REVIEWS OF
BOOKS & SOFTWARE

■ BOOK REVIEWS

Shared Care for Prostatic Disease.

Roger Kirby, Michael Kirby, John Fitzpatrick, and Andrew Fitzpatrick. Isis Medical Media Ltd, Oxford, England, 1994, 180 pp. ISBN 1-899066-00-4.

Shared Care for Prostatic Disease is the work of a unique group of authors: two sets of brothers, each set composed of a family physician and a urologist. The book is written from the perspective of practice in the United Kingdom. These attributes both enhance and detract from the content and applicability of the book.

The authors describe a shared treatment of prostatic disease between family physicians and urologists. In doing so, they wisely recognize the varied skills of family physicians and urologists. They urge clear communication between the specialties. There is little clinical territorialism that might mar the relationship between family physician and urologist. This may be the result of a remarkable lack of sibling rivalry, or it may be attributable to the authors residing in the United Kingdom. There is a relative paucity of urologists in the United Kingdom (1:228,000 population) as contrasted with the United States (1:19,500). Urologists in the United States are likely to desire that more patients be seen by urologists than would be possible in the United Kingdom. The text does not recognize the expertise of family physicians and adopts a view that family physicians should be better educated in prostatic disease. It is unlikely that urologists will read this text, but even if they did, they probably would not gain any understanding of family practice from doing so.

Clear and concise language is used throughout the book: it is a quick and pleasurable read. The text is well documented, with appropriate references available for further study. Tables and graphics are readable and demonstrate the intended points. The text is up to date, and provides a glimpse of promising research. The text wisely avoids the controversy over prostate screening and dwells primarily on patients with symptoms.

I am troubled by the lack of a clear patient-centered focus in the book. The book struck me as biomedically focused, with only occasional glimmers of biopsychosocial focus. The authors occasionally puzzle about the reluctance of men to step forward for treatment. It is not, however, until the case studies at the end of the book that psychological and social contexts of recommended therapies are realistically presented. The book aptly describes the role of the specialist in treating a patient who desires treatment, but it does little to address the complexity of providing respectful treatment for patients who "need" more but do not desire more than the family physician can offer.

I recommend this text to both practitioners and residents. It is readable and reasonably comprehensive in its coverage of prostatic disease. The book ably describes what the urologist has to offer, but it falls short in providing a description of the care delivered by family physicians. Most family physicians, however, should be able to look beyond this shortcoming and benefit from the lucid descriptions of the care of prostatic diseases contained in this text.

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■ SOFTWARE REVIEWS

EndNote Plus and EndLink 2.0 for Windows (1995).

Niles and Associates, Inc, 800 Jones St, Berkeley, CA 94710. 510-559-8592; $299 (*EndNote Plus*), $99 (*EndLink*).

DOCUMENTATION: 218 pages, comprehensive, easy-to-read, well-illustrated manual.

HOW SUPPLIED: Three 3.5-inch floppy disks (*EndNote Plus*) and one 3.5-inch floppy disk (*EndLink*).

HARDWARE REQUIREMENTS: IBM-compatible PC with a 386DX/25 Mhz or higher processor with a minimum of 4MB of RAM running Windows 3.1 or later, including Windows NT and Windows 95.

MOUSE SUPPORT: Yes.

TOLL-FREE CUSTOMER SUPPORT: No, but free help is available by means of e-mail (pc-support@niles.com).

DEMONSTRATION DISKS: Available directly from Niles via the World Wide Web (http://www.niles.com) or via ftp (ftp.niles.com).
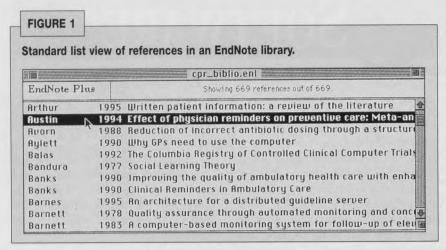
MONEY-BACK GUARANTEE: 30 days.

