

Reviews of Books and Software

Restore Your Life: A Living Plan for Sober People. Anne Geller with M.J. Territo. Bantam Books, New York, 1991, 354 pp, \$21.95. ISBN 0-553-07153-X.

Is it possible to stay sober? What happens in AA groups? What happens to families in treatment and recovery? Is it possible to have a sex life without alcohol or drugs? These are questions addicted patients often pose and practitioners find difficult to answer. Dr Anne Geller, the director of an alcohol and drug treatment center and a recovering alcoholic, answers these questions specifically for recovering persons and their family members in this comprehensive book on the recovery process. In the foreword she states that "to use the book successfully, you must already have given up drinking or using drugs, and you must understand that you can never drink or use drugs again." Because this is a lengthy book that covers many topics and could be daunting to the reader, especially someone in the first 6 months of sobriety, she wisely suggests that people read the book in small doses, concentrating on whatever is troubling them most at the moment.

Divided into 17 chapters, the book includes information on what happens physically and emotionally through the recovery process, how alcohol and drugs affect the brain and body, difficulties in establishing stable moods, and how to cope with stress. It also covers getting the most out of self-help groups, reestablishing family ties, making sober friendships, improving sexual relationships, relapse, and improving physical health through nutrition, exercise, and smoking cessation.

Dr Geller makes good use of anecdotes and case studies of recovering patients in each of the chapters to explain points and allow readers to see themselves in the scenarios. Chapter 7 on self-help groups and chapter 8 on rebuilding family life may be particularly useful. Chapter 7 explains the tenets of Alcoholics Anonymous, addresses patient concerns about the religiosity of 12-step programs, and discusses what anonymity means in these programs. This may be reassuring to patients early in recovery who are uncertain whether 12-step programs will be helpful.

Chapter 8 addresses the recovering family as a whole. Dr Geller provides clear steps and rules for communication, and explains that in early recovery, pa-

tients must focus on themselves because they have limited emotional resources and energy and that this stage can easily cause problems if families do not know what to expect. She guides families in how to make contracts with each other to avoid unrealistic expectations and further hurt feelings.

Although the book would have benefited from a format that was visually more interesting, and could have included more tables, lists, and highlighting of key points for the reader, the information in each section is easy to understand and extremely useful. This is a book practitioners can recommend to patients and families entering alcohol and drug treatment because they will find it down-to-earth and helpful, especially if they take Dr Geller's advice and read the parts of the book that pertain to them at each step of the recovery process.

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The Best of Medical Humor. Howard J. Bennett (ed). Hanley & Belfus, Philadelphia, 1991, 228 pp, \$25. ISBN 1-56053-003-0.

Witty, clever, and refreshingly insightful, Bennett's *The Best of Medical Humor* delivers a lively message to physicians: we all can laugh, and most of us should do it more often. From the introductory salvos on published "studies" of chicken soup for pneumonia, to the rowdy collection of dictation faux pas, this book kept me chuckling from cover to cover. To be perfectly honest, I devoured the bulk of the entries while sitting in Labor and Delivery recently, babysitting pitocin induction in one of my very special family medicine patients. Ever-alert OB nurses reportedly overheard a series of muffled cackles from my call room.

The case report on "Penile Frostbite" (p 106), and the zany poem-in-response (p 82), doubled me over. This was an articulate display of good taste regarding an ultrasensitive anatomic scenario. Ditto for the cost-saving suggestion, complete with clinical photographs (p 155), of multiple human bodies imaged simultaneously in one CT scanner—ludicrous, entertaining, but not risqué.

And who could hold back a hearty belly-riper when hearing about a new and gory specialty in postmortem medicine (p 157)? Or the fantasy world of rollover reversal where lowly interns reign supreme over sophisticated attendings (p 20)? Or how about the parody on Hamlet's soliloquy, "To Sneeze or Not to Sneeze" (p 90)? Or the mindless hassles of wasted effort to arrange precertification (p 189)? Something in each of the 13 topical sections painted a smile on my face. My favorite treasure of all was from the wit of Osler, penned under his little-known pseudonym, as he deftly fabricated a case he termed "vaginismus" (p 103). Not only was this concocted story hilarious, but Osler linked his own imagination to an actual incident in the Bible (Numbers 25:6-8), thereby making the medical episode even more significant.

