

Reviews of Books and Software

Emergency Medicine Secrets. Vincent J. Markovchick, Peter T. Pons, Richard E. Wolfe (eds). Hanley & Belfus, Inc, Philadelphia, 1993, 462 pp, \$32.95. ISBN 1-56053-051-0.

Emergency Medicine Secrets, like the rest of the "Secrets" series, is based on a format of frequently asked questions followed by a concise answer in specific medical areas. Markovchick, Pons, and Wolfe do an excellent job editing in this format.

This text's great usefulness is for looking up a specific subject area within emergency medicine and getting a brief review of the area. Most chapters are well done, but each is written by a different author, which results in varying style and emphasis. For instance, the question from the "alcohols" chapter—"Why is it important to understand the metabolism of ethylene glycol?"—is much more significant to emergency medicine than "What is the blood supply to the appendix?" from the "appendicitis" chapter. The depth of information also varies from chapter to chapter.

There are few illustrations in this reference, but it does include many interesting charts. Some are useful to immediate learning whereas others would be helpful only if examined in the context of a specific patient. The book covers almost all major areas of emergency medicine, including some that tend to be forgotten, such as management of the violent patient and cost containment and risk management in the emergency department. The chapter organization is straightforward, and the index is extensive.

Emergency Medicine Secrets will best serve medical students or interns during emergency department rotations. It also may assist family physicians wishing to review emergency medicine before beginning new emergency department coverage, and will provide an outline for physicians who need to present a brief teaching conference on spur-of-the-moment subjects while attending in the emergency department. *Secrets* will not replace standard text information or the yearbook-type "cookbooks." For family physicians in routine practice, this reference would be only marginally valuable compared with other available texts.

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Ambulatory Medicine, The Primary Care of Families. Mark B. Mengel, L. Peter Schwiebert. Appleton & Lange, Norwalk, Conn, 1993, 647 pp, \$23.95. ISBN: 0-8385-1294-1.

Ambulatory Medicine, The Primary Care of Families, joins the ranks of the Lange family of books for the medical profession. Lange books have a long-standing, dependable reputation; continuing that tradition, this text will serve as a useful aid to the busy physician.

The style is consistent and headings are easy to read and logically arranged. The book follows a format similar to the Little, Brown and Company series. The tables and charts are abundant and easy to use, and the footnotes and cross-references are very helpful. Unfortunately, the print is small. The 105 chapters are organized into five major divisions: Common Complaints, Chronic Illness, Psychiatric Disorders, Reproductive Health, and Preventive Medicine.

Although other texts offer more on principle and philosophy, *Ambulatory Medicine* will serve as a general medical text for future family medical students and residents as well as a reference text for practicing physicians. The index is good, although sometimes incomplete. For example, a search for waterborne illnesses that cause diarrhea and are carried by fish proved difficult. Most problems in general practice are covered well, and there are many useful tips, such as a discussion about the use of a vascular screening test in the section on sexual dysfunction. The mental health section also is complete and informative.

Unfortunately, the text is short on family medicine philosophy, offering no special attraction for the new family physician. There is no chapter on starting a practice or management, and therefore this is not a book for beginners. The book is scant on family medicine concepts, with only a brief reference to families in the chapter on stroke under family conference in adult chronic illness. Although the section on counseling presents a discussion of methods, there is no discussion of family dynamics, death and dying, or advance directives.

Several chapters are like journal papers, and some could use a summary or discussion section for easier use. The chapter on immunization does not cover immunization in the compromised host. The chapter on the acute scrotum gave

no direction for the treatment of prostatitis, for which a cross-reference would have been helpful.

I would classify *Ambulatory Medicine, The Primary Care of Families* as a good reference text. It would be most useful for an established internist, family physician, or other primary care provider. Considering that more than 100 authors contributed, the book is a thought-provoking reference.

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Rheumatic Disorders. Stephen A. Paget, Theodore R. Fields (eds). Summaries in Clinical Practice, Jeremiah A. Barondess, Series Editor. Butterworth-Heinemann, Stoneham, Mass, 1992, 258 pp, \$45.00. ISBN 0-9626521-4-8.

