Drug Therapy: Decision Making Guide. *Edited by James McCormack, with Glen Brown, Marc Levine, Robert Rangno, and John Ruedy. 550 pp. Philadelphia, W.B. Saunders, 1996. $45 (paper). ISBN 0-7216-4215-2.*

The continuing proliferation of new drugs over the years has led to such a large volume of information about beneficial and adverse outcomes of treatment that the clinician finds it increasingly difficult to make rational therapeutic decisions within the usual time constraints of a busy practice. This difficulty is a particular problem in family practice and primary care, where the spectrum of clinical problems seen in everyday practice is so wide.

Drug Therapy: Decision Making Guide provides a welcome response to this problem. Compiled and edited by clinical pharmacists and physicians at the University of British Columbia and Dalhousie University, this new book takes a unique approach to the need for rapid reference resources. The book has been organized around the important questions a clinician needs to answer when initiating, changing, or stopping drug therapy. Three different templates of such questions were developed for each of the three major sections of the book, as follows.

In "Drug Therapy for Disease States" are the following questions: What are my goals of treatment? What evidence is available to support drug therapy? When should I consider drug therapy? What drug should I use for initial treatment? What dosage should I use? How long should I treat with my initial regimen? What efficacy parameters should I follow and how frequently do I have to assess my patient? Should I add another drug or substitute therapy if my initial drug therapy fails? How long should I continue drug therapy?

"Drug-induced Adverse Reactions" addresses these questions: How do I determine whether this adverse reaction is drug induced? What drugs are most likely to cause this drug reaction? What are the characteristics of this drug reaction? How do I treat this drug reaction? How quickly should my patient respond, and what should I monitor with regard to efficacy of treatment? Do I have to stop the administration of the drug that is causing this adverse reaction? How long should I treat this adverse reaction?

In the section "Drug Monographs" (more than 300 drugs, listed alphabetically by generic name) are the following questions: When should I use this drug? When should I not use this drug? What contraindications are there? What drug interactions are clinically important? What route and dosage should I use? What should be monitored for efficacy and toxicity? How long do I treat patients with this drug? How do I decrease or stop administration of this drug? What should I tell my patient about this drug and what are therapeutic tips for use of this drug?

The first section of the book deals with drug therapy for 10 major categories of disease: cardiovascular diseases, endocrinologic disorders, gastrointestinal diseases, infectious diseases, illness related to acquired immunodeficiency syndrome, neurological diseases, obstetric and gynecologic conditions, psychiatric disorders, respiratory diseases, and rheumatic diseases. A section on drug-induced adverse reactions deals with anaphylaxis, as well as four common groups of adverse reactions: skin rash, diarrhea, constipation, and nausea and vomiting. Usual journal references are provided throughout the book.

With rare exceptions the contents of this book appear to be current; one exception is the case of metformin, listed as unapproved in the United States, as it became available when the book was in press. Although clinicians might disagree in some instances with some of the recommendations about drug therapy, this book provides a helpful reference structured in a logical and explicit way. It is highly recommended for family physicians and others in primary care, and I hope it is regularly updated beyond this first edition.

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The Secret(s) of Good Patient Care: Thoughts on Medicine in the 21st Century. *By William Campbell Felch. 208 pp. Westport, Conn, Praeger Publishers, 1996. $49.95. ISBN 0-275-95448.*

I recommend enthusiastically this small book, both for its wisdom and as a superb reading experience. It is written beautifully. Each chapter is a coherent and thought-provoking essay within its 4 to 10 pages, making it ideal for bedside or break-time perusal.

The author aims at two audiences: "patients [who] clearly need some reassurance, a comfortable understanding that there are doctors out there who will care for them..., both for their physical needs and their human ones," and "doctors [who] need to be reassured that their current discontent is not permanent and that things can be done to regain the laurels once held by an honored profession." Secondarily, Dr. Felch hopes that some policy makers might read it to gain understanding of the healing relationship between patient and physician in the microworld of medical practice. He hits the mark; each of these audiences, as well as student-resident entrants into the medical profession, will enjoy and profit from the book. They can sample Dr. Felch's thoughts on the career of the physician, the process of patient care, and both the inner workings of medical practice and the larger picture of medical education, research, and health care policy.

