

lishing and maintaining relationships with other primary care clinicians, network-linked practices, and university and community linkages. Writing about collaboration is not an easy task. Such a task tempts the author to think in platitudes. Fortunately, these editors and authors have striven to offer pragmatic discussions of collaborative research. Ann Macaulay, MD, provides "Rules for Collaboration" with guidelines for the university researcher and the community clinician. She also specifies classic problems in university/community collaboration. Most clinical questions of significance require multiple levels of collaboration to uncover meaningful answers.

The section on research in different settings describes conducting research in such varied settings as rural native communities, homeless persons, teaching settings, and long-term care environments. In many ways, this section is the most satisfying because the topics require description of specific examples of such research. While each chapter in this section may not be of paramount interest to a given reader, each chapter will more fully enlighten the reader who is challenged by the specific content area.

The volume is rounded off with a handy checklist, useful for new and old researchers, that reminds us to think of some of those issues that we can easily forget in the heat of deadlines and unexpected demands of patient care.

This book is at its best when it offers pragmatic advice on how to approach a problem or how to review what one has decided to do. It is helpful to reflectively read several of the "big picture" chapters. It occasionally fails when an author lapses into chronicling common sense or describing what is theoretically possible to do. Readers will do best to seek out the sections that meet their specific needs for guidance or advice. After all, adults learn best when they seek solutions to problems or questions about which they care a great deal. This book does offer solutions.

In the foreword, Paul Nutting, MD, MSPH, states

... the value of traditional biomedical research is unquestioned. It has led to critically important advances in diagnostic and treatment technologies. It has not, however, translated well into practice to support the decisions that family physicians must make in the care of patients. . . .

We must value the laboratory of primary care practices as we value the controlled laboratory of bench research. Traditional researchers have spoken of going from bench to bedside. We may better think of going from hypothesis to health. This addition to our research tools helps us in this effort as we enjoy the process of discovering the important questions and striving to answer them.

Who will want to use this book, and how? The primary care researcher, novice or experienced, will most likely turn to this book to read specific sections that apply to particular areas of interest or when in need of help in addressing a research problem. Get a copy of this book. Read the sections that immediately appeal to you. Put the book on your shelf. Refer to it when you need help in conducting your research. Share it with your colleagues, fellows, residents, and students. And follow the advice of Dr Borkan: "Enjoy yourself!"

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### **Management of Pediatric Fractures**

edited by R. Mervyn Letts, 1243 pp, \$250, ISBN 0-443-08860-8, New York, NY, Churchill Livingstone, 1994.

In preparing *Management of Pediatric Fractures*, editor R. Mervyn Letts, Head of Orthopedics at the University of Ottawa Faculty of Medicine in Ontario, and six asso-

ciate editors who are all faculty colleagues, have successfully dealt with the task of preparing a comprehensive text on the contemporary care of childhood fractures. The impressive list of contributors includes 70 authors, over half of whom are Canadian orthopedists. Most notable among the contributors is Robert B. Salter, MD, of the Salter-Harris epiphyseal fracture classification who authors a chapter on epiphyseal plate injuries. The stated intention of this textbook is to "function as a front-line reference for pediatric orthopedic surgeons, pediatric emergentologists, and orthopedic surgeons who deal with the injured child in a part-time capacity." That it accomplishes this goal and yet remains a qualified reference text for the family physician with orthopedic interests is quite commendable.

To review this comprehensive textbook of over 1200 pages, selected chapters appropriate for the practicing family physician were examined in detail. Additionally, the text was used as a reference source during several weeks of teaching rounds at a community-based family practice residency program. Questions such as "What is the current orthopedic approach to management of slipped capital femoral epiphysis?" were referenced using this text. Under the scrutiny of both methods, the book held up as an appropriate information source for the practicing family physician as well as a family practice resident.

After a section on general principles, the major text content consists of chapters on fracture diagnosis, management, and care based on the anatomic location of the injury. Although appropriately balanced, the editor does acknowledge an increased emphasis on injuries around the elbow, a subject that comprises six chapters owing to recent concerns about complications in this area. The final two sections are dedicated to 10 special orthopedic conditions, such as child abuse fractures and stress fractures, and seven complications including such topics as posttraumatic epiphyseal arrest and compart-

ment syndrome. Given the comprehensive nature of this reference, it is not surprising that there is substantial emphasis throughout the book on the care of major pediatric trauma from high-impact injuries.

