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.

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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.

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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

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