

Book Reviews

The Family Practice Desk Reference. C.E. Driscoll, E.T. Bope, C.W. Smith, B.L. Carter. Mosby-Year Book, Inc, St Louis, Missouri, 1996, 789 pp, \$54.95. ISBN 0-8151-2201-2.

This is the "Book of Lists" for family physicians. Apart from a preface and brief sections of text on various topics, which are themselves often in outline format, *The Family Practice Desk Reference* consists solely of tables and figures. There are approximately 700 tables and figures in the book, beginning with Table 1-1 (age and sex distribution of patients and 20 most reasons for office visits) and concluding 758 pages later with Table A-16 (urine normal values). The format of the book and its broad scope indicate its ambition and hint at its strengths and weaknesses.

The book is organized into 19 chapters, an appendix on normal values, calculations, and equations, and an index. The first chapter is an overview of family practice. Other chapters cover all the major organ systems and selected topics such as surgical care, nutrition, pregnancy, and care of children.

In general, the data in this book are up to date and authoritative. Although the authors developed many of the tables and figures themselves, most were based on information from the research literature or government recommendations. At times, it not clear what led to the selection of material and the relative emphasis on different topics. Outpatient surgical management of acute priapism, for example, receives the same attention as treatment of ketoacidosis. Personally, I would have preferred greater focus on more common clinical situations.

The index also leaves something to be desired. Despite its 29-page length, the index did not appear to contain entries for common topics, such as mammography and athlete's foot. The incom-

plete coverage and uneven emphasis in the book are probably inevitable. No single reference can cover the range of family medicine, even in tabular form.

More troubling is the lack of a clear audience. In the preface, the authors identify the inspiration for this book: the pocket notebooks that served as "peripheral brains" during their medical student days. This volume, however, is aptly entitled a desk reference. It is a heavy hard-bound book that might fit in the call room, but certainly not in the pocket of a medical student or resident. In light of the scope and organization of *The Family Practice Desk Reference*, it is hard to imagine most practicing clinicians consulting the volume regarding specific patient problems.

Perhaps these criticisms are quibbles. As with all books, this one is not for everyone. Many physicians will rebel at the arbitrariness and rigidity of the book's format. On the other hand, I know of family physician colleagues who keep the *World Almanac* or *The Book of Lists* at their bedside. For them, this may be the ideal medical reference.

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Software Reviews

BODYWORKS 4.0 for Windows on CD-ROM, Version 4.0 (1995). Softkey International Inc., One Athenaeum Street, Cambridge, MA 02142. \$49.99 retail; less from discount stores and mail orders. DOCUMENTATION: A booklet inside the cover of CD-ROM case.

HOW SUPPLIED: One CD-ROM or 3 1/2 in. disks.

MINIMUM HARDWARE REQUIREMENTS: 386/25 or higher IBM PC or compatible; MS Windows 3.1 with 4MB RAM (8MB recommended); 2MB hard disk space; SVGA color graphics with 256 colors; CD-ROM drive (double speed or higher recommended); Sound Blaster or compatible sound card with speakers for sound; Microsoft compatible mouse.

TOLL-FREE CUSTOMER SUPPORT: 800-845-8692.

DEMONSTRATION DISK: None.

MONEY-BACK GUARANTEE: Not specified.

RATING: Good.

BodyWorks 4.0 is an educational yet entertaining multimedia CD-ROM program containing videos, animations, sounds, and pictures. This program is aimed at the home user and certainly can be used by everyone in the home. It can be used for reference to a disorder, but not for diagnosis. Any high school student will comprehend most of the content. Younger students may not find this program as interesting as a video game but definitely more educational. Youth may find the videos the most entertaining and educational area of the program. An excerpt from *BodyWorks*, checked by *Microsoft Word's* grammar checker, rated a Flesch-Kincaid grade level score of 11.9, equivalent to a twelfth-grade reading level.