My only complaint: the author should edit out the four-letter profanity on pages 8 and 163. These entries are unnecessary blemishes in an otherwise classy piece of work.

Bennett confessed three goals in compiling this collection of published gems: to help us doctors laugh at ourselves (for humility's sake), to advance the role of humor in academic medical settings (for teaching's sake), and to enhance the quality of the physician-patient relationship (for the profession's sake). In my view, this book scored direct hits in all three, and hence my review borders on "rave." Indeed, there are four distinct humors already widely accepted in medicine: aqueous, vitreous, crystalline, and Morgagni's. Perhaps the time has arrived for physicians to be willing to discover, and study diligently, a fifth type: medical humor. Bennett's scholarly work, unprecedented and unforgettable, should propel us to laughter—at ourselves and about our imperfect but noble profession—and the sooner, the better.

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Color Atlas and Synopsis of Clinical Dermatology: Common and Serious Diseases (2nd Edition). Allen Johnson, Machiel K. Polano, Dick Suurmond, and Klaus Wolff. McGraw-Hill, New York, 1991, 824 pp, \$39.95. ISBN 0-07-021209-0.

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The first edition of *Color Atlas and Synopsis of Clinical Dermatology* was published in 1983, during my days as a medical student. At the time, its price appeared a bit exorbitant to me for a paperback "atlas" with simple white covers and red and black titles. But, as my parents taught me never to judge a book by its cover, I opened it and found it to be worth my money.

I was impressed by both its simplicity and its content. There were single, large, high-resolution, detailed color photographs and sketches for every single skin disease entity in each chapter. The accompanying text was short and concise, and presented in skeleton form. It obviated the long-winded verbiage of other dermatology textbooks, which was all the motivation I needed to make that book my favorite reference. Yes, indeed, a picture is worth a thousand words!

The second edition of the *Atlas* has twice the number of pages as the first. It remains a paperback with a sturdy plastic-coated cover. The authors are the same.

These illustrious international authors are considered gurus in the field of dermatology. They represent the best of two continents. They have kept the age-old pedagogic tradition of simplicity by translating the complex dermatologic language into a convenient, reliable, and easy-to-use visual atlas of skin diseases.

The *Atlas* presents over 400 clear, concise color photographs of dermatologic cases selected from the collections at the authors' respective institutions: the University of Vienna, Austria; Leiden, Netherlands; and Harvard University and Massachusetts General Hospital in Boston. The book is divided into 28 sections, with each disease illustrated by one or two pictures accompanied by a concise clinical summary. This is as close to "bedside teaching" of dermatology that medical students, residents, and practitioners will ever encounter in a discipline that relies on visual cues for diagnosis.

As in any other ever-changing field of medicine in which new research and clinical experience broaden our knowledge daily, the authors have done their best to keep the reader as updated as possible. For example, there are 248 new illustrations and a completely new section on serious diseases, including AIDS. There are expanded sections on melanoma, drug reactions, and many other areas of recent dermatologic research. The new subtitle of the *Atlas*, *Common*

and Serious Diseases, is indeed appropriate.

Like the previous edition, this new edition leaves the reader with the impression that white patients are the only ones affected by the dermatologic conditions described. Of the 400 color photographs presented, only eight were of nonwhite patients. The authors should consider creating a dermatology "atlas" that represents the wide spectrum of skin colors of patients cared for by most physicians.

Nevertheless, I continue to strongly recommend this book as an excellent illustrated accompaniment to my dermatology course for family practice residents and students. At a moderate price of \$39.95, the *Color Atlas* is a bargain and well worth the investment. It is a book for every family physician, resident, and student.

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Software Reviews

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THE CLINICAL COMPUTER, Version 1.4 (1992). Eubionics, Santa Monica, CA 90404. \$495 (\$150/year for updates).

