

Reviews of Books, Software, and Audiovisual Materials

The Family Practice Drug Handbook. Allan J. Ellsworth, Robert F. Bray, Brenda Saachse Bray, John P. Geyman. Mosby-Year Book Inc, St Louis, 1991, 663 pp, \$21.95. ISBN 0-8151-3154-2.

Approximately 30 new drugs are approved each year by the Food and Drug Administration. The ability of the family physician to stay abreast of these new drugs, as well as new dosages and new indications for all drugs, is of paramount importance. The quantity of drug information with which the family physician is expected to become familiar can be overwhelming, especially since family medicine encompasses drug therapy for all age groups and for a wide variety of disease states. *The Family Practice Drug Handbook* is a pocket-size source of valuable drug information that may be useful for the family medicine intern, and also for upper level residents and graduates.

In its cursory overview, this book provides data on each drug including dosage forms, use in pregnancy and lactation (with category definitions in the foreword), dosage, spectrum (for antibiotics), pharmacokinetics, contraindications, precautions, adverse effects, monitoring values, and, perhaps most appreciated and unique, cost. It is curious that a format was used in which drug use during pregnancy and lactation is included second (preceded by dosage forms) and pharmacology is not included at all. (There are, however, ample textbooks elsewhere that provide in-depth pharmacology discussions such as *AHFS Drug Information*, Bethesda, Md, American Society of Hospital Pharmacists.) Chapters are arranged according to use (eg, cardiovascular drugs, neurologic drugs). Most useful is a Table of Tables listing table titles and where to find them. Readily accessi-

ble inside the front cover and back cover are drug dosages for medications used in cardiopulmonary resuscitation codes.

The drug information is presented as the drugs used for a specific area (eg, arthritis medications). *The Family Practice Drug Handbook* does not address drug use as an iatrogenic cause of a condition. For example, no information is included on drugs as a cause of depression, gastroduodenal injury, or pulmonary disease, whereas some other drug handbooks (eg, *Handbook of Applied Therapeutics*, Spokane, Wash, Applied Therapeutics Inc) provide drug information both in terms of desired therapeutic effects and as the cause of adverse sequelae.

It should be recognized that a pocket-size book cannot be broad enough in scope to describe drug use in every situation. For instance, guidance in the use of generic products is not provided in the *Handbook*. Drug-drug interactions may not always be complete (eg, no mention is made of the interaction between diclofenac and lithium). Under *thyroid hormone*, although therapeutic concentrations are stated, the book does not provide monitoring intervals as it does for other drugs. Nor is an effort made to put side effects into context for some drugs. For instance, the entry for meclofenamate does not mention the much greater incidence of diarrhea encountered with its use as compared with the use of other nonsteroidal anti-inflammatory drugs. Also lacking is a discussion of oncologic agents.

In summary, *The Family Practice Drug Handbook* is a textbook geared to family medicine that encompasses both inpatient and outpatient care of all age groups. In a quick reference such as this, it is not possible to be as complete as other drug information

references such as *Facts and Comparisons* (St Louis, Facts and Comparisons Inc). It should be remembered, however, that the latter will not fit in a pocket as the *Handbook* does. The ready accessibility of *The Family Practice Drug Handbook* will make it especially useful to the physician in training.

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The Birth Partner: Everything You Need to Know to Help a Woman Through Childbirth. Penny Simkin. Harvard Common Press, Boston, 1989, 241 pp, \$16.95. ISBN 1-55832-010-5.

I began reading *The Birth Partner* with a skeptical attitude, but was won over by its fair approach to a multitude of issues that seem to concern our more self-reliant patients. I would recommend it to that subgroup of patients, but would not recommend it to the more traditional patient population unless the physician is willing to spend a lot of time discussing acupressure, TENS (transcutaneous electrical nerve stimulation), and mundane details about circumcision and routine newborn care. Family practice residents may enjoy it since it provides some interesting patient teaching approaches that they may wish to incorporate into their practices. In addition, there is a section on additional references that may be helpful for patients with preterm babies, pregnancy loss, or twins. There are some things covered in this book, however, that are on the fringe of modern obstetrics.

This paperback book is a helpful addition to patient education for the pregnant mother who wants to provide a resource for her labor coach.

Likewise, some patients are interested in alternative birthing methods and even home deliveries. Family physicians are often sought out by these patients for prenatal care because the family physician is often seen as being less rigid and controlling of the birthing experience. Such nontraditional patients may well enjoy reading this book as it will tend to explain modern birthing technology in a way that allows the patient and partner to feel in some control.

