

Reviews of Books, Software, and Audiovisual Materials

Clinical ElectroCardiography (2nd Edition). Ken Grauer, R. Whitney Curry, Jr. Blackwell Scientific Publications, Boston, 1992, 602 pp, \$39.95. ISBN 0-86542-155-2.

Electrocardiography is an integral part of everyday clinical practice. Electrocardiographs (ECGs) are readily available, easy to do, and relatively inexpensive. Despite advances in computer technology and the availability of computerized readings in most ECG machines, interpretation of ECGs continues to be an essential skill. All health care providers should be competent at it. This book, the second edition of *Clinical ElectroCardiography*, is a comprehensive guide to ECG reading that was written by two family physicians for primary care health professionals.

The text is organized in four parts. Part 1, "Basic Skills," is a step-by-step approach to ECG interpretation. Part 2, "Clinical Application," is presented in a problem-oriented format that encourages active participation by the reader. The figures are clearly reproduced and the interpretations are systematic. Part 3 has been added since the first edition of the book was published in 1987. It is a discussion of the value of obtaining routine ECGs in certain patient groups and the expanded role of the ECG in acute myocardial infarction. It also addresses the pros and cons of computerized ECG interpretation, with excellent summaries in tables 11-1, 11-2, and 11-3. Part 4 describes a series of ECG studies. Finally, the "Handy Reference Guide" at the end of the book is a quick overview of commonly needed skills in ECG interpretation.

For all its merits, the book has some deficiencies. Neither in the text nor in the index could I find any references to certain ECG findings such as torsade de pointes and trifascicular block. Some words commonly used in ECG terminology (eg, Wenckebach block) also are missing from the index.

As an overview of the basic skills needed for ECG interpretation, *Clinical ElectroCardiology* is most useful for medical students, residents, and other health care professionals trying to become more proficient in ECG reading. For the experienced primary care physician, it offers a useful guide for ECG interpretation, and it provides many useful examples of the practical application of theoretical knowledge to common clinical problems.

The style and the format of the discussion (problem-oriented) make the text easy to read. Also the tables and figures are clearly presented.

In summary, this book is a comprehensive review of ECG interpretations for both healthy and disease states. I recommend it to medical students, residents, and primary care physicians. The authors should be congratulated for their success in keeping the text clear, concise, and of practical use.

George E. Kikano, MD
Department of Family Medicine
Case Western Reserve University
Cleveland, Ohio

Cecil Textbook of Internal Medicine (19th Edition). James B. Wyngaarden, Lloyd H. Smith, Jr, J. Claude Benet (eds). WB Saunders, Philadelphia, 1992, 2544 pp, \$99.00. ISBN 0-7216-2928-8.

During a physician's undergraduate and postgraduate training, there are certain textbooks to which he or she is invariably exposed. These textbooks are the references used to obtain basic and detailed information on patient problems and disease. *Cecil Textbook of Internal Medicine* has long been one of these traditional sources.

The latest edition of *Cecil* is the 19th edition. The editors point out in the preface that one third of this edition is "new" because one third of the chapters have been rewritten by new authors. The editors claim this has helped keep the book current regarding recent changes in medical theory and treatment.

One of the new features and a main attraction of this edition is a section devoted entirely to the biology of human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS). In 62 pages, the authors provide a comprehensive discussion of HIV molecular biology and genetics, pathophysiology, and epidemiology. Other chapters address HIV effects on other organ systems (pulmonary, central nervous system, gastrointestinal, etc). This section should be very useful to primary care physicians as they assume care of more and more patients with HIV.

The sections of *Cecil* devoted to the diseases of specific organ systems (cardiac, pulmonary, etc) are complete and detailed. It is especially helpful that normal physiology is reviewed in enough detail

to help refresh the memory of the reader. This is valuable for those of us who are far removed from the basic science years of our education. The discussions of physiology complement the sections on pathophysiology well.

By their very nature, textbooks such as *Cecil* are dense reading and thus are not good sources when one needs quick information. When one takes the time to read and study *Cecil*, however, one will be rewarded with material that will greatly prepare one for patient management. The information in *Cecil* will also prepare the student or resident for almost any question that an attending physician might pose.

