

## BOOK REVIEWS

***The Business of Medicine.*** Julie K. Silver, editor. Hanley & Belfus, Inc, Philadelphia, Pa, 1998. 387 pp. ISBN: 1-56053-254-8. \$25.00.

The contents of this book are aptly represented by the cover graphic of a doctor's black bag full of tools. In addition to the standard otoscope, syringe, and reflex hammer, the bag contains a calculator, podium, microphone, business textbook, and video camera. This very readable practice management textbook is enhanced by the addition of topics such as practicing the art of medicine, running the office without a glitch, and opportunities in alternative or complementary medicine.

This is a book you can pick up and read cover-to-cover or use as a reference to address specific questions. The writing style is clear, making dry topics understandable and enjoyable. The chapters are well organized and appropriately titled. This book is useful for medical students, residents, physicians in practice, medical groups, and future physician executives.

For the young physician, the advice on how to find the perfect job includes appropriate questions to ask in an interview, a checklist for evaluating a practice opportunity, and a timeline for the job search. Personal issues for all physicians, such as signing a contract, compensation, going to court, and financial and estate planning, are also addressed. Necessary skills and personal qualities, as well as the training available for career advancement in academics, management, and leadership are outlined for those seeking greater challenge in their profession.

For medical groups, there are excellent discussions of the use of the media for promotion, medical marketing, clinic operational issues, and

monitoring financial stability. The chapters on alternative medicine, subacute care, and sports medicine provide helpful information for physicians and medical groups seeking to broaden their medical practices.

The tables and appendices are concise and readable. They offer practical tools (employee evaluations, job descriptions, satisfaction surveys) and easy references (physician recruitment firms, medical management consultants). There are even course outlines for advanced degrees offered in business and management.

The enthusiasm that permeates this book is contagious. This is no small feat with a topic that frustrates or bores most physicians. Practical advice and useful checklists and timelines make *The Business of Medicine* a great guide for teaching the business of medicine to residents.

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***Deciding Who Lives: Fateful Choices in the Intensive-Care Nursery.*** Renee R. Anspach, University of California Press, Berkeley, Calif, 1997, 304 pp. ISBN: 0-520-21213-4. \$16.95.

*Deciding Who Lives* is a thought-provoking social examination focusing on the dynamics of decision-making processes in 2 intensive-care nurseries. It is well written, organized, and timely.

Early in the book, the author sets the theme by providing an informative historical perspective. She underscores the dilemmas involved in deciding to withhold lifesaving surgery from an infant who will be

mentally retarded or from resuscitated infants with minimal chances for normal survival. She calls for parental empowerment and wide societal changes.

Throughout the book the author expresses her social bias. She provides a critical view of physicians, bioethicists, and nurses. While defining and discussing bioethics, she provides a sharp critique. She believes that bioethicists stress only those medical conditions that have dilemmas posed with crystalline clarity, direct their attention to theory and ethical principles rather than the decision-making process, and obscure the way decisions are made. To supplement this book, I would recommend reading a counterpoint argument of these issues.

The author labors to "understand how life-and-death decisions are made, rather than how they ought to be made." She points out that decisions are collaborative acts, not individual acts, and are based on a person's location in the social structure. Decisions are shaped by their social context, and much of what is wrong with life-and-death decisions is not the fault of the individuals who make them, but the fault of the broader social situation.

In the 2 nurseries studied, lack of personnel continuity prevented stable physician-patient relationships from developing. Physicians were rewarded for possessing clinical knowledge rather than having the communications skills necessary to ensure informed consent. The author discusses the "steep slope" concept: "As the status of an occupation increases, the degree of patient contact decreases, undermining informed decision making."

Despite a strong social bias and multiple study shortcomings, this book is profoundly important. Reading it is necessary for anyone working in intensive-care nurseries or

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caring for families with infants in those nurseries. It can also be useful for teaching, promoting further discussion, and providing background information. It is informative for all caregivers involved in the process of helping people make decisions.

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***The Washington Manual of Medical Therapeutics (29th Edition)***. Charles F. Carey, Hans H. Lee, and Keith F. Woeltje, eds. Lippincott-Raven Publishers, Philadelphia, Pa, 1998, 621 pp, \$37.95. ISBN 0-7817-1595-4.