RATING: Excellent.

EndNote Plus is described by its makers as a "bibliographic utility used by researchers, students and academic writers," and these are clearly the main intended beneficiaries of this marvelous piece of software. As a researcher and academic writer, I would rather commit suicide than go back to the days of managing references by hand. There are also benefits of bibliographic management software to practicing fami-

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FIGURE 1

Standard list view of references in an EndNote library.

EndNote Plus		Showing 669 references out of 669.
Arthur	1995	Written patient information: a review of the literature
Austin	**1994**	**Effect of physician reminders on preventive care: Meta-an**
Avorn	1988	Reduction of incorrect antibiotic dosing through a structur
Aylett	1990	Why GPs need to use the computer
Balas	1992	The Columbia Registry of Controlled Clinical Computer Trials
Bandura	1977	Social Learning Theory
Banks	1990	Improving the quality of ambulatory health care with enha
Banks	1990	Clinical Reminders in Ambulatory Care
Barnes	1995	An architecture for a distributed guideline server
Barnett	1978	Quality assurance through automated monitoring and conc
Barnett	1983	A computer-based monitoring system for follow-up of ele

ly physicians who maintain files for personal reference or teaching.

EndNote can be used over networks and is cross-platform compatible: Macintosh and Windows *EndNote* libraries can be interconverted.
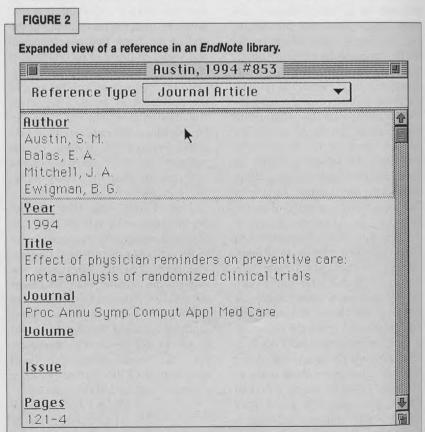
Reference management software typically provides three basic functions:

1. Database management
2. Electronic import of references obtained from online literature searches
3. Interface with word processing programs for preparation of manuscripts that include literature citations.

EndLink, the companion program to *EndNote Plus*, is specifically dedicated to the second function: without it, electronic import of references into *EndNote* is not possible.

EndNote's database management is comprehensive and includes formats for journal articles, books, and sections of books, reports, newspaper stories, conference proceedings, etc. Each record type includes all the standard data fields one would expect (authors, title, date, journal name, key words, abstract, etc), as well as fields for user-entered notes and user-defined labels. The standard view of references in an *EndNote* library is shown in Figure 1. Double-clicking on any item in the list will produce an expanded view of the selected citation (Figure 2). Users can rapidly search or sort the list by author, publication date, article title, journal name, or any other data field. The search engine searches free text and permits complex searches with "ands" and "ors" in the Search command. *EndNote 2.0* allows easy creation and viewing of lists, such as all authors, key words, or journal names in the database, which is invaluable for conducting searches and for assisting with manual data entry. Another significant feature is global editing, the adding or replacing of a string of text in all records or a selected group of records with one command.

Entering data into *EndNote* by hand is simple and straightforward but, as with all manual entry, is tedious and error-prone. Moreover, there are no manual data entry filters to prevent nonsense from being entered or to help with proper formatting of, for instance, authors' names. Fortunately, with *EndLink*, *EndNote* can import references from online literature searches from any conventional source. *EndLink* provides over 100 filters to ensure that data from the search file is correctly placed into the *EndNote* database. I had to tweak the filters I use (MEDLINE/*Grateful Med* and OVID CD-ROM) to get them to work properly, a potentially complex task for novice computer users. Thereafter, importing is a breeze. Besides con-

FIGURE 2

Expanded view of a reference in an *EndNote* library.

