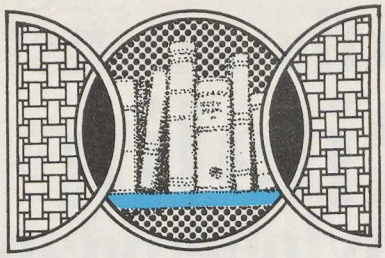
Book Reviews



Office Gynecology. *Robert H. Glass (ed). Williams and Wilkins Company, Baltimore, 1976, 280 pp., $24.95.*

This book does a fine job of filling a void on the practitioner's bookshelf. The family physician, who spends most of his/her time treating ambulatory patients, deals with a great many gynecologic problems. Yet most textbooks of gynecology concern themselves largely with those serious conditions requiring hospital care and give little attention to the obvious fact that most gynecologic medical care is provided in an office setting.

Each chapter of this book is by a different author and deals with common gynecologic problems encountered in the ambulatory setting, including pelvic infections, vulvovaginitis, contraception, aspiration abortion in an office setting, the abnormal pap smear, office sex counseling, infertility, and other subjects. The authors are all clinicians despite some rather imposing academic titles.

With each chapter written by a different author or group of authors there is wide variation in quality. Some are simply better written than others. Nevertheless several of the chapters are in themselves worth the price of the book, particularly those on pelvic infection, aspiration abortion, the abnormal pap smear, office sex counseling, and infertility. Other chapters, although less informative, also provide some worthwhile information. Many give clear concise protocols for dealing with clinical problems with enough information to enable the experienced physician to know when to deviate from that protocol. Adequate references to provide the logic for clinical decision-making are provided.

Unfortunately, the lack of color photographs detracts significantly from the chapter on vulvovaginitis. Although the chapter on rape provides much helpful information, it neglects adequate discussion of the role of a team approach in the management of victims, and the outline given for the treatment of gonorrhea is out of date.

Despite these problems, however, the experienced physician will find this book most useful as will family practice residents. I suspect my copy will be well dog-eared before long.

John A. Lincoln, MD
University of Washington
Seattle, Washington

Continued on page 202

Continued from page 200

A Right to Health: The Problem of Access to Primary Medical Care. *Charles E. Lewis, Rashi Fein, David Mechanic. John Wiley & Sons, New York, 1976, 367 pp., $17.95.*

The problem of access to primary medical care is one which involves the family physician more than his/her confreres in other specialties. The family physician is thus of great importance in this book which discusses "the central paradox of American medical care...that we have developed extraordinary capacities in high-technology medicine for meeting the needs of the acutely ill, but have been much less successful in providing satisfactorily for the health-care needs of people in their work-a-day lives."

One of the many strong points of this book is that it is written in the clearest of English so that even practicing physicians may understand it. In my reading experience, too often health economists talk a language seemingly meant only for each other. Several of the early statements which convinced me that these particular authors have a good concept of the realities of primary care are these: "In any given month approximately three fourths of the population have an acute or chronic illness that leads to some action, such as the restriction of activity or the taking of medication. Of these persons who report an illness during the month, approximately one third seek medical consultation." Furthermore, Mechanic (although not a physician) is fully aware that almost half of the patients of doctors at first contact present with "such vague symptoms and problems that they cannot be given a diagnosis that fits the more specific designations of the *International Classification of Disease.*"

In the second portion of the book, entitled "Past History," Dr. Charles Lewis (who is Professor of Medicine as well as of Public Health and Nursing at the Los Angeles Center for Health Sciences of the University of California) calls family practice "*the* Primary Care Specialty." He concludes his review of the current status of residency programs by warning that the next few years will be critical: "The quality of their output, in terms of the second generation of faculty members for such departments, and their teaching, research, and clinical competencies, may be the principal determinant of their future. In any event, these 'transplants' will require considerable fiscal nurturance by governmental agencies if their promise is to be realized."

The various state and federal programs for providing health care and for providing health-care practitioners in the decades immediately past are dispassionately analyzed by Dr. Lewis. The dollars which have been expended (so many) and the results which have been achieved (so few) are analyzed in an unusually nonpartisan fashion. To summarize most succinctly, all of the programs have been singularly less successful and more expensive than anticipated. It is also intriguing to learn that according to the most recent data available, persons with family incomes above $15,000 per year still make more visits to doctors than their poorer peers even when the poor are covered by Medicare.

However, Rashi Fein, Professor of the Economics of Medicine at Harvard Medical School, concludes that the incremental ap-

Continued on page 206

Continued from page 202

proaches to the solution of American health-care problems which have been tried so far have been "neither responsible, nor sufficient." In answer to the often-voiced protest that one must walk before running, he avers that one cannot leap over a chasm in two steps.

Family physicians in practice as well as in the business of training others should certainly read his chapter, "Policy Towards Primary Care." Professor Fein is aware that "medical care is delivered at the micro level." But he considers that "it is possible for those working at that level to effectuate change—within the limits set by the overall system and its financing—in their delivery program, in their medical school, in their community."

This strikes me as unusually encouraging, a quotation we might all consider pasting on our bathroom mirrors to read every morning. If you have a big mirror, this sentence might also be included: "We are and always will be dealing with relationships that involve human beings who themselves are part of the learning experience, who are subject to many varied and changing influences, whose needs and desires alter, and whose behavior is not fully predictable. Additionally, medical care and especially primary care, involves multiple outputs that are, and will remain, difficult to measure and whose interrelationships are complex."

It is heartening to me to find this degree of comprehension of what medical practice is like by professors whose experience and reputation will undoubtedly make them activists in any of the upcoming restructurings of the health-care delivery system program under which we will all be working and living.

This book is strongly recommended to students and practitioners of all ages, specialties, and political persuasions.

Bernadine Z. Paulshock, MD
Wilmington Medical Center
Wilmington, Delaware

Clinical Skills: A System of Clinical Examinations. *Ian A. Bouchier and John S. Morris. W. B. Saunders Company, Philadelphia, 1976, pp. 654, $15.50.*

This soft-cover book, just a bit heavy and large for the medical student and house officer's white jacket pocket, for whom it is perhaps most applicable, presents a good review of medical interviewing.

The organization of this book, mainly by systems, renders it quite readable. The majority of illustrations are tasteful. However, many of the pictures lose effectiveness in black and white, since life colors are indicated and needed.

Most of the material discussed in this book is relevant to the content of family practice. The chapters on the nervous system and on psychiatric assessment (while the latter seems excessively long) are especially readable in view of clinical skills necessary in medicine.

This book would seem to best serve an audience of medical students and residents. It may well serve as a general overview for the practicing physician, and some might find it offers help as a pretest review of clinical examination skills.

Although it is an attractive, small, soft-covered book, I am not sure that its content fills any previously unmet need.

Loren H. Amundson, MD
University of South Dakota
Sioux Falls