

Book Reviews

Clinical Medicine (3rd Edition). Parveen Kumar and Michael Clark. Bailliere Tindal, London, England, 1994, 1135 pp. ISBN 0-7020-1739-6.

The author's motivation for publishing a third edition of this text is to include additional medical knowledge acquired over the last 4 years and to guide the office practitioner in decision-making by highlighting key reference material.

The table of contents lists 20 chapters loosely based on medical subspecialties. Each chapter begins with a listing of its contents, followed by an introduction that reviews relevant anatomy, physiology, and pathology. This synopsis is then followed by subsections on specific diseases. An emphasis is placed on linking basic science knowledge with the clinical signs and symptoms of each disease. Medical students and residents will appreciate the concise and logical explanations that catalyze learning and understanding, while practicing physicians may find this only an interesting review. The diagnostic and treatment portions of each subsection vary; some are detailed and all encompassing, while others are quite general. Occasionally the reader is directed to other sections of the book for further information on a given topic. However, physicians may find these sections inadequate when confronted with an acute problem in the office setting.

The appendix is divided into three sections. The first, which pertains to diets for special-needs patients (eg, those with renal disease or diabetes), includes actual sample diets, which can be copied and distributed to patients. The second contains normal laboratory value tables, which could easily be found in other resources and may vary from hospital to hospital. The third section has sample growth charts, which are too small and have no grids, making them difficult to use.

The writing style and layout of each chapter is remarkably consistent, enhancing the reader's familiarity with the book. The photographic reproductions, especially of roentgenographs and dermatologic diseases, are exceptional.

Medical students will definitely appreciate the thoughtful crystallization of each topic. By using this book as a reference throughout medical school, stu-

dents would prepare themselves well for residency.

The office physician may find the explanations of basic pathophysiology interesting but lacking the comprehensiveness found in major internal medicine texts. Although *Clinical Medicine* is well indexed, it presents few differential diagnoses, and varies in the scope of therapeutic and diagnostic modalities. Thus, it does not provide enough readily accessible information to be the perfect office companion.

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PDR Generics. Medical Economics, Montvale, NJ, 1995, 2900 pp, \$79.95. ISBN 1-56363-118-0.

Simply put, if I had a choice, I'd rather have *PDR Generics* than the standard *Physicians' Desk Reference (PDR)*. Why? *PDR Generics* provides more useful information than the *PDR*. For example:

- *Detail pricing information*. Average wholesale prices of brand-name and generic drugs are provided in detailed tables under each drug.
- *Federal MACs (maximum allowable cost) for Medicaid*. Information about how much you will be paid for pharmaceutical therapy provided in your office is included.
- *Medicare reimbursement codes*. J-codes to facilitate federal and third-party payer reimbursement are listed.
- *FDA therapeutic equivalency ratings*. Certified generic equivalents are listed.
- *Common but not FDA-approved uses of medications*. Off-label uses with documentation from the medical literature are included.

Two hundred fifty independent physicians and pharmacists assisted in the editing of *PDR Generics*. Organized alphabetically by generic name and cross-referenced by brand, each drug monograph lists each drug's supplier, all available strengths, forms and package sizes, NDC (National Drug Code) number, and average wholesale price. In the front sections, drugs are indexed by brand name, generic name, therapeutic cate-

gory, and specific indication; 24,000 products, virtually all prescription medications, including trade name products and their generic alternatives, are included.

Two extremely useful sections are the visual drug identification section, which features more than 1000 color photos of pharmaceuticals, and the imprint identification section, which lists the codes printed on over 6000 tablets and capsules.

Other useful features include a Poison Control directory, Drug Information Center directory, Pharmaceutical Manufacturer directory, table of drugs by FDA Pregnancy Category, and a summary of new entities approved in 1994. *PDR Generics* carries no advertising or promotional material.

I have two complaints about this publication. First, the paper is thin and will likely tear with much use (although this may not be a problem because of annual updates). Second, the volume of material contained under each monograph is large. For those who would like to be able to find a certain section as quickly as possible, eg, Dosage & Administration, a margin marker or distinct type font would have been useful throughout.

While the *PDR* is provided to physicians free, *PDR Generics* must be purchased from the publisher or a bookstore. *PDR Generics* is intended to complement the *PDR*, which is limited by the FDA and the FTC to only FDA-approved information. I suspect, however, that *PDR Generics* will eventually replace the *PDR*.