Given the frequency of rheumatologic problems encountered in primary care, a good rheumatology text is worth its weight in gold. The editors' purpose for the text is admirable: "We have tried to give our readers a solid, practical approach to patients with rheumatic diseases. A great effort has also been made to provide our readers with the basic science information that will be required to understand new developments in therapy as they unfold." (p. xi)

Following an introductory chapter and a chapter covering autoantibodies, 10 chapters deal with specific rheumatologic entities or groups of related entities. These are followed by a chapter on total hip replacement arthroplasty in patients with inflammatory arthritis and one on nonoperative orthopedics.

After reading the chapter on rheumatoid arthritis (with its eight appendices covering pharmacotherapies), I felt that the editors might have succeeded in their ambitious endeavor. Unfortunately, as is often the case in such a text when multiple authors each contribute single chapters, there is considerable unevenness of quality. The chapter on rheumatoid arthritis is the highlight of the book; much of the rest I found disappointing.

Several chapters provide material that is simply too superficial for a text of this sort. Infectious arthritides are handled rather superficially in a single short chapter titled "Septic Arthritis, Lyme Disease, and Prosthetic Joint Infection." Although the pathogenesis, clinical features, and typology of osteoarthritis are

well covered, treatment is handled in scarcely over 1 page, with only passing reference to the mainstays of management: patient education and physical therapy. Conversely, the authors have clearly and thoroughly elaborated on the management of gout; the discussion of the clinical manifestations and diagnosis of crystal-induced arthropathies is much less complete. Curiously, one chapter is devoted to Reiter's syndrome and reactive arthritis, yet the other seronegative spondyloarthropathies are only briefly mentioned. The chapter on total hip replacement is quite good; however, it is unclear why the discussion could not have been broadened to include the surgical management of other joints in inflammatory arthritis.

Given the importance of radiographic findings in rheumatologic diagnosis and management, I was somewhat surprised at the paucity of radiographic illustrations; the notable exception to this deficiency was the chapter on osteoarthritis. Of even more concern was the lack of emphasis on and information concerning physical therapy modalities. Since patient education and physical therapy are important cornerstones in the management of most patients with rheumatologic disorders, at least some discussion of these is warranted.

Despite these shortcomings, I found several chapters of the text to be particularly worthwhile. There is an especially clear and cogent discussion of the often confusing and complex subject of vasculitis. The chapter on Sjögren's syndrome is both thorough in scope and practical in approach, thus meeting the editors' stated goal for the book as a whole. If the quality of these chapters (in addition to that on rheumatoid arthritis) were maintained throughout the text, it would indeed be a gem. Unfortunately, I find it much too uneven to recommend as a general rheumatology text.

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Ambulatory Geriatric Care. Thomas T. Yoshikawa, Elizabeth Lipton Cobbs, Kenneth Brummel-Smith. CV Mosby, St Louis, 1993, 557 pp, \$49.00. ISBN 0-8016-6543-4.

Geriatrics is an important part of family medicine, and will become even more so as our population ages. Family physicians are called upon to provide expert medical care to patients of all ages, keep-

ing in mind the differences between the various age groups. Nowhere is that concept more important than in the field of geriatrics. *Ambulatory Geriatric Care* makes that point very clear.

The text is organized into four parts. Part I, "Principles of Ambulatory Care," covers the subject matter broadly and in a holistic manner. The authors include subjects such as the office visit, caregiver stress, the role of nursing, social work and community support, and financial concerns, tying these together to give a realistic view of the complexities of ambulatory geriatric care.

Part II, "Approaches to Assessment," presents practical ways to assess elderly patients in specific situations. In this section the authors address preoperative assessment, evaluation for driving, evaluation for nursing home admission, hearing assessment, and home safety. They also present an overview of comprehensive assessment, as well as a chapter describing commonly used outpatient assessment instruments.

Part III, "Prevention and Health Maintenance," presents an approach to geriatric well-being through nutrition, physical activity, and social and spiritual support. There is also a chapter on more traditional preventive interventions, which includes a discussion of immunizations, cancer screening, and screening for cardiovascular disease, as well as screening for functional, psychological, and social problems. The author compares and contrasts the recommendations of the US Preventive Services Task Force, the American Cancer Society, and the Canadian Task Force, and briefly discusses the evidence supporting the recommendations.

Part IV, "Common Geriatric Syndromes and Problems," presents a wide variety of clinical problems commonly encountered in ambulatory geriatrics. Areas addressed include urinary incontinence, sexual dysfunction, falls, movement disorders, foot care, oral and dental problems, respiratory infections, and sleep disorders, among others. Each chapter is organized with sections on clinical relevance, clinical manifestations, diagnostic approach, and intervention, making specific information easy to find. Most chapters make skillful use of tables to display risk factors, differential diagnosis, diagnostic evaluation, and treatment strategies.

