

## Book Reviews

**Griffith's 5 Minute Clinical Consult 1998.** Edited by Mark R. Dambro. 1310 pp. Baltimore, Williams & Wilkins, 1997. \$54.95. ISBN 0-683-30578-6.

*Griffith's 5 Minute Clinical Consult 1998* is the sixth annual edition of this quick medical reference for current medical diagnoses and treatment. The text is a comprehensive quick resource primarily for adult medical and surgical problems. Approximately 585 topics are reviewed in an expanded format that contains sufficient information to confirm these common diagnoses and treat these problems. An additional 414 topics are presented in a shorter, more concise format. More than 300 clinicians contributed to this current edition. The format for the expanded topics includes a consistent 2-page, chartlike format with six major divisions: basics, diagnosis, treatment, medication, follow-up, and miscellaneous.

The range of topics is impressive and provides the busy clinician with a succinct review in a usable format. Diagnostic steps and treatment options appear to represent contemporary practice. The information is practical and based on expert opinion, not on evidence-based methods. Particularly useful is the ICD-9-CM coding information for each problem discussed. The brief reference section includes an Internet reference to this edition's Website. The entire text of this volume will be available on Stat-Ref by midsummer.

*Griffith's 5 Minute Clinical Consult 1998* is a convenient resource in a format appropriate for a busy clinical practice. I can recommend this resource in its text, Website, or Stat Ref format.

Keith A. Frey, MD, MBA  
Providence - St. Peter Hospital  
Olympia, Wash

**The Computer-Based Patient Record: An Essential Technology for Health Care. Revised Edition.** Edited by Richard S. Dick, Elaine B. Steen, and Don E. Detmer. 234 pp. Washington, DC, National Academy Press, 1997. \$34.95. ISBN 0-309-05532-6.

This book, developed by the Committee on Improving the Patient Record in Response to Increasing Functional Requirements and Technological Advances of the Institute of Medicine, is appropriate for all family physicians considering computerizing their medical records. One of the better primers in computer-based patient records (CPR), it covers the basics quite satisfactorily.

The first edition of this volume was published in 1991; unfortunately, only a very small portion of the book has been changed since then. In the earlier edition the CPR group at the Institute of Medicine voiced their hopes that CPRs would become widely used in the United States by the year 2001. In the introductory

material to the current volume, the editors note that as a nation we are behind schedule in meeting this goal, but that we are moving forward steadily.

The first volume dealt with the critically important issues of why we should use computer-based medical records, why now, who is currently using computer-based patient records, what technology is available, what further research needs to be done, and what government, medical organizations, and others can do to facilitate the transition to CPRs. These questions, which were addressed admirably well, allowed the reader to grasp within a few pages a subject that had not previously been described in a satisfactory fashion.

One of the most important areas in the original text was the following set of five recommendations:

*Recommendation 1:* The committee recommends that health care professionals and organizations adopt the CPR as the standard for medical and all other records related to patient care. As they discussed this recommendation, the committee developed 12 very important attributes that CPRs should possess.

*Recommendation 2:* To accomplish Recommendation 1, the committee recommends that the public and private sectors join in establishing a computer-based patient record institute (CPRI) to promote and facilitate development, implementation, and dissemination of the CPR. The committee at that point went on to explain the mission of CPRI.

*Recommendation 3:* Both the public and private sectors should expand support for the CPR and CPR system implementation through research, development, and demonstration projects. Specifically, the committee recommends that Congress authorize and appropriate funds to implement the research and development agenda outlined below. The committee further recommends that private foundations and vendors fund programs to support and facilitate this research and development agenda. In this recommendation, the important topics of data standards, security standards, quality assurance, and structure and format of the patient record were discussed.

*Recommendation 4:* The CPRI should promulgate uniform national standards for data and security to facilitate implementation of the CPR and its secondary databases.

*Recommendation 5:* The CPRI should review federal and state laws and regulations for the purpose of proposing and promulgating model legislation and regulations to facilitate implementation and dissemination of the CPR and its secondary databases and to streamline the CPR and CPR systems. To some extent progress has been made in accomplishing these original recommendations.

The first two chapters (the only new work added) make up the most useful section of this revised edition.

The first chapter provides a well-done, concise, and useful state-of-the-art progress report on implementation of CPRs in the United States. The second chapter provides the same information on CPRs in Europe. Both chapters are beneficial and are recommended reading.

