

Reviews of Books and Software

The Little Black Book of Primary Care. Daniel K. Onion. W. W. Norton and Company, Inc, New York and London, 1993, 587 pp, \$29.95. ISBN 0-393-71014-9.

Several quick reference texts that deal with primary care issues are currently available. So what makes one preferable to the others? A reference text would probably be worth buying if it were easier to use than other texts, covered a special niche, or simply covered the same niche better than other texts. *The Little Black Book of Primary Care*, described on its cover as "a starter pack for students, residents, and practitioners of Frontline Medicine," fulfills these expectations, but to make this discovery, I needed not just to read the book but to actually use it. So I waited until it was my turn to be ward attending physician, slipped the book into my lab coat pocket, and used it as a quick reference as I went through the normal routine of being buffeted with patient care questions from students and interns and double-checking their orders and plans.

What I discovered was that, when necessary, I could use this text instead of the several other quick reference texts on pediatrics, medicine, or prevention that I previously carried for information. *The Little Black Book* lists essential topics in a short, concise manner on a page and a half that is easy to scan but also is packed with useful information. Each subheading is reinforced with references in case more information about a particular area is needed.

The book is fairly easy to use, with major subject headings (eg, bacteriology) located on the outer margins of the pages for rapid scanning, and individual subject headings (eg, tuberculosis) in red at the top of the pages. The rest of the text is made up of information punctuated by bullets that covers areas such as epidemiology, pathophysiology, laboratory values, and signs, and symptoms.

It covers most areas encountered in a practice but not in great detail or depth. The text succeeds in meeting its goal of providing quick, applicable information that is specific, clinical, and practical. What it does not do is offer insight into management or decision-making, such as why one treatment plan may be better than another. It is well indexed, with a

subject and medication index and an abbreviation glossary. A template at the beginning explains the uniform format for all disease pages.

I had to use the table of contents frequently to find what I wanted, and the subjects at times seem disjointed with regard to sequence. For instance, the section on respiratory infections covers *Hemophilus influenzae*, *Klebsiella pneumoniae*, and *Legionella*, then abruptly concludes to be followed by gonorrhea. Pneumococcal infections and tuberculosis are in a different area but still under the major heading of bacteriology.

The authors clearly intended this text for students, residents, and physicians who require a single reference that provides quick, direct clinical answers to immediate patient care questions, such as "How do I use ergotamine for acute migraine and what is the dosage of dihydroergotamine?" At times, the author's attempt at brevity makes the information seem simplistic. However, more expansive information is available through the references provided. The majority of references are from *The New England Journal of Medicine* and *Archives of Family Medicine*, which could be a drawback except that additional references can be obtained from these stem articles.

The book achieves its goals of clarity, brevity, and information. It is fun to use, saves time, and provides answers. I can remember as a medical student attempting to put together my own peripheral brain that I hoped would accomplish what this text does. In addition to being used frequently by students and residents, *The Little Black Book of Primary Care* serves as a quick reference text that will save busy practitioners time in locating essential information, such as laboratory measurements, and reinforcement for therapeutic decisions. I found it helpful in teaching, especially the section on antibiotics, which contained information about the most commonly used drugs and a comparison of their course-of-treatment costs.

If you are interested in a book that takes the *Dragnet* approach ("just the facts") but also is easy to use and packed with pertinent information, *The Little Black Book of Primary Care* may be what you are looking for. It is one of the best books of this type I have seen, but you

should use it for a while before making a judgment about its utility.

LTC Charles E. Henley, MC, USA
Dewitt Army Community Hospital
Fort Belvoir, Virginia

Textbook of Adolescent Medicine. Elizabeth R. McAnarney, Richard E. Kreipe, Donald P. Orr, and George D. Comerci. W. B. Saunders Company, Philadelphia, 1992, 1280 pp, \$120.00. ISBN 0-7216-3077-4.

Adolescent medicine is a specialized area of primary care medicine that in many ways is still searching for credibility and its appropriate niche in academic circles. Recent political maneuvering in this area has resulted in adolescent medicine achieving subspecialty status in the discipline of pediatrics while the Board of Internal Medicine has recommended a Certificate of Added Qualifications for graduates of fellowship training in this field. Family practice has, at least for the moment, decided that no special recognition should be awarded to physicians who have additional training in adolescent medicine.

The growth of adolescent medicine as a discipline is indicated by the recent avalanche of specialty texts in the area. The first large section of the *Textbook of Adolescent Medicine* is called the Scientific Basis of Adolescent Medicine, as if to respond to the critics of the recent attainment of subspecialty status in pediatrics and to justify the depth of this text. No justification is necessary. This is an outstanding, comprehensive textbook edited by a few of the second generation of leaders in the discipline with contributions from more than 100 recognized experts.

The second large section of the book, which deals with clinical issues that are unique to adolescent medicine, includes practical recommendations for providing high quality medical care to adolescents in a variety of practice settings. The chapters on adolescents with special needs (eg, mentally retarded, chronically ill, gay and lesbian youth) should be particularly helpful to clinicians who have not yet developed strategies to optimize care for such patients.