In general, this book is well written and easy to read. At the beginning of each chapter, four to six key points out-

line the intent of the chapter. References are generally up-to-date, and each chapter includes a suggested reading list at the end for those who wish to know more about specific subject matter. The index is cross-referenced well and generally easy to use.

Ambulatory Geriatric Care is not an encyclopedic textbook of geriatrics, such as Hazzard or Brocklehurst. It is a much more user-friendly book, similar to Calkins. Although it is nearly 600 pages, it is a book that can be read from cover to cover. I recommend it to residents in family practice and internal medicine, as well as to family physicians and internists who care for geriatric patients. Dr. Yoshikawa and his talented group of more than 60 contributing authors have produced a textbook that is well worth reading.

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Manual of Rheumatology and Outpatient Orthopedic Disorders. (3rd Edition). Stephen Paget, Paul Pellicci, and John F. Beary III. Little, Brown & Co, Boston, Massachusetts, 1993, 527 pp, \$30.00. ISBN 0-316-68846-0.

At first glance, this manual, which covers the core concepts of rheumatology as well as outpatient orthopedics, might seem to be a somewhat odd interface. Mixing in-depth discussions of unusual autoantibodies with local afflictions and occupational hazards such as gamekeeper's thumb is a blend usually found in encyclopedias rather than practical pocket manuals for active clinicians. Yet, as one of the authors points out in the foreword, the problems presenting to a rheumatologist or orthopedic surgeon are "based on similar principles." Indeed, patients often present with a chief complaint that could involve either or both disciplines. If a consultation is needed, even experienced clinicians sometimes have difficulty choosing the appropriate specialty.

The book is organized into four main sections: Musculoskeletal Database, Clinical Presentations, Diagnosis and Therapy, and Orthopedic Surgery and Rehabilitation. Musculoskeletal Database includes not only the expected treatment of basic principles of history and physical examination findings but also

arthrocentesis and intra-articular injection techniques.

The chapters in *Clinical Presentations* are logically organized much as a patient might present with a chief complaint—for example, Neck Pain, Shoulder Pain, and Hand Disorders. Most of these chapters are excellent, with adequate detail for a practicing physician. The chapter on sports injuries is an exception. Although the authors make a valiant attempt to cover numerous issues, the allocation of only 13 pages to this important topic forces compromise in both completeness and depth. For example, although stress fractures are described, only the metatarsals are mentioned as a potential site of involvement. The treatment for ankle sprain, covered in a separate chapter on ankle and foot pain, is somewhat dated. The author suggests using an Unna wrap, with progression to an Ace bandage, without any mention of more than a dozen excellent ankle braces now available and commonly used by family physicians and others interested in sports medicine.

Clearly the strongest aspect of the book is the extensive coverage of multiple connective tissue disorders, spondyloarthropathies, crystal arthropathies, and other rheumatologic conditions. The treatment of classic issues such as Raynaud's phenomenon is detailed, with extensive development of practical treatment options. There also are chapters dealing with entities such as the antiphospholipid-antibody syndrome and lupus in pregnancy. There are excellent and succinct tables that include detailed treatment of rheumatologic laboratory tests and disease-specific differential diagnoses and treatment. The appendices cover frequently needed, clinically relevant issues, such as medications used in the management of rheumatic diseases. They also include specific criteria for diagnosis and classification of rheumatic diseases as well as dermatomes and laboratory values.

In this third edition, the authors have added many new topics, including chapters on Lyme disease, HIV-related musculoskeletal disorders, and perioperative care of patients with rheumatic disease. The line drawings emphasize important anatomical landmarks, are easy to interpret, and correspond well to the relatively detailed text.

Although the manual may fall short in providing full and adequate treatment of some common outpatient orthopedic disorders, it covers most of them and

clearly rises to the challenge of comprehensively presenting the core elements of a broad range of rheumatologic conditions and their management. The manual easily meets the needs of practicing internists and family physicians as well as rheumatology trainees. Overall, its strengths overcome its shortcomings, making the book a valuable addition to one's library.

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Differential Diagnosis of Common Complaints (2nd Edition). R.H. Sellers. W.B. Saunders Co, Philadelphia, Pennsylvania, 1993, 404 pp. ISBN 0-7-216-3327-7.