Installing *BodyWorks* is simple: the user selects "Run" from the Windows File menu and types "D:SETUP:" (assuming D: is the CD-ROM drive). The first screen is a usual Windows-type screen, with a pull-down menu bar and icons. When maximized, *BodyWorks'* display is a less-than-full screen and cannot be expanded further. The display is divided into three areas: Accessible systems (skin, fatty tissue, muscles, circulatory, organs, and skeletal) are displayed in the center of the window with a large rectangular box to the left and a smaller box to the right (Figure 1). This blue-on-blue list of selections is hard to read. This figure may be rotated with the eight directional rotators that are located underneath the list of selections. When a section is chosen (clicked on), the background changes from dark blue to turquoise, making the type easier to read (Figure 1). In the opening screen, the box on the left is a 3-D rotatable human figure. The figures are also hard to see against the dark background. Figure 1 illustrates the selection "Organs," plus a click-on heart dot (which turns red when clicked) on the outlined figure on the right. The user may view other organs by clicking on their locations. Also the user may perform a 2X zoom into an area. The zoom feature is moderately slower than rotational viewing.

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Figure 1. Screen appearance on selecting "Organs" from the list on screen, then clicking over the heart on the outline figure to the right.

The database may be browsed or searched using a search function. Many common illnesses, such as acne and head lice, are covered, but we were unable to locate other common illnesses, such as irritable bowel syndrome, premenstrual syndrome, panic disorder, and hyperventilation. All of these were located easily via the search function in *Mayo Clinic Family*

Health Book (reviewed in *J Fam Pract* 1995; 40:94-5). Figure 2 illustrates a typical database screen: a large picture on the left corresponding to the topic selected, a list of subtopics on the top right, and detailed text on the lower right. When available, icons, which appear in the upper corners of the picture, can be used to return to the main screen or go to a video.

Clicking on a subtopic yields its pronunciation. The blue words within the text are "hypertext": clicking on the word takes the user to either the term's definition or to a screen with a list of associated words. Underneath the menu bar are buttons that, when pressed, can take the user to any of the available organ systems (eg, skeletal, muscle, nervous). A "Go Back" option allows the user to return to previous screens.

Other multimedia options are included in *BodyWorks'* "Tools." These include Lessons, Quizzes, Bookmarks, Index (which includes the search function), Glossary, Pictures, 3-D Models, Movies, Music, and Sound. All pictures found in the database may be printed, but none of the 3-D models and movies are printable. Additionally, pictures and text from the database may be copied and pasted into another program, such as *Microsoft Word*. Choosing "Lessons," the user may begin a preplanned lesson on one of many topics, including Overview (of the entire body), Abdominal Cavity, and the Hand. After the lesson is completed, the user may take a quiz on the topic.

From the Window's File Menu, users can enter and print personal medical identification, including their address, telephone number, physician, allergies, blood type, and a blank area for inserting immunizations, test results, and other records. Since this area is used as a reference only, the program offers no information or advice about completing it.

BodyWorks is designed for the home market. With all its easy to use menus and features, learning one's way around *BodyWorks* takes only a few minutes. The average high school student can understand a majority of the information presented in *BodyWorks*. Considering price, content, and ease of use, this CD-ROM program is reasonable for all multimedia households. *Mayo Clinic Family Health Book* is a few dollars more, much more comprehensive, and has many more pertinent animations and actual medical video clips, but provides much less facility for cutting, pasting, and printing of text and graphics.