The largest section of the book presents medical problems of adolescents according to traditional internal medicine format, ie, by organ system and diagnosis

rather than by chief complaint. Although the information provided is well referenced and the 40 pages of index are comprehensive, this style presents some problems. For example, there is no listing in the index under abdominal pain. As most of the chapters are written by subspecialists, the primary care perspective is lost. An algorithm for the workup of an adolescent with an outflow tract murmur recommends referral to a pediatric cardiologist to rule out aortic stenosis or hypertrophic cardiomyopathy as risk factors for sudden death. Most primary care physicians would order an echocardiogram themselves and thereby limit the number of patients requiring referral to a cardiologist, a process that might unnecessarily increase an adolescent's anxiety. However, these stylistic issues do not detract from the overall value of this section.

The final large section is devoted to psychological issues. The chapters on adolescents who are subjected to special conditions with psychological implications, such as divorce, adoption, and abuse, are particularly interesting.

The text is well written with a noteworthy consistency in both writing style and organization throughout. The tables and figures are of high quality and generally based on recent data. Practicing physicians and other health care professionals who provide care to adolescents are an appropriate audience for this book. I have been fortunate to review most of the recent textbooks in adolescent medicine, and this one seems to be the most valuable one published to date.

*Christopher V. Chambers, MD
Philadelphia, Pennsylvania*

Medical Management of the Surgical Patient. Geno J. Merli, and Howard H. Weitz. W. B. Saunders Company, Philadelphia, 1992, 462 pp. ISBN 0-7216-3485-0

In *Medical Management of the Surgical Patient*, Merli and Weitz have organized an extensive review of the preoperative, intraoperative, and postoperative care of the surgical patient. They present a discussion of the major classes of surgery with emphasis on prevention and treatment of medical illnesses that can complicate surgery. Each topic is presented in a concise review of the literature. There is no superfluous reading in this book. The authors have condensed the material very

nicely and yet retained sufficient detail for practical application.

The tables and graphic illustrations are informative and contain fingertip information that is not repeated in the text.

For the family physician serving on a hospital quality-improvement committee, the chapters on preoperative tests and antimicrobial prophylaxis provide an excellent summary of these pertinent topics. Although these chapters are not the "guts" of the text, they alone are well worth its price.

The text is supplemented by an appendix that presents the major surgical areas by definition, indication, duration of surgery, usual anesthesia, and operative complications.

The book is divided into individual surgical areas, which allows for ease and topic selection, and the extensive index directs the reader to specific subjects.

A family physician who is responsible for the preoperative medical evaluation and postoperative care of the patient will benefit greatly by reading *Medical Management of the Surgical Patient*.

*Thomas A. Dodd, MD, MS
Poplar Bluff, Missouri*

Software Reviews

Gary N. Fox, MD, Section Editor

THE FAMILY DOCTOR, Version 1.4.5 (1992). Creative Multimedia Corporation, 514 NW 11th Ave, Portland, OR 97209-9948. (504) 241-4351. \$59.99.

HOW SUPPLIED: CD-ROM disk.

DOCUMENTATION: Pamphlet, 7 pages, outline form.

HARDWARE REQUIREMENTS: Macintosh Classic or above with CD-ROM drive, System 6.0.5 or greater, Foreign File Access, ISO9660 File Access and CD-ROM driver software in system folder; minimum 2 MB RAM (2.5 for System 7); 350K available on hard drive or floppy, color images require color monitor with QuickDraw in system folder; or IBM-PC 386 or higher processor, 4 MB of RAM, VGA or higher, CD-ROM drive.

MOUSE SUPPORT: Yes.

NETWORK SUPPORT: No.

TOLL-FREE CUSTOMER SUPPORT: No.

DEMONSTRATION DISKS: No.

MONEY-BACK GUARANTEE: No.

The Family Doctor, a compact disk (CD)-based software program, has been marketed to the lay public as a resource for

their medical questions. It contains sections on human anatomy, prescription drugs, health update booklets, and answers to 2000 questions asked of Allan Bruckheim, MD, a family physician, in his syndicated column. As with most Macintosh programs, *The Family Doctor* is easy to install and use. It is organized in a database format that requires the user to narrow a question by progressively displaying topic breakdowns until the specific topic of interest is identified. This is performed in the usual Macintosh format of displaying windows with lists in each, and selecting a topic by double-clicking the mouse.

I ran this program on my Macintosh IIVX with 5MB of RAM, 80MB hard drive, and a CD-ROM (compact disk-read-only memory) drive. Browsing through the questions and answer list was easy but somewhat tedious when searching for a specific medical question. For example, if I wished to find out at what age my mother should start having mammograms, I had to open five windows to arrive at the question "Should women over 40 have routine mammograms?" By opening this title, a 1-page answer appears, with the text copied from a column dated 1991. Dr Bruckheim's answer was that mammograms should be performed at age 40 and every 2 years thereafter. There was no mention of the controversy surrounding this recommendation. This is a weakness of this program: medical information is progressing so rapidly that even advice written in 1991 may be outdated.

