

time of the visit. It is not detailed enough to teach the inexperienced clinician how to handle behavioral and developmental problems, and it is too long and bulky to use as a pocket reference guide, such as the *Harriet Lane Handbook*. But as a clinical reference guide, there probably is no other book that will fill these needs as well. I look forward to future editions; our knowledge of and treatment approaches to behavioral and developmental problems are evolving, and references will need to be revised and revisited as awareness of this area increases.

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Manual of Clinical Problems in Pediatrics. Fourth Edition.

Edited by Kenneth B. Roberts. 578 pp. Boston, Little, Brown, 1994. \$28.50 (paper, spiral). ISBN 0-316-75006-9.

This pocket-sized, spiral-bound reference manual contains 123 multiauthored entries, each averaging two to three pages, which contain the essential information required for a basic understanding of many of the major clinical conditions encountered in pediatrics. The book is divided into 14 sections, which are mainly oriented around specific organ systems, as well as emergencies, growth and behavior, and the neonate. The individual entries are presented in a narrative style that covers basic pathophysiology, clinical presentation, and a brief account of the suggested diagnostic evaluation and treatment plan. Each section conforms to a uniform organization, is quite readable, and is current in its content.

The primary difference between this book and a standard pediatric textbook is in the restricted selection of only the more important clinical problems and in the condensed presentation of the material. This format might prove helpful to clinicians in training who need a handy reference for newly encountered problems or to the more seasoned physician who desires a quick refresher to verify a diagnosis or to ensure a thorough evaluation. It could also prove helpful as a reference to those who teach on the wards or in the clinic. This book is not intended as a manual of therapeutics (there is a companion volume in pediatric therapeutics in this same spiral-bound series), and in many instances it provides only general principles of treatment or names of usual drugs. Specific dosages or protocols are omitted.

The reader will find this book useful for the narratives and also for the excellent lists of annotated references that accompany each entry. In many cases the length of the reference section equals that of the text. These references are current and have been selected to include reviews, classic or landmark articles, and clinically relevant reading; they are not only subcategorized in each section but are also annotated with a brief description of the contents or importance of that specific entry. The reference section alone makes the book worth owning for anyone needing to research the current literature regarding these major pediatric prob-

lems; it is comparable to a MEDLINE search and much easier than digging through the *Index Medicus*. Taken together, the clinical descriptions plus the references provide a format for a quick synopsis with opportunity for focused in-depth review.

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ACLS Pocket Reference: An Approach to the KEY Algorithms for Cardiopulmonary Resuscitation. Nineteenth edition.

By Ken Grauer and Daniel Cavallaro. 111 pp, illustrated. St. Louis, Mosby Year Book, 1994 (paper). ISBN 0-8151-3435-5.

Innumerable references for codes or ACLS algorithms exist. One dilemma for family physicians with a full spectrum of practice is keeping track of what code for what patient. Adult patients fall into the conventional ACLS guidelines. Obstetric patients now have their own algorithms with the ALSO courses. Pediatric patient resuscitation is covered in the PALS course. Grauer and Cavallaro have partially met two-thirds of this dilemma. Their reference manual, *ACLS Pocket Reference*, specifically addresses adult and pediatric patients.

The book is logically laid out starting with the Table of Contents on the inside cover. Having the index immediately available is a boon. The text section proceeds from an overview to a discussion of specific algorithms. Particularly enjoyable is the author's discussion of the algorithms. No algorithm in medicine is absolute, but the American Heart Association is constrained, for various reasons, from publishing a broader discussion of its guidelines. The next section, New Trends in the Field, will be helpful to those with an interest in a more detailed discussion of the algorithms. Fold out algorithms are located at the end of the book. These are useful but are rather unwieldy. I believe removable cards or single pages would be easier to handle.

Overall, the authors' text is well organized and interesting. Their discussion of differing points of view is educational and helpful for patient care. Such a text as this might not be relevant to many family physicians depending on the demographics of their practices or the policies of the hospital to which they admit. For those involved in running codes and who have an interest in more information than is provided in the AHA ACLS text, this book is a nice companion.

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Office Orthopedics for Primary Care: Diagnosis and Treatment. Second edition. *By Bruce C. Anderson. 208 pp., illustrated. Philadelphia, W.B. Saunders, 1995. \$36 (paper). ISBN 0-7216-4576-3.*

This new paperback text, now in its second edition, addresses the continuing needs of primary care physicians for practical reference texts in office orthopedics. It is authored by an experienced orthopedic surgeon

with a special interest in the office management of common orthopedic problems. This text has evolved from 12 years of experience in teaching office orthopedics to internal medicine and family practice residents at the University of Oregon.

The book includes the following four sections:

1. Narrative text, amply illustrated, of the 44 most common outpatient orthopedic problems seen in everyday practice
2. The 10 most frequent fractures in primary care
3. Physical therapy exercises for 15 types of common problems (designed for copying and home use)
4. Descriptions of the most frequently used braces, casts, and splints (including indications, advantages, disadvantages, and costs)

In addition, appendices are provided for injected cortisone derivatives, nonsteroidal anti-inflammatory drugs (NSAIDs), and calcium supplements. A brief annotated bibliography is also included in the use and complications of injectable corticosteroids.

This book is intended to enable the primary care physician to diagnose and manage 90 to 95 percent of outpatient medical orthopedic problems. After using

this book for several weeks in practice, I can validate that it successfully meets this goal. The book has the advantage of being a single-author text, so that his experience, philosophy, and practical approach to the diagnosis and management of these problems comes through consistently with clarity. In each instance, presenting symptoms, physical examination, radiographic findings, diagnostic features, and treatment interventions are presented. Especially helpful are "step-care" treatment protocols (from noninvasive approaches to injection therapy to indications for referral), graphic illustrations of injection techniques, and exercise instruction sheets for home physical therapy. This book provides more helpful information during the entire course of time from injury to full rehabilitation than other orthopedic texts that I have seen.

Office Orthopedics for Primary Care: Diagnosis and Treatment is a useful guide to appropriate ambulatory care of common orthopedic problems in everyday practice. It is well organized and illustrated, indexed for quick reference, and full of diagnostic and therapeutic "pearls." It should be a welcome addition to the office libraries of family physicians and family practice residents.

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