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Issue Date	Closing Date	Issue Date	Closing Date
May-June	April 1, 1992	July-Aug.	June 3, 1992
Sept.-Oct.	Aug. 1, 1992	Nov.-Dec.	Oct. 1, 1992
Jan.-Feb.	Dec. 2, 1992		

NORTHEAST

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SOUTHEAST

PHYSICIAN WANTED IMMEDIATELY—New Group Practice in rapidly growing Southwest Florida - Family Practitioners - Internists - Some E.R. Experience Desirable. Florida License Required. (813) 936-6280. Send CV to: Reply Box 0001, JABFP, 1440 Main St., Waltham, MA 02154.

Reference, however, will be useful to all family physicians who interpret ECGs.

Carol A. LaCroix, M.D.
Reading, PA

Essentials of Drug Therapy. By Gordon E. Johnson. 448 pp. Philadelphia, W.B. Saunders, 1991. \$27.95 (paper). ISBN 0-7216-3020-0.

As new medications appear and as uses for old ones are modified or disappear, the physician must continually sift through journal articles, texts, and pharmaceutical promotional information to maintain optimal skills in drug therapy prescribing practices. Excellent resources are generally readily available to practicing family physicians, including *AMA Drug Evaluations* and the *Compendium of Pharmaceuticals and Specialties*. *Essentials of Drug Therapy* was designed as a practical book to help the busy practitioner place newer drug therapies in proper perspective.

The text is organized into 10 categories according to drug pharmacology: cardiovascular, renal, blood formation and coagulation, gastrointestinal, endocrine, respiratory, pain relief, neurologic, behavioral, and antiinfective. Each section is further divided according to common classes of drugs within that category. For example, the section on gastrointestinal drugs includes information on drugs used in the treatment of peptic ulcers, chronic inflammatory bowel disease, and nausea and vomiting. The index, which includes both generic and trade drug names, allows for easy reference.

The author has provided good information access by maintaining a constant format for discussion of each drug type. In each grouping there is a discussion of mechanism of action, pharmacologic effects, therapeutic uses, adverse effects, specific drug interactions, and doses, including highlights of adult, geriatric, pediatric, and maximum dosages. Additionally, each section is supplemented by a recommended reading list. The book contains no photographs, but the occasional tables, e.g., relative potencies of steroids, are useful.

In reviewing this text, it is important to consider the timeliness and accuracy of its information without becoming too involved in detail. For the most part, the information generally appears current and well-defined by an easily readable prose. There are areas, however, that the reader could call to question, including the section on estrogen replacement therapy, which does not discuss the use of continuous dose regimens of estrogen and progesterone; the section on topical creams for vaginal candidiasis, which lists 6 recommended days of therapy instead of 7; and the section on angiotensive converting enzyme inhibitors, which does not mention cough as a common side effect. Also, the reader could question whether the text has included those areas the physician would encounter commonly in a daily practice. Topics not included in the text, but which would be relevant to family practice, include, for example, antituberculosis therapy and prescribing recommendations for common drugs during pregnancy and lactation.

The author has written this book for the family physician, the "undifferentiated house officer" (a curious term), and the senior medical student or pharmacy student. These individuals will appreciate the basic framework of the text, but need to review the information continually in the context of current general works in family medicine and the more extensive cita-

tions listed above. The physician should not be complacent in the acquisition of drug therapy information or be lulled into a false sense of security, thinking that all of the necessary information can exist in one book.

Kathryn M. Larsen, M.D.
Orange, CA

The Art of General Practice. Fourth edition. By David Morrell. 157 pp.
Oxford, MA, Oxford University Press, 1991. \$45. ISBN 0-19-261988-8. \$19.95 (paper). ISBN 0-19-261990-X.

This small book is a very personal work. It reflects the author's own experiences, which he has studied carefully during many years of private and academic involvement. There are some appropriate references to other researchers, but generally the reader will appreciate the art of general practice from the author's own perspective and philosophy.

Chapters include overviews of the organization of primary medical care; characteristics of general practice; solving problems in general practice; prognosis; prevention, health education, and the primary care team; and treatment.

Specifics are relevant to the United Kingdom Health Service, and little attempt is made to compare it with other countries' systems. Thus, the generalizability of the information depends on those general principles of general and family practice that enjoy universality, of which there are many. References to health visitors, however, or cough as the commonest presenting symptom are not directly applicable to North American medicine.

While directed primarily to medical students, there are instances when the author's enthusiasm to make a point might be confusing to the tyro clinician. In one section, cough is the most common symptom in general practice; then, in another, pain is by far the most common. In one instance, interpreting the problems presented to them in terms of their patients' needs is the most important function of general practitioners; then, the provision of medical care in the community is concerned, above all, with effective preventive services.

The book is not intended to be a textbook of general practice. I would recommend the book as a good introduction to general practice for a medical student in the United Kingdom. It would not satisfy the needs of a trainee or resident physician. There are more appropriately referenced introductions to family practice for North American students, but the book does put forward well the universal principles of primary medical care.

Brian K.E. Hennen, M.D., C.C.F.P.
London, Ontario

**UNIVERSITY OF
MINNESOTA
MEDICAL SCHOOL**

**RURAL PHYSICIAN ASSOCIATE
PROGRAM (RPAP)**

Rural Physicians Associate Program is an academic program that enables selected third-year University of Minnesota medical students to live, learn and work for 9-12 months in a rural community and encourages them to enter rural medical practice after completion of their residency training. Applications are invited for the position of Program Director (with appropriate faculty rank dependent upon individual qualifications). The Program Director, will provide leadership in administration, liaison with community physicians and state-wide community leaders, program coordination with University-based physicians, advocacy for primary health care in rural communities, curriculum development, and conduct relevant research.

The candidate will be expected to be board certified in family practice. He/she should have experience in rural health care and/or involvement in rural health care initiatives and credentials in clinical research and curriculum development. Qualifications for Assistant Professor include demonstrated involvement in research and educational activities; qualifications for Tenured Associate Professor include professional distinction in research and demonstrated effectiveness in teaching and advising; and qualifications for Tenured Professor include a national reputation in research and evidence of leadership in candidate's professional field.

Submit inquiries and curriculum vitae by March 31, 1992 to:

Paul Quie, M.D.
Chair, RPAP Search Committee
University of Minnesota Medical School
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Minneapolis, MN 55455

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