

BOOK REVIEW

Gregory G. Davis,¹ M.D., M.S.P.H.

Review of: *Forensic Medicine of the Lower Extremity*

REFERENCE: Rich J, Dean DE, Powers RH, editors. *Forensic medicine of the lower extremity*. Totowa, NJ: Humana Press; 2005, 421 pp.

The reader faced with a case that involves pathology, anthropology, radiology, and engineering used in incident reconstruction must look to textbooks on each of these subjects, combining the pertinent parts from each book in order to inform an opinion. The authors of *Forensic Medicine of the Lower Extremity* approach the matter of forensic medicine from the opposite tack by discussing all the disciplines that might intersect in the forensic investigation of a single portion of the body. The temptation to look askance at a book devoted only to the leg (speaking commonly) is soon buried beneath an admiration for the thoroughness with which the book covers its subject. The reader then begins to remember a case that revolved around another part of the body, such as the head, and wishes for a similar book on that subject.

The chapters as a whole are well written. The book includes good discussions of stature and age estimation from bones of the leg as well as discussions of trauma with reference to children, radiological examinations, and reconstruction of road traffic accidents. I must take exception with one statement in the book. The author of a chapter on the "Biomechanics of Impact Injury" be-

gins his chapter by stating that physicians are too dependent upon patient history in making diagnoses, and that the "determination of the fracture mechanism related to impact should be based on scientific data and not on unreliable patient histories regarding an event that took place in a fraction of a second." The chapter ends, however, with a case scenario in which the author evaluates two competing histories concerning how a pedestrian was hit by a car. The author concludes that one history is false and the other true based on the pattern of fracture present in the pedestrian. In this scenario, the author does exactly what any careful physician should do, namely, he considers the histories given and then uses physical findings to corroborate or refute a given history. Thus, the author validates the system used by careful practitioners of medicine. It is my hope that no reader will be misled about how careful forensic science is practiced based on the initial remarks in Chapter 9.

Anyone who has reason to examine a leg, leg bones, or an injury to a leg would surely find something useful in *Forensic Medicine of the Lower Extremity*.

¹University of Alabama at Birmingham, Associate Coroner/Medical Examiner, Jefferson County, Alabama, Birmingham, AL.