REVIEWS OF BOOKS & SOFTWARE

BOOK REVIEWS

Medicine: A Primary Care Approach. Richard H. Rubin, Carolyn Voss, Daniel J. Derksen, Ann Gateley, and Ronald W. Quenzer. W.B. Saunders Co., Philadelphia, Pa, 1996, 517 pp, $32.00. ISBN 0-7216-5200-X.

The editors of *Medicine: A Primary Care Approach* aim to define the content of primary care, and to allow its fundamentals to be mastered by medical students during a 6-week clinical rotation.

The book is divided into 127 chapters of about 4 pages each, and these in turn are organized into sections ranging from such generic concepts as clinical reasoning, prevention, and physician-patient communication, to the array of specific clinical problems and diagnoses usually included in textbooks of medicine. Each chapter is sandwiched between a pair of before-and-after anecdotes; a simulated office problem introduces the didactic article, and a concluding vignette offers the student a satisfying resolution using the principles outlined in the text.

There is much to like in this book. Many of the chapters ("Chronic Cough," "Diarrhea") are truly primary-care oriented; they begin at the beginning, with the patient's complaint, and progress to management, with or without making a diagnosis along the way. Some of the most elegant primary care teaching ("The Red Eyes," "Rhinorrhea and Nasal Stuffiness") is produced by the surgical subspecialty authors. Diarrhea management is presented simply and well, as is the physiology of chronic cough. The chapter "Obesity" is a model of rational thought; its clinical fable arrives at the obligatory happy ending without a whisper of weight-loss results. Throughout the book, cost is considered as a valid concern, without apology or euphemism.

On the other hand, for those of us who had our first (or only) statistical epiphany from realizing the effect of disease prevalence on a diagnostic test's predictive value through the application of Bayes' theorem, the theorem's gelded presentation here ("The Use and Misuse of Medical Tests") as an abstract and turgid equation is unsatisfying. Equally disappointing are other chapters ("Pancreatis," "Bronchitis and Pneumonia") that use the traditional nosology-first orientation, and arrive only backward, if at all, at the patient-doctor interface. One clinical parable ("The Patient in the Context of the Family, the Community, and Society") endorses prescribing disulfiram for a patient's tag-along husband without benefit of a history or physical! Not a good lesson to teach any student.

Most of the book is clearly written. The clinical sketches are a neat contrivance. The experienced family physicians, as much as the general internist, can find useful suggestions in many chapters, or confirmation of attitudes and practices self-learned. The book may provide another useful perspective for the resident and the precocious medical student.

But it is unclear whether the book is intended as a "good read" for students or as a quick reference for those who want pointers on "Facilitating Patient Adherence" in 3 pages. The irony of presenting a "comprehensive," "coordinated," and "continuous" discipline in multiple-authorship, bite-sized pieces seems lost on the editors. Ultimately, in common with university teaching tradition, the take-home message is in the medium. The text assures the individual student reader that the fundamentals of primary care in all their range and variety can be mastered (in 6 weeks) but it takes 108 experts to write a book about them.

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Handbook of Medical Psychiatry David P. Moore and James W. Jefferson. Mosby-Year Book, Inc, St Louis, Mo, 1996, soft-cover, 545 pp, 61 illus, $49.95. ISBN 0-8151-6484-X.

The new *Handbook of Medical Psychiatry* is a powerful reference text for the busy primary care clinician. Psychiatrist authors David Moore, MD, and James Jefferson, MD, take a biologic view of virtually every disorder that can cause changes in central nervous system functioning. This approach is quite welcome, and creates a very useful book.

The book is divided into 279 chapters that closely follow the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV), the bible of psychiatric diagnosis. Each of the chapters that deal with clinical conditions is subdivided into a short but comprehensive introduction, a description of the onset of the disorder, the usual clinical features at presentation, the course of the disorder, complications that arise, a discussion of the biologic cause of the disorder, differential diagnosis, and finally treatment. Selective illustrations show classic appearances of many of the conditions. A useful bibliography is provided at the end of each chapter. The chapter layout is reminiscent of Hurst's classic medicine textbook.

In addition to the chapters on clin-

ical conditions, Moore and Jefferson have provided a detailed chapter on symptomatology that helps guide the reader to appropriate diagnoses and have included chapters on psychiatric medications and electroconvulsive therapy (ECT). Quick perusal of any of the chapters reveals a wealth of useful information. It is obvious that the authors have spent some time in the trenches learning the pearls that they share. Indexing is straightforward, and a handy section guide is printed on the back cover, corresponding with visible black tabs along the right side of the pages.

