



## BOOK REVIEWS

***The Difficult Patient.*** Eric Sohr. MedMaster, Inc, Miami, Florida, 1996, 95 pp, \$11.95. ISBN 0-940780-27-5.

Practicing family medicine is difficult. Dr Sohr's slim, succinct, and thoughtful monograph reminds us of the microcosm at the heart of the practice of medicine: the physician-patient relationship, and the paramount value in attending to it: "I believe that the difficult patient can be a most useful instrument for my growth as a physician and person," the author states.

This volume draws heavily on *The Doctor, His Patient and the Illness*, by Michael Balint (International Universities Press, New York, NY, 1972), and may prove more useful to readers of this journal because it is written by a family physician in a contemporary American medical context. Its conciseness, as well as its personal and anecdotal style, lends itself to a quick and enjoyable read. It is also extremely well organized, facilitating its use as a reference.

The text comprehensively reviews in a succinct form a large body of literature on difficult patients, including: the manipulative, demanding, self-destructive, hostile patient as well as the dependent clinger, the denier, the patient with psychosomatic illness, and the patient with personality disorder. Boldly, Dr Sohr boils down working with such patients and presents this information in tables that crystallize how one may think, feel, relate, and strategize to solve the problems these patients present to us.

The essence of Dr Sohr's approach, in the tradition of Balint, is that "there is an emotive channel of communication between physician and patient. In psychiatry, the terms transference and countertransference are used to describe this phenomenon but this same interaction occurs in primary care settings. During the visit,

the physician may experience a wide range of emotions, from love to hate, from anger to despair. *The physician's awareness of his emotions is valuable data [enabling him] to make a diagnosis and pick a therapeutic strategy [emphasis added].*"

This book would make an excellent companion to a training process aimed at helping physicians work more effectively with difficult patients. Our problems dealing with them result from insufficient cognitive skills and a lack of emotional knowledge and training. Dr Sohr eloquently states: "The difficult patient strikes a dissonant chord in our personality. Some of these patients are difficult because they make us confront parts of ourselves we prefer to ignore. This may make us feel anger, sadness, frustration, avoidance, hopelessness and depression."

This volume will serve very well to remind us of the cognitive components of the skills we need in working with difficult patients. The feelings they trigger in us may best be addressed through affective work such as personal psychotherapy, support groups, or Balint training seminars.

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***Study Guide for Williams Obstetrics, 20/e.*** Larry Gilstrap, Susan Cox, Alvin Brekken, and F. Gary Cunningham. Appleton & Lange, Stamford, Conn, 1996, 218 pp, \$37.95, ISBN 0-8385-9641-X.

*Study Guide for Williams Obstetrics* is intended to accompany the popular obstetrics reference by the same name. The guide comprises over 2000 multiple-choice questions that appear to be carefully constructed to ensure that readers will have read every sentence of the textbook. Answers to all questions are provided in a key at the end of the book. An

index is also provided to help readers identify questions on particular topics.

The study guide is organized in the same manner as the textbook. Each chapter in the guide is a reflection of the material addressed in the same chapter of the textbook. The content is exhaustive in scope and exhausting to read. In their efforts to be thorough, the authors appear to have provided a question for every fact contained in the textbook. It almost seems as if the authors were required to devise a question for every two or three paragraphs in the textbook regardless of whether the information contained in those paragraphs is important or not. The result is a collection of questions that range from addressing essential and practical issues in maternity care to items that are best characterized as esoteric ("At what rate is aldosterone secreted in the third trimester?") and trivia ("All eight of the genes for the beta-subunit of human chorionic gonadotropin are located on which of the following chromosomes?")

In addition to providing study questions, the book includes a 100-item continuing medical education (CME) credit opportunity. Readers can complete an answer sheet and mail the sheet along with a fee to the University of Texas Southwestern Medical Center at Dallas to receive 50 hours of CME credit.

Those who are preparing to take structured examinations on obstetrics might find this guide useful for evaluating their knowledge and practicing their test-taking skills. Family physicians planning to include the obstetrics module when taking the recertification examination of the American Board of Family Physicians could find this text helpful if they can avoid getting lost in the minutiae. For all others, buy the textbook alone. The study guide is superfluous.

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**Osler: Inspirations from a Great Physician.** Charles Bryan. Oxford University Press, New York, NY, 1997, 254 pp, \$37.95. ISBN 0-19-511251-2.

"You are in this profession as a calling. . . . Once you get down to a purely business level, your influence is gone and the true light of your life is dimmed." So observed Sir William Osler to an audience of medical students in London in 1907. This quote from Dr Bryan's book is quintessential Osler. The book is an analysis of the character and opinions of a man who is either an anachronism, out of step with the late 20th century, or a prophet, warning us of how far modern medicine has wandered from its ethical and humanitarian moorings.

