

BOOK REVIEWS

Color Atlas and Text of Clinical Medicine, Second Edition Charles D. Forbes and William F. Jackson. Mosby-Wolfe Publishers, St Louis, Mo, 1997, 534 pp. ISBN 0-7234-2198-6.

Medicine is as much an art as it is a science, but most textbooks address only the science and theory of medicine. The *Color Atlas and Text of Clinical Medicine* is innovative in its approach and addresses the theoretic basis of medicine, and then takes it one step further to include a clinical guide to the practice of medicine. It combines basic principles of internal medicine with quality color representations of important defining aspects of the disease state. This is an exciting, innovative addition to any medical student's, resident's or clinician's personal library.

The *Color Atlas and Text of Clinical Medicine* is designed as a diagnostic tool. The text is well written, easy to read, and provides a cursory review of clinical disease states from a broad cross section of medicine. The corresponding color photographs and representations are excellent in quality and clarity. The book is arranged by organ system with specific areas of interest subdivided for easy identification.

This book is meant to be used as a complement to an internal medicine textbook. The text focuses on the common clinical signs and symptoms seen in the presentation of a disease. There are excellent examples of clinical findings (clubbing, periorbital swelling, nasal polyps), endoscopic representation (gastric ulcer, allergic rhinitis), and radiographic examples (of histoplasmosis, aspergillosis, hilar node enlargement).

This is the second edition of this book, and this updated version now contains more than 1600 illustrations with nearly 90% in color. Additional

emphasis has been placed on dermatology, gastroenterology, and rheumatology. Its coverage of diagnostic and procedural techniques has also been expanded. The text provides a concise clinical description of many disorders, but does not provide adequate discussion of either disease or management issues. For further in-depth discussion, the text can be complemented with any standard internal medicine text. The *Color Atlas and Text of Clinical Medicine* excels by providing an invaluable link between the mental and visual aspects of medicine.

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Frontiers in Multiple Sclerosis: Clinical Research and Therapy. Oded Abramsky and Haim Ovadia, eds. Mosby-Year Book, St Louis, Mo, 1997, 318 pp. ISBN 1-85317-384-3.

In this monograph, Drs Abramsky and Ovadia have collected the major scientific papers presented at the 11th European Congress of the European Committee for Treatment and Research in Multiple Sclerosis (ECTRIMS), which was held in Jerusalem in September 1995. This multiauthored text covers a broad spectrum of basic and clinical topics including clinical neurology, genetics, cell biology, and immunology. Several additional introductions and overviews are presented by leading MS researchers reviewing current concepts of disease pathogenesis, genetic epidemiology, immunology, magnetic resonance techniques (imaging and spectroscopy), myelin biology, and therapeutics. Each of these sections are followed by more focused summaries of recent work; primarily, but not exclusively, in immunology and immunotherapeutics. Several chapters are dedicated to

each of the recently approved therapies for MS, including interferon β -1b, interferon β -1a, and glatiramer acetate (previously known as copolymer 1). There are also chapters on a number of the leading experimental therapies currently under investigation: oral myelin, roquinimex (Linomide), intravenous immunoglobulin, plasma exchange, and anti-CD4 monoclonal antibodies.

This monograph will be of greatest interest to clinical and research post-doctoral fellows and to investigators working in MS and related fields. Most of the chapters are well-written, well-illustrated, brief summaries of works that have been previously published in peer-reviewed journals; the bibliographies are generally comprehensive through 1995. Each section provides an excellent review of its respective topics. The introductory overview sections will be of considerable help to practitioners and researchers who are hoping to obtain a broad overview of these major areas of MS research.

In a fast-moving area such as this, monographs stay current for a relatively short time. The basic principles of immunology, disease mechanisms, clinical therapeutics, and trial design are slow to change, but cutting-edge science and clinical trial results evolve more quickly. Specifically, we now know that the promising results from experimental studies with oral myelin and roquinimex have met with disappointing results. The phase 3 oral myelin study showed no effect on reducing relapse rate. The global roquinimex program was aborted because of unanticipated ischemic heart disease complications in treated patients.

