

BOOK REVIEWS

AIDS and HIV-Related Diseases: An Educational Guide for Professionals and the Public. Josh Powell. Plenum Press, New York, NY, 1996, 246 pp, \$24.95. ISBN 0-306-45085-2.

Josh Powell has written a book that is easy and pleasurable to read despite the gravity of the topic. Although the subtitle states that it is a guide for professionals and the public, it seems to have most relevance for AIDS educators and HIV-infected or affected persons.

The eight chapters are presented in a logical sequence. Chapter 1 provides a detailed but clear explanation of the HIV virus and its effects on the immune system. The next two chapters describe the way HIV is spread from person to person and the scientific, technological, political, and social events that have contributed either to identification of the disease or to its prevalence. The science of HIV testing and the emotional and physical changes across the course of an HIV infection are discussed in the next two chapters. The sixth chapter contrasts different forms of medicine and their underlying philosophies, as well as providing an overview of antiviral therapies and the protease inhibitors. The seventh chapter compassionately portrays the people most frequently affected by AIDS and issues pertinent to the disease, while the final chapter provides recommendations for those engaged in AIDS education. In addition, the book contains chapter summaries, a glossary of terms, a list of phone resources, and a list of HIV-related publications.

The book is successful in describing the science of HIV-infection and testing in a manner that is comprehensible to those without medical or

basic sciences training. The inclusion of several illustrative models, as well as the careful choice of words, contribute to this end.

Another strength is the use of over 40 case studies distributed throughout the book to underscore or illustrate key issues and concepts. The case studies are particularly effective in depicting the stigma and injustices that people with AIDS have had to endure.

By the time most books about AIDS are published, new information is available that can make them appear somewhat outdated. *AIDS and HIV-Related Disease* is no exception; much more information is now available about the protease inhibitors. Moreover, in the discussion of the HIV-testing process, no mention is made of home testing and the controversy that surrounds it.

A mildly irritating feature of the appendix containing the phone resources is that no information accompanies each phone number except the state in which it is located. An introductory sentence or two describing the type of information that can be obtained by calling these numbers would have been more helpful. Another minor inconvenience to this reader, but probably not to the lay person, is the absence of references within the text.

This is the perfect book for family physicians to recommend to their HIV-infected or affected patients who want to learn more about the disease. Health care providers seeking a useful tool in their care of people with HIV infection should investigate other resources, such as *HIV Care: A Comprehensive Handbook for Providers*, by L.J. Andrews and L.B. Novick and associates, published in 1995 by Sage Publications.

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The Ulcer Story: The Authoritative Guide to Ulcers, Dyspepsia, and Heartburn. W. Grant Thompson. Plenum Publishing Corp, New York, NY, 1996, 415 pp, \$29.95. ISBN 0-306-45275-8.

Dr W. Grant Thompson has written a highly readable, factually correct treatise that will establish a new standard of informational material for patient education. He has distilled the important points pertaining to a wide range of disorders affecting the upper gastrointestinal tract. His text reviews not only diagnosis but also advances in the available scientific information on etiology. A balanced discussion of medical and surgical management is included.

The organization of the book is logical. Part 1 deals with definitions and epidemiology of ulcers, dyspepsia or indigestion, and heartburn. Part 2 discusses the causes of peptic ulceration and emphasizes the importance of cofactors, including the production of acid in the stomach, the role of infection with *Helicobacter pylori*, and the contribution of antiarthritis medications. Part 3 emphasizes the frequent occurrence of indigestion in the absence of ulceration. Part 4 provides the reader with an understanding of gastroesophageal reflux and how it can frequently manifest as either heartburn or indigestion. This is particularly important because there are very effective measures to treat heartburn, whereas dyspepsia in the absence of ulcers remains somewhat enigmatic. Subgroups of dyspepsia are discussed in Part 5, and the role of potentially premalignant conditions such as *H pylori* infection and longstanding esophagitis is addressed in a nonalarming manner. Parts 6 and 7 contain information regarding treatment modalities available, including medical and surgical approaches. I suspect that this will be the section

that is most widely read, particularly by patients who wish to learn more about the medications prescribed for these very common symptoms.

Clear line drawings illustrate the surgical approaches. I found the chapter on clinical trials and placebos somewhat out of place, and I would probably have dealt with the chapter on investigations earlier in the book, since the investigations are frequently mentioned in the preceding text. The bibliography is extensive for a book with this focus, but it is also clear that Dr Thompson has selected landmark articles and reviews in this section.