Austin, 1994 #853

Reference Type	Journal Article ▼

Author
Austin, S. M.
Balas, E. A.
Mitchell, J. A.
Ewigman, B. G.

Year
1994

Title
Effect of physician reminders on preventive care: meta-analysis of randomized clinical trials

Journal
Proc Annu Symp Comput Appl Med Care

Volume

Issue

Pages
121-4

venience, electronic transfer produces complete references, including, for instance, article abstracts and/or the complete listing of Medical Subject Headings (MeSH) keywords.

EndNote's word processing interface, although primarily of value to writers, is perhaps its most powerful feature. This interface allows authors to easily insert citations from their *EndNote* library into a manuscript being prepared with virtually any commonly used word processing software and, when complete, to format the citations and the reference list with a click of the mouse. The final appearance of the citations within the manuscript and the reference list are easily customizable, with over 200 bibliographic formats for different journals. Adding citations later or reformatting the reference list is simple to do. In spite of the obvious advantages over manual citation management, potential users should be warned that inserting citations into a manuscript can be cumbersome, generally requiring a "cut and paste" routine with both applications running. For Macintosh users of *Microsoft Word*, Niles (the maker of *EndNote*) has perfected a slick solution by allowing users to access directly from within *Word*. It is hoped that Niles will develop a similar "lug-in" interface with *Word for Windows*, but they are mum on the subject (see editor's note). The absence of this elegant plug-in for any of the Windows word processors is only a minor drawback, however, as the copy-paste routine works fine. Besides, no other reference management package I am aware of offers better integration with word processors.

EndNote with *EndLink* is a full-featured reference management package that is easy to learn and invaluable for anyone interested in managing references, particularly when manuscript preparation is involved. While *EndNote* has long

been the easy choice for Macintosh users, *Reference Manager for Windows* (Research Information Systems, Carlsbad, Calif) has traditionally been the best product for Windows. In fact, until recent enhancements to the Macintosh version of *EndNote* (particularly the introduction of terms lists), *Reference Manager for Windows* was simply a more powerful and full-featured package than *EndNote* for any platform. With the upgraded capabilities of *EndNote Plus 2.0* for the Macintosh and the introduction of this virtually indistinguishable version for Windows (except for the absence of a *Word* plug-in), this is no longer the case.

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EDITOR'S NOTE: Since this review was submitted, we have been notified that the plug-in interface for inserting citations directly from within *Word* is now available for *Word for Windows*.

Physicians' Online (1995 version), Physicians' Online Inc, 560 White Plains Rd, Tarrytown, NY 10591; free.

HOW SUPPLIED: An approximately 1MB (3.5-in.) diskette, and a 1.2MB (3.5-in.) diskette for Adobe Acrobat Reader.
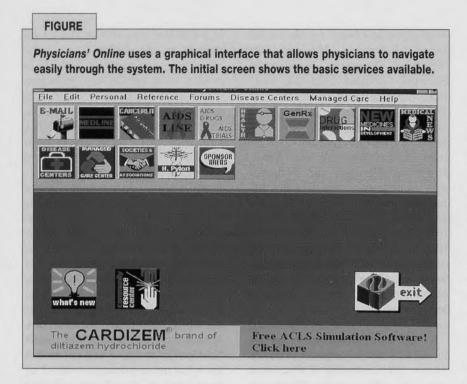DOCUMENTATION: None.
MINIMUM HARDWARE REQUIREMENTS: Mac or IBM compatible with Windows, 4MB of RAM, 2400 baud modem
MOUSE SUPPORT: Yes.
Demonstration disks: None.
TRIAL ARRANGEMENTS: None.
RATING: Good.

Physicians' Online (POL) is an online service for physicians accessible by means of a modem using

either IBM-compatible or Macintosh computers. Accessible from physicians' homes and offices, POL offers access to a variety of resources, including medical literature searches and drug information. It is sponsored by pharmaceutical companies and, in most cases, is available to physicians for the cost of a local telephone call by modem.