*The Washington Manual* is a pocket reference book available to assist with patient diagnosis and management. Most of the chapters in the book provide information by organ system or disease state and cover diagnosis, treatment, and follow-up. There are also chapters on specific management issues such as nutrition therapy, fluid and electrolyte balance, critical care, and advanced cardiac life support. The chapters are written by authors who are well-known in their fields. Although there are some new authors in this edition, much of the core material remains the same. New chapters have been dedicated to allergy and immunology and medical emergencies.

Diagnosis and management techniques developed since the 1995 edition are updated in this text. Examples range from the latest medical management of congestive heart failure with newer beta-blockers and angiotensin II reuptake inhibitors to the most recent offerings in oral hypoglycemics. These recommendations are well referenced. The information is primarily in text form, with some charts that summarize large bodies of information, such as pharmaceutical comparisons and algorithms for advanced cardiac life support protocols. Appendices at the end of the book contain normal laboratory values, critical care param-

eters and formulas, immunization and hazardous exposure protocols, and pharmaceutical considerations for pregnant women and patients with renal disease.

Although the chapter on critical care discusses causes and treatment of cardiopulmonary crisis, it is not organized in a way that makes it useful in emergency situations. The addition of flow diagrams would significantly increase the benefit of this chapter for students and house officers.

*The Washington Manual* is a standard text for practicing physicians, residents, and medical students. It has succinct but thorough reviews of common diseases, and it is pocket-size, making it instantly accessible. Although it is an excellent source of information for medical practitioners at any level, it is less useful for beginning students who require assistance in the evaluation of symptoms. This book is not organized in a manner to provide differential diagnoses; instead it is a pocket resource for complete diagnostic evaluations, up-to-date therapeutics, and long-term management following a preliminary diagnosis. Unfortunately, it is not possible to tell which, if any, chapters are evidence-based.

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***The Five-Minute Child Health Advisor***. William M. Schwartz and Bruce Goldfarb. Williams and Wilkins, Baltimore, Md, 1998, 337 pp, \$19.95, ISBN 0-683-30433-X.

On the back of this book it says, "...some conditions are more serious and require a doctor's attention. How do you tell?" The target audience for *The Five-Minute Child Health Advisor* is defined as parents, day care personnel, and anyone else who has contact with children.

The book is divided into 2 sections. The first section (What If You Need to Know About...) covers

approximately 100 common childhood maladies listed alphabetically from acne to *Yersinia enterocolitica*. Six areas are discussed for each problem: basics, diagnosis, treatment, medications, follow-up, and common questions and answers. There is also a definitions section that explains such diseases as muscular dystrophy and Wilms' tumor.

The book looked good to me as a physician, but physicians are not the intended audience. So I surveyed 4 mothers and 2 female teen-aged babysitters for their opinions.

The first mother, who had 2 children aged younger than 10 years, was disappointed there was no section on cough. She also could not find bed-wetting listed (it was covered under enuresis). However, she said the section on breath-holding was reassuring. The second mother, who had 2 children aged younger than 4 years, asked about asthma. She could not understand the terminology used in the book. The third mother read the section on mononucleosis because her grandson had it. She understood the section completely and was reassured by the common questions and answers. The fourth mother was disappointed there was no section on thumbsucking, nail-biting, or tics. She said that the common questions and answers part of the section on pseudotumor cerebri was too complicated and some of the terms used were not defined in the book.

The babysitters zeroed in on the acne section, which answered many of their questions. They were reassured by the sections on anorexia and cellulitis. They noticed that valley fever, scarlet fever, and tantrums were missing. One of the babysitters asked, "Is the mother going to look up short bowel syndrome before or after the visit to the doctor?" A change in the book's organization to questions asked before and after the visit to the physician might work better.

This book is authoritative and up to date. However, the choice of sub-

jects was inconsistent. Problems that most mothers will never see are over-represented, and some common problems are ignored. I eagerly await a second edition that better meets the needs of its audience.

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## SOFTWARE REVIEW

**Franklin Pocket PDR Platform (model MED-1770).** Franklin Electronic Publishers, One Franklin Plaza, Burlington, NJ 08016-9838. (800) 665-5450.