It would be easy to dismiss Osler as a stereotypical turn-of-the-century Victorian doctor, except for the breadth of his knowledge and his incisive logic. He saw education as exercise in encouraging the student "to learn to use his mind, to learn good manners and to learn to drive Plato's horses. . . ." Unfortunately, many current university students would say that "one out of three isn't bad," and hope they had learned to think, while they were unsure of why manners mattered and why Plato raised horses anyway.

Bryan deftly intertwines the man and his views. His book is a biography without the standard chronology and an inspirational book without pretense. Although relatively short and well organized, it is not an easy read.

In our age of HMOs, PPOs, multi-specialty groups, and a plethora of tests and treatment options, every physician ought to read this celebration of a thoughtful, scientific clinician. Osler could simplify matters by saying that "the whole art of medicine is in observation," and prick the profession's pomposity with "the chief function of the consultant is to make a rectal examination that you have omitted."

Give this volume to a few of your closest professional friends, and schedule an evening of lively discussion over beer and pizza. But be care-

ful. *Osler* is the kind of book that just may change the way you see yourself and medicine.

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## SOFTWARE REVIEWS

**USP DI Plus, Drug Information for the Health Care Professional**, 1997, on CD-ROM, item No. 820570. The United States Pharmacopeial Convention, Inc, 12601 Twinbrook Parkway, Rockville, MD 20852; telephone: (800) 877-6733; \$195 for an annual subscription that includes initial CD and 3 quarterly updates. (Network version availability projected 4th quarter 1997.)

DOCUMENTATION: 8-page pamphlet inside CD-ROM jewel case.

HOW SUPPLIED: 1 CD-ROM.

HARDWARE/SOFTWARE REQUIREMENTS (Minimum): MS-DOS 4.01, Windows 3.1, IBM 486 with SVGA monitor supporting 256 colors, 4x CD-ROM drive,

4MB RAM, 10MB hard-drive space. POINTING DEVICE: Necessary. CUSTOMER SUPPORT: (800) 227-8772 ext 8291. DEMONSTRATION DISKS: Yes. MONEY-BACK GUARANTEE: Yes, 30 days. RATING: Satisfactory.

*USP DI Plus* on CD-ROM (*USP-DI*) contains the well-known and respected *USP DI vol 1, Drug Information for the Health Care Professional* in CD-ROM format for Windows95 and Windows 3.1. There are several enhancements that a computerized version of a book might provide. Rather than needing an index, a search can be performed for all occurrences of any word or combination of words. A CD-ROM program residing on a computer network can be available in all the network's locations. A CD is extremely portable and can be used wherever there is an appropriately equipped computer. "Hypertext" links allow jumping from one place to another and "hiding" information (such as references) unless specifically requested by means of a mouse

FIGURE 1

The initial appearance of *USP DI*'s Table of Contents (left) and introductory information about *USP DI* in its monograph text area (right). The Table of Contents is an expandable/collapsible outline, as indicated by "+" and "-" signs by listings.

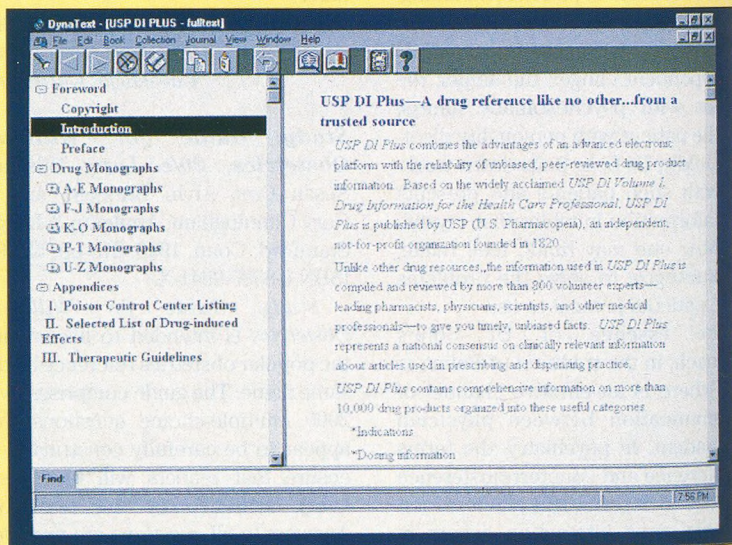
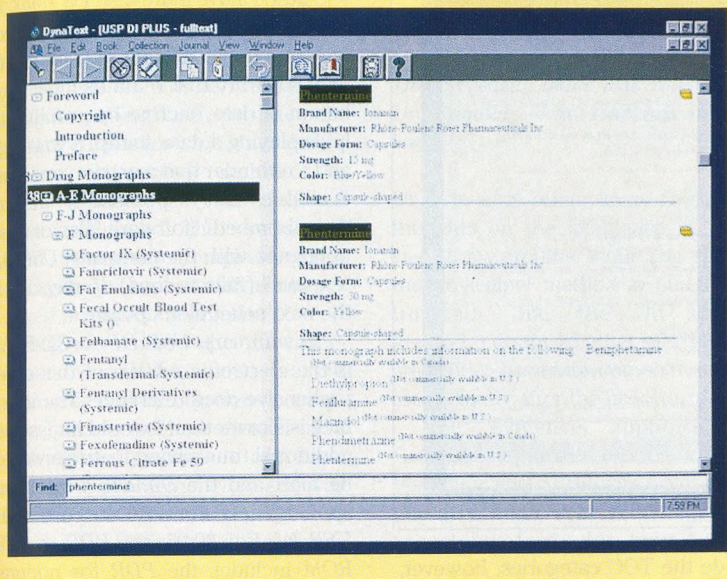