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Regular Exercise: A Handbook for Clinical Practice (for clinicians) and *A Guidebook for the Regular Exerciser* (for patients). Steven Jonas. Springer Publishing Co, New York, NY, 1995. *Handbook*: 264 pp, \$34.95, ISBN 08261-8860-5. *Guidebook*: 114 pp, \$10, ISBN 0-8261-8861-3.

Dr Jonas has written two books expressly to promote and facilitate exercise. *Regu-*

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lar Exercise: A Handbook for Clinical Practice is designed for use by the clinician. The companion book, *A Guidebook for the Regular Exerciser*, outlines the same material for patients.

These books are intended for the sedentary healthy rather than those with illness, and are not intended to provide a comprehensive review of the science of exercise. They provide neither a list of the benefits of exercise nor an involved discussion about exercise physiology.

The *Handbook* for clinicians is comfortably organized and very readable; the *Guidebook* for patients probably requires at least a high school education. One of the most helpful features of these books is the end-of-chapter summary of key points, which can be used as a quick reference or a review for the reader.

One characteristic that will be useful to the clinician is the emphasis on behavioral aspects of exercise, such as exercise counseling behaviors and psychotherapeutic interventions. These are clearly outlined in the clinician's text. Motivational strategies are combined with techniques to maintain the fun of exercise and to provide early reinforcement for exercise behaviors. Further development of the behavioral approach includes reasonable justifications for the time spent at exercise compared with that spent with family. The books also provide practical guidelines for choosing exercise equipment.

The references cited by the author are thorough and current, including the recent consensus statement from the National Institutes of Health and the American College of Sports Medicine, which was published early last year in *JAMA*.

Regrettably, some of the suggestions in the books are self-serving, eg, the author's reference to his own text *PaceWalking*. The message seems to be, "Buy the book to learn about this special technique." Additionally, since the benefits of pacewalking are more intuitive than scientific, they should be qualified as such in the text. The author's approach to some other topics is also questionable. For example, while the stretching suggestions offered are appropriate, there is no scientific evidence to support the author's claim that stretching confers protection against injury. Current exercise stress-testing recommendations are also less exact than Dr Jonas's books suggest. While the exercise stress test is a good prognostic tool, its ability to accurately screen for latent coronary artery disease is poor.

Furthermore, no guidelines for exercise stress-testing of women are provided.

The general flavor of the book is one of simplicity and fun in the pursuit of exercise. The author's deviation from this course to emphasize details such as target heart rates and a program that requires the patient to observe a rigid weekly schedule is more distracting than informative.

Dr Jonas has provided both clinicians and patients with consistent, eminently readable information about exercise. The behavioral strategies for motivation and reinforcement are invaluable for the clinician and seldom have been presented so effectively. The books provide another tool for encouraging exercise as a health-promotion activity. The few inaccuracies, inconsistencies, and conflicts are outweighed by the easy style and beneficial information for both clinicians and patients. Regardless of clinicians' experience in helping patients begin an exercise program, these books will be quite useful in facilitating the process and improving its effectiveness.

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Software Reviews

HARRISON'S PLUS CD-ROM, Version 1.0 (1994/5). McGraw-Hill, Inc, 1221 Avenue of the Americas, New York, NY 10020-1095. (800) 221-2956. Harrison's, \$195; Harrison's Plus, \$395.

DOCUMENTATION: 58-page, black-and-white illustrated professional pamphlet. HOW SUPPLIED: 1 CD-ROM containing both Windows and Macintosh versions. MINIMUM HARDWARE REQUIREMENTS: IBM PC-compatible 386 with 4MB RAM, DOS 5.0, Windows 3.0 running in enhanced mode, 2MB free hard disk space, CD-ROM drive, Hewlett Packard or compatible printer for printing. Macintosh System 6.0.7, 256-color monitor, 1MB free hard disk space, 1 floppy drive, any Macintosh-compatible printer.

MOUSE SUPPORT: Required. TOLL-FREE CUSTOMER SUPPORT: No. DEMONSTRATION DISKS: None specified. MONEY-BACK GUARANTEE: None specified. RATING: Good.

