

Book Reviews

Essentials of Family Medicine. Second edition. Edited by Philip D. Sloane, Lisa M. Slatt, and Peter Curtis. 446 pp., illustrated. Baltimore, Williams & Wilkins, 1993. \$32 (paper). ISBN 0-683-07759-7.

The editors of the second edition of *Essentials of Family Medicine* set out to provide a guide for medical students rotating through outpatient family practice. In fact, the book began as a syllabus for the University of North Carolina Family Medicine Clerkship. All but one author are currently North Carolinians, and most are teachers of family medicine.

Physically, *Essentials* is a 1-in (2.5-cm) thick, paper-bound book about 7 in (17.5 cm) by 10 in (25.5 cm) in size and weighing 0.85 kg, making it a bookshelf book rather than a pocketbook. Tables and figures are plentiful and legible. The book is typeset entirely in black and white.

Essentials is divided into three sections: Principles of Patient Care in Family Practice (12 chapters, 108 pages), Preventive Care (6 chapters, 61 pages), and Common Problems (27 chapters, 246 pages). In the first two sections, many chapters contain a case example to illustrate concepts. Although the book is aimed at medical students, each chapter contained information that was new or useful to me. I was surprised to learn that "only 26 percent of all households in the United States in 1991 consisted of a married couple with children living together" (although information presented in this manner is difficult to interpret).

Essentials generally has an academic bias. Based upon the advice in the book, each of our charts should contain a genogram, a family circle diagram, life cycle data, a social network inventory, and so on. Additionally, concerning prescription writing, the authors advise: "To avoid confusion in translating, Latin abbreviations (e.g., bid, ac, qhs) should not be used by physicians even though they seem convenient Notations such as . . . prn are confusing to patients and should be avoided." In instances when an academic bias truly helps me, such as memorizing one dosage for a drug (independent of age) in milligrams per kilograms per day, *Essentials* might list age-based dosages (e.g., 10 mg for one age, 5 mg for younger ages, etc.). Generally, the clinical advice appears standard.

I was disappointed to find that one of the primary concepts in all clinical practice and one of the primary differentiations between primary and tertiary care, that of pretest probability (and its impact upon predictive value of findings), was not described more fully. There were other small disappointments: one was an illustration of a child restrained in his mother's lap for an ear examination in which the physician was holding the otoscope like a hatchet (rather than like a

pencil) and in which the mother was using the wrong hand to restrain the child's head, failing to apply "the law of the lever." Master clinicians pay attention to the details that make difficult tasks appear easy. For a 1993 publication occasional information is dated, such as mention of AMA/NET in the present tense.

For medical students on a family medicine clerkship, this book seemed reasonable to me, so I asked the experts: medical students currently rotating with us and first-year residents who used the first edition during rotations last year. They all concurred that there were a few deficiencies in the Common Problems section (e.g., diarrhea, sexually transmitted diseases). They also thought the Principles of Patient Care section was more valuable for end-of-rotation test questions than for any practical use. The recommendation from this 100 percent unscientific convenience sample was to purge the Principles of Patient Care section and expand the Common Problems one. Other readers who might find *Essentials* useful include medical students wishing a quick overview of outpatient practice or outpatient-based allied health profession students.

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Minor Surgery: A Text and Atlas. Second edition. By John Stuart Brown. 326 pp., illustrated. New York, Chapman & Hall Medical, 1992. \$79.95. ISBN 0-412-44910-2.

Dr. Brown, a general practitioner from England who has written a text on outpatient procedures applicable for a family physician, uses some British quotations to introduce his major sections. Chapter 33 on the proctoscope begins with the following:

The discharge of blood from the rectum is a disease chiefly confined to those advanced in life. It is occasioned by full living, abuse of purgatives, violent passions, or habitual melancholy. To this effect, leeches and warm formentations applied to the anus are the most efficacious remedies.

Encyclopaedia Britannica, 1817

This book is written for family physicians, and all the procedures described in the text are appropriate for ambulatory settings. The range of procedures covered, from simple lacerations and wound care to breast cyst aspiration to proctoscopy, is appropriate. Without a single text one might have to refer to general surgery, gynecologic, or gastroenterology texts to find all of these procedures.

