

Practice of Geriatrics. Third edition. Edited by Edmund H. Duthie, Jr, and Paul R. Katz. 599 pp., illustrated. Philadelphia, WB Saunders, 1998. \$85. ISBN 0-7216-6599-3.

This volume is the third edition of a well-established textbook of geriatric medicine. Its length is intermediate, manageable for a 4th-year medical student or resident. The book is divided into six sections: "General Issues," "Systems of Care," "Prevention and Rehabilitation," "Common Geriatric Syndromes," "Neuropsychiatric Disorders," and "Medical-Surgical Disorders." Many of the chapters are by acknowledged experts. The best chapters are those in which clinical data are summarized and in which charts and tables are numerous. Examples include chapters on medication use, nutrition, exercise, urinary incontinence, and pressure sores. Unfortunately, many other chapters are too general to be particularly helpful, and overall the book has relatively few tables, charts, and figures.

The Preface acknowledges that the primary editor of the first two editions, Evan Calkins, one of the founding fathers of academic geriatrics in America, has passed the torch to Drs. Duthie and Katz. Unfortunately, the new editors have clung too closely to the format and content of the old editions; as a result, the book lacks a contemporary feel. The emphasis is extremely biomedical, with little discussion of such issues as widowhood, health economics, and community resources. Evidence-based approaches are absent. Nursing homes are discussed, but residential care and assisted living are not. Comprehensive multidisciplinary geriatric assessment is approached as though we were in the mid-1980s, with no acknowledgment of its inefficiencies or of more current, leaner models. Similarly, the office practice chapter lacks any discussion of practice management or financing. The book barely mentions Medicare and completely ignores managed care.

As a result, the text's occasional sparkle is limited primarily to a few succinct, practical chapters on medical problems, and it is probably best considered as a secondary rather than a primary text.

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Colposcopy-Cervical Pathology Textbook and Atlas. Third revised edition. By Erich Burghardt, Hellmuth Pickel, and Frank Girardi. Translated by Andrew G. Ostor, and Karl Tamussino. 323 pp., illustrated. Stuttgart Germany, George Thieme Verlag, 1998. \$139. ISBN 0-86577-634-2.

The English translation of the third edition of this textbook and atlas continues the excellent quality of the previous publications. For family physicians who are doing

or training to do colposcopy, this book stands out as both a basic textbook and as a reference for later review.

The book begins with a discussion of a history of colposcopy that sets the stage for appreciation of its current use and future prospects. It also helps the reader understand the changes in terminology that have occurred.

The sections of the book that are devoted to histopathology are thorough and well written. The authors are able to build a convincing theory for the evolution of the transformation zone in the cervix. It is important that the colposcopist be aware of the histologic variations and abnormalities of this critical area to understand the colposcopic findings seen in the office. The outcome of squamous metaplasia of the columnar epithelium determines the likelihood of most squamous cell carcinomas developing in the cervix. These sections are also extremely well illustrated with large, high-quality photomicrographs that are displayed in a clear and sequential manner.

In the same manner the colposcopic photographs of both normal and abnormal findings are beautifully done and well organized. As an atlas they will serve the colposcopist well.

The overall organization of this book is somewhat confusing. The chapters jump from histology to colposcopic appearances to techniques and back to histopathology. This criticism is minor, however, and far outweighed by the comprehensiveness and usefulness of the book as a whole.

The authors offer compelling arguments for the routine use of colposcopy as a part of every gynecologic examination. Routine colposcopy acquaints the examiner with the broad range of variations of normal; the physician can pick up abnormalities not seen on Papanicolaou smears and stay sufficiently adept at the procedure to make quick and accurate diagnoses. These arguments are especially important for family physicians, who provide a great percentage of women's health care.

This book is recommended for all physicians who want to offer their patients the considerable benefits of colposcopy.

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Essentials of Family Medicine. Third edition. Edited by Philip D. Sloane, Lisa M. Slatt, Peter Curtis, and Mark H. Ebell. 729 pp., illustrated. Baltimore, Williams & Wilkins, 1998, \$36 (paper). ISBN 0-683-30147-0.