In the prescription drug section, medications are listed alphabetically under their generic names only. Brand names are listed only when a particular generic drug is selected and that window is opened. Each drug listing is a comprehensive list of indicated uses of the medication, side effects, drug interactions, dosage form, warnings, and how to store the medication.

The illustrations are reproduced from patient education charts in *Resident and Staff Physician*. They are impressive on a color monitor screen and copy very well to a black and white bubble jet printer. However, the labeling of various anatomic parts is in medical terminology not well known to the average patient. The ability to print these illustrations could be valuable to students writing biology reports.

There are also sections on health update booklets and educational resources and support groups. These are well writ-

ten in a concise format with only occasional typographical errors noted. They could be valuable to patients who do not visit a physician and need information on, for example, cholesterol metabolism and low-cholesterol diets. There are disclaimers at the end of each section stating that patients should always consult with their personal physicians before acting on the advice given.

Overall, I found this attempt to computerize a home medical encyclopedia a noble attempt, but somewhat disappointing. Most of the information is readily available in an encyclopedia. Illustrations should be incorporated into the answer section to enhance the reader's understanding of the material. Also, this is not and does not claim to be a comprehensive resource. This format does lend itself to yearly updates, as opposed to purchasing a new encyclopedia each year, and it does take up less space. I would recommend waiting for a more comprehensive and quicker resource to be produced on CD-ROM.

Joshua H. Bennett, MD

Department of Family
and Community Medicine

The Penn State College of Medicine
Harrisburg, Pennsylvania

EDITOR'S NOTE: A new version of *The Family Doctor* (Version 3.0, 1993) is now available for Macintosh and Windows at \$79.99 each.

CRITICAL CARE MEDICINE: DIAGNOSIS AND MANAGEMENT OF PATIENTS WITH ACUTE MYOCARDIAL INFARCTION AND ITS COMPLICATIONS, Version 2.0 (1992). Williams & Wilkins Electronic Media, 428 East Preston St, Baltimore, MD 21202. Institution, \$345; individual, \$98.50.

HOW SUPPLIED: Two 5.25-in. diskettes (360K each), one 3.5-in. diskette (720K). Program is approximately 700K.

DOCUMENTATION: Twelve pages in at-

tractive binder. Most of documentation is a posttest.

HARDWARE REQUIREMENTS: IBM true-compatible with 512K RAM, DOS 2.0 or higher, 2 floppy drives, or one floppy and hard disk.

MOUSE SUPPORT: No.

TOLL-FREE CUSTOMER SUPPORT: Yes, (800)527-5597.

DEMONSTRATION DISKS: No.

MONEY-BACK GUARANTEE: 30-day.

Critical Care Medicine: Diagnosis and Management of Patients with Acute Myocardial Infarction and Its Complications is one in a series of continuing medical education software programs from Williams & Wilkins Electronic Media.

This software reviews diagnosis and treatment of chest pain and acute myocardial infarction. The program consists of 11 cases, complete with electrocardiograms (ECGs) for the user to assess and manage. Also included is a useful discussion of pulmonary artery catheters.

Installation of the software is easy, with copying to the hard disk the only task. Although the program will work from the floppy disks, this approach is not recommended because of the slow speed of interaction. Program operation is simple and consists mainly of interactions through the use of menus.

The program content is excellent. The software is very forgiving of user errors, and it corrects wrong responses gently, without being mean or pejorative.

Discussions regarding decisions on the character of chest pain, whether to admit, whether to administer thrombolytic therapy, and use of antiarrhythmic medications are very good. Reasonable options are listed for each of the management steps. Pertinent studies are cited, and a rationale is given for the maneuvers selected. Where there is no standard or where there is possible treatment ambiguity, the program allows the user appropriate latitude. Discussion of the indications for and use of pulmonary artery catheters is reasonable, given that

the program originates from a tertiary care center.

The interface is only adequate. The user must answer the same questions on type of graphic interface each time on startup. Future versions should sense the type of graphic interface or store user responses to disk. Even though I have video graphic array (VGA) color, all interactions were in black and white.

Help and navigation are available throughout by use of commands that are neither listed on the screen nor available through function keys. An appropriately placed on-screen menu or pull-down menu would be a helpful addition. Although the program content is good, the interface (except for on-screen ECGs) is antiquated. For users who do not have a color graphics adaptor (CGA) or better graphics, ECGs for each case are supplied with the documentation. In my opinion, the CGA graphics for ECGs are not acceptable. I recommend referring to the hard-copy tracings. ECG resolution on VGA is excellent.

Documentation supplied consists of a few pages on installation and use along with a good posttest. Given the simplicity of the software, documentation is adequate. Apparently it was adapted from a series by the same group at Massachusetts General Hospital, and references to other program titles remain (eg, reference is made to a cardiopulmonary resuscitation (CPR) training program). Customer support responded within an hour after I left a voice-mail message.

I was impressed with the content of this program and would recommend that all family practice residencies require residents to spend at least 2 hours with it. Improvements in the interface and documentation are secondary and probably easily remedied.

Frank H. Lawler, MD

University of Oklahoma

Health Sciences Center

Department of Family Medicine

Oklahoma City, Oklahoma