Although the overview sections may be useful to the generalist in understanding how the field has evolved in recent years, there may be little else in this book that will appeal to primary-care family physi-

cians and internists. By its nature, this text does not deal with symptomatic treatment measures and provides little insight into the practicalities of treating MS patients with interferons and glatiramer acetate.

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SOFTWARE REVIEW

Med-Challenger FP, Illustrated Acute Primary Care Medicine for Family Physicians, 1996. Challenger Corporation, 5530 Summer Ave, Memphis, TN 38134; (888) 242-5536.

PRICE: \$615 for full version. Seven modules are now available for approximately \$95 each. Each module contains three to five chapters from the full version (approximately 500 questions and 100 images per module).

DOCUMENTATION: 8-panel installation and introduction pamphlet included in the CD-ROM case, plus on-line interactive tutorial and limited on-line help.

HOW SUPPLIED: Disk or CD-ROM for Windows 3.11 or higher, Windows 95, or Macintosh, System 7.1 or higher. Requires 4MB RAM, 25MB of hard disk space (full install) or, with CD, 2MB to install and run from CD. Requires 256-color graphics card and monitor to view images.

CUSTOMER SUPPORT: Free through web site at <http://www.chall.com>, or through a toll phone number. Toll free ordering through web site or by calling (800) 676-0822.

DEMONSTRATION DISKS: Not available. Ability to download from the web site is under construction.

GUARANTEE: 30 days, full refund if not satisfied. (The ER version comes with an additional guarantee of full refund if you take the entire course with 80% or better correct and then fail the ACEP board exam. No one could tell me if this is planned for the FP version.)

UPDATES: Issued approximately once a year. The cost is variable, but should be approximately one third of the original cost.

RATING: Excellent for comprehensive content, quality of images, and accessibility of information.

Med-Challenger FP (Challenger) is continuing medical education (CME) software containing more than 3200 questions. It is designed as a multiple-choice test, supplemented with more than 700 high-resolution images of x-rays, electrocardiograms, graphs, photographs, and illustrations. Questions cover an enormous amount of material appropriate for any family physician or resident either preparing for board exams or enlarging and solidifying his or her knowledge base. There are very few esoteric questions.

Reviewing the Windows version on a Tangent Pentium PC running Windows 95 at 200 MHz, the software loaded rapidly and without difficulty. It ran quickly, smoothly and without problems for approximately 18 hours of use. If disk space is scarce, the program runs acceptably from the CD-ROM on a fast machine with a 4x CD-ROM drive and requires only 2MB of disk space.

Challenger's interactive tutorial leads the user through a series of 28 questions that acquaint the user with the program's structure, how to answer questions, scoring, and how the commands and options are implemented. Most commands are linked to button icons and are straightforward, intuitive, and easy to use. Screens are well designed, clean, and consistent.

When initiating the program, users choose between "Test Mode" (anyone can use it, but no continuing

TABLE

User of Med-Challenger FP Software May Select Questions by Specialty or Body System

Chapter Title	No. of Questions
Allergy, Rheumatology, and Dermatology	75
Cardiovascular Disorders	279
Endocrinology	131
Environmental Injuries	178
Eye, Ear, Nose, and Throat	97
Gastroenterology	251
Gynecology and Obstetrics	128
Hematology and Oncology	92
Infectious Disease	95
Law and Ethics	40
Life Threatening Signs and Symptoms	174
Musculoskeletal Disorders	92
Nephrology and Urology	94
Neurology	172
Pediatrics	265
Psychiatric and Behavioral Disorders	92
Pulmonary Disorders	153
Resuscitation: CPR and Ventilation	96
Resuscitation: Arrhythmias	165
Resuscitation: Fluids and Electrolytes	197
Resuscitation: Pediatric	112
Toxicology	221
Trauma: Stabilization, Head, and Neck	133
Trauma: Trunk	76
Trauma: Extremities and Orthopedic	143
Wound Management	71

medical education credit is granted) or "Review Mode." In "Review Mode," the user must enter his or her name and password, and must become the sole program user. The software tracks all questions the user attempts, the percentage of correct answers, and time spent. *Challenger* provides a question, without showing the multiple-choice answer set. Ideally, the user should figure out the answer(s) first, then click on the "Show Answers" button to respond. The user records answers by clicking on selection boxes beside each choice. Most questions have multiple correct answers, and all must be chosen to get credit for the question. Users are then provided with three options: (1) "Final," when the user is sure of the answer (if the answer is wrong, the program counts it against the score); (2) "Practice," when the user is not certain (the program will allow multiple guesses without

affecting the score); and (3) "Give Up," when the user is totally clueless (*Challenger* then gives the correct answer). A succinct explanation is often provided.