FIGURE 2

Unlike the PDR on CD-ROM, *USP DI* contains comparative drug information. Brown-on-black and dark blue-on-black highlights are hard to read on-screen. In the "Find" field, the symbol on line "4" in "beta-adren\*" is a "wildcard" for any succeeding combination of contiguous characters. The corresponding match appears in the first line of the monograph.



click. A well-implemented electronic reference allows selective viewing of information, such as browsing through figures and tables. I like electronic books to provide faster access to the specific desired information than the paper source does.

The US Pharmacopeial Convention (USP) chose software called *DynaText* to present its drug information. *DynaText* is set up to provide an expandable-collapsible table of contents (TOC) on one part of the screen. The TOC can be used for navigating to a specific section, and also theoretically allows users to "see" where they are in the book after a search. The remaining portion of the screen provides the USP drug monograph information.

Figure 1 shows the opening format of the TOC (left portion of screen), with USP's introduction to its product in the text area (right). In the TOC window, clicking the mouse on the "+" symbol expands the outline to show the next level subheadings. Similarly, the "-" symbol indicates

that the outline can be further "collapsed," hiding subheadings. The bar separating the TOC and monograph windows can be dragged to change the relative sizes of these windows. Also, the position of the TOC can be changed to the top, bottom, or right side of the screen.

A search feature allows retrieval of all occurrences of a word or phrase. Advanced searches using Boolean operators (and, or, not) and wildcard characters are also available. *DynaText* also allows bookmarks and user-created annotations. It supports multiple open windows and Windows concepts (cutting, pasting, copying text; opening, moving, resizing windows; using buttons, menus). *USP DI* installs easily by running "d:\setup.exe," which launches a setup program. It installs its own multi-megabyte version of *Adobe Acrobat Reader* even if the user already has *Acrobat* installed.

That *USP DI* is authoritative and comprehensive is beyond question: it provides extensive peer-reviewed

pharmacologic, clinical, and comparative drug information. Of elements of concern to primary care physicians, only cost data are not included (Figure 2). That said, the only real question about the CD-ROM version of *USP DI* is its electronic implementation.

*DynaText* searching is fast and efficient, with an ever-present search line, a terrific feature. Features I would like to see included in the future are "bubble help" (resting the cursor on a screen icon provides a small text box indicating the icon's function); enabling of the right mouse button for copying and other common functions; and titles for the text portion of the screen or automatic expanding of the TOC. Either of the latter would indicate to users where they are in the vastness of this resource after a search.