The most detailed chapters cover common diagnoses seen in the primary care setting: major depression, panic, generalized anxiety disorder, and schizophrenia. The entire breadth of psychiatry is included. Many conditions that are usually considered medical, neurological, or genetic disorders are also discussed. I found the book both educational to read and useful as an "on the fly" office reference.

No new text is without a few rough spots. It is a glaring omission not to have included formal DSM-IV criteria for all the psychiatric conditions covered. The chapter on selective serotonin reuptake inhibitors, a mainstay of the primary care clinician, is pretty lean. A simplified but comprehensive discussion of P-450 drug interactions would be a welcome addition. It seems strange to cover multiple "zebras" such as pseudobulbar palsy and progressive rubella panencephalitis, and not to have a chapter on serotonin syndrome. The chapter on vitamin B_{12} deficiency does not mention methylmalonic acid assay as a diagnostic test and proscribes the use of oral B_{12}, both widely accepted practices.

An additional inherent weakness in this text is its layout based on final diagnoses, not presenting symptoms. The general symptomatology chapter helps, but algorithms of questions such as in the PRIME-MD questionnaire *(JAMA 1994; 272:1749-68)* or a chapter based on presenting symptoms would be a welcome addition.

Despite these few shortcomings, the *Handbook of Medical Psychiatry* deserves a place next to the DSM-IV on your bookshelf. My copy is already showing signs of wear.

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EDITOR'S NOTE:
Dr Reynolds completed this review during the flooding along the Ohio River as he boated into his office to recover records and sample drugs to use in the free clinic he and his colleagues set up in the teachers' lounge of the local high school. I salute his diligence and the long hours he and his colleagues devoted to the care of their distressed neighbors.

—Barbara P. Yawn, MD

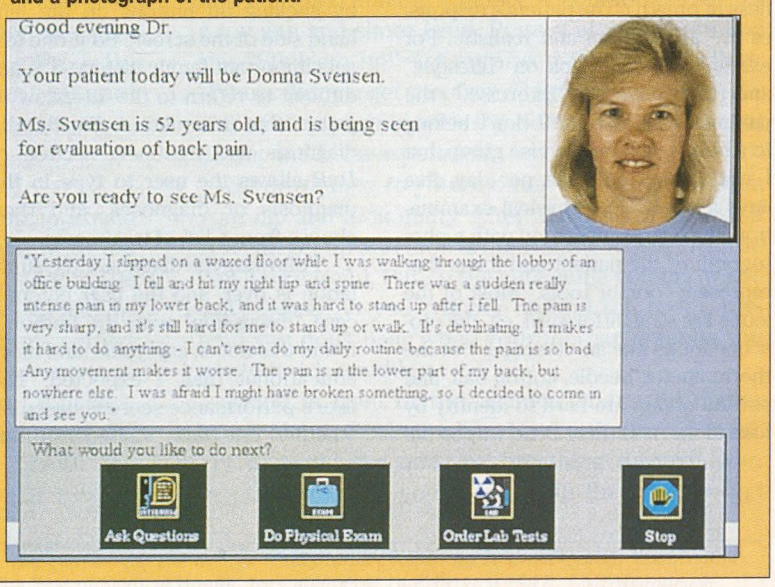
SOFTWARE REVIEWS

DxR Clinic Interactive Patient Simulations, release 10-1995. Ciba-Geigy Corporation, Medical Education & Publications, PO Box 18060, Newark, NJ 08057; phone (800) 631-1181; $39.95 for one case or $119.95 for subscription of four cases.

DOCUMENTATION: Online help and 25-page, well-written user manual.
HOW SUPPLIED: 3.5-in. diskette DOS, Mac, or Windows formats available. CD-ROM version available soon.
HARDWARE/SOFTWARE REQUIREMENTS: *DOS:* DOS 3.0 or higher, 286 or higher processor, 13-in. color monitor, 256 color VGA adapter, 7MB hard disk space, mouse recommended. *Windows:* Microsoft Windows 3.1 or higher, 286 or higher processor, Sound Blaster–compatible sound board, 13-in. SVGA or better color monitor, 10MB hard disk space, 4MB RAM required. Mouse required. *Macintosh:* System 6.08 or higher, 5MB hard disk space, 2MB RAM, 13-in. color Mac monitor.
MOUSE SUPPORT: Yes.
TOLL-FREE ORDERING: (800) 631-1181.
TOLL-FREE CUSTOMER SUPPORT: (800) 453-8040.
DEMONSTRATION DISKS: No.