Cecil Textbook of Internal Medicine is a complete, well-written, authoritative source of information on all aspects of internal medicine. It is well worth the purchase price.

Edwin H. Scott, MD
Department of Family Medicine
Medical College of Georgia

Easing Labor Pain: The Complete Guide to a More Comfortable and Rewarding Birth. Adrienne B. Lieberman. The Harvard Common Press, Boston, 1992, 279 pp, \$12.95. ISBN 1-55832-043-1.

Easing Labor Pain is a comprehensive guide to every known technique for alleviating the discomforts of labor. Although directed at a lay audience, (specifically pregnant women and their labor support partners), it contains valuable information for birth attendants, including family physicians, who are interested in providing a low-intervention birth experience. The book is well written and easy to read, with clear explanations of all medical procedures and terminology.

The book begins with a realistic account of what labor pain is, with a clear explanation of the physiology of both labor pain and the body's response to it. This is followed by a chapter called "The Myth of the Painless Birth," in which the origins of prepared childbirth are explored. The next several chapters focus on individual techniques for alleviating pain in labor, with each chapter devoted to exploration in depth of one technique. Chapters cover education, relaxation, patterned breathing, nutrition, TENS, massage and counterpressure, water, activity, biofeedback, visualization and hypnosis, music, supportive companions,

and birth environment. The author approaches all these topics with an open mind and acknowledges that what works for one laboring woman will not necessarily work for another. These chapters are on the whole well written, although the chapter on breathing techniques tends to be confusing in places.

The author does address the question of medical intervention with a well-documented chapter on hospital routines, in which she discusses frequently used hospital procedures that may or may not be necessary but can frequently increase the pain of labor. This is followed by a chapter in which the author takes an unbiased approach to the use of medical analgesia and anesthesia in labor, providing a balanced assessment of the risks and benefits, with a message to pregnant women to consider their options carefully and to "use medication only if you need it, but don't feel guilty if you do."

The final chapters address newborn pain, postpartum pain, and the creation of a birth plan, with an emphasis on the need for flexibility. There is also an extensive list of resources for further information on all of the topics presented in the book.

Notwithstanding that this book is principally for nonprofessionals, *Easing Labor Pain* is a worthwhile reminder to physician birth attendants that there is more to pain relief in labor than narcotics and epidurals.

Anna L. Meenan, MD
Mt. Morris, Illinois

Pocket Guide to Diagnostic Tests. William M. Detmer, Stephen J. McPhee, Diana Nicoll, Tony M. Chou. Appleton & Lange, Norwalk, Connecticut, 1992, 324 pp, \$19.95. ISBN 0-8385-8020-3.

A scholar once said that Erasmus of Rotterdam was the last individual who could hold the sum of all human knowledge within his own mind. The time is long past when any individual physician could know every potentially important medical fact. A thriving segment of the medical publishing business is devoted to the production of handbooks designed to help the busy practitioner find the data he or she needs quickly and efficiently. Dr Detmer and his colleagues, from the University of California, San Francisco, have produced an excellent brief guide to the often confusing world of diagnostic testing.

This guide has sections on common laboratory tests, therapeutic drug monitoring, microbiological tests, and imaging studies. It also contains information on basic principles of diagnostic test use, performance of common bedside procedures, diagnostic algorithms and nomograms, and the use of tests in differential diagnosis. Finally, it comes with a few 3×5 cards, for use in organizing patient data. Modest in size, the book fits comfortably in my back pocket when I am on the wards, or in my black bag for late-night trips to the hospital. The busy resident or medical student would find it easy to keep with them for the many occasions each day when it would come in handy.

A main advantage of this book is its conciseness. The authors have set out to produce a guide to the proper performance and interpretation of laboratory and imaging studies. They have included everything relevant to that goal and excluded anything not relevant. Seldom have I seen a book with such a high density of information. The authors have also done an excellent job in bringing together information from multiple areas; the book will tell you how to aspirate a joint, how to stain the fluid obtained for microscopic analysis, how to interpret the results, and how much the follow-up laboratory tests or radiographs will cost. The arrangement of the chapters and the layout of the individual chapters and sections are all designed to help the reader in the rapid location of the necessary information. Compared with bulkier manuals, this guide is a lean, mean reference machine.