Physicians' Online uses a graphical interface that allows physicians to navigate easily through the system and become productive quickly. The initial screen (Figure) shows the basic services available. Additional screens are also designed for ease of use. For example, when looking up metformin (Glucophage), a user selects MEDLINE on the initial screen. A new screen appears; the name "metformin" is typed and entered. A list of articles related to the drug then appears. In all areas, online help is available to aid the system user. Selecting a bar at the bottom allows the user to obtain information from sponsoring pharmaceutical companies.

Medical literature searching is one of the best features of POL. Searchable databases include MEDLINE, AIDSLINE, and HEALTH (administration and planning information). The screens for searching are self-explanatory and allow for simple entry of the desired topic. When viewing the search, the user can view, download, or print selected abstracts. Plans are underway to allow viewing of full-text articles. Using CompuServe, a commercial service, would incur a surcharge of $21 per hour plus $3 per five titles beyond the first five. Because of the pace of change in the human immunodeficiency virus (HIV) field, access to AIDSLINE, which includes sections on drug trails (AIDSDRUG/AIDSTRIALS), is virtually obligatory for physicians treating patients with HIV. Although searches are not as complete as those obtained by direct searching of National Library of Medicine databases, POL provides a low-cost, user-

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FIGURE

Physicians' Online uses a graphical interface that allows physicians to navigate easily through the system. The initial screen shows the basic services available.

friendly alternative for physicians interested in performing literature searches from the home or office.

Drug information can be obtained from *Physicians' GenRx*, a resource compiled from drug package inserts similar to the *Physicians' Desk Reference* (PDR). However, the online *Physicians' GenRx* is updated more frequently than the PDR, and POL is accessible to locations where other resources might not be readily available, such as the physician's home.

The drug interaction program, *The Drug Therapy Monitoring System*, is user-friendly and will check for both medication and food interaction. The program makes it relatively easy to check even long drug lists for interactions. Since drug interactions are potentially serious yet avoidable, the program can double check to ensure no errors are being made, such as combining erythromycin and terfenidine (Seldane). Of course, no program will find every possible interaction. For example, it did not recognize the

possibility of the serotonin syndrome when two SSRIs are used together. This program, however, compares favorably with other available programs, such as the one published by the *Medical Letter*.

Electronic mail is available on the system. It is relatively easy to find other physicians on the system by specialty, last name, first name, and city. The system, however, does not allow for searches by interest area. A handy extra feature is the presence of a spell checker.

Additional services available include access by participating providers to managed care organizations' online areas, an associations and societies section that provides information such as upcoming meetings, and news updates from *The Medical Tribune*. For most of POL's features, tutorials are available for users who desire a more detailed or formal introduction to the program.

Despite these features, POL has problems. It supports a maximum modem speed of 14,400 baud, which, even with otherwise premium com-

puter equipment, is annoyingly slow because of its graphical interface. Downloading results from longer literature and drug-interaction searches can be tedious because each citation is recorded as a separate file. We have noticed that POL "locks up" the user's computer system periodically. Additionally, it is often impossible to return to the main menu screen if the user wishes to exit from a previous selection. All this can make using the system frustrating and impractical in a busy office. Additionally, POL lacks access to the World Wide Web—now a must for medical computing. (POL's operators suggest that Web access may be added by late 1996.) Finally, the differential diagnosis program, QMR, is not currently available because of software problems.

The influence of its sponsors on POL is a concern. Sections such as the Disease Center contain some useful information but the pharmaceutical presence is evident. For example, the Diabetic area is sponsored by a pharmaceutical company, not by the American Diabetes Association. Yet, in this area, good patient education materials can be downloaded or ordered through your pharmaceutical representative. A more independent source of drug information than *Physicians' GenRx* would be desirable.

Despite the limitations of *Physicians' Online*, the system is worth investigating—generally, the only cost is your time. To obtain the software, call 1-800-332-0009, or download it from the WWW at http://www.po.com.

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