This is a comprehensive, up-to-date treatise that is probably without parallel in gastroenterology at the present time. It is extremely well written and is organized in focused chapters for easy use. The references are well chosen, figures and index are helpful and, in general, the book is up to date. This book is probably targeted toward family physicians or community practitioners, but it will also be read by medical students and patients who thirst for the sort of authoritative information it provides, which is difficult to find in the lay press. Dr Thompson's style of writing is educational and entertaining at the same time. I highly recommend *The Ulcer Story* to family physicians, medical students, and patients who want an update on the symptoms, causes, and management of upper gastrointestinal disorders.

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Children and Grief: When a Parent Dies J. William Worden. Guilford Publications, New York, NY, 1996, 200 pp, \$26.95. ISBN 1-572-30-148-1.

The death of a parent is one of the most poignant experiences in a child's life, forever changing that child's world and view of self. Some children remain forever hampered in relationships and ability to achieve academi-

cally. Many others appear to survive with a deepened ability to cope, a strong connection to family, and a "normal" ability to engage in life. J. William Worden explores the variety of experiences of children whose parents die, and offers a conceptual base for understanding these experiences. He offers suggestions for screening children at risk, and practical interventions that can modify this risk. His book is well worth reading by health care professionals and others who care about wounded children.

Children and Grief presents the major findings from the Harvard Bereavement Study. Worden discusses his findings in light of other research and illustrates his conclusions with quotes from the children interviewed. He begins with an overview of his methodology and a summary of his conceptual framework as grounded in the classic bereavement research. He presents a summary of his research findings, compares bereavement from death with other losses such as divorce, and offers advice for those involved with helping these children.

Worden postulates that there are four tasks that people must complete during the grief process. These are modified based on the developmental stage of the child: (1) accept the reality of the loss; (2) experience the emotional pain of the loss; (3) adjust to an environment in which the deceased is missing; and (4) relocate the dead person within one's life and find ways to memorialize the person.

The book contains guidance for adults attempting to facilitate the child's grief. Childhood grief is best facilitated in the presence of a consistent adult who is able to meet the child's needs and help the child express feelings about the loss. Including the child in the planning of a funeral has a positive effect, as it helps the child feel useful. Attending the wake, funeral, and burial ought to be a choice, but it should be an informed choice. Visiting the grave is a way that children can feel connected to the dead parent.

Rather than "letting go" of the memory of the deceased, Worden suggests a process called "constructing," which is renegotiating the meaning of the loss. This renegotiation continues over years as part of the child's experience. Healthy grieving can be distinguished from abnormal grief by the duration of symptoms. Children usually demonstrate disturbed behaviors for a short time.

Worden presents a useful list of signs that may prompt referral in children with persistent problems: (1) persistent difficulty talking about the dead parent; (2) aggressive behavior that persists or becomes destructive to property; (3) persistent anxiety or phobias about school; (4) somatic or psychosomatic problems; it is not uncommon for preexisting physical conditions to become worse; (5) sleeping disorders or nightmares lasting months; (6) eating disturbances, both overeating and not eating well; (7) marked social withdrawal; (8) school difficulties or serious academic reversal; (9) persistent self-blame or guilt following a death; (10) self-destructive behavior or expressing a wish to die. He reminds us that all children need clear and comprehensible information. Children make up stories to fill in the gaps in their understanding. They need to know they will be cared for. They often fear for their own safety, as well as that of the surviving parent.

It is disappointing that Worden does not discuss the implications of cultural differences among families. Although he claims that the study families represent a wide range of ethnic backgrounds, cultural differences and implications for death rituals, modes of communication, and acceptable behavior surrounding death are not discussed. He generalizes beyond his data, in that he never addresses the significance of cultural differences among patients nor characterizes the communities from which his patients come. Presumably, all are English speaking, although this is never clearly stated. Although Worden concludes that the function-

ing of the surviving parent is key to that parent's ability to support the child, he mentions little about the role of extended family and others who support the surviving parent. Nor does the study make any attempt to assess the quality of community involvement of parents.

Furthermore, the study sample is limited to families in which both parents lived together before the death of one parent. For 91% of these families, this was their only marriage. The results are probably biased toward a primarily white, middle-class mix of people who value discussing death with professionals.