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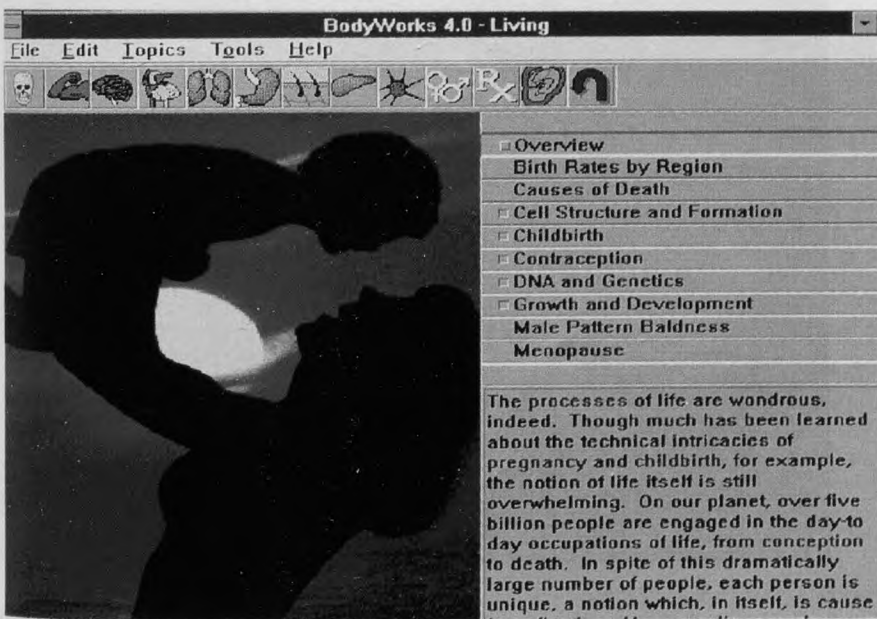


Figure 2. Main screen on selecting "Living" section from the Topics menu.

EDITOR'S NOTE: The authors are high school students with interest in computers and the health sciences.

PATIENT DRUG EDUCATION-PC, Edition 95.4 (1995) Medi-Span, 8425 Woodfield Crossing Blvd, PO Box 40930, Indianapolis, IN 46240-0930. 800-428-4495; \$525 per year per PC.

DOCUMENTATION: 50-page (approx.) black-and-white illustrated 8½ × 11-in. paper manual.

HOW SUPPLIED: 3.5-in. or 5.25-in. floppy disks.

HARDWARE and SOFTWARE REQUIREMENTS (Minimum): PC-compatible with DOS 2.0, 6MB hard disk space, 256K RAM, printer.

MOUSE SUPPORT: No.

TOLL-FREE CUSTOMER SUPPORT: 800-428-4495.

DEMONSTRATION DISKS: Yes.

MONEY-BACK GUARANTEE: No.

RATING: Good (useful, expensive, "time-bombed" [see text]).

Medi-Span is a leading supplier to pharmacies and hospitals of electronic drug information, including drug interactions and patient drug education databases. Now several Medi-Span databases are available as stand-alone applications for PCs, including *Patient Drug Education-PC (Drug Ed*, reviewed here) and *Drug Therapy Screening System* (drug interactions). The rationale for computerizing drug education is the ability to easily update, add, and manage drug information monographs. Anyone delegated to provide this information to the patient could use this software.

Drug Ed is a DOS program that installs easily and runs well in a Windows DOS session. It is time-limited software: it fails to run past the expiration date. (Some computer users automatically eliminate such programs from consideration for purchase.) *Drug Ed* does not respond to the mouse (pointing device); its features are driven by the keyboard function keys. The available function keys and their actions are clearly listed on every screen (Figures 1 and 2).

The patient drug education handouts are generally one page in length and contain standard sections, ie, header, date and time, patient name, physician name, prescription number, drug (brand) name, comments, generic name, common uses, how to use this medicine, cautions, possible side effects, copyright, and disclaimer ("The information in this monograph is not intended to cover all . . . If you have questions . . . check with your doctor, nurse, or pharmacist"). The "how to use" section includes missed-dose instructions. Four lines of header in-



Figure 1. User types drug name, then presses Enter key. Alphabetized drug list pops open to appropriate point, from which user can use page and cursor keys to scroll to the desired selection.

formation are allowed; they are saved after entry, and they print centered at the top of the handout. Once entered during a session, patient name and physician name remain active until changed, allowing multiple printouts without reentry; however, the "new patient" function also clears the physician name. The header, patient name, physician name, prescrip-

tion number, and comments are all optional; leaving them blank suppresses them. The date and time and disclaimer are suppressible by modifying the setup. The user also has control over page margins and numbers of rows and columns, but no direct control over fonts. In testing a variety of printers, I experienced few printing problems.

