

of the Harvard Medical Institutions, The American Medical Association, 1990. \$40 (AMA members) \$55 (nonmembers). ISBN 0-89970-388-7.

As noted in the Introduction, "It is the purpose of this resource book to increase physicians' understanding of liability and risk management issues and the opportunities to make positive changes benefiting both patients and physicians. The book examines the fundamentals of physician-patient communication; organizes the known facts of the insurance/liability cost crisis; and familiarizes medical students, physicians-in-training, and practicing physicians with important medicolegal and risk management issues." This purpose is certainly laudable and will be accomplished if physicians, students, and residents take the opportunity to read the book and to discuss the various subjects in various formats.

It is well known that the medical liability crisis has changed the practice of medicine. Dr. James S. Todd, Executive Vice President of the American Medical Association, comments that "the average practicing physician has a 40 percent chance of being sued at least once in his or her career, and for some specialists the rates are much higher." Although family physicians are less vulnerable to litigation because of their role in providing continuity of care for the family, patients' increased expectation for a 100 percent outcome for any illness or injury makes it incumbent on all physicians to become knowledgeable about the various aspects of professional liability.

The book is organized around seven chapters: The Physician-Patient Relationship, Negligence, Informed Consent, Adverse Outcomes, The Impaired Physician, Professional Liability Insurance, and Peer Review. A medical case is presented to introduce the chapters, followed by discussion questions to stimulate the readers' reactions. There follows a brief overview of the subject, and then key articles from the medical literature are included. Each chapter has an annotated bibliography intended to "provide an appreciation for previous work performed in the field and to guide future study."

The book is well written and can be utilized to obtain continuing medical education (CME) credits by completing a test packet containing seven tests corresponding to the book's seven chapters. Each test is worth two Category I CME credits applicable toward the AMA's Physician Recognition Award.

One criticism of the book from a family physician's perspective is that the cases in the first two chapters ascribe the errant physician as a family physician. There is no need to describe the physician's discipline. Examples of substandard practice can be found in all disciplines. Also, I suspect that the editors did not have consultations with family physicians. In the first chapter, which discusses the physician-patient relationship and documentation and record keeping, there is no mention of the consultant's responsibility

to communicate with the referring physician several miles away, an omission too common in university centers.

I would encourage residency directors and clerkship directors to utilize this book because it is an excellent resource for group discussions about professional liability. The specificity of the cases makes the subject very relevant to the practice of medicine, and the inclusion of key articles from the medical literature make background information readily available. If all of the participants in the group have read the chapter under discussion, a lively and informative session should ensue.

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**Milestones: The Diary of a Trainee GP.** By Peter Stott. 187 pp. Exeter, England, Office of the Royal College of General Practitioners, 1991. \$9.95 (paper). ISBN 0-85084-160-7.

This republication of a book published 10 years ago is about the experience of a general practice trainee (resident) in a teaching practice in West London, "... a land of old housing, bedsitters, high-rise tower blocks, dereliction, noise and traffic fumes." Aside from a few changed medications and lack of reference to recent family medicine literature, it is relevant, stimulating, and supportive reading to any general practitioner or family physician — especially those still in training and those doing the teaching.

Though written as a diary, it is an informal curriculum, full enough to warrant accreditation. The collection of anecdotal case descriptions and learning experiences should justify to any skeptic the cost of vocational training for general and family practice.

Dr. Stott describes in a daily log 1 year of teaching practice experience. How he hones his skills in relating to patients and how he learns about the importance of practice receptionists and other health professionals are topics relevant today. The manner in which the readings recommended by his tutors were integrated into his experience is reinforcing to those of us who make the effort to write. The frustrations of difficult-to-manage patients, of certificates and forms, of communicating with hospitals (he nearly always refers to "hospitals" rather than the persons in them), and even the seemingly straightforward challenge of choosing what not to put in his black bag are issues raised for discussion.

The writing is clear and interesting. It is too bad someone did not take time to index the book for those who might quickly need to find a good starter for a seminar or group learning experience. For example, when to let people die at home is introduced with a brief case description and leads to a full, but concise, outline of the ethical dilemmas confronting the young physician in making a clinical decision.