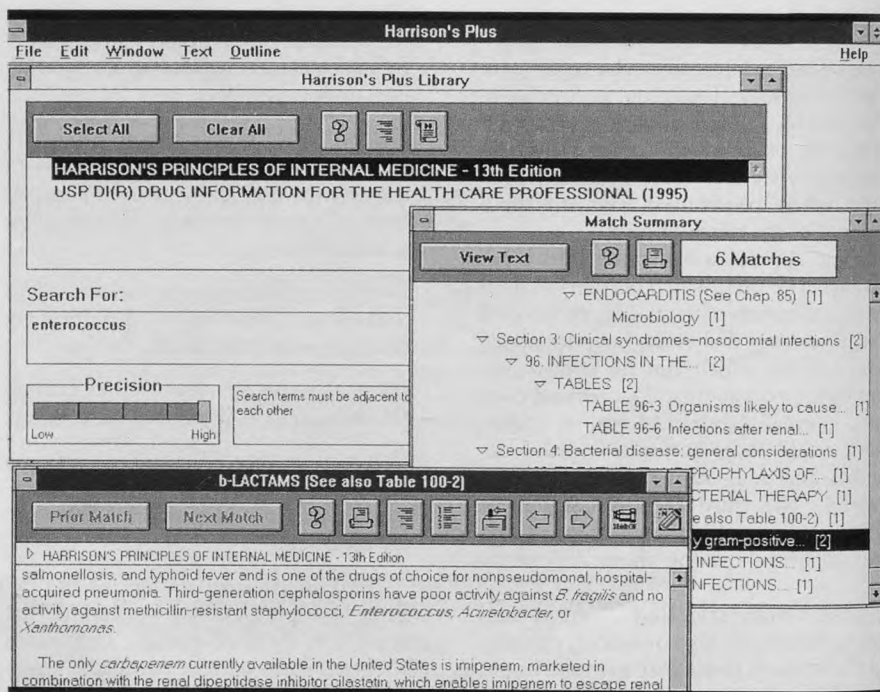


Figure 1. Multiple open windows to illustrate use. Any window can be expanded to full screen. Window labeled "Harrison's Plus Library" is the main search screen. In this example, only *Harrison's* is searched for the term "enterococcus." These search results are presented in an expandable-collapsible (accomplished by clicking on triangles) outline format, one of two user-choice formats available. Double clicking on a citation brings up the corresponding text with the search term highlighted (lowest box).

EDITOR'S NOTE: Occasionally, we receive software that may not merit detailed review because of similarity to previously reviewed software or readers' familiarity with the products. Still, this software may be of sufficient interest to merit a brief evaluation.

Although often pricey, almost everything is becoming available on CD-ROM: major books, eg, *Physicians' Desk Reference PDR*, *DSM-IV*, *Scientific American Medicine*; years' worth of major journals, eg, *American Family Physician*, *Mayo Clinic Proceedings*, and whole series of textbooks, eg, *Maxx*, *Stat!-Ref*. Each CD weighs about 15 g. Laptop computers with a CD-ROM drive (available for under \$3000) weigh less than a *PDR* or *Harrison's*. So the physician traveling to the office, hospital, and nursing home can now carry the equivalent of a small hospital's library: for example, *Stat!-Ref* alone includes *The Medical Letter*, *AMA Drug Evaluations*, *USP Drug Information*, the Lange series of texts, and more, with the entire package weighing less than 5 kg.

Two new additions to this collection are *Harrison's CD-ROM*, the familiar textbook gone electronic, and *Harrison's Plus CD-ROM*, which adds the US Phar-

macopeia's *Drug Information for the Health Care Professional (USP DI)*. These employ the same interface and search engine as *Stat!-Ref* (Teton Data Systems, 800-755-STAT, which also provides technical support for *Harrison's*). On my 60-MHz Pentium system with a 2× CD drive, searches and text retrievals were completed with eye-blink promptness (Figure 1). When a search term is entered that is not in the data dictionary, one click or Enter pops open a scrolling dictionary to the closest alphabetic terms, which can be easily selected. Tables took up to 6 seconds to open, but figures opened promptly. Users can also browse the texts' tables of contents by clicking on the appropriate icon (Figure 2). Doing some test searches revealed that *Harrison's* had information about "somnambulism" (eight sentences) and "bruxism" (two short paragraphs plus two mentions), but not "proctalgia fugax."

