Manual of Clinical Problems in Adult Ambulatory Care. Second edition. *Edited by Laurie Dornbrand, Axalla J. Hoole, and C. Glenn Pickard Jr. 748 pp., illustrated. Boston, Little, Brown and Company, 1992. $26.50. ISBN 0-316-19019-5.*

The editors of the *Manual of Clinical Problems in Adult Ambulatory Care* try to bridge the "gap between the information supplied in traditional medical texts and the day-to-day concerns of patient care" to meet "the needs of general care clinicians at all levels." Pediatrics, obstetrics, and dermatology are largely ignored. No specific chapters are devoted to principles of drug prescribing, functional assessment of the elderly, or clinical decision making. The authors are predominantly internists and medical and surgical subspecialists.

This manual is spiral-bound, soft-covered, and identical in cover dimensions to *The Washington Manual* but 25 percent thicker. Thus, it is ponderous for the pocket and flimsy for the shelf. Tables and figures are underused; type is micro-sized (20 characters per inch, 8 lines per inch).

The manual is divided into 20 sections (Constitutional Symptoms, Eye Problems, Ear Problems, Upper Respiratory Problems, and so on), which are subdivided into 145 chapters. Sections contain from 2 (Allergic Conditions) to 13 chapters (Endocrine and Metabolic Problems, Cardiovascular Problems). The chapters typically have 4 pages of unreferenced text plus one page of annotated references.

According to the editors, subjects were "selected because of their frequency in ambulatory medical practice" and include diagnosis-related (e.g., asthma) and problem-oriented (e.g., proteinuria) topics, "depending on the level of resolution with which medical conditions typically present." Advice seems medically mainstream, although there are always points with which one could take issue. For example, although the NIH-National Asthma Education Program guidelines are referenced, the advice in the asthma chapter is to provide intravenous aminophylline 1 hour into therapy of a refractory asthmatic episode before the recommendation for corticosteroid administration.

Because of the lead time from manuscript preparation to press, the latest therapeutics (pravastatin [Zocor], sertraline [Zoloft], Norplant) are not included. Family physicians will find little dermatology or orthopedics and a woefully inadequate psychiatry-psychology section for a manual whose content is supposed to mirror ambulatory practice. Subungual hematoma, ingrown toenail, and heel pain, for example, are not included, whereas Peyronie's disease and strongyloidiasis are. Contraception, dysfunctional uterine bleeding, human immunodeficiency virus infection, and sexually transmitted disease guidelines are reasonably presented, although the latter represent the 1989 guidelines (before the new macrolide antibiotics).

Compared with Lange's similarly priced *Current Medical Diagnosis & Treatment*, this manual seems to have a more restricted content and smaller dimensions and type, but it can be arched and squeezed into a large pocket in a white coat. *Conn's Current Therapy*, published by Saunders, a hardback, costs about twice as much, a questionable expense because these volumes are outdated by the time they appear, but it is the most attractive and authoritative-appearing of these texts. *Manual of Clinical Problems in Adult Ambulatory Care* is the choice when portability is the overriding priority.

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Medicine. Third edition. *By Mark C. Fishman, Andrew R. Hoffman, Richard D. Klausner, and Malcolm S. Thaler. 555 pp., illustrated. Philadelphia, J.B. Lippincott, 1991. Price unknown (paper). ISBN 0-397-51028-4.*

This excellent review addresses current, basic general internal medicine. The authors cover only the nine traditional medical subspecialties (cardiology, pulmonary medicine, nephrology, endocrinology, gastroenterology, rheumatology, hematology, infectious diseases, and neurology) by presenting a limited, concise, clinically oriented review of commonly encountered areas in today's practice. Exemplified by the hypertension chapter, the etiology, differential diagnosis, and traditional, as well as recent, advances in treatment are all summarized in 10 pages of text. The text is clearly directed at answering the commonly asked questions, such as which patients should receive which medications first, whereas the esoteric is left to other textbooks.

The authors successfully accomplish their goal of elaborating on the abundance of new medical information by neither overgeneralizing nor oversimplifying. The prose is readable, and the busy practitioner will be able to move rapidly through a clinical section, such as the evaluation of a pulmonary nodule, and get right back to the patient waiting in the examination room. The use of charts, electrocardiograms, and radiographs, while somewhat limited, is quite useful.

