



BOOK REVIEWS

Patients Are a Virtue: Practicing Medicine in the Pennsylvania Amish Country. Henry S. Wentz. Masthof Press, Morgantown, Pa. 610-286-0258, 1997, 175 pp. ISBN 1-8832-94-49-5. \$12.95.

A Measure of My Days: The Journal of a Country Doctor. David Loxterkamp. University Press of New England, Hanover, NH, 1997, 321 pp. ISBN: 0-87451-799-0.

Patients Are a Virtue: Practicing Medicine in the Pennsylvania Amish Country is a cute little book that can be read in an hour or so. Dr Wentz relates anecdotes from his 30 years of treating Amish and non-Amish patients in rural Pennsylvania from 1948 to the late 1970s. It provides an historical overview of the changes in medical care from the pre-oral antibiotics era to the pre-third-generation cephalosporin era.

Hidden within the book are messages that could be useful for all of us, messages that I suspect may be missed by those who have not had some rural experiences. Why would anyone ride a horse 6 miles (about 4 hours) through a snowstorm to attend a normal delivery when two nurses are already there? Clearly, the times, medical ethics, and conveyances of even rural practice have changed.

The price of the book is reasonable and the illustrations and easy-reading style are enjoyable. The book is probably best suited as a gift for a physician with some practice experience or a young physician who has gained humility and a fascination with the broad spectrum of medical history early in his or her career.

A Measure of My Days: The Journal of a Country Doctor is a very dense, very personal account of a country doctor whose experiences may not be typical of many country doctors. The book spans one year in

the life of a young family physician relatively early in his medical career.

The wintery scenes are familiar, and similar to my own experience in Minnesota, but the interpretation is very personal. Dr Loxterkamp liberally sprinkles his book with spiritual and religious references. He allows us to sense the joy, fatigue, frustration, and occasional desperation that come to all country doctors and their families.

This is the story of a physician who goes far beyond the ordinary job of seeing patients in the office and then going home to hobbies and family activities. The story may be intimidating to young physicians considering rural practice. It may even be intimidating to those of us who have spent a substantial portion of our practice life as a country doctor.

Like Dr Wentz's book, this may be a reasonable gift for yourself or another country doctor. But do not expect a cheery, fun read. The style is a little stiff and stilted, making the reading slow and sometimes ponderous. This book could be a bedtime project for the next several weeks or months. Written in journal style, it may need to be read as a journal: a little at a time.

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EDITOR'S NOTE: *I received these two books about the practice experience of country doctors within the same week. Since I still see myself as a country doctor, I decided to review both books and let you decide which (if either) best suits your tastes for relaxing medical reading.*

Practical Strategies in Pediatric Diagnosis and Therapy. Robert M. Kliegman, ed. W.B. Saunders Co., Philadelphia, Pa, 1996, 1097 pp, \$75.00. ISBN 0-7216-5161-5.

Kliegman and his associate editors have compiled an impressive text on child health. One of its most remark-

able features is the introductory section that consists of chapters on clinical decision-making; the skills necessary to read and apply the medical literature; the importance of understanding cultural beliefs and behaviors in medicine; and methods of applying ethical principles to clinical decision-making. In this section, the authors do a superb job of discussing clinical epidemiology and the importance of considering evidence-based strategies in combination with clinical experience in caring for children. This serves as an excellent adjunct to the JAMA series titled "Users' Guides to the Medical Literature"¹⁻⁴ and is relevant to all physicians, regardless of their specialty training.

In order to define pre- and posttest probabilities, sensitivity and specificity, relative risk ratio, and number needed to treat, the authors use case examples. This method is valuable for both novice and seasoned clinicians.

The subsequent 58 chapters are categorized by diagnostic signs and symptoms in such a way as to aid clinicians who care for children in an ambulatory care setting. Many chapters have excellent algorithms regarding diagnosis and treatment and there are many excellent tables, charts, and figures that summarize important information. The book also contains excellent photographs and radiographs. These features make the book easy to consult for quick reference. Regrettably, some of the material presented in the tables and figures is not included in the accompanying text, so the reader must consult the original source for supplemental information. Several chapters conclude with a section titled either "Summary" or "Red Flags and Things Not to Miss," which is always of use to clinicians.

The least helpful chapters in the book were on cardiac disorders, heart failure, and the evaluation of pediatric murmurs. The content did not seem to

be age-specific for the pediatric patient and had little practical relevance to a family physician. Several chapters failed to present relevant epidemiological data on clinical diagnoses, and in most chapters, the individual authors did not grade the evidence for treatment guideline recommendations.

Practical Strategies in Pediatric Diagnosis and Therapy is a comprehensive child health text that family physicians will find authoritative, helpful, and worth the price. I certainly found this to be the case when, while preparing this review, I consulted the chapters on gastrointestinal bleeding and scrotal swelling to assist me in providing care to two children at my family practice center.

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Risk Management Techniques in Perinatal and Neonatal Practice.