FIGURE

DxR **begins by providing a chief complaint, a short history of the present illness, and a photograph of the patient.**



MONEY-BACK GUARANTEE: No.
RATING: Good.

DxR Clinic Interactive Patient Simulations (DxR) is a series of interactive patient simulations for practicing physicians. From the promotional literature, it appears that *DxR* is being marketed to physicians as several hours of entertainment—while earning continuing medical education (CME) credits. The subject matter is appropriate for medical students and residents as well. One case takes roughly 90 minutes to complete. *DxR* passed a test that many commercial programs fail: my 6-year old daughter could install and launch it without looking at the manual. The short, clear manual was consulted only to complete this review.

DxR begins by providing a chief complaint, a short history of present illness, and a photograph of the patient. The user may then make one of three choices by clicking on well-marked buttons: "Do Physical Exam," "Order Labs Tests," or ask questions (Figure). "Ask Questions" allows gathering additional history by choosing topics from a list of "Interview Categories" (eg, respiratory), then choosing from a list of specific questions (eg, chest pain, shortness of breath). The patient's responses are appropriate and realistic. For example, when I click on "Lifestyle" and then choose "Exercise," the patient's response is: "I don't belong to a health club or exercise group, but I walk about 1/2 mile per day, five days a week." For physical examination, the user is presented with a photograph of the patient and icons that represent "doctor tools." Most of the icons are straightforward, eg, the otoscope looks like an otoscope. But the thermometer, needle, cotton ball, and several others are hard to identify by icon alone, and there is no way to tell what has been chosen until after the icon has been selected.

After selecting a tool, the mouse pointer becomes a small image of that tool, so one can "use" the tool to examine the patient in some way. The program allows the user to do what should be done to complete a reasonable simulated examination. The otoscope, when applied to the abdomen, provides no useful information; yet when it is used on the patient's ear, a complete description of the findings appears.

In the "lab" section, a series of buttons across the bottom of the screen allows users to order common evaluations (eg, ECG, chest x-ray, CBC, chemistry profile) with a mouse click. For other lab tests, one must click on a selection from a list of categories (eg, "Blood," "Urine," "MRI"). There seems to be no penalty for ordering more than one needs: I was permitted to order both arterial blood gases (ABG) and bone densitometry for my patient with back pain. Was the ABG indicated? Certainly not. Was the densitometry indicated? Perhaps—yet the program offers little clinical feedback when or if such evaluation should be considered.

At any stage, users may go backward or forward to the other sections by clicking on buttons on the left-hand side of the screen. So if one forgets important family history, it is not difficult to return to the interview to gather this information. Finally, the diagnosis and treatment section of *DxR* allows the user to type in the diagnosis or diagnoses, and then choose from a list of treatments.

Following the diagnosis, the simulation is over, and the user enters a case "discussion" with the author. I found this novel, enjoyable, and more educational than I expected. The user's performance score is based on whether one has "visited" various parts of the simulation. In the discussion, for example, I was presented with a list of the laboratory studies that the author suggests; on the list, those I had not obtained were highlighted. There is a short explanation of why these studies could be helpful. The cost of ordered studies is also presented. (My inappropriate ABG cost the patient $39.) As in the discussion of "missed" lab tests, there is an explanation of relevant history, physical examination, and treatment. Each discussion has subtopics that one can access by clicking on highlighted words. I found these short essays well written, informative, and relevant to family physicians.

Currently, the *DxR* CME series consists of four titles, all relevant to primary care: a 22-year-old with back pain, an 8-year-old girl with staring spells and aggressive behavior, a 52-year-old woman with back pain, and an 80-year-old man with hypertension. While the subject matter is relevant to family physicians, my concern is that there is no further use for the software thereafter, making this "disposable" software. Ciba-Geigy should include a software removal utility to make removal as straightforward as installation.

In summary, *DxR* performs as promised. *DxR* is well designed, easy to use, entertaining, and educational. It would be an appropriate addition to any medical school or residency library for use by multiple learners. At $10 to $15 per CME credit, both more expensive and less expensive CME is available. *DxR* seems to have no residual value after the CME, and potential purchasers should consider the purchase solely for the CME.

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