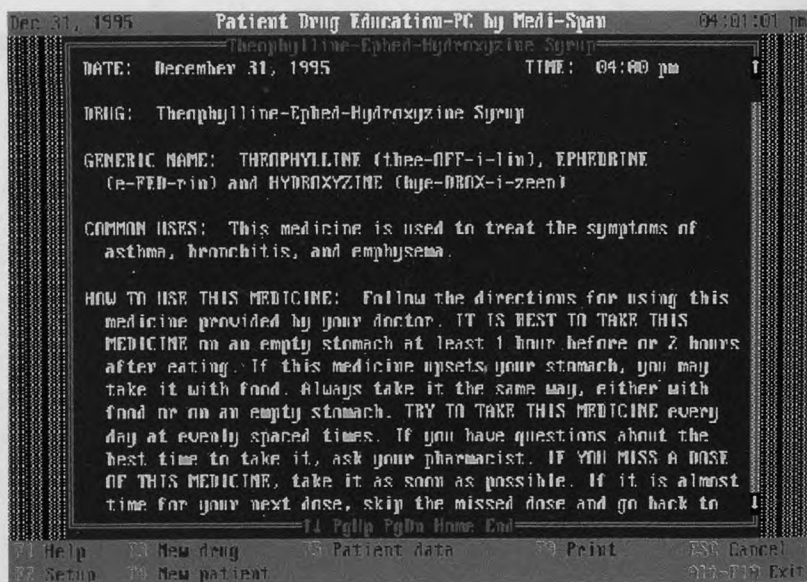


Figure 2. Selecting a preparation pops open the corresponding monograph. The user may press F9 to print immediately or first press F5 to personalize the printout with patient and physician names and several lines of personalized comments.

There are limitations worth noting. Monographs are not user-modifiable. There is no way within the software, for example, to enter one's favorite prednisone taper once and have it recalled. (Monographs, however, can be easily printed to a file, imported into a word processor, modified, and saved as word processor files for printing.) Handouts do not include the drug classification, so patients receiving the amoxicillin-clavulanate (Augmentin) handout would not be informed that they were receiving a penicillin; such information would provide a double-check to help reduce prescribing error. On the Flesch Reading Ease Scale,* the monographs averaged 66 (range, 61 to 71), and the body of the monographs averaged 364 words (range, 201 to 553).

To print a monograph, the user enters the first several letters of a drug name, either generic or brand, then presses Enter (Figure 1). A list containing all the drugs in the database opens to that point in the alphabet. At this point, the user can cursor or page up or down to the correct listing and press Enter. The monograph pops up and can be printed immediately (Figure 2). Alternatively, if desired, pressing the F5 function key opens a window into which the patient and physician names plus comments can be added before printing. I was able to access noncustomized monographs, which include the practice's header, ready for printing in less than 10 seconds on my 486-25 laptop. The only feature that would further speed this entry process would be a scrolling drug list continually visible as successive letters in the drug's name are typed.

Compared with *AskAdvice*, *Drug Ed's* monographs are shorter, less detailed, written at an easier-to-read level, more rapidly accessible for quicker printing, and less glitzy (text-based DOS rather than graphical Windows). Both get the job done and beat the paper chase. In addition to speed, *Drug Ed's* printouts name the specific agents being prescribed (eg, printout states "Ziac" and "bisoprolol . . . hydrochlorothiazide") rather than simply mapping to classes (*AskAdvice's* approach: "beta blockers w/thiazide diuretics" without name of brand or spe-

cific components). For those without deep corporate pockets, *AskAdvice* gets my nod because of *Drug Ed's* "time-bomb"—the revision date on printouts should suffice—and *AskAdvice's* \$100 price with \$50 renewals are a comparative bargain.