DOCUMENTATION: Pamphlet.

HOW SUPPLIED: Three 5.25-in. disks, and two 3.5-in. disks.

HARDWARE REQUIREMENTS: IBM compatible, DOS 3.0 or later, 512K RAM.

MOUSE SUPPORT: No.

TOLL-FREE CUSTOMER SUPPORT: No.

DEMONSTRATION DISKS: No.

MONEY BACK GUARANTEE: No.

The promotional material accompanying *The Clinical Computer* suggests that users can potentially save dollars and improve their health status by having the program analyze their medical and occupational histories, nutritional status, stress indexes, and medical signs and symptoms. The rationale for such an approach is very appealing. This software is marketed directly to the public as a "personal health advisor."

The program is simple to install and it worked without any hitches on my IBM-XT-compatible system. The program is easy to use and does not require reference to the manual. At times there were long delays between questions; these delays would probably be less apparent on faster computers.

The number of questions asked was approximately 175. A "bookmark" func-

tion, which allows the user to exit the program and resume later, works as described. The total elapsed time to complete the program is about 90 minutes. Users may return to previous questions.

I found the system's review questions difficult to answer because my personal symptoms of angina were atypical. I believe the questions need to be more thoroughly developed using actual case histories. I had coronary artery bypass surgery about 6 months before using the program, but there was no way I could enter this information. Although the program is clearly aimed at predicting the increased risk for specific health events, if those events have already occurred, there should be some mechanism for dealing with that information, too.

The section on dietary history has direct impact on the risk for several of the events listed as important for my age group. However, I question the validity of the program's conclusions about my dietary fat intake. Although the program asked about the frequency of consumption of various food groups, portion size was not consistently asked for. Unlike 3-day or 7-day diet histories, I am not aware of data establishing the validity of the questions and analysis used in *The Clinical Computer*. The program's author provides no documentation of such validity.

After data entry, a user is provided with a 40-page printout that includes not only diseases for which the user is at increased risk, but also many other diseases. I would guess the average user would jump directly to the conclusions, which include only those conditions for which he or she is at increased risk.

In summary, I like the basic concept of patient self-help and education material that provides individualized assessment. This program attempts to accomplish that; however, the system review and dietary analysis in the present version seem inadequate. With appropriate revisions, this program could be useful as a "prescription" to educate our patients about health behaviors that increase their risk for specific diseases. It is too lengthy to use as an in-office tool, and cost would be a major barrier for individuals. Therefore, I do not recommend it in its present form.

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DORLAND'S ELECTRONIC MEDICAL SPELLER (1992). Reference Software International, 330 Townsend St, Suite 123, San Francisco, CA 94107. \$89.

DOCUMENTATION: Instruction card.

HOW SUPPLIED: 5.25-in. or 3.5-in. diskettes.

HARDWARE REQUIREMENTS: WordPerfect 5.0 or 5.1 for DOS or Windows; about 600K hard disk space.

TOLL-FREE CUSTOMER SUPPORT: Yes. (800) 872-9933.

DEMONSTRATION DISKS: No.

MONEY BACK GUARANTEE: Yes, 60-day.

Word processing has largely supplanted typing because word processing facilitates manipulation of a document's format and content (eg, altering margins, spacing; referencing; moving text). One feature of word processing software is the ability to check a document against the software's dictionary to detect spelling errors. During this spell checking, when the program identifies a word that is not in its dictionary, the program pauses until the user determines whether the word is misspelled or simply not in the software's lexicon. Obviously, the less sophisticated the software's dictionary is, the more tedious the process becomes.

WordPerfect (WP) is the best-selling word processing program. We tested *WP's* dictionary against *Dorland's Electronic Medical Speller (Dorland's)*, a replacement dictionary that reportedly contains all of *WP's* original dictionary's words plus 140,000 medical ones. Once installed, *Dorland's* substitute for the original *WP* dictionary functions exactly like it. *Dorland's* is aimed at one audience: *WP* users who desire additional medical words in their dictionaries. We evaluated the comparative efficiency of these dictionaries.