But the book also has the defects of its virtues. The practice of medicine is often complex, and the spareness of this guide leaves no room for extended discussions of alternative approaches. This is helpful for the novice, but broad perspective has been sacrificed for compactness. The index is useful and complete, but there are some unfortunate omissions: staphylococci, streptococci, and mycobacteria each have entries, but *Escherichia coli*, *Pseudomonas aeruginosa*, and *Hemophilus influenzae* do not. Some additional cross-referencing would also be helpful: one must look under both "starvation" and "malnutrition" to get a complete list of laboratory tests useful in the evaluation of the undernourished patient. A second edition would benefit from a more detailed index, even if it requires an increase in size.

In summary, I found the *Pocket*

Guide to Diagnostic Tests to be an economical and well-thought-out tool. Experienced clinicians may find that it often gives less than complete attention to the range of alternatives available in clinical practice. But the clinical novice, or the established practitioner looking for assistance in an unfamiliar area, will not find a better resource. My copy will return to my hospital kit, right next to my copies of *The Harriet Lane Handbook* and *The Manual of Medical Therapeutics*.

Robert E. Garrett, MD, MS
Appleton Family Practice Residency
Appleton, Wisconsin

Assisting a Vaginal Breech Birth [videotape]. Ina May Gaskin. VideoFarm Productions, 12, The Farm, Summertown, TN 38483, 1992, 55 minutes, \$155.

Assisting a Vaginal Breech Birth is an interesting videotape illustrating the indications, contraindications, and techniques for performing a vaginal breech delivery.

The initial portion of the tape presents a review of breech positions and epidemiology of breech presentations as well as noting the contraindications for breech delivery. Included in this portion of the tape are positioning techniques used to promote spontaneous version. I learned these techniques from working with midwives for over 5 years, but had never heard them mentioned in my medical training. Physicians may find this section very interesting and useful in their practice.

In addition, a very brief discussion of external version is included in the first section of the tape. Emphasis is placed on external version without the use of ultrasound. There is little mention of the potential risks of version such as preterm labor or abortion. In addition, most physicians would be poorly advised to attempt the version techniques shown in this video. Instead, ultrasound-assisted external version with prophylactic tocolysis is likely to be considered the standard of care in most locales. The presentation on this tape, on the other hand, makes external version look so effortless and simple that physicians viewing this tape may be tempted to attempt that technique without using ultrasound guidance. I believe most malpractice attorneys would not recommend this approach.

Following a model-enhanced demonstration of the techniques for assisting in a vaginal breech birth, five patient

vignettes are presented. These patients are all women who chose to give birth at Ms Gaskin's Midwifery Farm because physicians insisted on performing cesarean sections for their breech presentations. The patient examples are designed to illustrate the proper techniques for assisting with a vaginal breech birth. These examples are also meant to reassure the viewer that vaginal breech deliveries are safe and infrequently used as an alternative to elective cesarean section; however, watching these five women give birth, with the final two complicated by entrapped arms and extended heads, I was reminded of why I stopped performing vaginal breech deliveries 3 years ago. Moreover, after rather lengthy introductions to each case and several repetitions of the same techniques, the examples become redundant. Viewers may find themselves fast-forwarding through much of this portion of the tape.

Although this tape is an excellent teaching tool for dealing with the nuances of uncomplicated and complicated vaginal breech deliveries, most family physicians are unlikely to opt to perform vaginal breech deliveries because of the medical and legal risks and resistance from obstetrical backup physicians. Thus, this tape may be useful for physicians-in-training to review in order to be prepared for the occasional breech delivery that occurs unexpectedly, but is unlikely to be useful to the family physician who practices routine low-risk obstetrics.

William J. Hueston, MD
Menifee Medical Center
Frenchburg, Kentucky

Software Reviews

Gary N. Fox, Section Editor

ENDNOTES PLUS, Version 1.0 (1992). Niles & Associates, Inc, 2000 Hearst St, Berkeley, Calif. (510) 655-6666. \$249. (ENDLINK, \$99.)

DOCUMENTATION: Spiral-bound manual.

HARDWARE REQUIREMENTS: DOS or Macintosh system; 850K of available disk space.

