

Reviews of Books and Software

Book Reviews

Conn's Current Therapy 1995. Robert E. Rakel, MD (ed). W.B. Saunders Company, Philadelphia, Pa, 1995, 1204 pp, \$55. ISBN 0-7216-4052-4.

In the preface to *Conn's Current Therapy 1995*, Dr Robert Rakel comments that "this book is intended to serve primary care physicians, but it may be even more useful to those physicians trained in subspecialties who find themselves called on to deliver more and more primary care."

To help you decide whether this multi-authored classic belongs in your medical library, this review is focused on the book's comprehensive nature, clarity, organization, references, timeliness, and relevance to family physicians.

Conn's Current Therapy 1995 emphasizes therapeutics for common adult illnesses, and categorizes clinical conditions by organ system. Dr Rakel and his co-authors discuss more than 1000 therapies for more than 300 medical afflictions. The text benefits from lucid writing, logical organization, easily accessible tables and algorithms, and a cross-referenced index.

The editor has "maintained Howard Conn's practice of indicating that the material presented is the 'method of' the author to emphasize that this expert has found this technique or this drug combination the most successful way to manage the problem." This edition of *Conn's Current Therapy* includes more than 95% new authors and new articles. Unfortunately, only a relatively small number of family physicians appear among the text's expert authors.

In our residency library, *Conn's Current Therapy 1995* shares a shelf with *Principles of Ambulatory Medicine* (4th edition) (Barker, Burton, and Zieve, eds), and *Primary Care Medicine* (3rd edition) (Goroll, May, and Mulley, eds). *Principles of Ambulatory Medicine* includes many more diagnoses, epidemiologic analyses, preventive prescriptions, graphics, and extensive references to the peer-reviewed medical literature than does *Conn's Current Therapy 1995*, but it is also much more expensive. *Primary Care Medicine* appears similar in style and purpose to *Principles of Ambulatory Medicine*, but is smaller, less expensive, and less analytically organized.

A reader who seeks comprehensive coverage of pediatric or obstetric and gynecologic illnesses will not find these dis-

ciplines adequately represented in *Conn's Current Therapy 1995*. Most articles do not include extensive referencing to peer-reviewed medical literature, so the book is not useful for in-depth study by medical students or family practice residents.

Despite the above-mentioned limitations, busy attending physicians in our family practice residency program find *Conn's Current Therapy 1995* to be contemporary, user-friendly, and a great timesaver. I enthusiastically recommend *Conn's Current Therapy 1995* to complement the more encyclopedic internal medicine texts and the peer-reviewed medical literature.

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EDITOR'S NOTE: As of December 1995, *Conn's Current Therapy 1996* is available.

Stedman's Medical Dictionary. (26th edition). Marjory Spraycar (ed). Williams & Wilkins, Baltimore, Md, 1995, 2030 pp, \$44.95. ISBN 0-683-07922-0.

Another familiar face from the reference shelf, *Stedman's Medical Dictionary* has been relied on for 92 years by medical students, physicians, other health professionals, writers, and medical office staff for definitions, pronunciations, abbreviations, spelling, charts, and illustrations. The 26th edition replaces the 1990 edition and boasts some notable improvements.

The cover of the dictionary trumpets "illustrated in color," and the color and sharpness are a vast improvement over that of previous editions. Anatomical art from the ADAM software system provides beauty and detail that is miles above the color plates in the 25th edition. The quality of the illustrations is so fine and their number so profuse, that I am resolving to turn to this source the next time someone requests a medical picture. A handy list is provided near the front, to reduce the need for thumbing through the pages.

The editor notes that 12,000 terms have been added to the new *Stedman's*, especially in the areas of biotechnology, biochemistry, genetics, embryology, epidemiology, radiology, and neurology. In the course of my work, I randomly sampled the definitions and found their clarity and quality to be consistent with *Stedman's* usual high standards.

The dictionary features new additions to its format as well, such as the "High Profile Terms," which are designated with green bars, a favorite color, judging from its extensive use inside and out. These are terms that the editorial staff consider to be especially important to the field of medicine, so much so that they are set off in this fashion. A list of these 125 terms, from "AIDS" to "free radical" to "low-fat diet" to "retrovirus," is provided in the front as well. These sections are very readable and informative, and stand out as a real value-added feature of this edition.

The recycling symbol, in green, of course, is used to mark common medical prefixes and suffixes: the logic here is that the user will refer to these terms again and again. A novel use of the symbol, perhaps, but it seems a little affected in this context.

Users of this dictionary will note the shift from the use of Nomina Anatomica to English terminology; all Latin terms contain "see" references to the corresponding English terms. The fact that such a sweeping change was made speaks well for the editors, in that they did not shy away from exerting the necessary effort to make sure their dictionary reflects current usage trends while remaining correct in a classic sense.

Two of the best features of this edition are the Word Finder and the new thumb index. The Word Finder is meant to reduce the effort of searching for a multiword term, which can take some time in a dictionary organized under main headings, such as this one. All the multiword terms and their "see" references can be found in this section. To make getting to that place easier, the thumb index uses the first two letters of the last term on each page, as opposed to the old-fashioned sequential letters of the alphabet. I loved this feature; I never liked thinking that I was opening a text to the "P" section only to find myself in "O."