Steven M. Donn and Charles W. Fisher, eds. Futura Publishing Company, Mt. Kisco, NY, 1996, 683 pp, \$115.00. ISBN 0-87993-640-1.

Medical malpractice and risk management are recent additions to physicians' educational programs. They have an impact on many of the decisions physicians make on a daily

basis. It has been estimated that approximately 80% of obstetrician-gynecologists have been sued at least once for medical malpractice and 25% have been sued at least four times, and malpractice insurance rates for those family physicians who deliver babies are higher than for those who eliminate obstetrics from their practice. There is little written material to help physicians and lawyers understand the important issues in obstetrical care and medical negligence cases. *Risk Management Techniques in Perinatal and Neonatal Practice* is a book designed to help people in both professions understand these issues.

I found this book fascinating and extremely comprehensive. The 38 chapters are organized to cover prenatal issues, intrapartum issues, neonatal issues, pathologic and laboratory evaluation, maternal and neonatal transport issues, communication, and documentation. The chapters are written by a variety of medical and legal experts. Each chapter includes a review of the problem, a review of pertinent literature, case examples, appropriate charts, and references to reviewed literature. One unique aspect is the commentary by legal experts on the medical opinions expressed by the physicians. At times, the point/counterpoint commentary is quite vehement and suggests an actual courtroom situation. This is particularly true of the chapter on hypoxic-ischemic encephalopathy.

Some of the sections may be a bit too detailed for the average family physician; the sections on neonatal care may not apply when they focus more on management in the neonatal unit. I found the sections on prenatal care completely applicable, however. I have used several chapters in precepting residents, and they have also found it very useful. The section on prenatal diagnostic testing and the use of triple-marker screening was clearly written, illustrated by case examples, and thought provoking. The chapter on gestational diabetes mellitus was one of the best chapters

in the book and one that all family physicians should read.

I appreciated the up-to-date and thorough review of the literature as a basis for recommendations and standards of care. There was also a much-needed emphasis on communication and documentation. The commentary by the legal experts was sometimes chilling and intimidating in their expectations, but it also illustrates the world in which we practice obstetrics.

I think this book would be useful for all family physicians who practice obstetrics. Certain sections are good for a general review. Others may be referenced when you have a patient with a high-risk medical condition during pregnancy; eg, abnormal results on triple screening tests, a big baby, a postterm pregnancy. The topics are treated with timeliness, thoroughness, and a new perspective.

It has been said that the best defense is a good offense. This book will help you develop an offense that will satisfy you, your patient, and your attorney.

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Ethnicity and Family Therapy, Second Edition.

Monica McGoldrick, Joe Giordano, and John K. Pearce, eds. Guilford Press, New York, NY, 1996, 717 pp, \$55.00. ISBN 0-8986-2959-4.

Ethnicity and Family Therapy was compiled as a "road map" for understanding families in relation to their ethnic heritage." This text was written with a professional audience in mind, but as I began reading, it also became a personal guide for understanding my own background and culture in relation to others. After the first several chapters, I skipped around, reading about the cultures of people I know: my coworkers, our patients, my friends and their husbands, and my own family.

The chapters are brief, but rich. Each contains an historical overview of the people, including their migration experiences, that provides a con-

text for understanding values, traits and traditions of the group. The chapters also include descriptions of family structure and relationships, gender role expectations, religious beliefs, and values related to work and education. For the benefit of a family therapist audience, authors described clinical implications, including what issues would bring a family to therapy, how to bond with these families, when to expect resistance, and what approaches to use or avoid. Case examples demonstrate cultural uniqueness or successful therapeutic strategies.

This second edition of *Ethnicity and Family Therapy*, published 14 years after the first edition, is more comprehensive and better organized than the first. Forty-eight chapters describe more than forty individual ethnic groups, compared with 20 groups in the first edition. Chapter 1 provides an excellent overview of the text. In it, the authors explain the importance of the topic, compare and contrast a variety of ethnic beliefs and values, and discuss controversial issues such as racism, class, migration experiences, and intermarriage.

The first lines in Chapter 1 remind readers how tightly ethnicity and family are intertwined: "Ethnicity refers to a common ancestry through which individuals have evolved shared values and customs. It is deeply tied to the family, through which it is transmitted." The authors argue effectively that ethnicity should not be treated as a "special issue," but should be a part of the mainstream curriculum when training professionals to communicate with families and individuals. *Ethnicity and Family Therapy* has a much broader audience and application than that of family therapists; this book will speak to any professional who works with people.

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SOFTWARE REVIEW

University of Nebraska's 25th Annual Family Practice Review, 1996. CME Information Services, Inc., 2000 Crawford Place, Suite 100, Mount Laurel, NJ 08054; 1-800-284-8433 or www.cmeinfo.com. Price: \$650.

DOCUMENTATION: 5-page instruction guide to install and use software and 4 online video tutorials.

HOW SUPPLIED: 6 CD-ROM disks.