For a rigorous test, recent titles from *The New England Journal of Medicine* were downloaded from MEDLINE. Nonsense words (eg, *higgledy piggledy*) and proper names (eg, *Ingelfinger, Marlboro*) were deleted, except for disease eponyms (eg, *Waldenström's, Guillain-Barré, Kawasaki*). Letter-number designations (eg, *C2, Drw52a*) and a few words that would do more harm than good in a dictionary (eg, *alfa*) were also deleted. *WP's* dictionary was used to check the remaining 7844 title words, which provided a list of 216 unique words not in *WP's* dictionary. Also, a few additional words were tested against both dictionaries.

In the challenge, of the 216 words flagged by *WP*, *Dorland's* balked on only 61, passing the other 155. *Dorland's* per-

formance snagged on plural forms (singular in the dictionary but not plural, eg, *benzodiazepines, tachycardias, nucleotides, porphyrias*), nonmedical terms (as one would expect; *Ashkenazi, online, prolife*), and compound words. Performance on compound words was particularly paltry, with *unselected, unturned, multicenter, multidose, multiorgan, noncardiac, nontraumatic, reinjection, seroprevalence, underdetection*, and *undertreatment* being among the nonlisted words (although *oculocerebrorenal* and *lymphangioliomyomatosis* passed!). Common journal title abbreviations (eg, *JAMA, Engl*) are in neither dictionary, but abbreviations of common organizations (*NIH, AAFP, ACOG*) are in *Dorland's*. Generic drug names, eponyms, and common medical abbreviations were handled well by *Dorland's*: *Bjork-Shiley, bacille Calmette-Guerin, Creutzfeldt-Jacob, Guillain-Barré, Mollaret's, peliosis hepatis, ABO, COPD, CSF, QRS*, all pass through *Dorland's* (but not *WP's*) speller.

After appropriate exclusions, in a rigorous test, *WP's* dictionary performed well, with a score of 97.25% (7628/7844). *Dorland's* replacement dictionary was superior, however, with a score of 99.22% (7783/7844). Therefore, for \$89, *WP* users can increase their dictionary's medical sophistication.

Dorland's works as advertised once installed, but I would advise calling Reference Software to ensure that installation has been automated for your *WP* dictionary release (you need the exact spelling of the file that ends in ".lex" in your *WordPerfect* directory).

If a typical sentence from your daily correspondence reads: "Mr Jones, who has a Bjork-Shiley valve, has received bacille Calmette-Guerin, and carries diagnoses of Creutzfeldt-Jakob dementia and bancroftian filariasis . . .", *Dorland's* is definitely for you.

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THE MEDICAL SECRETARY, Version 1.01 (1992). Medical Computer Systems, 351 Hospital Rd, Suite 411, Newport Beach, CA 92663. (714) 548-1278. Shareware fee \$65.

HOW SUPPLIED: 720K (3.5 in.) or 360K (5.25 in.) diskette. Not copy protected.

DOCUMENTATION: 6-page text file on diskette. Clear and concise.

HARDWARE REQUIREMENTS: IBM Compatible with WordPerfect 5.1.

MOUSE SUPPORT: No.

CUSTOMER SUPPORT: Installation assistance provided (818-763-5336). Customized letters available for a nominal fee.

The Medical Secretary (Secretary) is a collection of *WordPerfect* 5.1 macros that automate the 44 most common letters produced by a medical office staff. Installation is straightforward using an install program. The macros ran well and the screens were essentially *WordPerfect* 5.1 screens.

A macro is a sequence of multiple keystrokes that can be invoked with a single command. *WordPerfect* 5.1 is noted for its powerful macro language. A macro can open a file, ask you to enter a few words, type a paragraph, or execute any command of the word processing program. *Secretary* uses macros to generate medical office letters related to appointments, billing, insurance, employee matters, and miscellaneous correspondence.

