

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.

This work is intended to stimulate interest in qualitative methodology applications to primary care research. Certainly an enthusiasm for qualitative research shines through in many of the section chapters, but the language is often distracting. The primary care physician who has interest in this area will need to foster those interests by perhaps reading

other volumes in this series on both quantitative and qualitative principles and designs, by sampling the references cited in the work, and most of all by cultivating relationships with those more experienced with the complexities and nuances of the qualitative method.

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