It was not long ago that most texts were organized around diseases instead of patient symptoms, but with the increasing emphasis on the problem-oriented approach, more texts are centering on patient symptoms rather than their diseases. In the first edition of *Differential Diagnosis of Common Complaints*, Sellers adopted a symptom-oriented approach instead of a disease-oriented approach. The updated second edition continues to focus on patient symptoms, with new chapters on breast lumps, swelling of legs, and voiding disorders and incontinence.

The book is well organized for easy use. Each chapter focuses on a symptom or problem area and discusses the most frequently encountered diseases or syndromes causing the symptom. Although common diseases are stressed, less common problems also are addressed. All chapters follow the same format, which includes introduction, nature of the patient, nature of the symptom, associated symptoms, precipitating and aggravating factors, ameliorating factors, physical findings, diagnostic studies, less common diagnostic considerations, and selective references. A summary table, which highlights the main points, is included at the end of each chapter.

The selection of chapter headings is excellent. The chapters cover 80% of the complaints presented to practicing physician. Because the book is a broad overview, the reader may need to review a more detailed text for specific diseases and their workup.

The text has several weaknesses. First, there is not enough emphasis on the nonspecific nature and behavioral as-

pects of the common complaints. For example, Adelman (*Adelman A. Abdominal pain in the primary care setting. J Fam Pract 1987;25:27-32*) found that over 50% of adult abdominal pain is undiagnosed. Over half of the complaints seen by a family physician have a psychological cause or component. Second, the text is not referenced specifically. Instead general bibliographic sources are listed at the end of each chapter. It would be helpful to know the specific source of some of the author's statements. For example, the author states in the chapter on sore throat "there are virtually no false-negative Monospot tests. . . ." whereas in the first week, the false-negative rate may run as high as 15%.

This book is intended primarily for medical students and residents. If they master the material in this book, they can handle most of the problems seen in a family physician's office. The book also can benefit practicing clinicians as a quick, concise review of the common diseases that cause the symptoms covered in the text.

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Hannah's Heirs—The Quest for the Genetic Origins of Alzheimer's Disease. Daniel A. Pollen. Oxford University Press, New York, 1993, 296 pp, \$25.00. ISBN 0-19-506809-2.

Hannah's Heirs is proof that reality can be more exciting than fiction. The author takes the reader to the realities behind the curtain of today's sacred savior, medical research. Alzheimer's disease is the fourth leading cause of death in the United States, but tragically, the vast majority of cases are etiologic mysteries. However, new windows are rapidly being discovered through genetic linkage studies.

Hannah's Heirs is a chapter of science history replete with intrigue, politics, ongoing laboratory horse races, personalities, and serendipity. Throughout the account, Pollen interweaves actual genetic specifics in clear fashion with little accuracy sacrificed to simplicity.

The recorded family history begins in 1843 in central Europe where Hannah was born and married Shlomo. Over the years, Hannah's heirs found their way to America, and by 1985, Jeff, one of her grandsons, displayed symptoms of dementia that could not be ignored. An appointment for a workup was made, but

by accident of an office scheduling error, Jeff was seen by Daniel A. Pollen, MD, a different neurologist than originally planned. Jeff provided a neatly plotted genealogy showing five generations of familial Alzheimer's disease. At first, the paper was placed in the back of the chart as yet another addition to the usual ream of chart documents, but by the end of the examination, Pollen sensed that the paper was a gold mine of genetic secrets.

The author carefully knits together disparate places, times, and researchers on the trail of genetic Alzheimer's disease. The effect is an international snowball of laboratories, families, and researchers. Naturally, political and fiscal realities emerge, as do the personalities of researchers.

Scientifically, the book addresses the origins of Alzheimer's disease. The genetic footprints of Alzheimer's disease begin on chromosome 21 with identification of the "Hardy mutation," which is a single base error at exon 17 in the amyloid gene. Any of three single-base substitutions in codon 717 of the amyloid precursor protein gene can produce familial Alzheimer's disease. Subsequently, chromosome 14 was identified as the cause of early onset Alzheimer's disease and was specifically the source of the affliction shared by Hannah and her heirs.

Although genetic Alzheimer's disease of the autosomal dominant type explains only a minority of all cases, early genetic testing and "genetic engineering" raise major ethical questions. Only a few of these are discussed in the book. Pollen tantalizes the reader with a brief mention that chromosome 19 may be linked to cases previously considered nongenetic. Still, the complete etiologic specifications probably will be multifactorial.