When the program is started, *WordPerfect* 5.1 is launched and a list of the available letters is presented. The user selects a letter by entering its number and is then guided step by step to complete the necessary information. For example, if the user selects an appointment reminder letter, the program starts typing it, inserts the current date, asks for the patient's name and the date of the appointment, types the reminder, and closes with a signature. The letter can be further edited, saved, printed, or trashed. Some of the 44 form letters available include appointment reminders, patient excuse for absence from work, late payment notices, employee recommendation, and consultation requests. Both the header and closure are customized from the main menu; this need be done only once.

The package requires rudimentary knowledge of *WordPerfect* 5.1 operation. If *WordPerfect* and *Secretary* have not been installed using the install programs, setting up *WordPerfect* printer and macros files location (using Shift-F1) is crucial for *Secretary's* operation. If you have your own macros and would like to use them, you will need to copy them to *Secretary's* directory (C:\WP51\SECMAC). The Alt-L and Alt-D macros are reserved for *Secretary*.

Overall the package is ideal for a newly established medical office with no letter templates or if secretarial staff have

limited word processing experience. The software is distributed as shareware. It can be copied from anyone and tried for 3 weeks. If found suitable, the publisher requests that a \$65 registration fee be sent; if not, the copy should be trashed or given to someone else for trial.

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The ACLS Teaching Series (CODE TEAM! and CARDIAC ARREST!), Version 2.0 (1992). Mad Scientist Software, 13422 North Bayberry Circle, Alpine, UT 84004. (801) 756-6026. \$109.95 (can be purchased separately for \$69.95 each).

HOW SUPPLIED: Two 720K (3.5-in.) disks or two 360K (5.25-in.) disks. Not copy protected.

DOCUMENTATION: Two booklets in a 3-ring binder. Poor readability and organization.

HARDWARE REQUIREMENTS: IBM-compatible; DOS 2.0 or higher; 256 RAM minimum; CGA, EGA, VGA or Hercules graphics card or AMIGA configuration. Also compatible with some Apple and ATARI systems.

MOUSE SUPPORT: Not for IBM systems.
CUSTOMER SUPPORT: No.
MONEY BACK GUARANTEE: Yes; 30-day, unconditional.

The ACLS Teaching Series is a package of two sets of programs: *Code Team!* and *Cardiac Arrest!* *Code Team!* includes three programs: *CardioQuiz*, *EKG Teaching*, and *ACLS Protocols*, intended for anyone interested in preparing for the advanced cardiac life support (ACLS) course. *Cardiac Arrest!* is a mega-code simulation that is as addictive as any text-based adventure game and as challenging as real emergency situations.

The programs were tested on an IBM-compatible 386SX with a VGA display. Installation was straightforward using an install program. All programs ran well and the screens were well laid out and easy to read.

The welcome menu of *Code Team!* allows the user to navigate among its three programs. The first two, *CardioQuiz* and *EKG Teaching*, are flash card tutorials and quizzes on most ACLS topics, recognition of electrocardiogram components, rhythms, and pathological conditions. In the quiz section, each card

is followed by a teaching point. Some questions are rudimentary but most are at the medical student or intern level and are excellent for someone taking ACLS for the first time. The program keeps track of the number of questions answered and the percentage correct but not of the number remaining in the quiz. Unfortunately the user is unable to return to previous cards. Electrocardiogram tracings are shown in one lead (presumably lead II) with fair graphics. The tutorials in *EKG Teaching* are basic and can be used by someone who has never seen an electrocardiogram. The difficulty level increases gradually, and by the end of the tutorial, the user can recognize abnormalities associated with electrolyte imbalance, infarcts, and a variety of arrhythmias, and is ready for *ACLS Protocols*, the third program.

ACLS Protocols reviews both adult and pediatric standard ACLS protocols. A tracing is shown, and the user responds by entering orders, for example, "Epinephrine 1 mg IV," "Defibrillate 200." The program is an excellent review for ACLS; it is well designed, easy to use, and as merciless as ACLS instructors when the user deviates from the protocol.