For those teachers, like myself, who missed the book first time around, it is a valuable asset. All family practice trainees and residents and medical students trying to decide on career choices would benefit from reading it. While US family physicians make fewer home visits and their systems of care differ, the patient problems are the same and the messages are fully appropriate.

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**Ramamurti's Orthopaedics in Primary Care. Second edition.** Edited by Gerald G. Steinberg, Carlton M. Akins, and Daniel T. Baran. 390 pp., illustrated. Baltimore, Williams & Wilkins, 1992. \$60. ISBN 0-683-07928-X.

Although up to 25 percent of primary care patients have musculoskeletal complaints, few texts sufficiently deal with orthopedic problems in this setting. The editors of *Ramamurti's Orthopaedics in Primary Care* recognized this lack and set out to write a text that can be easily referenced by emergency or primary care physicians. Each chapter is organized into a basic format: (1) a review of the anatomy, (2) the physical examination, and (3) a discussion of common disorders of the particular region. By plan, the editors exclusively used authors with subspecialty expertise; their stated intent was to provide appropriate discussion at the primary care level while at the same time to define clearly when the need for referral exists.

The organization throughout the book is consistent with the basic format, and although the writing is generally dry, it is always readable. Anatomy is described in detail in most chapters, and good line drawings help supplement the discussion. In a few areas radiographic displays are also provided to supplement the chapter discussion.

Unfortunately, and perhaps because of their choice of authors, the editors have produced a text that will not appeal to most of their target audience. Numerous studies have indicated that 80 to 90 percent of orthopedic diagnoses are suggested by an orthopedic-oriented history even before examination. This text contains minimal discussion of the best methods for approaching the orthopedic history and offers few "clinical pearls" about important historical points. Although the editors intended to discuss the common problems seen in primary care, a number of the chapters show little insight into the type of conditions that are seen in family practice offices. I see no reference to the primary care literature, which indicates that individual authors did not try to familiarize themselves with the actual conditions seen by practicing physicians.

The chapter entitled Orthopaedic Problems in the Pediatric Patient illustrates the difficulty of trying to

make a brief but comprehensive text. This chapter is only 5 pages long, and even though pediatric problems are mentioned in other parts of the book, this rendering remains too superficial to serve as a useful reference. No editor could produce a text that adequately covers all the types of problems seen in primary care in less than 400 pages.

The editors are correct in stating that few texts of adequate scope and depth deal with orthopedic problems in primary care. This text, however, also falls short of the editors' own standards. A number of recent sports medicine textbooks do a better job of covering primary care orthopedics and would be more useful to practicing family physicians. This textbook might serve as a good initial introduction to primary care orthopedics for physician extenders and medical students. Subsequent editions would be strengthened substantially by review of the practice content of primary care. In addition, widening the authorship to include physicians who have an active practice in primary care orthopedics would help the editors produce a text that would better serve their target audience.

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**Saunders Review of Family Practice.** By Edward T. Bope, Alwab R. Cass, and Michael D. Hagen. 329 pp., illustrated. Philadelphia, W.B. Saunders, 1992. \$42. ISBN 0-7216-3222-X.

The three authors of this book have done a nice job of capturing the essence of the work of the many contributing authors of Robert Rakel's *Textbook of Family Practice*, 4th edition. This interesting and useful review book uses a question-and-answer format to cover the content of the textbook. In addition, each entry includes a critique explaining why the answer is correct or incorrect, thus adding greatly to the educational value.

This handy-sized book can provide a much needed review for physicians studying for board recertification. The questions follow the format for questions used in a substantial portion of the board examination.

This book also has relevance for anyone wishing a quick review to keep up to date in a particular area of practice and will be particularly helpful for those who learn best by being able to quiz themselves on their knowledge of a subject area.

The book is logically organized and follows the chapter headings in the *Textbook of Family Practice*. The large section on clinical practice covers everything that the family physician encounters in practice — infectious disease including the ambulatory management of acquired immunodeficiency syndrome (AIDS), otolaryngology, obstetrics, office gynecology, emergency and sports medicine, interpreting laboratory tests, and 34 other clinical areas. In addition,