Family Practice Residency affiliated with the University of Washington, has a strong history of training physicians for rural practice. We are currently in the third year of our fellowship in Rural Family Medicine and six Fellows are currently participating in the program. It is anticipated that the Rural Fellowship will accept six physicians for the year beginning August 1, 1993. The curriculum will consist of 6 months of intensive obstetric training, 1 1/2 months tailored to the individual Fellow. Options for the individually tailored time include adult and pediatric critical care, inpatient and outpatient psychiatry, neonatal transport service, all medical and surgical specialties, emergency service, public health, practice management, etc. As the only civilian residency in Tacoma, WA, located on beautiful Puget Sound, this is an ideal training site. Contact Tom B. Norris, M.D., Program Director, Tacoma Family Medicine, 419 South L Street, Tacoma, WA 98605 for details. Applicants should be finishing a Family Practice Residency in 1992 or have previously completed residency training in Family Medicine and have an interest in rural practice.

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SOUTHEAST

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ALABAMA—Medical Center East Family Practice Center is a newly renovated 12,000 square foot facility associated with a new 282 bed, full-service hospital located on a 300 acre suburban health care campus. The new faculty member will be family practice residency trained (Board Certified) with a minimum of two years full-time academic experience. Total faculty complement of four; training twelve plus residents. Training program includes strong obstetrical and pediatric

the coverage in the text. The successful organizational structure imposed by the editors and the authoritative panel of contributors have been retained. Both the medical student newly introduced to pediatric medicine and the seasoned practitioner concerned with a challenging clinical problem will find this resource to be helpful.

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The Practicing Physician's Approach to Headache. Fifth edition. *Edited by Seymour Diamond and Donald J. Dalessio. 295 pp., illustrated. Baltimore, Williams & Wilkins, 1992. $45. ISBN 0-683-02506-6.*

The editors of *The Practicing Physician's Approach to Headache* (*Headache*) "have tried to make this a practical text for the clinician." They are true to their word: the first chapter opens by indicating that the 96-page 1988 headache classification of the International Headache Society is not clinically practical.

Physically, *Headache* is hardbound with comfortable-sized type on glossy paper. Tables and figures are good quality. Figures are of predominantly magnetic resonance imaging (MRI) and computed tomographic (CT) images.

In content, the book is noteworthy for its specific recommendations. For example, when discussing studies for headache, the authors state, "We believe that, if headache is a major complaint, at least one CT or MRI (preferably) of the brain should be done." Much of the book has a conversation style that is easy to read: "But enough of such sophistry. Let us press on. . . . " References appear within the text, with full citations at the end of each chapter. Although copyrighted in 1992, many references are historical (1950s and 1960s); the most recent citations are occasional 1990 ones.

Headache contains 21 chapters. The chapters include Classification and Mechanism(s) of Headache, Migraine Headache, Tension-Type (Muscle Contraction) Headache, and Mixed Headache. The chapters on headache history and examination will be unhelpful to most physicians. (Those two chapters contain a total of one reference to a short 1974 article.)

This book appears to have been written with a primary care audience in mind. It is a compilation of paradoxes, however, illustrated by the juxtaposition of mundane and esoteric: "Certain specific occupations . . . have a built-in predisposition to head pain. Patients providing services to the public are particularly susceptible. Abattoir workers are subject to Q fever, with intense headache as one of the symptoms." To justify a 12-page presentation, the authors state that MRI is a new and largely unfamiliar technology. Paradoxically, only 1 of 29 references from that chapter has a publication date after 1984.

This book's strength is that it is committal. The advice is usually academic: "Most patients with chronic tension-type headache suffer from depression"; regarding tension headache: "Indiscriminate use of analgesics, addicting tranquilizers, and ergot preparations can cause permanent problems . . . use of benzodiazepine therapy should be avoided." In opening, quoting Thomas Merton, the authors caution: "If a writer is so cautious that he never writes anything that cannot be criticized, he will never write anything that can be read." They are true to the quotation, and I question some of their positions. Discussing migraine headache prophylaxis, the authors state, "Because of their cardioselective properties, atenolol and metoprolol are indicated for patients with concurrent asthma." With many alternatives, why would one contemplate *any* β-blocking agent in an asthmatic for nonlife-threatening illness? Similarly, discussing "tra-

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ditional radioactive isotope brain scanning" in the evaluation of headaches, the authors state, "This procedure may be especially useful as a second examination when the CT scan has proved negative." If discussing the potential of thallium-SPECT scanning,[1,2] the statement might be tenable, but not when discussing the traditional brain scan.

Although an excellent review, *Headache*'s narrow focus and cost will probably not make it a popular medical student or resident acquisition. Edited by recognized clinical authorities on headache, this book is a reasonable purchase for hospital and residency libraries. For individual physicians, purchase Grateful Med for $30 and spend the cost difference on searches.

References

1. Keyes JW Jr. Clinical applications of SPECT. Int J Card Imaging 1989; 5:25-32.
2. Kim KT, Black KL, Marciano D, Mazziotta JC, Guze BH, Grafton S, et al. Thallium-201 SPECT imaging of brain tumors: methods and results. J Nucl Med 1990; 31:965-9.

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