MOUSE SUPPORT: Yes; not required for PC version.

CUSTOMER SUPPORT: No.

DEMONSTRATION DISK: No.

MONEY-BACK GUARANTEE: No.

PC-LIT, Version 3.06 (1990). Andrew Johnstone, 2425 Albany #A-4, Beech

Grove, IN 46107. \$10.

DOCUMENTATION: On disk.

HARDWARE REQUIREMENTS: DOS 2.1 or higher; 256K memory.

MOUSE SUPPORT: No.

CUSTOMER SUPPORT: No.

DEMONSTRATION DISK: Yes (must send a formatted disk).

MONEY-BACK GUARANTEE: No.

REFERENCE MANAGER PC, Version 5.03 (1992) and REFERENCE MANAGER MAC, Version 2.0 (1992). Reference Information Systems, Camino Corporate Center, 2355 Camino Vida Roble, Carlsbad, CA 92009-1572. \$299; complete package with import software (*Capture* or *Splicer*) and journal formats, \$499.

DOCUMENTATION: Spiral-bound manual and several text files on disk.

HARDWARE REQUIREMENTS: Macintosh or IBM computer; DOS 2.1 or higher; 384K of available memory.

MOUSE SUPPORT: Yes.

CUSTOMER SUPPORT: Yes.

DEMONSTRATION DISK: Yes.

MONEY-BACK GUARANTEE: No.

As a medical student, I collected piles of articles. Later as a prolific user of *Grateful Med*, I accumulated articles of greater relevance, but they remained in similar disarray. I tried various filing systems, but each left questions. For example, should I file an article on the diabetic kidney under endocrinology or nephrology?

Reference management software solves these problems. With these tools one can file loose articles, index bound journals, store literature search results, generate bibliographies, and even select citations from within a word processor. With the use of companion software programs, citations from MEDLINE, CD-ROM, and other electronic media can be imported. One citation can be filed under an unlimited number of headings. For example, I recently indexed my *MD Computing* journals using *Grateful Med*. I downloaded 5 years of *MD Computing* citations from MEDLINE. It took only a few minutes to import hundreds of these citations into my reference management software.

In addition to commercial reference management programs, general database software can do much the same tasks. I have used a Macintosh Windows database (*Filemaker Pro*) for several years, paired with the free MEDLINE translation utility (*MedTrans*). My system works, but cannot match the power of specialized products.

Reference Manager (RefMan), *EndNotes Plus*, *Pro-Cite*, *Papyrus DMSACITE*, *Notebook II*, *Bookends*, *Publish or Perish*, *SCI-Mate*, and *PC-Lit* are a few of the commercial packages. I evaluated the Macintosh and PC versions of *Reference Manager* and the PC version of *EndNotes Plus* and *PC-Lit*.

PC-Lit is very inexpensive (\$10), yet will run on the most primitive IBM-compatible computer. It has severe limitations, however. It cannot import MEDLINE or other data, or export data to word processors or other bibliographic software. It has a crude interface and stores much less citation information than the competition. *PC-Lit* is not an acceptable solution for most users.

EndNotes Plus and *RefMan* are both very acceptable solutions. I tested *RefMan* with its full complement of add-on packages, including extended citation formats, auto-citation generation, and reference import filters. *EndNotes* includes many of these add-ons in its base package, but I lacked the critical *EndLink* import utility, thus compromising my review.

Both of these programs pass the "acid test" of data portability, which is a critical issue. Software programs come and go, and machines become obsolete, yet you do not have to retype years of collected references. Because of the way the two programs store data, only *RefMan* can export key words as distinct entities; *EndNotes* merges them into a single text files. In addition, both *RefMan* and *EndNotes* come in Macintosh and PC versions and can exchange files without translation between the two platforms.

The import features offered as add-on packages, *EndLink* (for *EndNotes*) and *Capture* (for *RefMan*), are obligatory. These utilities allow citations for MEDLINE and many other services to be automatically imported into the reference software. After a literature search with *Grateful Med* (or MEDLINE), BRS/Colleague, CD-ROM and others, it takes only a few minutes to painlessly transport all desired references into *EndNotes* or *RefMan*.