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THE MEDICAL HISTORIAN, Version 2.2 (1994). Medical Information Systems, Inc, Suite 538, 201 E University Parkway, Baltimore, MD 21218. 410-321-5479.

PRICE: \$600 single user, \$300/workstation on local area network.

DOCUMENTATION: 159-page loose-leaf binder with clear descriptions and many illustrations.

HOW SUPPLIED: 3.5-in. diskettes.

HARDWARE and SOFTWARE REQUIREMENTS: IBM-compatible 486 processor, Windows 3.1 or higher, 10MB hard disk space, 8MB RAM, and a printer.

MOUSE SUPPORT: Extensive.

TOLL-FREE ORDERING and CUSTOMER SUPPORT: No toll-free ordering. Customer support available at \$50/hr or by service contract.

DEMONSTRATION DISKS: Available (free for "slide show" disks, \$20 for a time-restricted operating version).

MONEY-BACK GUARANTEE: Yes.

RATING: Marginal.

The *Medical Historian* system is a Microsoft Foxpro-based medical database used primarily for obtaining the history portion of a medical encounter. In a typical visit, a member of the physician's office staff would, using the software, be guided through the taking of the patient's medical history. Responses to questions are generally entered using a mouse to select screen buttons, although occasional responses require typed text. The responses are then printed out in an organized, tabular format for use during the visit. If the physician desires, the program can be used as a complete medical record, allowing the provider to add supplemental historical data, physical examination findings, and information pertaining to proposed tests, treatments, and instructions.

The system runs in two modes. The default mode is "analytic," which is designed for nonmedical personnel. In this mode, a staff member is first prompted to

enter or update demographic and billing data. A text field for a chief complaint is offered and a response is typed in. Decisions are made by the staff member about whether the problem is due to trauma, whether it is of "uncertain origin" and whether it is from "normal wear and tear," hereditary problems, drug reactions or overdose, or infectious problems.

After the initial screens, *Historian* begins to ask questions until a positive response is found, such as a "yes" for fever or difficulty with breathing. This sends the program into a series of questions that constitutes a solid review of systems for the affected and related areas. A complaint of shortness of breath, for example, will result in questions about the pulmonary and cardiovascular systems and about venous stasis. Very little typing is required because most questions have a "yes," "no," or "ignore" answer that is selected using the mouse or by single-letter keyboard entry. Options are provided for more extensive answers but usually are not needed. If a change in response is needed, *Historian* will easily go back to a previous screen. Once the history is complete, the program prepares a report and will print it if desired.

In the "triage" mode, it is assumed that the questioner is a health professional, such as a nurse. After the chief complaint is recorded, the questioner is presented with a thorough list of organ systems that can be selected using check boxes. A systems review is completed for each system selected.

At the end of a patient visit, the practitioner may enter additional history, examination findings, assessments, and plans. As with the history, most of this documentation is performed using check boxes and buttons.

The main function of this package is to assist ancillary staff in taking a medical history before the physician encounter. In addition, this system has the ability to act as a progress note generator and has several useful components in the billing area (eg, a ledger of patient charges and payments, printout of patient bills, batch billing, and form printing). Several analysis options allow one to track visits and laboratory utilization, and run chi-square analyses of data in the system.

This program does all the things it is supposed to do, especially its primary function of obtaining initial history. One can think of its output as a "chief complaint with bells and whistles." *Historian*

*The Flesch Reading Ease scale is a frequently used measure of readability based on average sentence length and syllables per 100 words. Scores generally range between 20 and 90. Comic books have scores of about 90; high school texts, 75 to 80; and undergraduate texts, 50 to 70. (More difficult to read text has lower Flesch scores.) The score for this review is 40.

is not designed to be the only history obtained from a patient and does not attempt to make a diagnosis. Instead, it gives a more complete starting point from which a physician can fill in any gaps.