The target audience for this book is medical or lay persons interested in the history of science, epidemiology, genetic basis of disease, and, of course, Alzheimer's disease. Any reader will be struck by the productive relationship between the scientists and Hannah's courageous heirs, who permitted themselves to be study subjects. Their cooperation is a model for the enrichment of health care research. This book does an excellent job of placing the reader squarely in the middle of the sociomedical drama, fascination, and fear of Alzheimer's disease.

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Ambulatory Pediatric Care (2nd Edition). Robert A. Dershewitz (ed). J.B. Lippincott Co, Philadelphia, 1993, 864 pp, \$55.00. ISBN 0-397-51196-5.

Robert Dershewitz and 141 contributors have produced a comprehensive textbook on ambulatory pediatric care that would be a worthwhile addition to the library of any medical professional involved in the care of children, including pediatricians, family physicians, nurse practitioners, and physician assistants. The preface states that "the reader will find that nearly every topic, question, or medical problem that arises in the course of office-based pediatric care is covered logically and with timely information." Although this is a bold statement, I found it to be justified.

The book consists of 24 sections representing standard categories of pediatric concerns (eg, neurologic problems, eye problems) as well as less conventional topics (eg, the office, and signs, symptoms, and systemic problems). Each section contains several brief chapters on specific problems. Because these chapters are intended to present a concise approach to accepted current practice, different points of view are not always included. Each chapter, however, concludes with an annotated bibliography for readers looking for more depth.

There is a comprehensive 31-page index that facilitates one of the book's stated goals: "to be . . . used for quick information retrieval and management guidelines." Five useful appendices range from suggestions regarding age-appropriate toys to a list of emergency office equipment.

This second edition includes 16 new chapters, a new section devoted to the newborn, and one added appendix. Several chapters from the first edition were either deleted or combined.

One of the major strengths of this volume is the emphasis on office-based practice. Many of the contributors are pediatricians in practice at a health maintenance organization, which lends additional credibility to their very practical office management recommendations. In a chapter on twins, for example, it is advised that well-child appointments for twins should occur toward the end of a clinic session because it takes families with twins longer to get ready and travel anywhere, including to the doctor's office.

The book's attention to office practice details borders on the excessive at times. For example, a chapter on tele-

phone management focuses almost exclusively on the number and placement of phone lines and staff training in telephone triage rather than specific telephone management of pediatric problems, which comprises a large part of pediatric practice. In fairness, though, I should mention that this chapter is in the section entitled "The Office," and the chapters in this section focus on day-to-day issues of office practice management.

At times, I question whether some of the book's suggestions are applicable to the practitioner in a community health center or hospital-based clinic, who almost exclusively sees low-income families receiving medical assistance. In a chapter on death in the family, practitioners are advised to be choosy about referrals to mental health providers. Most providers of health care for poor children do not have that luxury—they have to take what they can get. However, the book's preface explicitly states that social concerns and community pediatrics, although obviously important, were beyond the scope of the book.

These reservations aside, I found the book to be informative and practical. What I found especially delightful were some of the more unusual but nonetheless useful chapters on topics such as vegetarianism and preventive measures for Third World travel. Since these issues do come up in the course of day-to-day pediatric practice, it is good to know where to find intelligent management suggestions.

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Lesbian Health: What Are the Issues? Phyllis Noerager Stern (ed). Taylor & Francis, Washington, DC, 1993, 151 pp, \$19.50. ISBN 1-56032-299-3.

At the Fourth International Congress on Women's Health Issues in New Zealand in 1990, the Council Board was confronted by a group of lesbian members who were angry that the program did not include any lesbian issues. Claiming that nearly 25% of the audience were lesbian, they stated that it was no longer acceptable to them to be excluded from any program addressing women's health issues. The group demanded that a special issue of *Health Care for Women International* devoted solely to lesbian health issues be released before the next Congress. The Board agreed. The result is a

collection of essays focusing on lesbian health, entitled *Lesbian Health: What Are the Issues?*

The majority of the essays address the negative attitudes of the medical community toward lesbians and the reasons lesbians avoid the medical system or refuse to reveal their sexual orientation to their clinicians. The book focuses on lesbian health issues such as alcohol abuse, lesbian families, and lesbians who choose to have babies. Many articles document the dearth of research on lesbian health issues and medical problems, noting that a great deal more is known about gay men.

