

logical organization to the text: Failure to Thrive is subdivided into sections on inadequate intake, defects in assimilation, loss of food substances, and failure of utilization or increased metabolism.

In using the book to assess a specific condition, ataxia, I found no individual heading for ataxia (vertigo is listed), but I did find a listing in the Index referring to the anatomical section titled Nervous System; listed under the heading Soft Neural Signs there was an extensive list of associated conditions. From the clinician's standpoint, the major deficiency is that little or no information is available to aid in the selection of the appropriate diagnostic choice. There are no guides for organizing a work-up or selecting further studies or tests. Given the list of diagnostic choices, it would then often be necessary to consult other references to be able to select among them. Finally, as the title indicates, this book is on diagnosis, and as such, does not provide any information on therapy.

In summary, the strengths of this book are that it is well organized, easy to use, concise, and clinically organized. It is reasonably priced, and it contains selected and up-to-date references. The weaknesses include this same brevity that results in the need for other reference sources and the lack of any diagnostic guide to selecting from the extensive choices of conditions listed.

Leland J. Davis, M.D.
University of California, San Francisco

Somatization Disorder in the Medical Setting. By G. Richard Smith, Jr. 97 pp. Washington, DC, American Psychiatric Press, 1991. \$15. ISBN 0-88048-374-1.

Studies suggest that 5 percent of patients seen in primary care settings could have somatization disorder, defined as a chronic, relapsing psychiatric condition characterized by multiple unexpected somatic complaints. There is, however, often under-recognition of the disorder and inappropriate mental health management and referral. Smith's monograph provides primary care physicians and mental health consultants with current research findings on the recognition, diagnosis, and management of somatization disorder.

The text has eight chapters, which include patient identification, historical perspective, prevalence of the disorder, course of the disorder, diagnosis, treatment, case studies from primary care, and clinical scripts applicable to primary care case management. Each chapter maintains a comfortable balance between research studies and practical application in primary care settings and concludes with a clearly written summary. Current references and an annotated bibliography serve to complement the work.

Acknowledging the different needs of its readers, the author indicates that the text can be read on three different levels. He suggests that readers can use the text as a quick reference as clinical situations arise, read the chapter summaries only, or read the entire

monograph. Given the number of patients with somatization disorder (a condition as common as diabetes or urinary tract infection, the Foreword notes), the primary care physician would greatly benefit from a thorough reading of this concise and clinically relevant book. Certainly accurate diagnosis will lead to better patient management (there is no cure) and referral to mental health consultants. Somatization disorder appropriately recognized will engender a less "defensive medicine" posture, fewer unnecessary and potentially dangerous tests or procedures, and improved health care utilization.

Both practicing family physicians and medical students would benefit from this well-written volume. It serves not only to enlighten us but to remind us of a not uncommon disorder that requires the same attention typically reserved for more physically based conditions and diseases.

Kathryn M. Larsen, M.D.
University of California, Irvine
Orange, CA

Principles of Clinical Practice: An Introductory Textbook. Edited by Mark B. Mengel. 419 pp., illustrated. New York, Plenum Publishing Corporation, 1991. \$34.50. ISBN 0-306-43847-X.

This book offers an informative overview of a wide range of principles that have an impact on the physician-patient relationship. Its text emanated from a course entitled "Introduction to Clinical Care" for first-year medical students, which was offered by the faculty of the Department of Family Medicine at the University of Oklahoma College of Medicine. Students taking this course also integrate their didactic knowledge with real-world experiences through 16 half-day sessions in physicians' offices.

The chapters, which have been revised and refined over the preceding 3 years, are organized in an innovative manner around four themes that approach clinical encounters from the perspectives of purposes, processes, relationships, and values. A variety of topics are considered, including the basics of interviewing, history taking, physical examination, clinical management, health maintenance, and the family system. Other, less often considered, issues address a brief historical summary of patient care, the philosophical and ethical foundations of the physician-patient relationship, a cogent analysis of clinical decision making, a sensitive description of influences affecting the physician-patient relationship, the cultural world of the patient, health care systems, medical ethics, malpractice, and medical economics. The concluding section emphasizes the importance of integrating these previously discussed components of the physician-patient relationship into a coherent patient-centered approach, which is proposed as being more appropriate for the majority of medical encounters than the scientific reductionist biomedical model. The editor stresses that "a new approach to

CLASSIFIED ADVERTISING

Classified advertising orders, correspondence and payments should be directed to: JABFP, Classified Advertising, 1440 Main Street, Waltham, MA 02154.

Classified advertisements placed with JABFP are restricted to physician recruitment, faculty positions, CME courses/seminars, and practices for sale. All ads must relate to the medical field and are subject to approval.

Please refer to the schedule below for closing dates. Classified rate is \$1.40 per word (minimum charge of \$75.00 per ad insertion) and \$95.00 per column inch for classified display ads. Prepayment in full is required with all classified advertising. We accept American Express, VISA or MasterCard. Confidential reply boxes are an additional \$10.00 per insertion. Responses are sent directly every Tuesday and Thursday and the box will remain open for three months.