Unlike other studies, this study finds no demographic predictors of high-risk children. Others have asserted that preschool children who lose mothers or adolescent boys who lose fathers are at high risk of behavior difficulty. Worden dismisses these conclusions by claiming that other researchers do not have sufficient data or an adequate research design. It is impossible to determine from the book how many children in these categories were included in the study. Since only 20 families lost mothers, there may have been relatively few preschool children in the study sample. Although the study is rich in qualitative information, the strength of the author's conclusions is limited by this lack of specific information.

Nevertheless, *Children and Grief* is a well-written, well-organized, useful, and comprehensive text. Worden summarizes his conception of the grief process and provides illustrations of his model. He puts the study of grief into historical context, and cites a number of classic studies. He presents practical suggestions about how to identify children at high risk for maladaptation to grief, and offers easily understood approaches that might be taken by adults who are concerned about bereaved children.

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The Physician as Teacher, 2nd Edition. Neal Whitman and Thomas L. Schwenk. Whitman Associates, Salt Lake City, Utah (phone 801-943-1401), 1997, 275 pp, \$28.00 prepaid, \$35.00 invoiced. ISBN 0-9647117-0-2.

It was fun to read the second edition of *The Physician as Teacher*; as it has been approximately 10 years since I read the original text. While the second edition is not substantially different from the first, the book has been updated to reflect more recent studies of medical education as well as the authors' experience in medical teaching. The print is also larger in the new edition which, for my now 10-years-old eyes, made reading easy.

As in the original text, I think there is something for everyone, from the occasional or new teacher, to those who have a career in teaching. I fall into the latter group and still feel I learned something I can apply to my medical student and resident teaching that I hope will improve my skills as an educator. Much of what we do is intuitive, and this text clarifies and categorizes many of the processes in easily understandable educational principles. The book is easy to read and concise, with a little humor sprinkled throughout that keeps the reader's attention and reminds us that teaching is fun (I would also add *educational*). One of the major premises of the book is that teaching is a form of communication, and that since communication is such an important part of our jobs, physicians are already prepared for and have experience in teaching.

Another nice feature of both the original and the updated text is the inclusion of a variety of teaching styles and techniques that are applicable to various settings. These include lectures, group discussions, teaching rounds and morning report, bedside teaching, and ambulatory teaching. In other words, something for everyone.

This book is an excellent resource for anyone teaching medical students or residents. It will be especially useful for those new to teaching or who

have the opportunity to teach only rarely. It can also be useful for any of us, no matter how "seasoned" we may think we are. If you have the original version, I recommend rereading it if like me, it has been some years. If you cannot find your original copy, I recommend picking up the second edition. Read it and share it with your colleagues.

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■ SOFTWARE REVIEWS

QuickScan Reviews—Family Practice with KeyINFO Manager, Version 1.0, 1996. Educational Reviews, Inc, 6801 Cahaba Valley Road, Birmingham, AL 35242; 1-800-995-4605; (205) 991-5188. One-year subscription: \$245.

DOCUMENTATION: A 10-page introduction and guide booklet. An 8.5" x 3" 45-page user's guide and a quick-start card.

HOW SUPPLIED: 1 program diskette, 1 data diskette for each of the previous 3 years of reviews, the current month abstract cards, and CME quiz. Not copy protected.

HARDWARE REQUIREMENTS: IBM compatibles: 386 with 4MB RAM and 3MB hard disk space. Windows 3.1 or higher, including Windows 95. A Macintosh version is also available.

CUSTOMER SUPPORT: Toll-free call.

DEMONSTRATION DISKS: Not available.

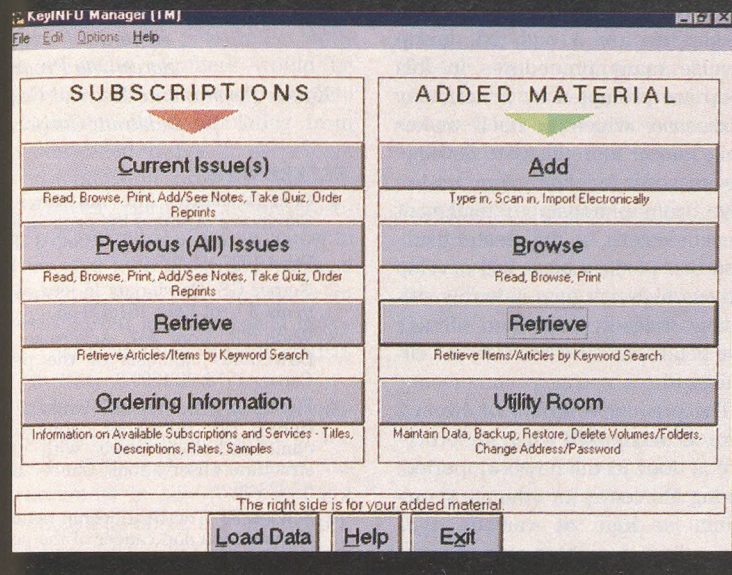
GUARANTEE: None mentioned.