Dr. William Felch practiced medicine in the community for 40 years as a general internist, or in his

words, "a doctor who makes house calls." He also served as a medical college trustee, president of the American Society of Internal Medicine, author and medical editor, and elected member of the Institute of Medicine. His journey in the profession coincided with the latter half of the 20th century. He does, as the subtitle implies, try to draw lessons for the next century, but the main emphases are on health care as he lived it and the evolution of his thinking about his profession. Although recommended readings are listed at the end, the book is not a referenced historical treatise. Instead, its strength and wisdom come from a skilled writer's very thoughtful, candid, and personal reflections on his experience.

Physicians who have lived through the same era will find much that ratifies their experience and effort. Students and residents, if they can find the time, will find inspiration, and as the author hopes, health care policy makers from other professions would gain valuable insight into medical practice. Family physicians in particular will identify with Dr. Felch's vision of the generalist in medicine and, I hope, heed his admonition at the close of the essay titled "The Generalist/Specialist Dichotomy":

> I submit that we generalists should take a strategic leaf from the family physician group. We FPs and general internists and general pediatricians should band together to upgrade the image of generalists, reminding the public that we can take care of most human ailments, that our role in delivering first-contact and continuing care really is important and that our method of delivering that care emphasizes its humane and caring elements - things that the public clearly craves.

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Guide to Clinical Preventive Services. Second Edition. Report of the U.S. Preventive Services Task Force. *953 pp. Baltimore, Williams & Wilkins, 1996. $24 (paper). ISBN 0-683-08508-5.*

Disease prevention and health promotion are foundational components of the clinical practice of family medicine. When the US Preventive Services Task Force published its first report in 1989, the guide soon became a widely regarded resource for the effectiveness of clinical preventive service. This new, second edition provides the most up-to-date guidelines available, providing primary care health professionals with key information on the proven effectiveness of preventive services from published clinical research. The guide provides family physicians with an essential tool in the implementation of preventive services in their office and community.

The second edition of the guide includes 11 new chapters, now providing 70 topics, organized into three sections: screening, counseling, and immunizations and chemoprophylaxis. The underlying philosophy of the Task Force is evident throughout the guide: health professionals should recommend only those interventions for which there is convincing evidence that the benefits will outweigh the potential harm. The practicing clinician will be drawn regularly to the well designed and organized layout for each topic. When first reviewing the guide, however, the reader should take the time to read the "Introduction." In it the overview and methodology are very well described and provide the scientific justification and creditability for the entire guide. The approaches used by the Task Force in their review of the published literature and their grading of the quality of evidence (see Appendix A), are particularly important in putting the guidelines in their appropriate context. Indeed, this methodology serves as the model against which the myriad of other clinical guidelines should be compared.

Each chapter starts with a succinct and readable recommendation for the clinical topic. A 10- to 15-page discussion then follows, addressing the burden of suffering, accuracy of screening tests, effectiveness of early detection, and recommendations of other groups. Each chapter concludes with the Task Force's graded (A through E) recommendation for clinical intervention. The reviewed references are appropriately noted and follow each chapter.

In summary, the second edition of the *Guide to Clinical Preventive Services* represents the current knowledge of the key preventive services relevant to the primary care of individuals, families, and populations. This guide is a highly recommended addition to the library of any family physician.

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Primary Care Orthopaedics. *By Victoria R. Masear. 367 pp., illustrated. Philadelphia, W.B. Saunders, 1996. $55. ISBN 0-7216-5436-3.*

Primary Care Orthopaedics was written by faculty, residents, and fellows in the Orthopedic Department of the University of Alabama at Birmingham. The authors' primary goal is to familiarize medical students and primary care physicians with the most common orthopedic conditions. Following chapters covering the orthopedic examination and orthopedic emergencies, the remainder of the text is devoted to individual anatomic regions and the conditions that affect those regions. Developmental conditions, arthritis, tumors, chronic pain, and casting and splinting techniques are also covered.

As is the case with some multiple-authored texts, this book suffers from inconsistency of content from one chapter to the next. Less than 1 page is devoted to neck and back pain, whereas elbow fractures and dislocations are covered in 7 pages. The amount of detail provided for individual conditions varies, and the in-