For users whose needs these CDs meet, the products offer fast and convenient information storage and retrieval. *Stat!-Ref* remains my gold standard general reference for family physicians because using an 800 telephone call, users can "unlock" not only the *USP DI* and

internal medicine references, but also pediatric, obstetric and gynecologic, sports medicine, and other references as needed.

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PRIMEPRACTICE CD-ROM QUARTERLY, VOLUME 1, NUMBER 1: CARDIOLOGY. IVI Publishing, PO Box 7207, Osseo, MN 55369-7207. 1-800-432-1332. \$210, no CME credit, prepaid yearly, four issues; \$495, CME credit granted, prepaid yearly, four issues.

DOCUMENTATION: Small pamphlet and a CD-based tutorial.

HARDWARE REQUIREMENTS: Macintosh: color-capable 68030/25 MHz (68040 or better preferred) with at least 13-in. monitor, 5MB dRAM (8MB dRAM preferred), system 7.01, and 2MB free disk space. Windows: 486SX 25 MHz (486DX/66 or better preferred), 8MB dRAM (12MB dRAM preferred), VGA with 256 colors, Windows 3.1, multimedia capable (MSCDEX 2.2 or later, MPC-Level 1 sound card); and 5MB free disk space.

MOUSE SUPPORT: Yes.

TOLL-FREE CUSTOMER SUPPORT: 1-800-432-1332.

DEMONSTRATION DISKS: Not applicable. MONEY-BACK GUARANTEE: Yes; 30 days for full refund.

RATING: Good, for users with high-end hardware.

The *PrimePractice* series of educational/CME software programs for physicians is produced by Mayo Clinic physicians and published by IVI Publishing. It is aimed at general internists and family physicians and is available for both Windows and Macintosh computers. A yearly subscription includes four CD-ROMs. Subscribers acquire 10 hours of American Academy of Family Physicians CME credit per CD by mailing a diskette to IVI Publishing. CME credit is assigned throughout the CD-ROM, such as during quizzes associated with reference material and while choosing appropriate diagnoses and treatment in case-based scenarios. For family physicians, the series would not provide all CME needs, either in scope of clinical practice or number of credits. The series is intended to review basic concepts in an area and to provide an update on new and emerging concepts. IVI does not specify what the overall curriculum will include, but one would surmise that they intend a rotating curriculum, revisiting

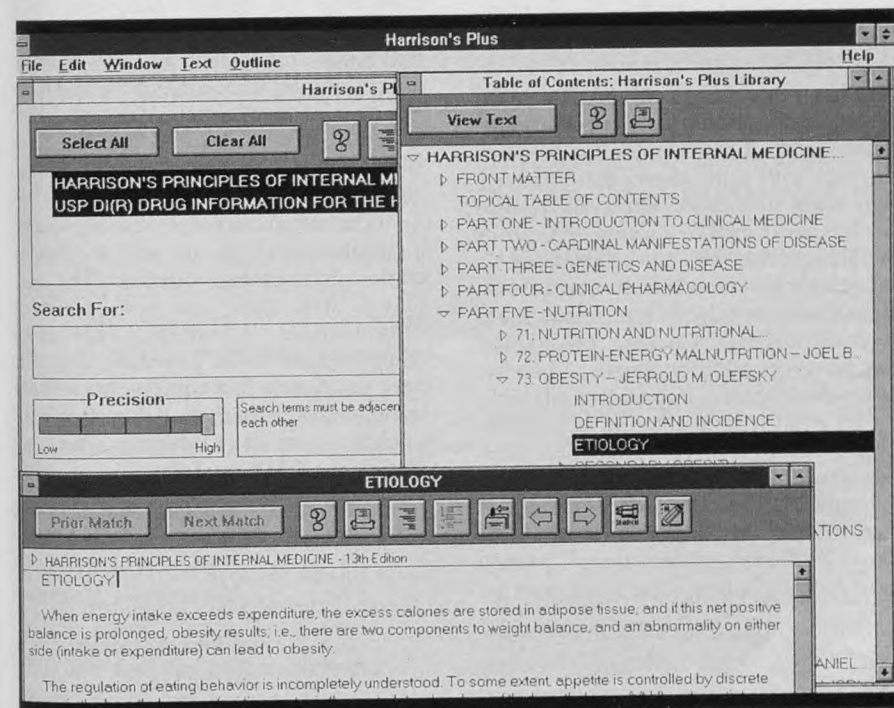


Figure 2. Illustration of browsing the table of contents. Clicking the icon to the right of the "?" icon pops open the table of contents. Clicking on rightward triangles expands the outline; double-clicking on a topic at the terminal level (eg, obesity—etiology) retrieves relevant text (highlighted etiology window).