Frankly, I am not sure who would find this collection interesting or useful. Lesbian patients and health care workers are aware of the problems faced by lesbians in the health care system. What is needed is an up-to-date discussion of specific medical problems affecting the lesbian population as well as detailed guidelines on how to eliminate heterosexual bias from health care questions and forms.

I doubt that clinicians who are already sensitive to the needs of lesbian patients will learn much from this collection of articles. Unfortunately, those who need to change their approach probably will not read the essays.

Perhaps the book's value is more symbolic. The editor expresses surprise "at the prejudice, mistreatment, and downright ignorance held by even college-educated nurses" (p xii). I am surprised by her surprise. Welcome to the real world.

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Office Orthopaedics. Michael L. Dvorkin. Appleton & Lange, Norwalk, Connecticut, 1993, 296 pp, \$49.95. ISBN 0-8385-7214-6.

Office Orthopaedics was written by a practicing orthopedist who is obviously an experienced and effective teacher. Dr Dvorkin explains in his preface that the text began as a syllabus for internal medicine and family practice residents as he had been unable to find a basic orthopedic text written with these individuals in mind. In his quest to write a relevant and practical text geared to the needs of nonorthopedists who evaluate and treat orthopedic problems, Dr Dvorkin has admirably risen to the challenge.

The text includes 14 chapters orga-

nized according to regional anatomy, beginning with the shoulder and upper extremity and continuing through various regions of the spine to the lower extremities. The presentation is simplified to allow a novice to readily grasp anatomy, physiology, and clinical correlates, yet is detailed enough with respect to treatment and management options to be helpful to an experienced practitioner. The author obviously recognizes the need to blend various entities that are often artificially separated, such as subacromial bursitis, impingement syndrome, and rotator cuff tendinitis, which simply cannot be considered isolated clinical entities, except with the benefit of an arthroscope.

Each chapter includes useful algorithms depicting guidelines for treating various conditions. Management strategies are written with the knowledge that not everyone needs magnetic resonance imaging on initial presentation, and they incorporate the concept that primary care physicians provide continuity of care that clearly has an impact on decision-analysis.

For example, the author's approach to the treatment of rotator cuff disease includes a graduated response to the patient's initial presentation, beginning with ice, anti-inflammatories, and restricted activity, and advancing to gradual stretching, physical therapy, and possible subacromial injection. Consideration of expensive imaging techniques is reserved for the patients who fail to respond after 10 weeks. This "real world" approach to undifferentiated problems in a text by a subspecialist is a welcome oasis in what sometimes seems to be a desert of reductionist thought. The illustrations are excellent, with high-quality line drawings that clearly illustrate clinical syndromes and important related structures.

The chapter on the knee joint is balanced and includes extensive and detailed treatment of the common problems seen by practicing primary care physicians, such as ligament and meniscus injuries, patella-femoral disorders, malalignment problems, bursitis, and Osgood-Schlatter's disease. In addition, there is an excellent description of an approach to the undifferentiated, acutely swollen knee, which also includes an excellent algorithm with accompanying explanatory text. The author includes complete descriptions of common maneuvers to examine the knee, including the McMurray,

ray, Apley, Lachman, and pivot shift tests.

The chapter entitled "The Wrist and Forearm" also is well done with attention to a variety of entities ranging from ganglion cysts in the wrist to a description of the method to determine scapholunate dissociation. The author describes a number of common fractures and their appropriate treatment in adequate detail for the practicing physician.

Dr Dvorkin's book is exceptionally well done and leaves little room for improvement. Nevertheless, although many of the most common fractures are covered, a physician who treats fractures would need to augment this text with one that provides a more extensive review of fractures not included in the book, such as a proximal radial fracture. Also, the text assumes a knowledge of basic casting principles, an important area that might be included to strengthen a subsequent edition. The index at the end of the book could be improved with respect to cross-referencing. For example, "lateral epicondylitis" is cross-referenced to "tennis elbow" but not to "epicondylitis" or "elbow."

Despite these minor shortcomings, Dr Dvorkin should be congratulated on having developed an outstanding orthopedic textbook. The text is one of the best treatments of office orthopedics that I have yet to encounter. He clearly has achieved his stated goal of creating a basic orthopedic text that is written with the internist or family physician in mind. I believe it will serve as an excellent resource for these physicians, both residents and practitioners alike.

