

# REVIEWS OF BOOKS

# & SOFTWARE

## BOOK REVIEWS

### *OB/GYN Secrets, 2nd Edition.*

Helen L. Frederickson, MD, and Louise Wilkins-Haug, MD, PhD. Hanley and Belfus, Philadelphia, Pa, 1997, 368 pp. ISBN 1-56053-205-X.

The second edition of *OB/GYN Secrets* is similar in style and breadth to other books in the Secrets Series, aimed primarily at residents and medical students. Each chapter contains 15 to 30 questions and their answers. These range from the type of questions that students are frequently "pimped" on during rounds (What is the differential diagnosis for polyhydramnios?), to the unusual (What is colpocleisis?), to the seemingly obvious (Can the pregnant patient be assessed and treated just like any other trauma patient?). Being a "quick!-look-it-up-before-rounds" type of book, it suffers from a very dry format. It is difficult to read more than a few questions, let alone a whole chapter or subsection, in one sitting. Tables, photographs, and figures are rare, but when they occur they provide a much-needed break from the main text. The index is complete and serves as a good resource.

The first half of the book is dedicated to women's health care topics. The organization of these chapters is a little haphazard: The sections on pelvic infections, dysmenorrhea, and abnormal uterine bleeding precede chapters on normal menstrual cycles and Papanicolaou smears. The remaining chapters covering maternity care are well organized, beginning with preconception care, physiological changes of pregnancy and prenatal care, and medical and obstetric complications of pregnancy, followed by a review of complicated and uncomplicated labor and delivery, and a brief discussion of neonatal resuscitation and postpartum care.

Information is generally accurate

and up to date, but avoids controversy: answers are presented in a clear-cut fashion, avoiding any discussion of differences of opinion or the inherent uncertainty involved in clinical decision-making. *OB/GYN Secrets* frequently cites American College of Obstetricians and Gynecologists (ACOG) recommendations, instead of attempting to synthesize the available literature. Typically, each chapter has 8 to 15 current references.

Throughout the book, psychosocial aspects of care remain largely unaddressed. The one chapter devoted to psychiatric issues during pregnancy, for example, consists almost entirely of a discussion of the difficulties of the diagnosis and treatment of psychiatric disorders during pregnancy, as opposed to exploring the psychosocial, familial, and personal adjustments that commonly arise during prenatal care. Psychosocial issues of nonpregnant women are ignored, even in the sexual dysfunction, pelvic pain, and menopause sections.

*OB/GYN Secrets* is a valuable guide for medical students and possibly residents. It could also be useful for a retraining physician because the book offers a quick view of some of the major topics in maternity care and women's health. It avoids controversy and tends to stick with ACOG recommendations that likely would be viewed positively by most obstetrician-gynecologists conducting rounds. For practicing family physicians, it offers little benefit over more comprehensive texts or articles.

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***Pediatric Endocrinology.*** Mark Sperling, MD, editor. WB Saunders Company, Philadelphia, Pa, 1996, 614 pp, \$89.00. ISBN 0-7216-5522-X.

*Pediatric Endocrinology*, edited by Mark Sperling, MD, is intended to

update the 1990 publication *Clinical Pediatric Endocrinology* edited by Solomon A. Kaplan, MD. This book places particular emphasis on the developmental maturation, normal physiology, and control mechanisms governing endocrine organ systems. The result is a reasonably comprehensive and up-to-date introduction to endocrine physiology.

Although the clinical information is extensive and current, it can be somewhat difficult to access. For example, disorders of energy metabolism are discussed in three different chapters. There are, in many instances, multiple pages of text without sufficient subdivisions to guide the reader to specific areas of interest, and, in some cases, diagnostic algorithms are difficult to follow. Despite a chapter dedicated to the principles of endocrine laboratory evaluation, there is limited resource information on normal values and little guidance on performing common endocrine evaluations.

The review of endocrine physiology is generally complete. A notable exception, however, is the limited discussion of the metabolic and cellular effects of thyroid hormones and glucocorticoids. Especially comprehensive and well-organized chapters include those on growth and male sexual differentiation. The important topic of ambiguous genitalia is reviewed both in its own chapter and in the chapter covering male sexual differentiation. The better discussion is in the chapter on male sexual differentiation, but there is insufficient material to ensure that the crucial first step of an accurate physical examination is performed correctly. Data on normal phallus size and techniques to assess for clitoromegaly would be

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useful. Further, the algorithm provided to organize the differential diagnosis of ambiguous genitalia is limited by its lack of pelvic ultrasound results.