Some of the nontraditional items discussed are prenatal exercises such as squatting and pelvic rocking on hands and knees, Kegel exercises, and prenatal perineal massage. The short discussion on acupressure, or Shiatsu, was interesting. The author states that this oriental healing art can speed labor and relieve pain. I am not aware of any professional studies of this method, as I have seen Shiatsu mentioned only in lay literature. For the patients who need to feel empowered with this kind of information, it is probably harmless enough. Not every physician may wish to give such information to patients, however.

The book is organized by chapters in such a way as to allow easy reference to subjects of interest. Breast-feeding and postpartum depression are covered as well as preterm labor, prolapsed cord, cesarean childbirth, and obstetrical analgesia. I especially like how the author advises the birth partner to handle patient-physician conflict. It provides the patient with coping strategies that are generally supportive of the profession and encourages the birth partner to help in reducing conflict. Should I have a particularly manipulative patient in the future, I might recommend this book as a reference for her so that the two of us might come to some understanding on how to deal with each other. For example, it recommends a heparin lock for the mother who is against an intrave-

nous line. For the mother who is opposed to injectable vitamin K for the infant, the author suggests oral vitamin K. For the mother opposed to eye drops for the infant, the book explains the advantages of erythromycin over silver nitrate.

Likewise, the section on pain medication during labor will meet the needs of the natural birth group and the anxious mother. It explains the various methods including massage, breathing, and TENS, as well as narcotics and epidurals. I believe that this section is especially well done, although I have never been in a facility that offered TENS for labor. In summary, this book is recommended for birth partners who may be interested in some alternative birthing options and education.

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Having a Cesarean Baby: The Complete Guide for a Happy and Safe Cesarean Childbirth Experience (2nd Revised Edition). Richard Hausknecht, Joan Rattner Heilman. Penguin USA, New York, 1991, 204 pp plus index, \$9.95. ISBN 0-452-26561-4.

Having a Cesarean Baby is poorly crafted, poorly written, elitist, and inaccurate in some of its information. I find it hard to believe this is a "revised" edition since it attacks physician attitudes that were much more prevalent in the 1970s. The authors believe that only board-certified obstetricians should deliver babies and only pediatricians should care for newborns. The self-serving implication (p 177) that obstetricians with medical school appointments are liable to be better physicians is elitist and not substantiated to my knowledge. The authors completely ignore the fact that the major-

ity of babies in rural areas are delivered quite competently by family physicians and that many family physicians are trained and experienced in cesarean section delivery and the management of problem pregnancies.

The authors pander to those who distrust physicians and hospitals, urging pregnant women to seek care only from physicians and hospitals that will let them be partners in the decision making. The implication that most physicians will react in a hostile manner when questioned about things such as vaginal birth after a cesarean (p 180) contributes to the overall antiphysician tone of the book. The pejorative references to the "bad guy" type of physician as "conservative" seem without foundation or substantiation. Perhaps the greatest harm will come from the implication that a pregnant woman must somehow feel inadequate or cheated if her child is delivered by cesarean section. The testimonials cited in the book, while including comments from a couple of women who were not permanently harmed emotionally, are heavily weighted toward women who have been devastated by the experience. The repetitive use of "Most women who have had cesarean birth . . ." to provide illustrations of how awful the experience is for a woman leaves the implication that those who are not ravaged by the experience must somehow be abnormal.

It is difficult to overlook statements in the book such as, on page 15, that an intrauterine pressure catheter can be inserted without ruptured membranes, although the next paragraph points out that the physician may later decide to rupture membranes anyway. Or consider the statement (p 12) that if a cesarean section is needed and performed, the baby will be as healthy as a baby born by uncomplicated vaginal delivery. (I was not aware that there are benefi-

cial side effects from cesarean section such as making acidotic, distressed, depressed babies healthy.)

Perhaps the major error in this book is overlooking family physicians for the care of the pregnant woman and the delivery of her baby. Since family physicians believe in the family as a whole, they usually believe in family-centered maternity care and delivery. If obstetricians have made the rules excluding fathers from the cesarean section delivery, perhaps they can learn something from the family physicians practicing in more rural areas.

The book has obviously been written for the lay public, and is probably intended to be given to mothers by their physicians (much like *Expectant Motherhood*). It will appeal mostly to those who have had a bad experience with their first cesarean section and to those who generally are antagonistic toward medicine.