HARDWARE/SOFTWARE REQUIREMENTS: For Windows 3.1 or later, at least a model 486 IBM-compatible computer, minimum 15MB of hard drive and 6MB of free RAM; a color monitor with resolution 640 X 480 or higher; a sound card and speaker; and a mouse, trackball, or other pointing device. For Macintosh, at least a 68030 processor with the same RAM and hard drive recommendations. A CD-ROM drive is required for either platform. I recommend at least a 4X speed drive to avoid annoying breakup of the audio; also, the sound card should not control the CD-ROM because this causes a conflict in that the same device is trying to read the

CD-ROM and play a sound file at the same time.

ORDERING AND CUSTOMER SUPPORT: 1-800-284-8433. I found them prompt, efficient, and knowledgeable.

DEMO DISKS: None, but a 60-day trial available with money-back guarantee (less shipping and handling).

MONEY-BACK GUARANTEE: In addition to above, distributor offers to replace any "defective materials" free of charge forever.

RATING: Good.

The *University of Nebraska's 25th Annual Family Practice Review (MDigital Review)* is a multimedia CD-ROM package that contains the audio and slides of the course held at the university in Omaha in 1996. The intended audience is the practicing family physician interested in earning 70 hours of continuing medical education, and those reviewing for the American Board of Family Practice (ABFP) examination. Figure 1 illustrates the main lecture categories.

The *MDigital Review* can be used as a "classroom on disk" and has a number of advantages over videotape, such as the ability to search for

FIGURE 1

Icon view of lecture categories. Clicking on a category produces subcategories until individual lectures are listed. A lecture may be listed under more than one category.



lectures by text, as well as by title and subject. The "unit record" is the lecture slide and associated text, so that the package can be used as a reference work as well as a review course. The search engine contains over 100,000 alphabetized key terms, which can be searched for by selecting words from a pick list or by typing them in (eg, "TPA"). Users can also enter a combination of words (eg, "child abuse") in the search window, or they can enter a truncated word (eg, "athero"). The search is rapid, but it is not "smart"; for example, "TPA" is not going to retrieve references to "tissue-plasminogen activator" unless both the acronym and its spelled-out form happen to occur in the same segment.

Other advantages include the ability to control the time and order of the lecture, interrupt a lecture and go back to it at will, and repeat important passages. The user has the option of listening to the speaker's voice along with the slides in "realtime," or viewing the slides and keying the lecture at the user's own pace (Figure 2). Text can be captured from the slides and entered with the user's own comments into a notepad. The user can even "virtually meet" the speakers; their pictures and faculty appointments are available. The user cannot, however, ask questions or hear any question-and-answer sessions that occurred after the lecture. (And, unfortunately, the user misses the interaction with other family physicians and eating at the Omaha steakhouses.)

The *MDigital Review* content covers recent developments in other specialties as well as family medicine. I was impressed that the University of Nebraska faculty scrupulously observed the educational principles of good lecture technique, and that this multimedia version was generally able to capture most of the information given in the actual lecture. The package contains more than 100 lectures, 6000 slides, and 70 hours of QuickTime video. The price of \$650 can be

FIGURE 2

Depiction of typical session with a slide visible on screen during audio lecture from the CD.

Ameeta B. Martin, M.D. - Infants with Congenital Heart Disease

20:01:47 2/19/98

Oxygen Challenge Test

	Room Air		100% O ₂	
	pO ₂	pCO ₂	pO ₂	pCO ₂
Normal	60-85	35-40	>200	35-40
Pulmonary	<50	50	>100	50
Cardiac	<50	35-40	<50	35-40

weighed against the cost of travel, tuition for 70 hours of AAFP/AMA prescribed credit, and time away from practice.

MDigital Review supplies an optional 68 question pretest, and supports the generation of "random exams" of user-specified length with either immediate or delayed feedback. Typically, the questions are based upon clinical scenarios, with the decisions influenced by the information coming from the lectures. The questions are referenced to the relevant lecture segment. Users can request immediate feedback so that if the question is answered incorrectly, they are directed to the slide in the lecture pertaining to that question. A 182-question posttest must be completed, printed, and mailed to the University of Nebraska to receive the 70 hours of credit.

A lecture on test-taking technique is included and test-taking tips are sprinkled throughout the lectures. In case your computer breaks down before you have to sit for the ABFP examination, the distributor supplies three volumes of hard copy (soft-bound) with lecture handouts and printed slides. These are useful for more than just weight training, as the

handouts often contain information supplemental to the online presentations.

Installation is easy if the instructions are followed carefully, taking no more than 5 minutes on a Pentium PC. However, I had to contact user support to find the location of QuickTime Player for Windows95. The only bug I found was that if the user does not allow enough time to change CDs after a prompt from the software, the program will go into a loop that assumes you have the wrong disk. The only way to escape, then, is to reboot the computer.

This software is a novel and useful tool, and I plan to use it in my own preparation for ABFP recertification examination next year. Until the technology allowing interactive video for distance education matures, the *MDigital Review* CD-ROM lives up to its subtitle as "Skills for the 21st Century."

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