The chapter on type 1 diabetes provides a good discussion of its epidemiology. However, there is little discussion of the rare, but important, complication of cerebral edema in diabetic ketoacidosis. In addition, the focus on urine glucose testing to guide insulin adjustments in type 1 diabetes is outdated in the current era of home capillary blood glucose monitoring. A common clinical question not well addressed in the adrenal cortex chapter is the prevention of and evaluation for adrenal insufficiency related to pharmacologic glucocorticoid use.

Overall, this text provides a fairly complete and current review of endocrine physiology. However, its usefulness as a resource for clinical childhood endocrinology is limited by the dispersion of information within different sections of the book, the insufficient use of visual clues to guide the reader, and most important, the omission of several topics of practical use to clinicians.

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**The Merck Manual of Geriatrics, 2nd Edition.** William B. Abrams, Mark H. Beers, Robert Berkow, and Andrew J. Fletcher, eds. Merck Research Laboratories, Whitehouse Station, NJ, 1995, 1516 pp. \$25.00.

Five years after *The Merck Manual of Geriatrics* was first published, so much had changed in the field that it was a good time for a second edition. More than 125 experts in the field contributed and served as consultants to this edition.

The preface to the first edition states that *The Merck Manual of Geriatrics* "is intended to provide information of clinical relevance to all physicians involved in the care of elderly patients. It follows the tradi-

tion set by *The Merck Manual*, which has been continuously published since 1899 and is the world's most widely used medical text."

Designed to be "comprehensive and authoritative," yet "compact and practical," the first edition was a success. The redesigned second edition includes more than 50 new illustrations and 100 new tables. Coverages have been expanded in many areas and new information and new chapters have been added in other areas.

This book continues to be very useful for anyone involved in the care of the elderly. Since it is published by Merck on a nonprofit basis, it is available at a modest cost. The only criticism we have is the lack of any bibliography or references.

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**Algorithmic Approach to Treatment.** R. Douglas Collins, MD. Williams & Wilkins, Baltimore, Md, 1997, 528 pp. ISBN 0-683-30303-1.

The idea of using of algorithms in medical practice appeals to the busy clinician because a well-constructed diagnostic algorithm can assist in determining which course of action is likely to uncover the cause of a puzzling symptom or laboratory result. Therapeutic algorithms may be similarly useful in certain situations. R. Douglas Collins, an internist and a neurologist, has written *Algorithmic Approach to Treatment* to help physicians determine "the treatment that is best suited for each patient." He provides algorithms for 130 alphabetically listed conditions, some common and some rare.

Unfortunately, I found little in this text that would help me or a physician at any stage of training in clinical practice. A good example of the problems with this text can be found under the first heading for acne. It states that the physician should "confirm the diagnosis by clinical picture" and then provides no details of what

that clinical picture might be. Next, it suggests the names and doses of various treatment regimens with no information to guide the clinician in choosing among retin A, benzoyl peroxide, or tetracycline for an individual patient. No mention is made of combining therapies. No mention is made of topical antibiotics. Oral contraceptives are mentioned as a possible treatment for acne, but the algorithm does not state which one(s) would be preferred. Perhaps the most irresponsible piece of advice is in the diagram that shows isotretinoin as the first line agent for severe acne. This advice is clearly debatable, given the drug's risks. This is just the first of many algorithms that contain either faulty or incomplete information.

Many of the algorithms are also useless. I would have expected the algorithm for Alzheimer's disease to be especially well-done, since the author is a neurologist. Yet, the algorithm begins by stating that diagnosis should be confirmed by "CT scans and MRIs" without reference to which might be preferred and under what circumstances. It states that "treatment is symptomatic," but Cognex is the only mentioned medical therapy, without reference to its dosage, administration, or degree of effectiveness for this condition. No mention is made of newer drugs, and no mention is made of the social and psychological aspects of treating this disease.

Algorithms are also presented on several conditions I have rarely or never encountered in my medical practice: amyloidosis, Creutzfeldt-Jakob disease, leptospirosis, and Wegener's granulomatosis, to name a few. To think that a family physician would turn to a simple algorithm in deciding how to treat these rare diseases boggles my mind. To think that a family physician would turn to these particular algorithms in such a circumstance is frankly terrifying.

I am not opposed to the use of algorithms in medical practice, but the algorithms offered in this text are likely to frustrate busy clinicians who would like quick, accurate, and useful

answers to clinical problems confronted by their patients.

