

tial thought was, "Why do I need *another* medicine text? I like what I have now!" As I reviewed the book, however, I realized it might find a special place on some family physicians' bookshelves alongside other texts. As stated in the Preface, the authors designed this work as "a detailed but comprehensible text that bridges the gap between the purely introductory and the larger reference works." They have done an admirable job of achieving that goal.

Divided into 20 chapters, the text is organized in typical medical textbook fashion by organ systems, but similarities to the usual reference textbooks end there. The chapters are generally well written and easily read, and they provide a succinct review and overview of the topics. Each chapter is loaded with eye-catching, multi-colored, computer-generated graphics, which are relevant and enhance understanding of the text. There is a nice section on tropical diseases, and throughout the book there is a global perspective of medicine that is not found in most classic textbooks. For example, the authors nicely balance descriptions of advances in basic medical research with practical clinical tips. On one hand, there is an up-to-date chapter on molecular biology, genetics, and immunology, which helped me better understand the theory behind polymerase chain reactions and human leukocyte antigen (HLA) typing; on the other, the cardiovascular disease chapter includes such basic clinical information as the proper method for taking blood pressures, proper placement of electrocardiogram leads, and proper method of performing carotid massage.

In the Preface, the authors state their book is "designed for both medical students and practicing doctors." For both groups, however, I see it as a supplementary, rather than a primary, textbook. Many chapters (such as the discussion of human immunodeficiency virus diseases) are too brief and incomplete to serve as a reference book, and there are not enough practical guidelines to replace *The Washington Manual*. For the student or resident who desires a readable introduction and overview to an aspect of medicine, however, or for the practicing physician who desires a review and update (perhaps for a recertification examination), this book will meet those needs.

There are some other important limitations of this text of which potential purchasers should be aware. This textbook is British authored and thus occasionally presents a perspective different from the American standard of care. For instance, metformin (unavailable in the United States) is extensively discussed in the treatment of non-insulin-dependent diabetes mellitus, and a procedure for rigid sigmoidoscopy is outlined, but flexible sigmoidoscopy (the method of choice in the US) is only briefly mentioned. The chapter on psychological medicine does not use the terminology of the *Diagnostic and Statistical Manual of Mental Disorders, Revised, 3rd Edition (DSM-III-R)*, or the new *DSM-IV*. Finally, this text is clearly a medicine text and overlooks many of the fundamental concepts of family medicine, such as the biopsychosocial model of disease, health

promotion and disease prevention, and family and community orientation. Given these limitations, I will find the book a valuable addition to my library.

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Clinician's Handbook of Preventive Services: Put Prevention into Practice. *Office of Disease Prevention and Health Promotion, US Public Health Service. 343 pp. Pittsburgh, Government Printing Office, 1994. \$20 (paper). ISBN 0-16-043115-8.*

The *Clinician's Handbook of Preventive Services* was developed by the US Public Health Service as an integral part of the "Put Prevention Into Practice" educational campaign. The text has achieved moderate success in achieving that goal; however, it fails to address the more pressing question facing providers of preventive services, which is not "how-to," but "what-to-do."

The intent of the text is highly commendable. It reminds one of the ironic discrepancy between the value that providers and patients put in preventive care, and the infrequency with which these services are actually provided. The authors recognize the many reasons why this discrepancy has historically been the case, but useful tools for rectifying the problem are lacking.

The text is nicely organized into 60 chapters dealing with the full range of recognized preventive services (screening, immunization and prophylaxis, and counseling), specific to children and adolescents and adults and older adults. The criterion for inclusion of a service is a "recommendation for its routine use in the care of asymptomatic persons by a major US authority," those being primarily federal agencies, professional groups, expert panels, and voluntary associations. Each subject or chapter follows a logical format, beginning with a review of the impact of the problem and the effectiveness of the preventive intervention. A listing of the "Recommendations of Major Authorities" follows. While that list can make for entertaining reading, it certainly does not add clarity. The "Basics of . . ." providing the service are presented next. This section is comprehensive but at the expense of the utility. For example, it would, I hope, be a waste of the readers' time to be reminded that "Hands should be washed before each new patient is seen." At the same time, some important operational aspects receive too little attention, such as an appropriate preparation before sigmoidoscopic examination. The next section presents "Patient (or Family) Resources." This listing of selected pamphlets and publications, and how to obtain them, will aid the provider in constructing a credible patient education library regarding preventive services. Finally, selected but extensive references are listed.