Williams & Wilkins prides itself in the companion electronic *Stedman's* products, but whether these products help ensure that their database is more thoroughly edited than most is hard to tell.

Although Thomas Stedman's steady gaze no longer greets us (his picture does not appear in the new edition), this new

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dictionary continues the traditions he started at the beginning of the century. The 26th edition of *Stedman's Medical Dictionary* is well worth purchasing.

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Software Reviews

CLINICAL PHARMACOLOGY, Version 1.3 (4/95). Gold Standard Multimedia, Inc, 235 South Main St, Suite 206, Gainesville, FL 32601-6585. (904) 373-1100. \$295.00 per year for four quarterly updates, user manual, and technical support.

DOCUMENTATION: 35-page three-ring loose-leaf binder and online documentation (CD-ROM version).

HOW SUPPLIED: 1.44MB floppy (3.5 in.) or CD-ROM.

HARDWARE REQUIREMENTS: Apple Macintosh System 7.0 with 8MB RAM and 25MB free disk space; Intel 386 or better (486 recommended) CPU with Windows 3.1 and 2MB RAM (8MB recommended), 23MB free hard disk space, 256 color video card (thousands of colors recommended).

MOUSE SUPPORT: Yes.

TOLL-FREE CUSTOMER SUPPORT: No, but free support via toll call and e-mail technical support are available.

DEMONSTRATION DISKS: Yes, available at no cost by calling (800) 375-0943.

MONEY-BACK GUARANTEE: Yes.

RATING: Good.

Every family physician needs the help of a good drug reference from time to time. Maybe we forget the dosage form of a medication ("Does it come in 20-mg tablets?") or maybe we cannot recall the side effect profile of a newer medication. We have all had patients tell us, "I take a heart pill and a little red pill," or ask, "Will this interfere with my arthritis medicine?" Unfortunately, most computerized efforts currently available simply mimic the old way to get at this data. An example of this is the current *Franklin Electronic Books PDR*, which is carried by many house staff today. While not as portable, *Clinical Pharmacology*, a computerized drug reference directed at physicians and pharmacists, is far better.

Designed to be more than a comput-

erized book, *Clinical Pharmacology* provides a number of features that could be duplicated only by several reference texts or a PharmD. In addition to over 2000 indexed monographs on nearly every medication marketed in the United States, the program provides a patient profile module that permits the generation of drug information based on a list of medications specific to your patient. Does Ms Smith's erythromycin necessitate a change in her warfarin dosage? How much can my patient expect to pay for the entire list of her medicines? *Clinical Pharmacology* answers these quickly and easily. By entering patient information (including age, sex, weight, renal function, medical conditions, medications, and allergies), you can generate patient-specific reports on drug interactions, additive adverse reactions, costs, drug contraindications and warnings, allergy warnings, and therapeutic duplications or omissions. When you consider that there is also a product identification index that allows you to identify medicines according to color, size, shape, markings, manufacturer, or packaging, a fast-search engine, a prescription-writing module, and a drug-utilization module, you have a very powerful program. In addition, it is available for single users or network use with appropriate security for multiple user access to patient records. It will even create a quiz for measuring your knowledge about various facets of pharmacology of your choosing.

So what is lacking? In content, nothing. If what you are looking for is related to medications, you are likely to find it—and that is one of the few problems associated with this program. With all the data it contains and reports it can generate, the program can be a little intimidating. Based on a hypercard-like interface, you navigate using a mouse and buttons on each screen or by pointing and selecting from indexes. I found that the easiest way to get around was a central "Map" screen, which always allowed me to choose where I wanted to go and what I wanted to do. Unfortunately, once you leave the Map screen, you may or may not be able to return immediately to it, as the Map button is unavailable from certain screens and the navigational buttons are less than intuitive.

You will be pleased with the manual's quality. Although the manual could use more screen shots to illustrate what you see in various parts of the program, it spells out clearly what you should expect from each section and how to navigate

the program. There is even a foldout map included to let you see where you are as you venture out from the central Map screen. The only other interface problem I encountered was an occasional departure from the Apple interface guidelines in the Macintosh version I tested. (The Windows version adheres more closely to expected Windows-type behavior.) Specifically, the menu bar is not visible while you run the program, making it less easy to switch among other running programs. There are also departures from standard dialogue box and printing etiquette, which make the program seem slightly quirky compared with other Macintosh programs.

Another minor problem, which is being addressed, according to one of the program's authors, is the somewhat limited list of medical conditions that can be used to check for indications and contraindications. AIDS, for example is mentioned only in the context of AIDS-associated diarrhea, and depression is listed only by type, eg, major, atypical.

Despite these minor flaws, *Clinical Pharmacology* is a valuable addition to our drug reference armamentarium. It combines many different functions into one fast program that costs less than the sum of the texts that would be needed to get the same information. When you consider that it is updated quarterly and that a single CD-ROM disk (available in floppy format also) contains both the Mac and PC versions, you get quite a bargain. Who should buy it? Basically any physician or group who needs but does not have access to a PharmD.

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Tips from Practice

Do you have a practical solution to a common problem faced by family physicians? If so, share it with fellow readers of *The Journal of Family Practice*.

Tips from Practice should be 250 to 500 words in length, typed, and double spaced. Address to *The Journal of Family Practice*, 519 Pleasant Home Road, Suite A-3, Augusta, GA 30907.