Substantial changes have occurred in the area of CPRs since 1991, however, and we all would have benefited from a complete review of the topic by the Institute of Medicine.

This report to the Institute of Medicine and the National Academy of Sciences, while not difficult to read, would be more accessible had it not been organized in a report format. The text is grouped into five large sections, including introduction, the rationale for CPRs, the technologies that were available in 1991, a description of a method of implementing the CPR, and conclusions and recommendations. There are no illustrations; the few graphs and tables are quite readable.

This book was published for physicians in all disciplines, with an emphasis on those in primary care. It is also intended for hospital and practice administrators and those who deal with other aspects of medical records. I wish that, instead of adding 2 new chapters in the beginning, the entire book had been updated.

Thomas E. Norris, MD  
University of Washington  
Seattle

**Fracture Management for Primary Care.** By M. Patrice Eiff, Robert Hatch, and Walter L. Calmbach. 304 pp., illustrated. Philadelphia, WB Saunders Company, 1998. \$49.95 (paper). ISBN 0-7216-6394-X.

For many years I have reserved an empty spot on my bookshelf for a practical orthopedic text that deals with common fractures. *Fracture Management for Primary Care* now fills this spot, and I suspect the same will be true for many other family physicians, residents, and generalists who treat orthopedic injuries. The authors, Patrice Eiff, Robert Hatch, and Walter Calmbach, all are family physician educators who have considerable experience and personal interest in primary care orthopedics. The practical perspective they bring to the text helps the primary care physician understand basic fracture management, as well as referral indications, better than any comparable text prepared by our orthopedic colleagues.

The text begins with a general overview of basic principles and statistical information about the types of fractures that family physicians will encounter. The following chapters begin with fractures of the fingers and progress sequentially through the upper extremity to the shoulder girdle, the spine, the pelvis, and finally the lower extremity. This organization allows a quick review of related fractures in an anatomical area without having to refer to the index or table of contents. The writing in these chapters is clear and concise and reflects careful editing. A final chapter briefly reviews

pediatric fractures, which is useful but needs expansion to give adequate information about this special class of traumatic injury.

Superbly reproduced radiographs supplement the discussion of important fractures. In addition, ample illustrations help emphasize anatomical points and clarify the mechanisms of injury. The anatomic diagrams highlight adjacent soft-tissue structures that might also be injured and complicate the treatment of specific fractures. Throughout most chapters tables display summary information about fracture types, treatment options, and healing times. These tables provide a quick reference for giving practical advice to patients.

We have already added this text to the teaching library at our family practice residency, and I recommend it for any primary care residency. Its reasonable length also makes possible its inclusion as a standard text for orthopedic rotations for medical students and residents. In addition to educators, primary care physicians in office settings and emergency departments can use this book as a working guide for on-the-spot reviews of common fractures. *Fracture Management for Primary Care* is available at a fair price and will be a welcome addition to an existing primary care library.

Karl B. Fields, MD, CSQ Sp Med  
Moses H. Cone Family Practice  
Greensboro, NC

**The 1998 CLC Integrative Medicine: A Balanced Account of the Data.** Edited by Stephen Wirth and Mary Farkas. Ukiah, Calif, Creative Logic Co, 1997. 77 pp. \$6.95 (paper). ISBN 0-9661161-2-7.

Because this pocket book has no preface or introduction, I am uncertain how the editors intended this book to be used. It could be described as an annotated bibliography and resource list of alternative medicine strategies. Included are brief critiques of some of the more common forms of alternative medicine, including acupuncture, exercise, herbal therapy, homeopathy, message therapy, art therapy, therapeutic touch, chiropractic, and so on. A section on systems approach to the potential use of complementary therapies looks at how complementary therapy can be applied to various organ systems. There is a 27-page table on various nutrients and herbs as well as a list of 431 references.

Although many family physicians are interested in nontraditional approaches, I do not believe this volume would be of much interest to most family physicians. The organization is not clear, nor is the volume easy to read. Additionally, the print is extremely small. I presume that the compactness of this book suggests someone might want to carry it with them, but I cannot see how it would be useful in a clinical setting. For those who are interested in exploring alternative techniques, far better and more readable books are available at most large bookstores.

Arlo Kahn, MD  
University of Arkansas for Medical Sciences  
Little Rock