

each topic are well chosen and reflect the questions a practicing family physician might ask. The answers to the questions are written in a clear, concise style and cover important information regarding diagnosis and evaluation. The information presented on the treatment, however, is quite broad and not specific enough to be useful to the practicing physician.

This text provides information about common medical, surgical, and traumatic conditions. Unfortunately, the question and answer format used by the authors makes it more difficult for the reader to access the desired information. Additionally, the text is lacking information on such important common topics as domestic violence, soft tissue injuries, and common lacerations. The text is well indexed, and this will help the reader find information about a specific condition. There are charts and flow diagrams in some of the chapters, but the text contains surprisingly few illustrations and only one radiograph.

The question and answer format is intended to stimulate the reader to seek further knowledge from a more comprehensive text. Teachers of emergency medicine might find this textbook a useful guide to student learning. Physicians working more extensively in emergency departments or urgent care settings will need a more comprehensive and easily accessible resource.

M. Patrice Eiff, MD  
Portland, OR

**The Fifteen-Minute Hour: Applied Psychotherapy for the Primary Care Physician. Second edition.** By *Marian R. Stuart and Joseph A. Lieberman III*. 202 pp. Westport, CT, Praeger Greenwood Publishing Group, 1993. \$55 (hard). ISBN 0-275-94498-0. \$18.95 (paper). ISBN 0-275-94499-9.

Primary care physicians have long struggled to produce an acceptable definition of their domain. This struggle has produced an interesting and peculiar literature: you can find content descriptions based on encounter diagnoses, closely argued exhortations to add this or that to what we already do, and pessimism that integration of all the "recommended" knowledge and skills is even possible. One gets the impression that primary care practice is a difficult, daunting proposition.

Stuart and Lieberman enter this conversation as a breath of fresh air. They have produced an upbeat little handbook — a cookbook, really — that is clear, simple, and concrete. This book is aimed squarely at practicing primary care clinicians, and it does not miss the mark. They show a solid understanding of the temperament, language, customs, content, and constraints of primary care medical practice. This book is written from the inside, as it were.

The word "psychotherapy" in the title might be misunderstood. Psychotherapy here means the use of words and the power of the physician-patient relationship to promote healthy change for the patient. This is not a book on psychiatry in primary care, or

even a book that deals with mental disorders. The focus is on the emotional component of ordinary medical problems. The authors argue for adoption of the biopsychosocial model: every primary care patient encounter has a psychosocial component, this component has a major influence on the patient's health, it is the clinician's business to address this component, and the skills necessary for such an expanded inquiry are well within the capacities of all primary care physicians to master. The authors then specify what these skills are, and when and how they should be used.

The prose is informal, and the central points are repeated and incorporated into acronyms and other mnemonic devices. This might put off those readers who prefer a more formal and scholarly tone, but that includes very few busy primary care clinicians. Nevertheless, this stylistic informality should not be mistaken for irresponsibility or ignorance. The breadth of the references marshalled in support of the authors' points is impressive, particularly that literature linking mental processes to physical outcomes. The references and suggested readings alone are worth the price of the book.

Having said that simplicity and concreteness are two of this book's chief virtues, I nevertheless wished for a bit more detail in places. For example, when should one make a consultation or referral? How does one integrate pharmacotherapy with the psychotherapy presented here? How does one approach patients who have been or are being abused?

Another half-dozen examples come to mind, but this is asking the book to be something it is not. On the whole, *The Fifteen-Minute Hour* is an extremely valuable little volume that will be useful to primary care clinicians at all levels of training and experience.

Frank deGruy, MD  
Mobile, AL

**Oxford Textbook of Palliative Medicine.** Edited by *Derek Doyle, W.C. Hanks, and Neil MacDonald*. 845 pp. New York, Oxford University Press, 1993. \$125. ISBN 0-19-262028-2.

This large (845 pages), costly (\$125) textbook covers a broad range of issues that face physicians when caring for terminally ill patients. It was developed primarily as a text for Hospice physicians. Its many chapters vary in quality and depth. For example, it provides 16 pages on opioid medication (including exhaustive discussions of pharmacokinetics) — far more than this reviewer would have wanted to see — and then tries to provide a meaningful overview of Hinduism in less than a page. In part, the problem is the book's attempt to be comprehensive. Other general textbooks, such as those of family practice and some texts of geriatric medicine, often suffer similarly. For a family physician, this book provides relatively little useful new information beyond what is available in general texts of medicine, family medicine, and geriatric medicine. Therefore, I hesitate to

recommend this reference for family physicians, even those interested in geriatrics or in terminal care. Far better would be a short, practical textbook that focuses on management.

Philip D. Sloane, MD, MPH  
Chapel Hill, NC

**Prevention in General Practice. Second edition.** (*Oxford General Practice Series 23.*) Edited by Godfrey Fowler, Muir Gray, and Peter Anderson. 299 pp. New York, Oxford University Press, 1993. \$31 (paper). ISBN 0-19-262158-0.

*Prevention in General Practice* is one of a series of books published by Oxford University Press to address issues of prevention in clinical practice. According to the editors, this second edition is "mainly concerned with [prevention] activities in young and middle-aged adults." Other books in the series address prevention issues in children, adolescents, pregnant women, and the elderly.

This book is well written and addresses a wide range of prevention topics. The first eight chapters present background information about clinical prevention. In these first 100 pages the authors explore such subjects as socioeconomic influences on health, information management, communication, and methods to integrate prevention into practice. Each of the remaining eleven chapters examines a specific subject area, such as smoking, healthy eating, stress, prevention of cancer, cardiovascular disease, and mental ill health.

All of the authors are either from Oxford or London, England. The target audience for this text is the

health care professional in the United Kingdom (UK). Although many of the issues discussed in the text are relevant for all readers, some of the systems issues and screening recommendations are unique to clinical practice in the UK. Of particular interest is the discussion in the Appendix of the new UK general practice contract. This section explains the prevention features and expectations of this new contract, as well as new financial incentives designed to encourage increased emphasis on the provision of preventive services by general practitioners in the UK.

The strengths of this book are its clear writing style and the breadth of its subject matter. An additional plus is the view it provides of the British health care system and the initiatives presently underway to increase the emphasis on prevention.

An area where the book is not uniformly strong relates to the "how to" of prevention. In some chapters the authors do a nice job of providing the reader with suggestions about how to address specific prevention topics in the clinical setting. Other chapters, however, furnish good general background information but not as much about implementation strategies.

In summary, *Prevention in General Practice* can serve as a useful resource for the clinician who seeks information about prevention in clinical practice. This book also provides a glimpse at how one nation is attempting to integrate prevention into its managed health care system.

David R. Garr, MD  
Seattle, WA