

emergency procedures during the course of their clinical practice. Although the authors intended this book for the "beginning physician who is learning patient management," it will be useful for all physicians performing emergency procedures, especially those physicians who are working more extensively in emergency department or urgent care settings. Most chapters include helpful illustrations to accompany the text description of each procedure. For each procedure the authors have included a brief description of indications, contraindications, equipment, universal precautions, technique, complications, perils and pitfalls, and references.

The book is easy to read with a clear, concise, readable style. Some chapters cover several procedures in a particular discipline, e.g., anesthesia or orthopedics, while other chapters are devoted entirely to a single procedure, such as thoracentesis or nasal packing. The quantity of information and the extent of detail varies widely from procedure to procedure. Even in those chapters that are brief, however, the descriptions are of sufficient detail to give the reader useful guidelines. The text description of how to perform a procedure with an accompanying illustration was very easy to follow and clear. For the most part, two or three references are listed for each procedure. For some procedures, the author's "extensive experience" is the only reference listed. Because this is more of a how-to text, the lack of references in some chapters does not detract from the quality of the book.

Although most procedural techniques are learned through practice under guided supervision, this book is a useful reference for the clinician who wants to review the techniques for uncommonly performed or new procedures. It will be perhaps most useful as a quick specific review before performing a procedure.

In summary, this is a useful technical manual for those who perform emergency procedures as a part of their clinical practice. Medical students and physicians in training will find this text helpful as they learn procedural techniques.

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Essentials of Family Practice. Edited by Robert E. Rakel. 468 pp. Philadelphia, W.B. Saunders, 1992. \$49.95. ISBN 0-7216-4227-6.

In the Preface of *Essentials of Family Practice*, the editor explains that this new book is designed to "serve as a resource for medical students enrolled in courses teaching the [essentials of family practice]." The book has 72 contributing authors. It is divided into 19 content chapters and concludes with a 20th chapter entitled Clinical Case Studies. This last section, 202 pages in length, contains 47 different, patient-based discussions about common problems seen in the spe-

cialty of family practice. Each chapter is followed by a set of self-study questions, the answers for which appear at the end of the text.

This book is ambitious in both its breadth and depth. The initial two chapters provide an overview of the specialty of family practice. The third chapter explores the subject of ethics in family medicine, and Chapters 4, 5, and 6 examine family dynamics and the family's influence on health and illness. The remaining content chapters focus on care of the dying patient, home care, communication and interviewing skills, patient compliance, disease prevention, practice management, research in family medicine, how to read medical journals, clinical problem solving, and interpreting laboratory tests.

This text is actually two books in one. The first is a resource guide to familiarize students with the specialty of family practice and with a number of topics often best taught to medical students by family physicians. The second book provides an introduction to a number of common clinical problems seen by family physicians. Yet, the case studies in the latter half of the book do not necessarily relate to the content areas presented in the first half of the book.

It seemed apparent to us as reviewers that medical students might need guidance if they are to avoid becoming frustrated when reading this book. In particular, some chapters provide extensive, in-depth analyses of specific content areas. Students might be overwhelmed with the amount of information contained within these chapters. It would seem appropriate for course directors to read the book carefully and to select the sections or chapters they believe are most appropriate to meet the objectives of their courses. By contrast, the clinical case studies range from 3 to 6 pages in length, are easy to read, and can be used as self-directed learning for the students.

This book can be compared with a popular text edited by Sloane, Slatt, and Baker entitled *Essentials of Family Medicine*. The Sloane, et al. book, written in 1988, is smaller in size, shorter in length, and less extensive in scope. In the first 12 chapters, Sloane and his colleagues provide an overview of the principles of patient care in family practice. Because the chapters are brief, the authors have added a list of annotated suggested readings to the end of each chapter. Similar to Rakel's book, the text of Sloane, et al. also includes a number of chapters that address common problems seen in family practice. Whereas Rakel has used a patient vignette to provide a context for each common problem discussion, Sloane and colleagues present background information about each clinical problem followed by a discussion of management strategies. Some of their chapters include brief case examples, but the cases are not used to explore the process of clinical problem solving, which is one of the benefits of the case discussions in Rakel's book. Family medicine educators who teach

medical students would benefit from reviewing these two books and others and deciding which format and content will best meet their needs.