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Software Reviews

Gary N. Fox, Section Editor

THE MEDICAL MANAGER, Version 7 (1990). Systems Plus Inc, 500 Clyde Ave, Mountain View, CA 94043. (415) 969-7047.

DOCUMENTATION: 1 booklet of installation instructions, 112 pages; 2 volumes that include appendices and reports; 1 manual with full instructions (complex and technical).

HOW SUPPLIED: 9 1.2M 5.25-in. diskettes.

HARDWARE REQUIREMENT: IBM compatible with DOS 3.0 or higher; 1 MB of RAM plus 1/2 added MB per user; and 15–20MB hard drive. 386 or higher system.

MOUSE SUPPORT: No.

NETWORK SUPPORT: Yes.

DEMONSTRATION DISKS: Yes.

CUSTOMER SUPPORT: By arrangement with local vendors.

The Medical Manager is a complete office management software package. It is intended for any size medical practice. It provides billing, accounting, appointment scheduling, patient recall, and clinical history capabilities. Other modules available include custom reports, electronic billing, and remittance service. Its two professionally produced technical manuals are packed with in-depth tutorials on installation, custom report generation, and appendices. The operator's manual, a huge notebook, provides extensive information on the software. The installation manual is technical and assumes that users have a full working knowledge of their hardware and operating systems. This manual covers installation, special features, printer controls, file locations, menu map, custom options menu, billing options, and many other options. The report generator allows practices to generate detailed customized reports.

Loading this complex program was difficult. Despite abundant instructions, I needed help. Unfortunately, the distributor's responsiveness was less than ideal. Eventually, a local vendor assisted.

Once into *The Medical Manager's* main menu, moving among the different categories (patient information, payments, accounts receivable, daily postings, and diagnostic coding) was simple. The menus, which are simple and well laid out, consist of numbered options. The wordy and technical manuals provided little support. Crediting accounts with received payments was easy to do. Information can be retrieved by patient name or social security number or by a user-assigned patient number. However, how the balance changes once payment is posted was not immediately clear.

Help screens are field-related instead of function-related. They prompt the user on the different intraprogram codes used that allow the user to change fields. I found the help functions difficult to operate. In Claim Mode (posting of daily fees), asking for help locked the system. The error message explanations were good.

Although module options are limited (custom reports, billings, and remittance), extensive customizing is available.

The Medical Manager is complex; it requires time and strong support to master. With practice and support, the user could become proficient with this system. I did not, however, find *The Medical Manager* especially user-friendly. I would not recommend it for small groups or for those who do no hospital work, as they would find the extensive features unnecessary and impractical. This program would be more useful for medical offices with several physicians and numerous reimbursement plans. This program demands a close working relationship with a vendor. It is important to work out the service contract in advance.

I contacted one physician who uses this program, and he said he was satisfied with it. Although it works well, he finds it complicated and does not use all its features.

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EDITOR'S NOTE: An updated version of *The Medical Manager* (Version 8, 1993) is now available. Depending on the modules purchased, the price ranges from \$5000 to \$15,000.

STAT!-REF MEDICAL REFERENCE LIBRARIES, Version 3.3b for Windows (1993). Teton Data Systems, 211 East Broadway, PO Box 3082, Jackson, WY 83001. (307) 733-5494. At least \$200 for Clinical Medline, \$95 for annual license, \$20 for shipping. Books, \$35 to \$395. Complete library, up to \$2500.

DOCUMENTATION: 102-page user's manual, spiral bound, well illustrated.

HOW SUPPLIED: One 620MB CD-ROM.

HARDWARE REQUIREMENTS: 80386 IBM-PC compatible computer with 4MB RAM, a hard disk with at least 2MB of free disk space, video graphics adaptor. Or: Apple Macintosh computer with 2MB RAM, 2 floppy disk drives (hard disk recommended). And: an optical CD-ROM drive and adaptors.

SOFTWARE REQUIREMENTS: For a PC, system MS-DOS, version 4, and Windows 3.0. For a Macintosh, version 6.07 operating system.

MOUSE SUPPORT: Yes.

NETWORK SUPPORT: Novell and AppleTalk.

CUSTOMER SUPPORT: Yes, toll-free. (800) 755-7828.

DEMONSTRATION DISKS: Yes.