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panic attacks,
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Panic Disorder Education Program.

* Weissman, M.M., Klerman, G.L., Markowitz, J.S., et al. "Suicidal Ideation and Suicide Attempts in Panic Disorder and Attacks." *N Engl J Med.* 321(18): 1209-1214, 1989.

Mannuzza, S., Aronowitz, B., Chapman, T., et al. "Panic Disorder and Suicide Attempts." *J Anxiety Dis.* 6(3): 261-274, 1992.

Fawcett, J., Clark, D.C., Busch, K.A. "Assessing and Treating the Patient at Risk for Suicide." *Psychiatric Ann.* 23(5): 244-255, 1993.

specialty areas when sufficient changes have occurred.

I tested the Macintosh version of *PrimePractice Cardiology* on my PowerBook 165 with external monitor, double-speed CD-ROM, 16MB dRAM, and 68030/33 processor. The Macintosh version violates several Macintosh standards: it lacks scroll bars, has fixed window sizes, and does not support PowerBook-sized displays and standard cutting-and-pasting functions. The installation program may replace newer system files with older versions, or install duplicate files. Most importantly, *PrimePractice* was unbearably slow on my equipment: some transitions between text elements required more than a minute. Reasonable performance on the Windows platform requires at least a 486/66 with 12MB dRAM and, preferably, a quad-speed CD-ROM.

PrimePractice's content and structure are excellent. The push-button interface is easy to use, the documentation is quite adequate. Users can choose to begin with Case Studies, delve into Hot Topics, or access a reference library. An Etceteras section includes a patient "handout," which turns out to be a Mayo Clinic Health Letter on cholesterol. All of the sections are interlinked by hypertext buttons that transport users to related topics or background information. Users may place bookmarks or retrace a series of links.

There are four Case Studies, each with a patient photograph and chief complaint. Jacob, for example, is a 56-year-old man with acute deterioration after a myocardial infarction. The evaluation of Jacob is performed by clicking on buttons to obtain his history and the results of his physical examination and laboratory tests. Multimedia and hypertext features are used throughout. Clicking on colored text produces additional patient history. After selecting an examination tool, clicking on a full-length, rotating patient image produces a text report of patient findings. It would have been more satisfying to hear a heartbeat and interpret it rather than to read text describing "4th heart sound." Some examinations provide short video displays. One must start by

taking a history, but subsequently it is possible to move between history and examination. Laboratory tests can be selected from a comprehensive list, but only after providing an initial hypothesis. I felt constrained by this sequence.

After an initial hypothesis has been selected, the user makes a final diagnosis. If the diagnosis is correct, then therapeutic options may be selected. Cost estimates are provided for laboratory tests, but no estimate is provided for the cost of physician time. The time required to complete a case varies depending on hardware speed, user patience, and time spent reviewing references. With a fast system and some contemplation, a case should take about a half-hour.

Six Hot Topics, including new drugs and diagnostic tools, complement the case studies. The thorough and readable descriptions are complemented by appropriate video shorts. A Library section includes reprints from Mayo texts. Quiz buttons reinforce the text. It is not possible to access the Library or Hot Topics material while working on the case studies. This greatly reduces the value of the reference material. I think most clinicians would prefer a textbook for reference use.

After completing *PrimePractice Cardiology*, I felt comfortable with my knowledge of thrombolytic use, ACE inhibitors, beta-blockers, cardiac catheterization, angioplasty, and newer imaging techniques for the diagnosis and management of myocardial infarction, acute ischemic chest pain, and congestive heart failure. These sections were all "Mayo quality."

PrimePractice Cardiology is pioneering multimedia software with an idiosyncratic but engaging interface. The content is well done and not excessively subspecialized. Clinicians who enjoy computerized CME products, and who have sufficiently fast equipment, will like using *PrimePractice*, but they would be unlikely to use it as a reference after completing the CME modules.

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