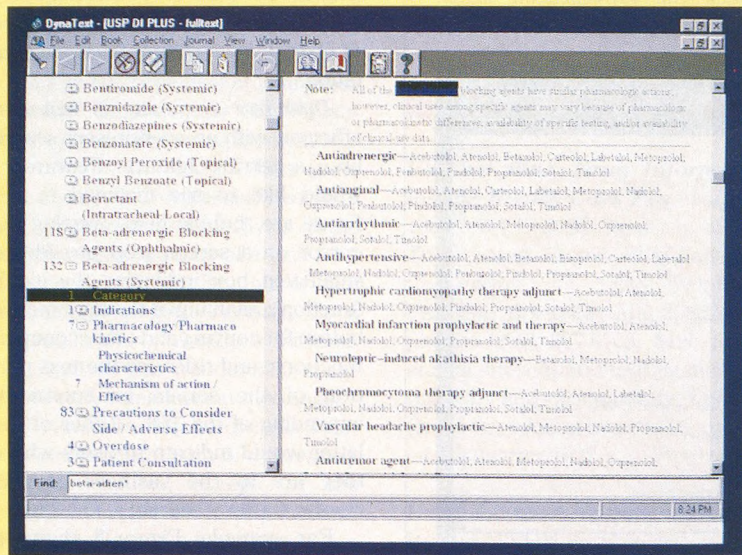
For example, Figure 3 shows a search for "phentermine" (Ionamin, Fastin). *DynaText* automatically moves to the first occurrence of the term. The TOC section automatically highlights "A-E Monographs," but the program provides no clue that the user is actually in the "Appetite Suppressants (Systemic)" section. If, for example, the TOC automatically expanded to indicate the specific section and subsection, the user would be aware of this location. (For illustration, I have manually expanded the "F-J Monographs" and "F Monographs" sections. The "+" symbol by Factor IX indicates that it can be further expanded to show subcategories, many of which themselves may be further expanded.)

Once users have expanded a long section, such as the "F Monographs," and have scrolled toward the end of the section, they have to laboriously rescroll to the beginning to click on the "-" button to recollapse the section. A recollapse feature, available in many word-processing programs, would be nice.

My Micron Pentium 133 laptop with 8x CD-ROM is usually pretty perky, but scrolling through the TOC tested my patience; it seemed too slow

**FIGURE 3**

**Illustration of initial retrievals with a search for "phentermine." Note absence of clues as to where the user is in the book. Initial digits representing number of retrievals are cut off at the left margin. Brown-on-black highlights decrease legibility.**



for use in "clinical time." There is no rank ordering of anticipated utility of search results: a search match in a reference carries as much weight as in a section title. Users must progress linearly through matches. A helpful feature would be the ability to search just the TOC to avoid numerous unhelpful "minor hits" when searching.

The *PDR* on CD has a menu-like feature allowing quick-access to monograph subsections (Description, Indications, Contraindications, Dosage and Administration, How Supplied, etc). There is no equivalent in *USP DI*. Users must scroll to the desired section. It appears that there has been no effort to customize the *DynaText* software for unique aspects of drug database use; many of these features could be incorporated simply by activating the right mouse button.

There are a couple minor bugs. As illustrated in Figure 3, the number of matches to a search is included

beside the TOC categories; however, the leading digit(s) are often cut off. If the user tries to reactivate *USP DI* after using another CD-ROM program, *USP DI* attempts to reload its setup program.

*USP DI* also occasionally crashed, but fortunately, was sufficiently well behaved to crash only itself, not Windows95. (The company indicates that there have been no complaints from other Windows95 users. Including laptop power management utilities, I often have 10 to 15 programs loaded, which might be the culprit.) For each drug listing, an interacting drug list is provided, but there is no facility to enter multiple drugs and check for drug-drug, drug-food, and drug-alcohol interactions. Because only 132MB are occupied on the CD, and we live in an era of multi-gigabyte hard drives, one option should be hard-disk installation. (Hard-disk access is much more rapid than CD-ROM access.) No such

option is provided by the setup program (although users with sufficient technical expertise can often accomplish this anyway). Visibility of "highlighted" text is sometimes suboptimal, as illustrated in the figures.

After I have purchased a book, I decide when it is sufficiently outdated and unreliable. I have no complaint with software that reminds me it may be out of date, such as by prominently displaying a date stamp, a warning, and a reminder that a newer version is available. But I personally dislike "time-bombed" software. Per correspondence with the company, *USP DI* "expires" (fails to load) 45 days after the next scheduled update.

In summary, *USP DI* on CD-ROM is the electronic edition of this comprehensive drug reference. The interface is slower than I would like, some additional time-saving features would be nice, and the *DynaText* interface should be customized for use with *USP DI*. For \$9.95, the *PDR* on CD-ROM includes the *PDR* for nonprescription drugs and the *PDR* for ophthalmology and, to my knowledge, is not time-bombed (and, for \$9.95, who cares?). The choice, as I see it, is between the speed, convenience, and low cost of the *PDR* product, and the peer-reviewed, authoritative and comprehensive, non-FDA-regulated, but less expedient, more expensive, and time-bombed *USP DI*. Hospitals, residencies, and others that have clinical information systems with CD resources should strongly consider having both products available to users. Although moderately redundant, these sources are also complementary.

As always, we welcome feedback and will consider publication of "real" user input (those with no personal or financial interest, please) about these products.

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