All advertisements for employment must be nondiscriminatory and comply with all applicable laws and regulations. Ads that discriminate against applicants based on sex, age, race, religion, marital status or physical handicap will not be accepted.

NOTE: Our classified advertisements are all set in the same typeface and format. All ads are highlighted by geographic territory.

For more information please call (800) 635-6991 (outside MA), (617) 893-3800 (in MA). Fax # (617) 893-5003.

Issue Date	Closing Date	Issue Date	Closing Date
Sept.-Oct.	Aug. 1, 1992	Nov.-Dec.	Oct. 1, 1992
Jan.-Feb.	Dec. 2, 1992		

NORTHEAST

NEW HAMPSHIRE, NASHUA—A full-time emergency department staff physician is sought for Level II, 218-bed hospital in Nashua. Requirements include Board certification in emergency medicine or a primary care specialty. High-limit occurrence-based malpractice insurance is offered plus a very competitive hourly fee. Situated in southern New Hampshire, Nashua is only 30 miles from Boston and one hour to the Atlantic Ocean. Three ski areas are located nearby. Nashua boasts a population of over 80,000, and has a strong economic base. If you are interested in hearing more about this emergency medicine position in Nashua, please contact Denise Johnson, Spectrum Emergency Care, P.O. Box 27352, St. Louis, MO 63141; 1-800-325-3982, ext. 3017.

PACIFIC

FACULTY POSITION—Northern California—Asst. Director Faculty Position at U.C. Davis affiliated Family Practice Program at Stockton, California. Eighteen Resident Program with five year accreditation. Delightful location, within one-and-a-half hours from the Sierra Mountains and the Pacific Ocean, 46 minutes from the State Capitol. Affordable housing. Salary negotiable depending on experience. AA/EOE. Please send CV to: Asma Jafri, M.D., P.O. Box 1020, Stockton, CA 95201; FAX (209) 468-6747, Phone (209) 468-6834.

BEAUTIFUL OREGON COAST—Private multi-specialty cooperative with excellent facility seeking family practice physician to join 5 full time FP's. Full

clinical care is emerging," which accents autonomy and justice, a person-oriented framework, a collegial or contract model of the physician-patient relationship, and obligations of honesty and candor.

The authors intend to help medical students develop a comfortable relationship with their patients that will serve them throughout their careers. Each chapter provides the basis for small-group discussion and reflection through thoughtful essays, insights from current research, a variety of case presentations, stimulating study questions, role-playing formats, relevant historical quotations, and a list of recommended readings with concise summaries. The chapters are well written with extensive references, clear illustrations, and subject and author indexes. Concise flowcharts are used when appropriate, as are Venn diagrams, to display the interrelations of concepts and values.

I believe that a future edition would be enhanced by collaboration with scholars in such disciplines as history of medicine, medical economics, and philosophy. Helpful advice could be obtained from exemplary practicing physicians about ways to reduce the potentially time-consuming aspects of the patient-centered approach. To avoid undue negative reactions from students and to encourage open discussion, the strong advocacy positions of some of the authors could be tempered, especially regarding complex issues that are difficult to consider thoroughly in an introductory textbook. Also, a more extensive bibliography after each chapter would provide a wider range of viewpoints for students to consider.

In summary, students and faculty are fortunate to have this resource available to them as a basic text for predoctoral education. Very few medical students have had an opportunity to reflect on these issues in small groups with their teachers when they are first experiencing clinical encounters. Thus, they are likely to be better prepared than their predecessors for a life-long relationship with their patients based on a spirit of openness, self-awareness, mutual respect, and competence.

Vincent R. Hunt, M.D.

Brown University-Memorial Hospital of Rhode Island
Pawtucket, RI

Textbook of Internal Medicine. Second Edition. Edited by William N. Kelley, Editor-in-Chief, Vincent T. DeVita, Jr., Herbert D. Harris, Jr., William R. Hazzard, Howard W. Holmes, Leonard D. Hudson, H. David Humes, Donald W. Paty, August M. Watanabe, and Tadataka Yamada. 2512 pp., illustrated. Philadelphia, J.B. Lippincott Company, 1992. \$99. ISBN: 0-397-51048-9.

The *Textbook of Internal Medicine* is a massive (10 pounds) and encyclopedic tome. The stated goal of Dr. Kelley and his associates is, "to provide the best textbook of internal medicine available to physicians throughout the world in helping them meet the needs of their patients." They continue, in the Preface, stating their hope, "... that the *Textbook* will continue to serve both as an encyclopedic reference and as an indispensable resource in day-to-day patient care." To a major extent these goals have been met. All portions of this extremely useful book bear direct relevance to family medicine.

There are several important internal medicine texts that serve as remarkably effective soporifics. Fortunately, this characteris-