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**Treating Depression in Primary Care: A Manual for Primary Care and Mental Health Providers.** Patricia Robinson, Charles Wischman, and Alison Del Vento, Context Press, Reno, Nev, 265 pages. ISBN 1-878978-26-8.

Recent research reveals that major and minor depressive disorders are some of the most prevalent illnesses seen in primary care. These disorders, which can hinder patients' daily functioning as well as their medical adherence, are often overlooked, undertreated, or untreated. For these reasons, health educators have attempted to better equip primary care physicians to deal with depressive symptoms in their patients.

Patricia Robinson and her colleagues have answered the need with a manual written for both the primary care physician and consulting psychologist. This multidisciplinary approach is congruent with the growing trend of utilizing both behavioral and pharmacological therapy in primary care for the treatment of depression. Practical, thorough, and empirically driven, the integrated care program (ICP) presented in this manual provides step-by-step instruction and materials addressing who to assess, how to assess and treat, and when to refer. Dr Robinson, a psychologist, understands primary care practice and has derived her approach with careful attention to time demands and a commitment to comprehensive, high-quality care.

Beginning with a solid introduction to depression in primary care, the manual then offers methods of screening and assessment, complete with sample forms. An overview of behavioral and pharmacological treatment is followed by detailed

chapters on implementation. Efficiency is inherent to the ICP. Treatment plans are condensed and focused to complement the rapid pace of primary care. Additionally, the manual highlights important elements with bold type and provides reading times for the essential information in each chapter.

The most valuable assets of the manual are the forms and patient education materials available for reproduction. Forms are provided for screening, psychological and medical assessment, and treatment plans; and there are two take-home workbooklets entitled, "Seven Ways to Cope" and "Using Medications Successfully." As is usual, this prescribed program needs to be tailored toward the specific demographic population served by the provider. For example, some parts of the ICP and the forms may need more explanation or language modifications to meet differing patient needs.

Because the ICP is exceedingly comprehensive, the program in its entirety takes time and effort to implement; however, treatment outcome studies have demonstrated its effectiveness in increasing medical adherence, relapse prevention, and patient satisfaction. Even if the provider chooses not to implement the entire ICP, this manual is an excellent resource with usable forms salient to primary care.

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## SOFTWARE REVIEW

### **Corel Medical Series: Epilepsy**

The Corel Medical Series, Corel Corporation, 1600 Carling Ave, Ottawa, Ontario, Canada, K1Z 8R7; (613) 728-0826 ext 1120.

PRICE: \$69.95

DOCUMENTATION: Three-page product specification sheet

HOW SUPPLIED: One CD-ROM

**HARDWARE REQUIREMENTS:** (Minimum) PC-compatible 486 66 MHz, Windows 3.1 or Windows 95; 8MB RAM; Super VGA video card and monitor (640 x 480, 256 colors); double-speed CD-ROM drive; Windows-compatible sound card; mouse. Or a Macintosh 68030 processor, system 7.1; 8MB RAM; double-speed CD-ROM drive; color or gray-scale 640 x 480 display; mouse.

**LANGUAGES:** English; German

**ORDERING/CUSTOMER SUPPORT:** (613) 728-1010 or <http://www.corel.com>. Customer service: (800) 772-6135.

**DEMO DISKS:** No

**GUARANTEE:** None known

**RATING:** Very good to excellent

*Corel Medical Series: Epilepsy (Epilepsy)* is a multimedia CD-ROM produced with the broad purpose of providing clear and comprehensive information to a wide range of potential users, including physicians, medical students, nurses, clinicians, patients, librarians, and teachers.

This graphics-filled program is the first title released in the Corel Medical Series. On first starting *Epilepsy*, the viewer is shown the Preface with a descriptive paragraph informing users about the purposes of the program and a disclaimer against using it as a substitute for a medical professional. The user then sees the main menu, which is the fulcrum of the program (Figure 1). There are twelve main headings identified on the main menu. Considering the broad range of audiences for which this program is intended, one would think that the twelve headings would be subcategorized by level of knowledge right at the beginning. Unfortunately, a student or patient who enters the program to learn more about epilepsy might start with the first heading, "What Is Epilepsy," and be intimidated by the comprehensive, highly technical definition of this complex set of disorders. A nurse practitioner in my office who reviewed the program noticed this difficulty right away; she was overwhelmed by the pathophysiology included in description. The

FIGURE 1

The twelve headings on the main menu of *Epilepsy*.