Manual entry of references requires the user to assign key words (which are used for retrieving data) to citations. To maintain a consistent set of key words, it is helpful to have a key-word look-up function. *RefMan* allows users to look up key words from a list of key words previously entered, but there is no list of generic key words (eg, MEDLINE's

MeSH listing). *RefMan* also includes other hookups, such as an expensive list of journals. Unfortunately, there is no easy way to navigate through these listings, and scrolling becomes tedious. *EndNotes* look-ups are limited to previously entered journal names.

Both *RefMan* and *EndNotes* generate bibliographies, but *RefMan* provides a greater number of styles and supports a wider range of word processors. Both can link citation numbers in a manuscript for publication to stored references and generate a bibliography. *RefMan's* optional *Splicer* TSR can "pop-up" a view of one's database within a word processor and insert a reference identification number. When the writing is completed, *RefMan's* main program will create a finished paper with all citations in the chosen format, matched to sequential numbers in the text. The Macintosh version uses a seek accessory, or direct access (DA), for the same function, but I was unable to get it to work on my machine. Both the DA (Mac) and TSR (DOS) programs consume a great deal of memory; the TSR can use expanded memory. *EndNotes* provides a similar support under DOS only for *WordPerfect*, while the DOS 5.0 shell or the windows clipboard can be used with other word processors.

Under Macintosh System 7 (but not System 6), *RefMan* generated a corrupted *MacWrite II* output file. The PC version of *RefMan* conflicted with a DOS disk cache and with *WordPerfect* extended display drivers. Otherwise, both packages were reliable. *EndNotes* has an intuitive text-based interface that emulates the Macintosh/Windows menu system. *RefMan* PC version requires some attention to the manual. The Macintosh version does not always follow Macintosh interface conventions.

I lacked the *EndNotes* import module and could not test its performance with a large database. *RefMan* is blindingly fast on any machine, reflecting the strength of its core relational database engine. I was able to search a test file of several thousand references in the blink of my eye.

The *EndNotes* and *RefMan* Mac programs are easy to install. *RefMan* PC is more difficult; its installation program is unsatisfactory. It is not compatible with Windows or DesqView, and Os/2 refused to let the ill-behaved installation program run. The manufacturer's technical support person confirmed the problem but seemed relatively unconcerned.

Both *RefMan* and *EndNotes* provide readable documentation and useful context-sensitive help functions. *RefMan* also includes offers for a plethora of services: sample disks, newsletters, a diskette-based abstract service, and a reasonably objective pamphlet entitled "How to Select Bibliographic Management Software" (free).

EndNotes is not copy protected. After a database accumulates several hundred references, the user is asked to validate it. The validation process requires a utility on a copy-protected disk that alters the database structure and create a kind of internal "key." The disk is discarded. The net effect is that one may legally have multiple copies of *RefMan* for personal use but cannot have more than one distinct large reference database.

Reference Man and *EndNotes Plus* are both strong contenders. *RefMan* is extremely fast and sophisticated. It suffers from a poor installation program and an annoying copy protection scheme as well as some minor compatibility problems. *EndNotes* is less powerful, has a better user interface, and is better suited to maintaining more than one reference database. A complete *EndNotes* package is less expensive than a complete *RefMan* package. Most physicians will be well served by either application; the professional writer may prefer to invest in *RefMan*.

John G. Faughnan, MD
Medical School Family Health Center
College of Human Medicine
Michigan State University
Escanaba, Michigan

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.

Warning: 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 alpha-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.¹⁻³ Also dizziness, headache, skin flushing reported when used orally.¹⁻³

Dosage and Administration: Experimental dosage reported in treatment of erectile impotence¹⁻³ 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.¹

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

References:

1. A. Morales et al., New England Journal of Medicine: 1221, November 12, 1981.
2. Goodman, Gilman — The Pharmacological basis of Therapeutics 6th ed., p. 176-188, McMillan December Rev. 1/85.
3. Weekly Urological Clinical Letter, 27:2, July 4, 1983.
4. A. Morales et al., The Journal of Urology 128: 45-47, 1982.



Available at pharmacies nationwide
PALISADES
PHARMACEUTICALS, INC.
219 County Road
Tenafly, New Jersey 07670
(201) 569-8502
(800) 237-9083