Throughout the text there is a clarity and consistency to the writing that allows the content to be easily understood by the non-orthopedist. Major teaching points are thoroughly explained and are frequently emphasized within each chapter. There are copious illustrations and x-ray films that appropriately supplement the written information. Another pleasing feature is that these visual aids have been skillfully placed so that excessive page turning is avoided. The only negative finding is that occasionally it was difficult to find basic treatment guidelines that might be critical for a primary care physician. For example, information on the proper immobilization time for a nondisplaced distal radial fracture in a child was not readily apparent. Although this information might be obvious to the practicing orthopedist, for a family physician such information would be vital in providing comprehensive office management for this uncomplicated problem.

The classic reference text on pediatric fractures has been *Fractures in Children* (JB Lippincott, Philadelphia, Pa) edited by Rockwood et al, with a third edition published in 1991. This new work compares quite favorably with the gold standard. The chapters are of equal clarity and both texts have ample x-ray illustrations to support the teaching. This book can certainly be regarded as equally authoritative with the publication of Rockwood et al.

In spite of an orientation to a specialty area, *Management of Pediatric Fractures* is a worthwhile addition to a family practice reference library. It has significant potential to be useful for frontline family physicians, especially those

in a rural area without immediate orthopedic consultation or for those with a special interest in orthopedics.

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### Instructions For Patients

5th ed, by H. Winter Griffith, 598 pp, \$48.75, ISBN 0-7216-4930-0, Philadelphia, Pa, WB Saunders Co, 1994.

Organizing patient education in busy practices remains an unachieved ideal for most physicians. Having a readily available comprehensive collection of materials that requires a reasonable amount of storage space defies most offices. *Instructions to Patients* offers immediate practical assistance.

The book is well organized for effective use. Five hundred four subjects cover conditions that are commonly encountered in family medicine. Each subject is covered in a single page. Subjects are arranged alphabetically. The six-page index is helpful to physicians and nonphysicians alike. One can quickly learn whether to look under "otitis media" or "ear infection, middle." Each subject includes basic information on the condition, possible treatments, and a section titled "Notify Our Office If." Each page is designed to be copied for distribution to patients, and the book's preface even gives pointers on effective photocopying.

Understanding the language of the text requires at least a high school education and, for many patients, will demand review between patient and health care provider. The format invites such interaction and highlights a description of the condition, frequent signs and symptoms, causes, risk factors, prevention, expected outcome, and complications. Treatment includes general measures, medications used, and activity and diet recommendations.

The breadth of family medicine is included: acute and chronic conditions of all ages and both sexes, as well as health promotion and prevention. There are pages on general and special diets (for example, calcium enhanced, cholesterol and sodium restricted, and fiber enhanced), as well as appendixes that include exercises for specific anatomical areas, breast self-examination, fever control, the use of condoms, sexually transmitted diseases (specific diseases are covered under subject areas), and a series of anatomic charts. No subject could be covered exhaustively in one page, but acute ambulatory problems are covered thoroughly for routine use, and the sheets provide a concise summary for chronic or more complex conditions.

This fifth edition is substantially different from the fourth. It includes about 200 new topics. The content of each page has been revised and includes medications released in the past 2 years. The format of each page changed from predominantly a narrative to more of an outline format. This change makes it easier for medical personnel to review handout content with patients and enhances handouts as reinforcers of information and instruction. Most of the pages have space at the bottom for personal notes, and Dr Griffith even invited users to modify his text to their own needs.

Dr Griffith died during the revision of this edition. Having gone through five editions since 1968, this book has achieved revered status in many practices. This book reflects his thoughtful commitment to a patient-physician relationship based on informed, active partners. This is not a book for a physician who is looking for a set of tear-out sheets to hand patients as they leave the office. It enhances and encourages the best in practicing physicians as patient educators.

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