Essentials of Family Medicine is an easy-to-read, well-organized paperback book that has more than 50 contributing authors. The general format of each chapter starts with a section of several key clinical questions, then proceeds with the text, and concludes with a case

study or two to help highlight some salient points. A reference list then follows. Numerous figures, tables, diagrams, and algorithms appear throughout the text. The algorithms offer a concise way of highlighting the approach to specific problems or complaints and complement the prose.

The text is divided into three general sections, "Principles of Family Medicine," "Preventive Care," and "Common Problems." Chapters in the first section, which makes up about 10 percent of the text, describe the scope of family practice in general and what it means to be a family physician. Included are chapters on aspects of care outside the office as well as a chapter on the business aspects of practicing medicine. The second section provides information on preventive well-patient care provided by family physicians, from prenatal care and pregnancy prevention through infant, adolescent, and adult well-patient care and health maintenance. Also included is a chapter on complementary or alternative medicine, which is becoming more popular among patients. This section comprises not quite 20 percent of the text. The third section, which comprises the bulk of the text, has 30 chapters on everyday problems and complaints. Chapters address such topics as addiction, human immunodeficiency virus disease, obesity, gynecologic issues, various musculoskeletal ailments, and dermatologic problems, as well as asthma, chronic obstructive pulmonary disease, hypertension, diabetes, and cardiac disease, among others.

The chapters dealing with the common problems generally include sections on pathophysiology, clinical evaluation, and management, with specific therapeutics addressed in the management sections. Much useful detailed information is provided in the tables and algorithms. Evidence-based information regarding aspects of patient evaluation and care receives considerable detail. Sensitivities and specificities of tests, levels of evidence for effectiveness of treatments, probabilities, risk assessments, and prognoses data provide scientific bases for the suggestions and recommendations.

This text provides a wealth of information on an array of issues in family medicine, and the substantial amount of information it contains would make it a valuable asset to the library of both medical students and residents in family practice. Although the editors state that this text was originally written for students as a basic text to their family medicine rotations, this book would also serve a practicing physician well as a reference dealing with the common everyday complaints, questions, and decisions to be made regarding patient care.

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Family Practice Board Review. By Robert L. Bratton. 308 pp. Baltimore, Williams & Wilkins, 1998. \$64.95 (paper). ISBN 0-683-30504-2.

Preparing for the family practice board examination confronts most family physicians on a periodic basis.

The busy practitioner often is faced with limited time and searches for an abbreviated, focused resource to assist with this preparation. Bratton has successfully submitted this softbound book as a candidate for such a resource and has specifically noted that a major emphasis here is the identification of areas of individual weakness, prompting further efforts in study.

The review includes the registration process (noting pitfalls), test-taking tips and strategies in general, and an overview of the structure of the board examination—the format of typical questions and lists of commonly used topics during several recent years.

Most of the text is comprised of approximately 100 multiple-choice questions, each from the major fields examined by the board: internal medicine, pediatrics, obstetrics-gynecology, psychiatry, surgery, and geriatrics. For each question the author furnishes an annotated answer and brief review of the topic. One hundred sixty-five patient-oriented clinical problem sets, exemplifying those found on actual board examinations, follow with questions and answers.

These review questions are presented so the reader can quickly engage the task for brief periods of time and immediately assess potential weaknesses as well as strengths. Equally helpful is the opportunity to practice on questions very similar to those that appear on the board examination. Although the author does not intend to deliver a comprehensive board review, all of the designated categories are appropriately sampled, and there is a realistic presentation of the spectrum of question difficulty.

Even though there are short-form multiple-choice board review questions in many magazines and journals, the clinical problem sets here represent a type of board question that is not so readily found in the common literature. Each set describes a clinical situation and then challenges the examinee with a multitude of diagnostic and therapeutic inquiries. Exceptionally beneficial are the expanded answers that discuss with references the incorrect and the correct responses and elaborate on associated pertinent points. As added bonuses, *Family Practice Board Review* makes available a complimentary CD-ROM for use on an office or home computer system and 15 hours of continuing medical education credit.

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Correction

In Table 3 of the article by Mick Braddick, MB, ChB, Michael Stuart, MD, and Jennifer Hrachovec, RPh, "The Use of Balance Sheets in Developing Clinical Guidelines" (Volume 12, Number 1, page 51), the number of patients expected to have a pulmonary embolism when intermittent pneumatic compression stockings are used should read 25, not 252.

We regret the error.