Despite the many functions provided, there are a few drawbacks to the software. The tabular format with positive responses on the left and pertinent negatives on the right is well organized but takes up a lot of space on paper. When printed, a typical complaint averaged more than one-half page, and many complaints required more than one page. There is no option for double-sided printing. Some questions, such as those about shortness of breath, fit into the review of systems for several organ systems. The software does not carry responses over to the next system; the same question can be asked repetitively during an interview. In addition to "yes," "no," and "ignore," a "don't know" option would have helped with several types of questions. For example, when the chief com-

plaint was "possible pregnancy," one of the questions *Historian* asked was, "Are you pregnant?" Online help is limited to one screen of text.

In the "analytic" mode, *Historian* was weak when the patient had more than one complaint. Health maintenance visits, such as for a Papanicolaou test, resulted in almost no information being obtained. In the "triage" mode, specific systems could be selected by the questioner for these visits. Users can control print fonts, but using kerning or any fonts larger than 10 points drastically disrupted the appearance of the output. Although there is little typing of free text, a spell checker would have been useful. When using *Historian* as a computerized medical record, one must be prepared for each visit taking up at least one page. The buttons and boxes used to add physical examination findings and plans were well prepared and always gave an option for free text to be added when needed.

Logistically, *Historian* has a limited audience. To operate it, one must have a patient sit near a computer while the questions are being answered. Designating a location to do this in privacy for multiple patients per day could be challenging, especially in an office with several providers and few computers. Customization of questions can be performed by special request; users cannot perform alterations by themselves.

If your work environment fits the physical needs of this program and if it is your custom to have your staff take more than a brief chief complaint, this software will give you good results. Users looking for a computerized medical record system will find numerous programs that provide a lot more. For users interested in this program, I advise evaluating the demonstration disks.

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Tips from Practice

String Ring

A common dilemma is how to remove a ring from a swollen finger. Lubricating the digit with lotion, letting the finger soak in icy water, and cutting the ring off with a ring cutter may all be effective. For years, I have also used the technique of wrapping a string around the finger to compress the tissue.

Recently, I was unable to find any string and was forced to use a substitute. One-quarter-in. iodoform gauze was all that was available, and I found it worked far better than string.

To use this technique, start wrapping the iodoform gauze at the tip of the finger. Using moderate pressure to compress the tissue, wrap the gauze as you would an elastic bandage, with about a 50% overlap until you reach the ring. Using an ear curette or similar flat object, tuck the end of the gauze under the ring. Lubricate the ring and gauze with lotion.

Gently unwrap the gauze. As you pull the gauze off going around and around, the ring will move down the finger.

If the first wrap does not compress the finger enough for the ring to begin its journey down the finger, wait a few moments, unwrap the finger and repeat the gauze application. Compression from the first finger wrap leaves the diameter of the finger smaller for the second wrap.

Super Glue

Super Glue should be included among the essential equipment in a family physician's office. Some of the uses include:

1. *Removal of foreign bodies from the ear or nose.* Place a small drop of Super Glue on the wooden tip of a cotton swab. Under direct visualization, gently touch the foreign body and hold it there for about 10

to 15 seconds. Withdraw the tip and object.

2. *Repairing lacerated nails.* Position the two nail edges together. Run a small bead of Super Glue along the edges. Hold the edges together for about 30 seconds. Place a Steri-strip over the laceration and run a small bead over the strip.
3. *Closing small scalp wounds.* Take several hairs from each side of the laceration and twist them into a single strand. Pull them across the laceration so that they cross just above the wound. Have an assistant place a drop of Super Glue on the strands where they cross.

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