

to present the range of hypothesis is difficult. However, some of the recommendations could be more clearly labeled as anecdotal.

I think this book is a good overview of sexuality for residents and clinicians to read to establish a foundation. Its frank discussions are likely to offer new ideas even to those who have been in practice for awhile. However, pairing this book with material that clearly makes the connection between the evaluation of a patient with a sexual concern and the clinical reasoning to develop a differential diagnosis and approach to management is needed to round out the base for learners. The book is limited in its usefulness as a reference text because of its organization and structure. However, it could be useful as an assigned text to medical students or residents as part of a curriculum on sexual health.

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**The Future of Primary Care,**  
*Jonathan Showstack, Arlyss Anderson Rothman, Sue Hassmiller, eds,  
San Francisco, Jossey-Bass, 2004,  
328 pp, \$52 paperback.*

How can primary care meet the current and future needs of the US population? In 2001, the Robert Wood Johnson Foundation sponsored a "Future of Primary Care" conference in Glen Cove, NY, to define "normative ideas and principles" for the delivery of primary care. This book presents the 15 original discussion papers commissioned for that meeting, aiming to stimulate public thought and discussion on the present and future state of primary care. The contributors represent a broad range of perspectives on primary care: 11 general internists, four pediatricians, three nurses, a family physician, a preventive medicine physician, a psychiatrist, a health

policy specialist, and a public health professional.

The book opens with a survey of socioeconomic forces affecting primary care, including physician workforce issues, changing insurance and reimbursement trends, and development of new models of care, such as population health and chronic disease management. The following chapter explores patient perspectives on developments in primary care, noting that emphasis on teams in medical care has often left patients wondering who is "my doctor" and argues that there will continue to be a role for the primary health professional who partners with the patient to integrate care. A third introductory chapter explores the influences of "alternative" sources of medical information such as complementary and alternative medicine, the Internet, and disease management organizations on patients' primary medical care.

The second section of the book begins by describing primary care in terms of four defining functions: person-focused care, care of common health problems, accessible first-contact care, and coordination of care. Subsequent chapters explore how these functions currently are, or in the future may be, performed by those other than the traditional primary care physician: primary care via emergency services or other nontraditional settings such as school- or work-based clinics, primary care on-line, primary care delivered by specialists, or primary care provided by advanced practice nurses.

The third section opens with an ecological description of primary care (nearly identical to a similar analysis in the Future of Family Medicine report<sup>1</sup>) that indicates primary care physicians provide care to a significant proportion of the population for a significant proportion of common conditions and describes the benefits to patients of having a usual source of care. Other chapters in this sec-

tion then explore the challenges of meeting the primary care needs of specific populations such as the elderly, children, those with chronic disease, and those with addiction or other mental health challenges. The book concludes with a chapter describing seven "core principles" for a "renaissance of primary care." These include organizing care to serve the needs of patients, delivering measurably high-quality care, using information systems as the backbone of the primary care process, reconstructing current health systems, developing financing to support excellent primary care, revitalizing primary care education, and continually improving the value of primary care.

Much of this material will be familiar to those who have kept up to date on recent discussions within family medicine on the outlook for primary care. The descriptions of the current medical environment and of what patients seek from primary care parallel findings of the Future of Family Medicine report but provide perspective on those issues from a broader cross section of the medical community. The chapters on delivery of primary care by advanced practice nurses, by specialists, and in nontraditional settings should provide a particularly pointed challenge for family physicians to articulate clearly what it is we have to offer patients and the medical system that is unique.

The breadth of perspective on primary care that this book offers should help family physicians critically examine their perceptions of the present and future of family medicine, while the descriptions of primary care functions (person-focused, common health problems, first contact, and coordination) and the seven principles for a "renaissance" in primary care provide food for thought on the essentials of developing new approaches to primary care. Residents, teachers, and practicing clinicians in family medicine will find this book helpful

in thinking about the future of family medicine and primary care in the broader context of the medicine in the United States.

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#### REFERENCE

1. Martin JC, Avant RF, Bowman MA, et al. The Future of Family Medicine: a collaborative project of the family medicine community. *Ann Fam Med* 2004;2(suppl 1): S3-S32.

**Symptoms of Unknown Origin: A Medical Odyssey**, Clifton K. Meador, Nashville, Vanderbilt University Press, 2005, \$22.95 paperback, \$44.95 hardcover.

Mysterious medical cases and difficult patients are endlessly fascinating. Plato wrote about Socrates' sexually inflamed encounter with Charmides, a "fair youth" who sought from him a cure for headaches. This account contains the plot lines that generations of dramatists, novelists, and television scriptwriters have exploited for entertainment: a sympathetic and usually innocent victim, a wise and prestigious but flawed physician, both brought into a relationship by a baffling disease that must be fought while patient and physician struggle with each other in the process. The permutations are myriad.

After the advent of standard postmortem dissections in the 19th century in Europe, medical mysteries became a staple of the education of physicians in the form of the clinical pathological conference,

established in the United States by Richard Cabot in Boston. In these daunting exercises, a physician is appointed to analyze and discuss, before a group of colleagues, the case report of a deceased patient unknown to the discussant. The goal is to predict correctly the cause of death as revealed by the autopsy. The presenter scores points against humiliation by explaining in detail all abnormal findings and including a wide range of possible causes and giving reasons for and against each.

In this book, Clifton K. Meador, MD, describes an anthology of mysterious patients culled from his lifetime of practice as an endocrinologist, medical researcher, and medical school administrator. The common theme of these accounts is that the cause(s) of the patients' symptoms were, in Meador's judgment, unexplained, undiagnosed, or misdiagnosed; hence, symptoms of unknown origin (SUO).

He describes how he came to understand these symptoms and, in the course of these narratives, reveals the changes he underwent in his own clinical style, strategies, and approach. In so doing, he connects these experiences to the new knowledge he acquires and ultimately adapts to his clinical work.

While the patient anecdotes are intrinsically interesting and will stir a reader's memories of similar encounters, they are less instructive than Meador's transformation as a clinician. All physicians tend to believe that experience is a great teacher, but it is rare to find an articulate, analytic account of experience and even rarer to see how

it happened. Unlike a magician, Meador not only shows the empty hat but also where the rabbit was hidden.

Moreover, he asserts, quite impiously for a physician with his impeccable mainstream credentials, that "the prevailing bimolecular model of disease is too restricted" to solve these mysteries. Neither an autopsy nor another sort of medical test can be expected to give an answer. In this respect, Meador and his reported experiences stand somewhere between Socrates and the great pathologists, upon whose discoveries of cells, tissues, genes, germs, hormones, and the processes of inflammation, the superstructure of modern medicine was built.

B. Lewis Barnett once observed that patients often do not get better because the doctor does not get better. Meador credits a number of mentors and writers who were instrumental in his clinical journey. Some are internists, psychiatrists, and family physicians with whom he worked, but the bibliography of this book reveals names that are familiar to family physicians—Balint, Engel, Erickson, Frank, Kuhn, Odegaard, and Rogers. Meador taught himself to eschew mind-body dualism and to expand the range of communication between physicians and patients that can illuminate the meanings of symptoms. For these reasons, I recommend Meador's *Medical Odyssey* to family physicians who may be fellow travelers.

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7 for Primary Care Physicians Education & Training . . . 9 The Future of Care. . . 13 What It Takes to Get There. . . 16 Reference. . . .  
The reorganization of care to a PCMH model puts primary care in the center of the health care system with doctors, nurse practitioners, physician assistants, nurses, and other health care professionals working side by side to care for patients. It draws on a team and uses the specific training and strengths of each member.