratory test interpretation with reference values shown both conventionally and in le Système International d'Unités (SI units). There is even a useful table referencing toxic substances. The index is well planned, easy to use, and reliable.

There are a few shortcomings. I was surprised that none of the chapters contained a bibliography referencing the evidence-based data to validate the author's approach. One of the features of this text is "...new authors presenting their favorite treatment methods..."; this approach might imply treatment strategy bias. The section on skin and nail diseases lacks graphics. Illustrations, photographs, or even color plates would have been helpful for the reader. Although the content is written in an easy-to-read manner, some readers might find the variation in the print size within some chapters challenging, if not downright annoying (get out the bifocals!). I am also not sure of the value of having 4 appendix pages devoted to the top 200 drugs prescribed in the United

States. Does any practitioner ever use this information?

Despite these shortcomings, *Conn's Current Therapy 1997* is an extremely useful resource for the busy practitioner. I must applaud the editor's success in covering so much material in this edition. It is truly jam-packed with valuable information. This text belongs on every medical library bookshelf as well as in the call room of any trainee and practicing primary care provider.

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On Call: Obstetrics and Gynecology. By Homer G. Chin. 391 pp., illustrated. Philadelphia, WB Saunders Company, 1997. \$19.50 (paper). ISBN 0-7216-1316-0.

Many residents and medical students purchase or create their own pocket manuals for various training rotations. Certainly many such published books have been crafted to provide the reader with key information in a concise, step-by-step fashion. Not unlike many other fields of medical practice, the practice of obstetrics and gynecology is not necessarily limited by time or place. The book *On Call: Obstetrics and Gynecology* was conceived by the author to address common obstetric and gynecologic problems encountered not only by housestaff and medical students but also by emergency department and urgent care physicians who do not have immediate access to consultants in these specialty areas.

After an introductory chapter on the female reproductive system and maternal physiological changes, the main text is divided into 35 sections on common topics in obstetrics and gynecology. The topics are fairly representative of typical problems within the specialties, including abnormal labor, hypertensive disorders of pregnancy, placenta previa, postpartum depression, abnormal uterine bleeding, sexual assault, and various infections of the genital tract. Discussions do not include routine care of the prenatal patient or of the woman during labor or in the postpartum period, and the book omits substantive references to some fairly common problems, including diabetes mellitus and herpes simplex infections in pregnancy.

For the most part, the text is well organized and readable and is accompanied by appropriate graphs, charts, tables, and several appendices. The appendix on the effects of various medications in pregnancy would have been more useful had the author included similar information for lactation. Each chapter is organized into the same format: background information, clinical presentation, the typical telephone call for the problem with suggested questions and orders, elevator thoughts for the trainee en route to see the patient, assessment of urgency and threat to life, bedside assessment, diagnostic testing, and management.

Generally, the material regarding clinical information, diagnostic testing, and disease management is instructive and succinctly presented. The reader would acknowledge that the time for elevator thoughts for such conditions as shoulder dystocia or imminent delivery of twins is indeed fleeting. Of the more troubling aspects of this work are the lists of telephone orders that immediately result from the telephone call, before the patient is examined. For example, in the section on molar pregnancy, the suggested questions in response to a telephone call include asking whether the patient is bleeding and the amount, what the patient's vital signs are, and what the patient's degree of dyspnea is. Based on this information alone, the orders suggested by the author include a serum human chorionic gonadotropin measurement, coagulation studies, thyroid function tests, blood typing and crossmatching, a chest radiograph, an electrocardiogram, starting an intravenous line, and recording fluid input and output. The selective history and chart review then follow at the bedside. Limited telephone orders can be appropriate; but the implication in the text is that they can routinely be placed by the learner, before eliciting a direct patient history or doing a physical examination.

The student of obstetrics and gynecology would probably benefit from specific clinical sections of this text, but the whole lacks sufficient information to be the sole guide for the student or resident on call. Again, of major concern is the apparent expectation in each chapter that a number of specific orders will result from the initial telephone call. Should a trainee assume a diagnosis and write multiple orders for a patient based on telephone responses to questions and no direct interaction with the patient? This text could be used for its clinical content, but my recommendation is tempered unless the novice can be made aware of the limitations of working in specific circumstances outside the SOAP format.

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Primary Care: America's Health in a New Era. Edited by Molla S. Donaldson, Karl D. Yordy, Kathleen N. Lohr, and Neal A. Vanselow. 395 pp. Washington, DC, National Academy Press, 1996. \$42.95. ISBN 0-309-05399-4.

Reading this book is like carrying on a sustained conversation with knowledgeable colleagues who are motivated to achieve consensus around the still rather nebulous concept of primary care. This report represents a major step forward in our understanding of primary care, including its importance, scope, and impact. As such, it provides information, background data, and detailed references that enhance the dialogue concerning correlative issues of vital importance to family medicine.

The Institute of Medicine (IOM) was chartered by the United States Congress to provide advice on policy matters pertaining to the public's health. Consis-

tent with this mandate, the IOM convened a 16-person committee in 1994 to undertake a 2-year study designed to assess the opportunities and challenges of reorienting health care in the United States around the model of primary care. Remarkably, in spite of their diverse constituencies, the committee members achieved consensus on a functional definition of primary care as "the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health needs, developing a sustained partnership with patients, and practicing in the context of family and community." Using this definition as its focal point, the authors spent 18 months studying such derivative themes as the nature and content of primary care; its delivery, quality, effectiveness and value; workforce requirements; the education and training of primary care clinicians; and the current state of research in this "largely uncharted frontier."

Supported by this analytic foundation, the report provides 31 mutually reinforcing recommendations with strategies for implementation. These recommendations include advocacy for universal health care coverage for all Americans, care of the underserved, and payment methods favorable to primary care. The authors call on academic health centers to accept primary care as a core mission and propose an all-payer system to support education of health professionals, including reimbursement for primary care training in nonhospital sites. They suggest a common set of competencies as the basis for certifying primary care clinicians and retraining nonprimary care specialists. Perhaps their most consequential recommendation for the future of family medicine is that the Department of Health and Human Services designate a specific federally funded agency to be responsible for developing research capacity in primary care. This agency would also be charged with compiling a national database that has consistent standards for collection and practice-based primary care research networks.

Many recommendations highlight our need for further research and knowledge. For instance, the committee concludes that primary care can best be carried out by a team including nurse practitioners, physician assistants, and primary care physicians, ie, general internists, general pediatricians, and family physicians. The relationship between these clinicians, however, is not clarified; nor is there adequate attention to the possibility of blurring responsibilities and impairing the personal, sustained relationship that the authors describe as the core of primary care. Another issue that requires more thoughtful scrutiny is their recommendation emphasizing that quality-of-care performance measures be available to all interested parties including the general public. The assumption is that we know how to measure this complex entity. Could monitoring relatively easily measured information such as cost per visit, compliance with protocols, and patient satisfaction impel the health care system in such a way as to interfere with fundamental values, decision-making processes, and relations that