PRICE: Base unit, \$149.95; 1998 *Physicians' Desk Reference (PDR)* card, \$129.95; *The Merck Manual, 16th Edition* card, \$129.95; *Medical Letter Handbook of Adverse Drug Interactions* card, \$99.95; *Washington University Manual of Medical Therapeutics* card, \$99.95; *Harriet Lane Handbook of Pediatrics* card, \$99.95; *Martindale: The Extra Pharmacopoeia* card, \$139.95; *Sandford Guide to Antimicrobial Therapy* card, \$59.95. Discount bundles: MED-1770 with the 1998 *PDR*, \$229.95; with *The Merck Manual*, \$224.95.

DOCUMENTATION: 10-page platform user's guide; 22-page *Merck Manual* user's guide; 19-page *Pocket PDR* user's guide.

HOW SUPPLIED: One *Pocket PDR* platform unit, 14 x 9 x 2 cm, 210 g; electronic book card inserts, each about 3.7 x 5.6 x 0.3 cm, 12 g.

HARDWARE & SOFTWARE REQUIREMENTS: The base unit must have at least 1 electronic book card for the platform to operate.

CUSTOMER SUPPORT: (800) 665-5450.

GUARANTEE: 1-year warranty.

RATING: Fair to good.

Quickly name as many signs and symptoms of abetalipoproteinemia as you can. With the *Franklin Pocket Physicians' Desk Reference (Pocket PDR)* and the compatible *Merck*

*Manual* card, it took me 34 seconds to access that information. That time included retrieving the unit from a pocket, opening it, turning it on, selecting the *Merck Manual* card, accessing the index, typing a few letters of the desired term, and pressing Enter when the term was highlighted.

Slightly bigger than a 3-by-5 card, a trace thicker than a plastic audio-cassette case, and considerably lighter than most pocket manuals, the *Pocket PDR* is a practical way to carry several reference books. The base unit has no independent functions, such as a calculator or personal organizer; it must have software cards to function. There are 2 interchangeable snap-in card slots on the bottom of the unit that hold the cards securely. It is easy to swap cards, so a user could purchase and carry additional texts that weigh just a few grams each. The unit I evaluated contained the 1998 *Physicians' Desk Reference* card and the *Merck Manual* card.

The base unit is made of durable plastic and has a hinged, clam-shell design. The top shell is a protective cover, and the lower portion contains both the mini-keyboard and the screen. The visible screen area is approximately 41 x 117 mm (64 x 159 pixels, or dots, according to the manufacturer's literature). The dots are visible, but they are not objectionable. Blue text is presented in all capital letters against a light green background for nice visibility. However, the screen is highly reflective, which occasionally requires angling the unit to make the screen readable. The user can choose a type size from the setup menu; the smallest type is still larger than standard journal print. At this setting, there are 10 lines per screen. The page-up and page-down keys move 1 full screen in the respective direction; cursor-up and -down keys move directionally line by line. Right and left cursor keys are used to choose among menu headings (Index, Outline, Setup).

The keyboard is similar to a computer's keyboard with a few notable exceptions. It is too small for touch typing. There is 1 special key (Star) but no Ctrl, Alt, or other special symbol keys. Function keys appear along the top row. In addition to the function being printed on each of these keys (eg, Menu or Card), a key guide with further explanation appears inside the top cover. A user-settable feature that turns the unit off after a period of inactivity helps conserve power in the 2 AAA batteries. All functions were sufficiently fast, although some functions have noticeable, momentary delays.

Few physicians need an introduction to the printed version of the *PDR*. The electronic card version contains all the drugs listed in the book. To locate a drug, users type consecutive letters from the drug's name to jump through an alphabetic index (Figure 1). Pressing Enter takes the user to the appropriate monograph. For each drug, the *PDR* contains manufacturers' information about indications and usage, contraindications, warnings, adverse reactions, dosage and administration, and how the drug is supplied. Precautions, pharmacology, and drug interactions, which appear in the printed *PDR*, are omitted. Navigation among the headings is facilitated by Quick Keys. For example, once in a monograph, pressing "C" jumps to the Contraindications subheading, "H" to How Supplied, and so forth. To navigate from one section to the next quickly using keyboard directional keys, users must press 2 keys simultaneously (Cap and cursor up or down), a difficult feat that could have been averted with better planning. Another short-cut built into the *PDR* is the ability to set a default topic. For example, what I need to look up most is how the drug is supplied, so I set How Supplied as my default. Upon locating a drug in the index, I simply press the Star key plus Enter, and I am transported from the index to the How Supplied subheading

FIGURE 1

Illustration of an open Franklin base MED-1770 unit with the 1998 PDR card. A pen is included to illustrate size. The screen shows the drug index set at the smallest type size.