MONEY-BACK GUARANTEE: Yes, 30 days.

STAT!-Ref is a medical reference library on CD-ROM that can contain over 250,000 pages of text from medical textbooks, drug information, and the abstracts of 10 years of MEDLINE citations from various journals. It is unique in that the CD-ROM has many textbooks in addition to the MEDLINE abstracts, but users of Library-On-Call pay only for those used. An alphanumeric code called a "key," which is available by calling the company, "unlocks" additional sources.

There are three different libraries available on CD-ROM: one for primary care physicians, one for cardiologists, and one for oncologists. The annual fee provides for quarterly updates of the most current versions of the texts with a lag time of only 45 days. Each CD-ROM is no longer usable after the quarter (90 days).

Installation is easy and was accomplished within a few minutes. Anyone familiar with Windows will have little difficulty in using *STAT!-Ref* right from the start. The screens are well designed and easy to understand.

STAT!-Ref is a program that allows you to search this large library with ease. The first step involves selecting a "library" and then the texts or journals you wish to search. The time it takes to complete the search is proportional to the number of textbooks or journals chosen and the number of words on which the search is based. For example, a search of everything available in the library may take over a minute to complete. One nice feature is that text is available for viewing even before all the relevant text has been retrieved from the CD-ROM. You select the text you wish to view from the titles and dates of the articles that are displayed.

The computer I used for testing was an IBM-compatible 33 MHz system with 4MB RAM, VGA color monitor, and a 200MB hard disk. It is equipped with a CD-ROM drive (a Magnavox CDD 461) that is not particularly fast to respond. For the busy practitioner, I suggest running *STAT!-Ref* on a system at least as fast with one of the faster CD-ROM drives (Chinon's CDA-535, NEC's CDR 74-1, Pioneer's DRM-604X, Sony's CDU-8003, Texel's DM-5024, or Toshiba XM-3401's) and caching software (Norton Speedcache+) designed specifically to speed up data retrieval.

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 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.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.



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both words within 5 or 10 words of each other" resulted in no references. Finally, using the search mode set at "both words anywhere in the text," I was presented with two references, neither of which was helpful. The fact that I did not find what I wanted is a reflection of what is in the journals rather than the system.

Searches usually took less than a minute. Searching the 25 textbooks for Parkinson's took about 5 minutes and resulted in 197 references.

I did not find *STAT!-Ref* particularly useful because I am located in an academic center and have access to many sources of medical information. However, it could be useful to a practitioner or small group located in a small town or rural area as a CD-ROM source of medical information equivalent to several shelves of books. It can save physicians, residents, and students time in searching for information even if they have access to a medical library. Emergency room personnel and clerical and nursing office staff also would find it useful and time-saving. Having MEDLINE on CD-ROM would save the phone costs of searching MEDLINE directly or through other database services. It would be more helpful if the actual articles were available. Although I am personally reluctant to purchase a product that requires an annual fee, many physicians may find *STAT!-Ref* a worthwhile addition to their practice.

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EDITOR'S NOTE: An updated version of *STAT!-Ref* (Version 3.4.3 for Windows, 1993) is now available.

from CD-ROM drives. Faster drives may cost \$300 to \$400 more.

STAT!-Ref provides an on-line help facility that is context-sensitive. Once the text is retrieved, you can browse through it and mark it, using the Bookmark feature, for rapid retrieval later. The text may also be printed. For textbooks, an outline is available to save time in deciding what text is most relevant to the search topic. You can have several windows open at one time, and the search can vary from high to low precision for multiword searches. This precision is based on the number of words that can occur between the words being searched. For example, a high-precision search of a two-word topic involves looking for the words next to each other, whereas a low-precision search would retrieve those texts that have the two words within 10 words of each other. The search also can vary depending on the suffixes of the word or words, such as infarct, infarction, or infarcted. The method of searching can be saved so that further refining the search will take less time.

I performed a search on the word "parkinson" to find the latest on the treatment of Parkinson's disease. I used this word so that the search would pick up both "Parkinson's" and "parkinsonism." After about 1 1/2 minutes' search of all the primary care journals (20 in all), I was presented with 285 references. Many of these articles dealt with the Wolff-Parkinson-White syndrome, so I looked up "parkinson" in the system dictionary and used "parkinsonism." This produced 74 references, which included treatment, research, drug-induced parkinsonism, etc. Then I added the word "review." Using the searching mode set at "find