Not all the procedures or patterns of practice, however, are ones to import directly from the United

Kingdom. The recommendation of treatment of cervical erosions and discharge with chemical cautery or cryotherapy, with no mention in the text of evaluating for carcinoma, history of abnormal Papanicolaou smear, or infection, would not meet standards of care in this country. His inclusion of caudal blocks for low back pain is an addition most family physicians are not trained to use or would not feel comfortable using.

In spite of these concerns about portions of the text, the book accurately reflects its title, *Minor Surgery: A Text and Atlas*. The text is brief and to the point. It is not written at a level to instruct a medical student through a procedure, but it is quite adequate for a practicing physician. Throughout the book there are numerous high-quality color and black-and-white illustrations of procedures, equipment, and procedure room layout. Overall, for the practicing physician whose practice entails numerous procedures, this book serves as a good general reference for needed equipment, procedure, and instrument sources.

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Office Orthopaedics. By Michael L. Dvorkin. 296 pages, illustrated. Norwalk, Connecticut, Appleton & Lange, 1993. \$49.95. ISBN 0-8385-7214-6.

Although an important component of primary care in any setting, office orthopedics generally receives little attention in traditional medical education whether at the predoctoral or graduate levels. In addition, textbooks on orthopedic surgery tend to deal with more complex problems and with the more surgical aspects of orthopedics with scant attention to common orthopedic problems seen in ambulatory care. This new first edition monograph on office orthopedics fills an important need extremely well. Written by a solo author who is an attending orthopedic surgeon at Franklin Square Hospital Center in Baltimore, this book is sharply focused on the interests and needs of the primary care physician whether in the emergency department or office setting. Its content was drawn from the author's extensive experience in teaching internal medicine and family practice residents. Its goal is to enable primary care physicians to recognize and manage many common problems in office orthopedics.

This book is an absolute jewel. It is clearly written, well organized, concise while at the same time specific and rich in appropriate detail, and well illustrated with graphic drawings and radiographs. Most common problems that the primary care physician will encounter in the overall area of office orthopedics are included in this book. Each clinical entity is approached in a logical fashion, starting with a review of the relevant anatomy, then moving on to diagnosis and differential diagnosis, management, and follow-up. In many instances, useful algorithms are provided to assist in clinical decision making. The

book is particularly strong in differential diagnosis, and suggestions are made for consultation and referral in appropriate situations. The book covers orthopedic problems in both children and adults. A consistent emphasis is placed upon a conservative, noninvasive approach to management. References are provided for each of the 14 chapters, and these include both recent and classical references.

In contrast to most other attempts to cover office orthopedics, this book succeeds very well in meeting its goals. All of its contents are relevant to the generalist physician in active practice. It is strongly recommended as part of the working library of practicing generalists and residents in the primary care disciplines. The reader will be amply rewarded by finding abundant clinical nuggets as well as a solid reference for appropriate standards of care in this important area.

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The Right Test: A Physician's Guide to Laboratory Medicine. Second edition. By Carl E. Speicher. 250 pp., illustrated. Philadelphia, W.B. Saunders, 1993. \$23 (paper). ISBN 0-7216-3782-5.

This edition of *The Right Test* carries on the tradition of being a user-friendly physician's guide to laboratory medicine. The additional emphasis on cost-effective laboratory testing, as well as improvement in several clinical areas (related to human immunodeficiency virus, laboratory testing, screening in primary care, and Lyme disease, among others), is readily apparent, and the author has persisted in maintaining the compact quality of the manual by adding only 80 pages. The book's organization takes on a slight format change that retains the problem-solving orientation of the first edition but enhances the reader's appreciation of clinical practice parameters — an issue of ever-increasing importance to decision making in medicine.

More than 75 clinical areas are addressed — anemia, sexually transmitted disease, acute and chronic diarrhea, abdominal pain, screening for dyslipidemia, cancer of various origins, and fluid analysis, to name several. Typically a pathway is suggested recommending the first series of test considerations with an accompanying synopsis depicting the relative effectiveness of the tests, the alternative diagnostic management of the patient's problem, and an annotation of the recent pertinent literature, including areas of controversy and debate. A good example is the review of prostate cancer screening. The digital rectal examination and the PSA test are both placed by the author into their appropriate highly debated perspective. Some of the book's strengths are exemplified by Speicher's discussion of the Papanicolaou smear recommendation changes and the rational use of screening for dyslipidemia, the latter area on which many other authors fail to expand. This edition also includes substantially more charts and