The book is of particular value to those in family practice because there is clear emphasis on common internal medicine diagnoses. Yet, as in the example of the rheumatology chapter, the authors maintain a level of sophistication (e.g., a thorough discussion of antinuclear antibodies and their patterns) that prevents the reader from feeling the topics are addressed with excessive generality. This text can also be considered outstanding for the medical student as a first intro-

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duction to internal medicine, because it so clearly presents an overview to all of its basic parts. The addition of its updated treatment advice for hypertension, human immunodeficiency virus infection, dylipidemias, and infectious diseases makes this third edition of *Medicine* an easy pick for the generalist.

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Outpatient Medicine. *By Stephan D. Fihn and Steven R. McGee. 701 pp. Philadelphia, W.B. Saunders, 1992. $32 (paper). ISBN 0-7216-3480-X.*

In the Preface to this book, the editors state,

> The delivery of medical care in the United States has changed radically in the past decade. These changes have included a myriad of new technologies for diagnosis and treatment, a striking transformation in the way medical care is funded, and new demands for physician accountability and patient autonomy. While the process of medical care has become increasingly complex, there has been a paradoxical shift in the primary site where care is delivered from the highly controlled environment of the hospital to the much less structured milieu of the clinic.

This book evolved out of primary care rounds given to physicians-in-training at the Seattle Veteran's Affairs Medical Center during the past decade. Over 200 common outpatient problems are discussed.

In keeping with its emphasis on ambulatory care, the book begins with a discussion of general aspects of ambulatory care, including determinants of patient satisfaction, effective communication, determining disability, and dealing with the death of a patient. Chapter II focuses on preventive services, which are presented in a rather unusual order: periodic health assessment, drug abuse, alcoholism, immunizations, smoking cessation, and principles of screening. The remainder of the book is divided according to organ systems. Each topic includes a discussion of epidemiology, signs and symptoms, clinical approach to evaluation, management, follow-up, cross-references within the book, and references from outside literature. Much of the information is condensed into tables or algorithms. Comments are included concerning relative costs of tests and therapies.

It is dismaying that no family physicians were included in the group of 104 consultants who wrote this book, as outpatient care has been an integral part of family practice ever since the specialty was created more than 20 years ago. One evidence of the difference in orientation between family physicians and internists is the occasional reference to "clinic patients." The references from the literature at the end of each topic are a very useful resource that all family physicians can use to expand their knowledge.

Although this book evolved out of lectures given to internists-in-training, and includes good guidelines for those who are new to ambulatory care, it is a useful guide for all physicians in primary care. For the physician who is already in practice, this book can be a useful memory jogger, because it summarizes the current status (as of 1991) of evaluation and management for each topic.

Although the authors strived to present the topics in a critical, practical manner, personal biases are sometimes evident. The editors invite comments and criticisms from the reader, whether medical student, house officer, or practicing generalist.

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Research Methods for Primary Care, Vol 3. Doing Qualitative Research. *Edited by Benjamin F. Crabtree and William L. Miller. 276 pp. Newberry Park, CA, Sage Publications, 1992. $19.95 (paper). ISBN 0-8039-4312-1.*

Qualitative research, although not new to medicine in general, has garnered more attention and respect by primary care researchers in recent years. Certainly, the methodology has much appeal for the study and characterization of many of the interactions common to the daily practice of family medicine. This work, the third volume in a series on research methods in primary care, was written to stimulate interest in qualitative research in primary care and to provide a foundation for specific inquiries. The editors remind the reader that qualitative methodologies are not presented as superior to quantitative approaches, but as a choice that is ideally complementary.

There are six major sections contained in this book. The first section, labeled as an overview, contains confusing vocabulary and jargon used in qualitative research methods, e.g., hermeneutics, template style of inquiry, ethnoscience interview. The editors consider this a "gold mine," but only considerable research experience might support that opinion. Sections 2 through 5 discuss data-collection strategies, including sampling, participant observation, and key informant interviews; strategies of data analysis; and samples of completed qualitative studies in health promotion activities and physician-care giver relationships. The final section offers perspectives from a psychometrician, a family physician, and a family physician-epidemiologist.

Given the concept and language complexities of the first section, it would probably be advantageous, especially for the novice researcher, to bypass the first section in favor of the summary section. This readable overview highlights the strengths and weaknesses of the qualitative approach. The reader should then deal with the main text, which covers data collection and analysis. Although at times burdened by many of the same vocabulary issues, it is made more palatable by the numerous study examples from family medicine training or practice settings.

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