As a federal publication, it comes as no surprise that the content is political. Controversy is avoided. There is a range of recommendations presented and all are given equal voice. Regarding prostate-specific antigen (PSA) testing, we are reminded that recommendations vary from "PSA testing is not recommended . . ." to

"PSA testing is recommended for all men aged 50 years and older." References are provided, but the text gives little assistance to the reader who wants to develop an informed opinion based on scientific evidence. For this reason, the *Guide to Clinical Preventive Services: Report of the US Preventive Services Task Force* will continue to be a much more useful reference for most of the needs of the practicing primary care provider.

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1993 Pocket Book of Infectious Disease Therapy. By John G. Bartlett. 262 pp. Baltimore, Williams & Wilkins, 1993. \$13.95 (paper). ISBN 0-683-00443-3.

The *1993 Pocket Book of Infectious Disease Therapy* is the 4th edition of this pocket-sized paperback text. The author states the goals of the book are "to provide standards of care with particular emphasis on antimicrobial agents, their selection and dosing regimens."

Structurally, the book is divided into four sections: Antimicrobial Agents, Preventive Treatment, Non-bacterial Infections, and Specific Types of Infections. Each section is then subdivided into a number of various topics. The text is written predominantly in brief outline and table formats. The various sections, however, are not very well delineated, i.e., there are no tabs or side-of-page markers for easier identification of the sections by the reader. The print is small, but it is readable.

The information in the text is up to date and includes many of the newer antibiotics, as well as treatment recommendations in such ever-changing areas as acquired immunodeficiency syndrome and human immunodeficiency virus infection. Many of the recommendations are based on those made by notable authorities, such as the Centers for Disease Control and Prevention, *Medical Letter on Drugs and Therapeutics*, *AMA Drug Evaluation*, and statements from societies, e.g., the American Heart Association. There are reference notations, where appropriate.

For family physicians, the sections on antibiotics in pregnancy, adult immunization, use of prophylactic antibiotics, and travelers' conditions are very helpful. The book contains valuable information for any physician, as we all treat infectious diseases. It is a handy, quick reference source that compiles a great amount of information in a small volume. Although it is a therapy text, it does include some diagnostic criteria and tests for selected diseases. It is useful for all physicians, from residents to those established in their private practices.

I cannot help but compare this text with another well-known antimicrobial pocket publication. I cannot firmly recommend one over the other but would advise looking at each to make a decision as to which text is preferred as a quick reference guide to infectious disease therapy.

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Pediatric Orthopedics, A Guide for the Primary Care Physician.

By Richard J. Mier and Thomas D. Brower. 327 pp., illustrated. New York, Plenum Medical Book Company, 1994. \$45. ISBN 0-306-44796-7.

In 1975 I had the good fortune to be assigned to 2 weeks of orthopedic surgery during my 3rd-year general surgery rotation at the University of Kentucky. In addition to being a first-rate teacher, the attending physician, Thomas Brower, bore a striking resemblance to Sid Caesar and demonstrated an equally good sense of humor. Students knew that when Dr. Brower spoke, we would hear either an invaluable pearl or a superb bit of humor. Those 2 weeks instilled in me a love of orthopedics that persists to this day. More importantly, the clinical wisdom that Dr. Brower shared continues to play a major role in my day-to-day practice of family and sports medicine.

As was my early educational experience with Dr. Brower, the text by Drs. Mier and Brower is filled with clinical wisdom. The authors recognize that generalist physicians are in the forefront in pediatric care. In the Preface they note that numerous complaints in this age group are related to the musculoskeletal system and that primary care training should emphasize pediatric orthopedic skills. Unfortunately, in many residency programs pediatric orthopedic skills are not emphasized. Compounding matters is that few texts on pediatric orthopedics have been targeted to the primary care audience. Drs. Mier and Brower have written such a text with the aim of providing "a framework for the effective evaluation of childhood musculoskeletal problems in a practical and problem-based manner." Fortunately, for those of us on the receiving end, their aim was true. For this reason, *Pediatric Orthopedics* will find a welcome home on the bookshelf of any primary care physician.

The book is divided into 11 chapters that cover topics ranging from examination, to child abuse, to trauma, to sports medicine, to development, and to arthritis. Each chapter is concise, readable, and filled with practical pointers. The chapters would likely be read in their entirety as the clinician encounters a particular problem. The text does not make the error of trying to discuss each problem comprehensively, but rather it focuses on providing the essentials that the first-line physician needs. There are an adequate number of pictures and radiographs to supplement each topic. Organization is excellent, as evidenced by outlines at the beginning of each chapter. References to the individual chapters are not extensive but in most cases include suggested readings that are helpful.

As the authors note, the primary care physician of the future will play an expanded role as government seeks to promote generalists and limit specialists. Children deserve a competent but family-oriented approach to their musculoskeletal problems. This text should help the primary care physician provide nonsurgical orthopedic care that too often has been available primarily in the orthopedist's office.

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