SOFTWARE RATING: Marginal. Abstract Selection: Excellent.

QuickScan Reviews with KeyINFO Manager (KIM) is the third reincarnation of PCMass from Educational Reviews, Inc (ERI). The program is a monthly subscription service that provides family physicians with abstracts from more than 35 medical journals, plus quizzes worth 12 hours of Category 1 CME credit per year. The monthly package includes about 30 abstract cards, a quiz, an answer card,

FIGURE

The welcome menu for *QuickScan Reviews* offers the user three basic options: review the abstracts; add own material to database; and load subscription data diskettes.



Format, which preserves bold, underlining, italics, etc) file format for use in a word processor. The user may also easily print reprint requests.

Pertinent interactive quizzes are offered for each month's issue. The quizzes appear in the form of flash cards and questions are directly excerpted from the abstracts. Pressing "next" after each question reveals the abstract card related to it. No score for the quizzes is provided. After completing a quiz, users mail a card to obtain CME credit.

The "Added Material" menu allows users to store their own files in "File Drawers." These can be browsed or searched later. However, searching simultaneously for information in both the Subscription and Added Material is not possible. Adding abstracts from sources other than ERI subscriptions is not convenient. For example, if a list of 10 abstracts is downloaded from a MEDLINE search, these citations must be kept in the Added Material file drawer or references sections. To do that, the list has to be opened in a word processor and saved as an RTF file or copied to the clipboard and then pasted into KIM. These abstracts would also be kept as a single record in the file drawer, unless each citation is saved and imported individually.

It also possible to scan images or import picture files directly to the Added Materials section. These are then attached to stored text and can be viewed or printed with that text.

QuickScan Reviews succeeds in providing excellent, relevant abstracts for family physicians. The CME quizzes are well prepared. KIM, the bibliographic database software program, is, unfortunately, rudimentary. A necessary improvement in the program is software designed to enable importing and exporting using a variety of formats so that users can import material of their own choosing from online services and CD-ROMs.

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and a diskette containing the abstracts. Almost all the abstracts are accompanied by helpful reviewer's comments.

ERI supplies subscribers with a bibliographic database computer program (KIM) to store these abstracts on the user's hard disk from the monthly diskette. An annual disk, which provides the year's abstracts on one disk, is also provided. This allows the user to easily retrieve information without having to look through stacks of newsletters, journals—or diskettes.

I tested *QuickScan Reviews* on a Windows 95 Pentium 120-MHz PC with 16MB RAM and a VGA display. Installation was straightforward using an install program. All programs ran well and the screens were laid out well and easy to read. All windows conventions functioned well, including minimizing windows, cutting and pasting text, and running programs concomitantly.

Using the program is extremely simple. Reading the introduction and guide booklet, which lists the journals abstracted and the CME offerings, is more than enough. The user's guide is often wordy and assumes little knowl-

edge of computer use. For example, it details how to create a subdirectory from windows File Manager, which is "usually located in the Main program group on the Program Manager."

The welcome menu (Figure) offers the user three broad options: review the abstracts provided by ERI ("Subscriptions"), add one's own material to the database ("Added Material"), or load subscription data diskettes for use. A general help button is also available on the welcome screen and help screens are frequently offered throughout the program. A set of cue cards pop out to guide the user in adding material to the database.

The data is loaded by selecting the load button and following instructions. Abstracts are all added to one large, compressed database file, which is readable only by using KIM. When the user finishes loading the data, the program can be launched from the Subscriptions menu. From this menu, the user can browse single issues or retrieve information from multiple issues. The program's search speed was good.

Abstracts being browsed can be printed or exported in RTF (Rich Text