Whereas *Code Team!* helps the user prepare for the written examination and practice stations in ACLS, *Cardiac Arrest!* simulates mega code. The program is similar to *ACLS Protocols* but is more tolerant of departures from recommendations. The start-up menu provides the options of reading instructions and selecting a difficult, easy, or random case scenario. The program uses 45 patient simulations, 15 of which are pediatric cases. Help is available when the user does not know what to do. At the end of each simulation, a summary of the user's actions, including deviations from protocols and unnecessary actions, may be printed. An on-screen case summary is available anytime during the simulation. The summary lists which laboratory tests were ordered, but does not provide their results; users must record this information separately.

Overall, the package is ideal for any health care professional or student taking ACLS for the first time. *Cardiac Arrest!* is an exciting simulation for the experienced and novice physician alike, and I recommend it to every physician.

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YOCON[®]

Yohimbine HCl

Description: Yohimbine is a 3a-15a-20b-17a-hydroxy Yohimbine-16a-carboxylic acid methyl ester. The alkaloid is found in Rubiaceae and related trees. Also in Rauwolfia Serpentina (L) Benth. Yohimbine is an indolalkylamine alkaloid with chemical similarity to reserpine. It is a crystalline powder, odorless. Each compressed tablet contains (1/12 gr.) 5.4 mg of Yohimbine Hydrochloride.

Action: Yohimbine blocks presynaptic alpha-2 adrenergic receptors. Its action on peripheral blood vessels resembles that of reserpine, though it is weaker and of short duration. Yohimbine's peripheral autonomic nervous system effect is to increase parasympathetic (cholinergic) and decrease sympathetic (adrenergic) activity. It is to be noted that in male sexual performance, erection is linked to cholinergic activity and to alpha-2 adrenergic blockade which may theoretically result in increased penile inflow, decreased penile outflow or both.

Yohimbine exerts a stimulating action on the mood and may increase anxiety. Such actions have not been adequately studied or related to dosage although they appear to require high doses of the drug. Yohimbine has a mild anti-diuretic action, probably via stimulation of hypothalamic centers and release of posterior pituitary hormone.

Reportedly, Yohimbine exerts no significant influence on cardiac stimulation and other effects mediated by B-adrenergic receptors, its effect on blood pressure, if any, would be to lower it, however no adequate studies are at hand to quantitate this effect in terms of Yohimbine dosage.

Indications: Yocon[®] is indicated as a sympatholytic and mydriatic. It may have activity as an aphrodisiac.

Contraindications: Renal diseases, and patient's sensitive to the drug. In view of the limited and inadequate information at hand, no precise tabulation can be offered of additional contraindications.

Warnings: Generally, this drug is not proposed for use in females and certainly must not be used during pregnancy. Neither is this drug proposed for use in pediatric, geriatric or cardio-renal patients with gastric or duodenal ulcer history. Nor should it be used in conjunction with mood-modifying drugs such as antidepressants, or in psychiatric patients in general.

Adverse Reactions: Yohimbine readily penetrates the (CNS) and produces a complex pattern of responses in lower doses than required to produce peripheral a-adrenergic blockade. These include: anti-diuresis, a general picture of central excitation including elevation of blood pressure and heart rate, increased motor activity, irritability and tremor. Sweating, nausea and vomiting are common after parenteral administration of the drug.¹⁻² Also dizziness, headache, skin flushing reported when used orally.¹⁻³

Dosage and Administration: Experimental dosage reported in treatment of erectile impotence.¹⁻³⁻⁴ 1 tablet (5.4 mg) 3 times a day, to adult males taken orally. Occasional side effects reported with this dosage are nausea, dizziness or nervousness. In the event of side effects dosage to be reduced to 1/2 tablet 3 times a day, followed by gradual increases to 1 tablet 3 times a day. Reported therapy not more than 10 weeks.³

How Supplied: Oral tablets of YOCON[®] 1/12 gr. 5.4mg in bottles of 100's NDC 53159-001-01, 1000's NDC 53159-001-10 and Blister-Paks of 30's NDC 53159-001-30

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