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Software Reviews

Gary N. Fox, MD, Section Editor

PSYSEARCH, Version 7.02. Psyware Software, PO Box 12876, Tallahassee, FL 32317. \$185.00 + S&H; add \$5.00 for color version. HOW SUPPLIED: 1 720K (3 1/2") diskette or 1 1.4 MB (5 1/4") diskette. DOCUMENTATION: 7-page printed manual. HARDWARE REQUIREMENTS: IBM or 100% compatible microcomputer; 1 MB free hard-disk space. MOUSE SUPPORT: No. NETWORK SUPPORT: No. CUSTOMER SUPPORT: Phone (904) 893-3794.

DEMONSTRATION DISKS: \$20.00, deduct from cost of full program.

MONEY BACK GUARANTEE: No.

UPDATES: Registration provides notice of updated versions; DSM-IV update promised.

LICENSE: Licensed to one user; institutional purchases negotiable.

PSYSEARCH is a computerized guidebook of psychiatry based on the *Diagnostic and Statistical Manual of Mental Disorders*, 3rd Edition—Revised (DSM-III-R). The program is designed to interact with the clinician and provide references to support or improve diagnostic accuracy for Axis I, II, IV, and V diagnoses. PSYSEARCH was tested on an IBM 70/386 with a 60-MB hard drive and 2 MB of RAM. The program is easy to install to the hard drive and is not copy protected.

As an expert system, the program contains several knowledge bases that the clinician consults in order to facilitate the diagnostic and treatment planning process. From a main menu the user can select from five knowledge base guides (Organic Mental Disorders, Psychosis Differential Guide, Mood Disorders Guide, Dissociative Disorder Differential Guide, Schizophrenia Course/Type [sic] Guide), and obtain information on the available DSM-III-R diagnostic categories and comparable psychiatric terms. From this menu the user can also proceed to a main action menu display. Here, the user can begin a consultation, providing responses to a series of dichotomous questions that lead to a diagnostic disorder. In addition, the main action menu provides Diagnostic Aids/Categories Listings; information on Infancy, Childhood, and Adolescence Disorders; Treatment Guidelines; information on Maladaptation-Adjustment Disorders; Alphabetic Code Listings; and Help instructions. Information gathered from a consultation can be sent di-

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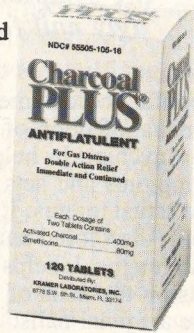
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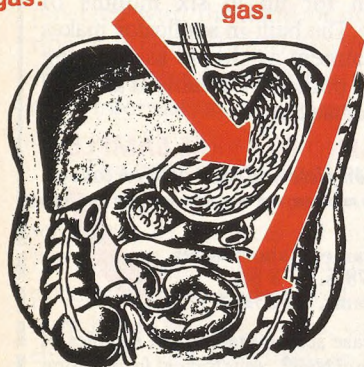
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rectly to the printer or edited as an ASCII file in a word processing program as a summary report for inclusion in the patient file.

While the idea of an expert system that aids clinicians in psychiatric diagnoses is a worthwhile endeavor, this software program is limited by its unfinished appearance in three areas: content, documentation, and end-user performance. As stated in the manual, PSYSEARCH does not include all the DSM-III-R diagnoses, just those most frequently used. In addition, the content of PSYSEARCH is focused solely on psychiatric diagnoses, highlighting only the key criteria of differential categories. This content-specific approach may limit the program's utility outside of psychiatry.

The documentation for this program is practically nonexistent. The 7-page printed manual fails to adequately instruct the user in how to use the program to its full capacity. With several spelling errors and no table of contents, it has the appearance of having been hastily put together. It also fails to address potential errors while running the program. The online help, however, does provide useful explanations and instructions. Much clearer documen-

tation, including step-by-step instructions and specific case examples, is needed.

Despite the claim that PSYSEARCH is designed for use by both the clinician who is computer-sophisticated and the one who is not, the program has several major drawbacks for the end-user. For example, the printing function is unnecessarily complex and awkward to use; the menu screens, particularly the main action display menu, are poorly designed and not clearly presented; and moving back and forth between different parts of the program during the consultation process is inconvenient. In addition, it would help to have a file in which cases could be stored for future reference.

Overall, PSYSEARCH does not appear to be useful for the experienced professional in family practice. It may prove, however, to be beneficial for training students and entry level professionals as the program is further developed.

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