A correct answer is rewarded with a brief congratulatory message. Three boxes above the window show the user's total scores for the current study session, for the topic, and for the entire program. Entering an incorrect choice causes a beep to sound and the program asks the user to try again. Users may select questions randomly, by specialty, or by body system (see Table for chapter headings). Each chapter is then divided into subchapters.

Buttons allow users to add a "Note" to each question, "Mark" a question to revisit, copy a question to the clipboard, print a question and its answers, or "Goto" another question. Clicking on the "Image" button opens an associated image, such as an x-ray or ECG. Images are of exceptional quality, and may be reviewed and printed separately.

Other options greatly improve the program's utility. The program

can present questions randomly from all categories if users are interested in doing an assessment of their overall knowledge. The user may conduct a "Review" of the questions, and can opt to see only the correct answers. Images can also be viewed directly by category, or by word search. An "Index Search" capability enables the user to enter a term and search for all entries that contain that term throughout the entire database, allowing for a much broader perspective of the topic than that provided by a single question. Reference citations are provided for each question, but are helpful only if the user is willing to use library services. Inclusion of an abstract or summary for each reference would have made this aspect of the program more useful.

Scores are saved to a hard disk backup file. Users are encouraged to copy the backup file to a floppy disk so scores will not be lost in the event of a hard disk crash. Files are password protected from prying eyes if users share the computer with others. This backup file

becomes the basis for the CME record, which the user submits to *Challenger* for documentation. The maximum available CME time for the entire program is 192 hours, approved for category I by the American Medical Association. The American Academy of Family Physicians approves the program for 50 prescribed hours, and accepts the remainder as elective time. Approval is granted for blocks of 10 or more hours in which at least 80% of questions are answered correctly.

Although a minor nuisance, the user must print a summary of CME time and mail or fax it to *Challenger* for approval. An electronic educational program should have a method for electronically logging on and having the program automatically upload the information to document one's CME.

In summary, *Med-Challenger FP* is a huge, well-designed educational program that I would recommend highly to anyone preparing to take family practice boards. I am less convinced of its utility as a patient care aid unless one has plenty of time between patients to look through the vast amount of material for the sought-after piece of information. Although the program is easy to learn and use, *Challenger* is about as much fun as taking the board recertification exam for the fourth time. There is no way to present this huge database of information while making it entertaining and exciting. Despite this, the program has a lot going for it. Its images are far superior to those we are subjected to on board exams. It offers a painless way to evaluate and improve one's current state of knowledge. Even in short sessions, users will learn from this software. Some might balk at the \$615 price tag, but where else can physicians obtain this much CME that can be done at one's leisure, with no cost for travel or hotel, at a cost of \$3.20 per credit hour?

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FIGURE

Example of Main Test Screen of *Med-Challenger FP*, Illustrated Acute Primary Care Medicine for Family Physicians

The screenshot displays a software window titled "Test: Cardiovascular Disorders: Congestive Heart Failure - 3 of 17". At the top, it shows "Session Score: 100%", "Topic Score: 100%", and "Total Score: 100%". The main question asks, "The most common cause of right ventricular (RV) failure is ___". Below the question is a list of five options, each with a radio button: "pulmonary embolus" (selected), "left ventricular (LV) failure", "right ventricular infarction", "tricuspid valvular disease", and "myocarditis". On the left side of the window is a vertical toolbar with icons for "Main", "Image", "Note", "Mark", "Copy", "Print", and "Goto". At the bottom, there are buttons for "Answer:", "Final", "Practice", "Give up", "References", and "Help". A small instruction at the very bottom reads: "Select the single best answer. Click 'Final' answer (if certain) or 'Practice'."