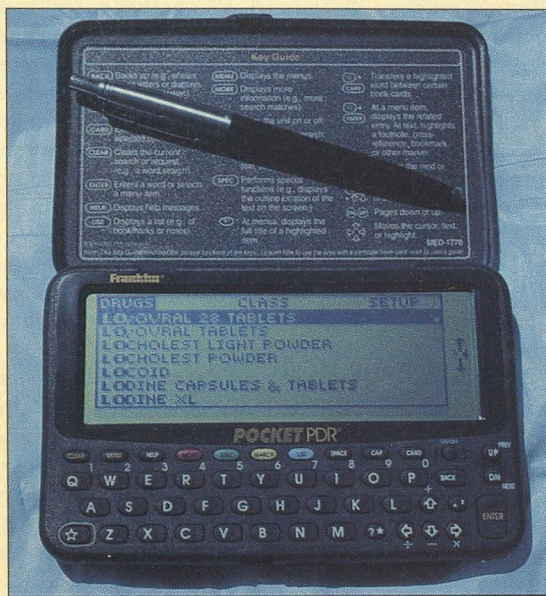
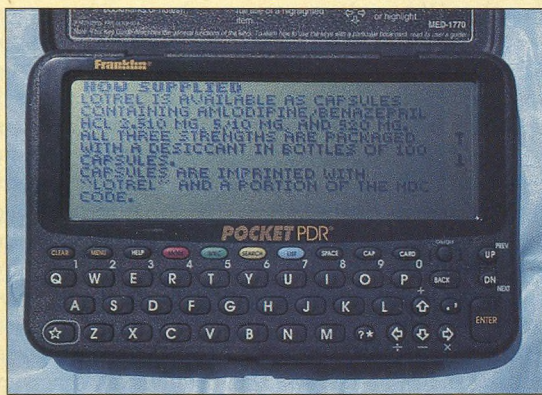


FIGURE 2

Illustration of the How Supplied functional portion of the PDR card.



(Figure 2). What I always need to access next is drug interactions, which are conspicuously absent from

aware that this version of *The Merck Manual* was apparently last updated in 1992 (the copyright date

is printed on the plastic card), although the card itself was copyrighted in 1998. Personally, I would be hesitant to spend more than \$100 for reference material that was probably compiled in 1990 or 1991 (for a 1992 copyright), which also tempers my rating for this product.

To choose an alternate card, the user presses the Card key, highlights the new card, and presses Enter. The *Merck Manual* card includes 3 methods of locating desired information. The Outline provides 23 chapter headings and the Index provides an alphabetic listing. Individual entries are accessed through consecutive keystrokes; by spelling peritonsillar one letter at a time, for example, until sufficient letters have been typed for the

index. Pressing Enter takes the user to that section of the manual. Third, users can press the Search function key at any time. If an exact match to the typed word is not found, the software provides the closest matches. Users should be aware that this version of *The Merck Manual* was apparently last updated in 1992 (the copyright date

is printed on the plastic card), although the card itself was copyrighted in 1998. Personally, I would be hesitant to spend more than \$100 for reference material that was probably compiled in 1990 or 1991 (for a 1992 copyright), which also tempers my rating for this product.

The PDR contains a few errors. For example, in the How Supplied section for Lotrel, dosage forms are listed as "2.510 MG, 5/10 MG, and 520 MG." It should read 2.5/10 mg, 5/10 mg, and 5/20 mg. Similarly, in *The Merck Manual*, when the user finds abetalipoproteinemia in the index, and presses Enter, that user is actually given the second line of the hypobetalipoproteinemia section—one line below the nonvisible title for the section.

For physicians unwilling to use laptop computers, the *Pocket PDR* may be a good investment. Enhancements that Franklin might consider include: adding the drug interactions section to the PDR; upgrading the base unit to include simple calculator and personal organizer functions (scheduling, telephone, to-do list); considering a laptop-like design, allowing room for a larger screen; adding a slightly faster processor or more memory; providing a more ergonomic method of navigating from section to section using movement keys; and more clearly labeling the vintage of the information being sold. I hope the price will decline with time. Also, it would be helpful if Franklin guaranteed compatible updates for purchasers of base units.

This is a tool many physicians will find useful. It portends a future when physicians will be able to carry an affordable, customized, electronic library in their coat pockets.

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