In summary, *Essentials of Family Practice* is an important new resource for teaching medical students about the structure and content of family practice. This text contains a wealth of information that can be used in medical student education. The book also reflects the challenge that confronts family medicine educators. In particular, how do we convey to learners both the process and content of the specialty of family practice and meet both of these objectives within a limited period of time? Rakel and his colleagues have written a useful book that will aid family medicine educators as they seek to meet this challenge. The book, much as the one by Sloane and others, should not simply be handed to medical students with the expectation they will read it and thereby understand the specialty of family practice. Rather, such texts will furnish family medicine educators with a foundation upon which they can build their family medicine curriculum for medical students. Dr. Rakel and his colleagues are to be commended for their valuable contribution.

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Family Health Care. Edited by Russell J. Sawa. 297 pp. Newbury Park, CA, Sage Publications, 1992. \$42.95. ISBN 0-8039-4748-8; \$21.95 (paper) ISBN 0-8039-4749-6.

Where are we in our current thinking about the relation of the family to health and disease? Is it a misnomer when we call ourselves family physicians? Are insights from family theory helpful to the clinician? If we are able to define a family, how do we then study it? Sawa and 16 knowledgeable scholars analyze these issues under the framing hypothesis that "the inclusion of the family in primary care leads to a more effective prevention, diagnosis, management and rehabilitation plan." This book is a compilation of presentations by these experts at a 1990 symposium in Calgary devoted to examining the role of the family in primary care. Issues were explored from four perspectives: theory, methodology, education, and practice. Three scholars and a respondent were chosen to address each area. Predominantly academic family physicians, these participants also represented such disciplines as medical anthropology, psychology, organizational behavior, family social science, and history of medicine.

This text is well referenced with a helpful index. It provides a concise overview of relevant family systems theory, methodology, and approaches toward family therapy and research. The dialogue is informative, thought provoking and, at times, controversial.

For instance, Ransom questions the current methodology for family-oriented health care research and suggests a more person-focused approach. He points out the inherent inaccuracy of characterizing the family as a homogeneous entity because it is multi-dimensional, multileveled, and dynamic. Rogers provides a critical review of the major textbooks dealing with family-oriented health care, emphasizes the lack of a coherent approach among these authors, and proposes that their advice and models reflect more of an idealized description than everyday practice. He advises process, tracing studies of the actual care provided by exemplary physicians to provide credible conceptual models. Perkin speculates that "the majority of present day family physicians do not fulfill the family part of the clinical picture as well as their predecessors, largely as a result of changes over which they have no control." Authors such as Baird and Sawa respond to these observations with thoughtful contributions including Doherty and Baird's discussion entitled *Five Levels of Physician Involvement with the Family* and Sawa's approach to patients called *Three Ways of Thinking*.

The most likely audience for this book will be educators who wish to be familiar with the application of current knowledge of family systems theory and therapy to family medicine and primary care. The family medicine researcher will also discover stimulating ideas and numerous suggestions for further exploration.

As might be expected in a book of this nature, there is considerable overlap and the message is often inconsistent — a tradeoff for the vitality that comes from diversity. Few authors maintain their focus on the framing hypothesis, and at times the language and terminology of some tend to create expectations for a new paradigm and new way of being a physician that strain credibility. Also, the paperback issue is so tightly bound that it is difficult to open the pages fully. Nevertheless, these drawbacks are well compensated by the opportunity to share in this engaging colloquium with a remarkable group of scholars who are devoting substantial portions of their careers to exploring the interaction of the family with health and disease and who are seeking frameworks from which to study these relations. This book thus contributes importantly to one of the most critical issues in family medicine affecting our conceptual foundation, our self-perception, and our future.

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Grand Rounds on Medical Malpractice. By Francis X. Campion. 372 pp. Chicago, The Risk Management Foundation