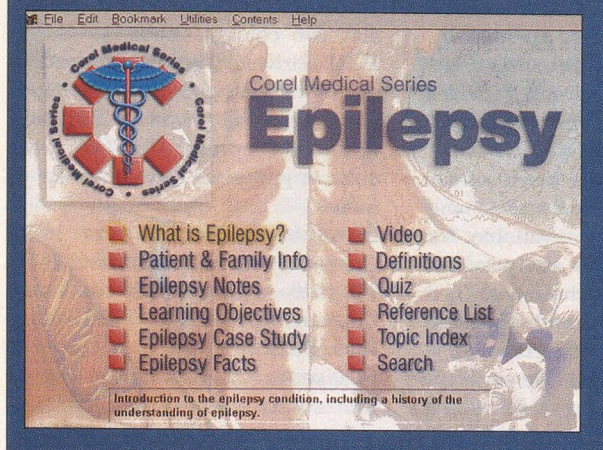
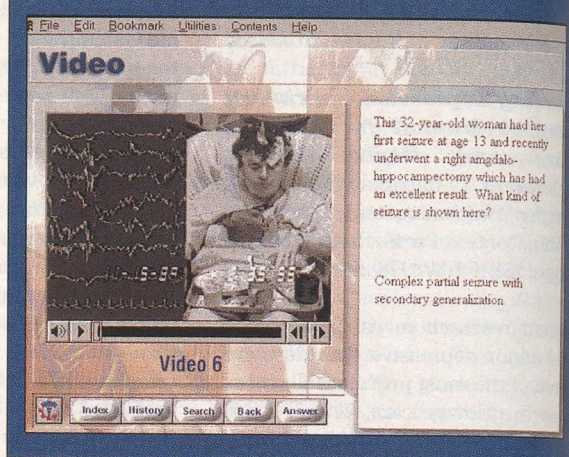


FIGURE 2

Video illustrating complex partial seizure with secondary generalization.



Main Menu would be improved if it steered users immediately to discussions of epilepsy appropriate to their training and interest level.

On entering the second heading, "Patient and Family Information," this same issue is even more apparent. The definitions provided are concise to the point of curt technicality. Not many of my patients or their family members would understand the vocabulary, much less the concepts described in this section.

The "Learning Objectives" section of the CD-ROM has 23 well-defined objectives for *Epilepsy*, akin to the objectives medical students have when first learning about epilepsy. The pathophysiology of epilepsy is complex, and therefore these objectives are complicated and demanding. Those more interested in the social and educational aspects of medicine will probably not need to study the intricacies of pathophysiology and neuroanatomy. These objectives, however, will assist physicians with a special interest in epilepsy or those who want a complete, comprehensive review.

"Epilepsy Facts" is one of the two most relevant sections on the CD-

ROM for a practicing family physician. For our specialty this section could be a CD-ROM of its own. It is presented as a slide show, which users can print and use as a presentation, if desired, with individual slides full of informative facts. Topics range from a definition of epilepsy to its differential diagnosis, treatment options, and psychosocial aspects. For family physicians, this last topic is well-done, important, and clinically relevant.

The last, and most fascinating, section of the CD-ROM contains eight video clips depicting actual seizures, complete with descriptions and clinically relevant information about the type of seizure demonstrated (Figure 2). For family physicians who do not have the opportunity to frequently witness seizures, these videos are a real enlightenment and a treasure to keep and review. In a full-range family practice, one often hears from patients that they are having "spells." It is often difficult to determine exactly what such "spells" are and, in some locations, neurologists are not always available to assist. These video clips will be of great assis-

tance to family physicians facing this dilemma by identifying the various types of seizures, and they can assist in determining the appropriate diagnosis and treatment or referral plan. The usefulness of material in this section, and the difficulty inherent in presenting it in traditional formats, is the strongest benefit of Corel's choice of CD-ROM for *Epilepsy*.

*Epilepsy* is a very ambitious first attempt in the Corel Medical Series. It provides a strong presentation of a very confusing, challenging, and complex subject. This CD would be a welcome addition to medical school libraries and would be useful to medical and other students interested in a compact reference on this topic. The factual material is detailed and probably beyond the grasp of most patients and their families. Even the patient education section may be overwhelming for much of the intended audience. It has many elements of interest and utility to the family physician, with especially useful epilepsy facts and video clips.

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