

## Reviews of Books and Software

*Dorland's Illustrated Medical Dictionary*, 28th edition. W. B. Saunders Company, Philadelphia, 1994, 1940 pp, \$43.25. ISBN 0-7216-2859-4.

*Dorland's Illustrated Medical Dictionary* has been in existence for nearly a century. It is widely acclaimed as the authoritative medical dictionary, and appears on both the Selected List of Books and Journals for the Small Medical Library (the Brandon-Hill list) and the Library for Internists. The 28th edition of *Dorland's* replaces the last edition, published in 1988, and includes 7500 new terms.

The dictionary's purpose, as stated by chief lexicographer Douglas M. Anderson, is to serve as the authoritative guide to the language and usage of medicine and related fields. I noted that all of the reference works consulted for terminology were up to date, except for the *Diagnostic and Statistical Manual of Mental Disorders*. The DSM-IV had not been published in time to be used, therefore, psychiatric terms appearing in *Dorland's* were taken from the DSM III-R.

Many of the consultants named in the new edition are editors or authors of standard textbooks in their field, eg, Robert Creasy, Lester Haddad, Stanley Robbins, David Sabiston, and Robert Taylor.

The dictionary consists of terms, tables, prefixes, suffixes, and illustrations. In comparing the 28th edition with the 27th, I saw that about one half of the illustrations had been revised. The revisions really are improvements: most of the new illustrations have more detail and are more aesthetically pleasing.

The preface notes that changes in the form of subentries have been made: each subentry starts on a new line, whereas previously, they had been run together in one paragraph. This is a great improvement on previous editions, where the reader was forced to scan the entire group of subentries to find the one required. Syllable breaks also have been added to main entries. Two appendices appear in this edition for the first time: medical acronyms and tables of anatomical terminology. In my opinion, these two add more value to the new edition, in that they almost eliminate the need to purchase additional books on those topics.

I have consulted *Dorland's* often in my work as a medical librarian. Usually, I need it to look up an unfamiliar term when preparing for a MEDLINE search. The definitions are usually succinct and up to date: for example, the dictionary

includes the Centers for Disease Control and Prevention's expanded definition of AIDS.

*Dorland's* also offers a long section on fundamentals of medical etymology, which would be helpful to those encountering medical terminology for the first time.

The new edition should definitely be purchased because of the many changes in terminology and knowledge since 1988. At \$43.25, *Dorland's* is reasonably priced and would be useful to anyone in the health care field. I cannot imagine a practitioner who would not want a copy of this dictionary in the office.

Darra Combs  
University Hospital  
Health Sciences Library  
Augusta, Georgia

*Common Medical Diagnoses: An Algorithmic Approach*, 2nd edition. Patrice M. Healey and Edwin J. Jacobson. W.B. Saunders Company, Philadelphia, 1994, 231 pp, \$40.00. ISBN 0-7216-5401-0.

Algorithm, by definition, is a special method of problem solving, often using decision trees. *Common Medical Diagnoses* utilizes algorithms to assist in the diagnosis of signs, symptoms, and abnormal laboratory test results often seen in the office or hospital setting. The authors have attempted to provide a logical, cost-effective approach to diagnosis but acknowledge that algorithms are limited by the individuality of patients. As stated in the preface, "Algorithms presume familiarity with clinical medicine and the ability of the user to make intelligent choices in approaching a particular problem." A complete assessment of the patient by history and physical may eliminate the need for expensive testing and shorten the road to diagnosis.

*Common Medical Diagnoses* consists of 11 chapters: Generalized Disorders, Respiratory Disorders, Cardiovascular Disorders, Gastrointestinal Disorders, Renal Disorders, Acid-Base and Electrolyte Disorders, Hematologic Disorders, Neurologic Disorders, Endocrine Disorders, Skin Disorders, and Musculoskeletal Disorders. Most chapters are further subdivided into signs, symptoms, and laboratory test results. As the title indicates, this text is only about diagnosis. Treatment is mentioned only when it is used to aid in diagnosis, such as the use of a progesterone challenge in the diagnosis of amenorrhea.

This textbook is a handsome, 1-cm thick, soft-bound book with dimensions of 20x25 cm. It is small enough to be carried with a clipboard on rounds, but could not be considered a pocket reference. The left page in each section is annotated with comments that define or explain portions of the algorithm found on the right page. Each algorithm is cross-referenced to chapters in two internal medicine textbooks, *Cecil Textbook of Medicine* (19th Edition, Wyngaarden JB, Smith LH, and Bennett K, eds, Philadelphia, WB Saunders, 1992) and *Harrison's Principles of Internal Medicine* (12th Edition, Braunwald E, ed, New York, McGraw-Hill, 1990).

Despite the apparent limitations of algorithms, this is a very useful textbook for either a house officer or a busy practitioner. Material is organized in a clinically relevant and easily accessible fashion. Algorithms have been used to break large differential diagnoses into smaller groupings. This is done by considering common causes of problems and by using diagnostic tests. The comment section often includes definitions, frequency of disease, explanations of decision points, pertinent clinical findings, and reliability of diagnostic tests. Cross-referencing of two commonly used texts allows for easy access to further information. A cost of \$40.00 makes this a very reasonable and useful office reference.

Joan C. Cooper, MD  
The Toledo Hospital  
Toledo, Ohio

*Preventing Malpractice: The Co-Active Solution*. (1st Edition). Thomas L. Leaman and James W. Saxton. Plenum Publishing Corp, New York and London, 1994, 254 pp, \$35.00. ISBN 0-306-44441-0.

An old adage in medicine expresses the contention that there are two types of doctors: those who have been sued and those who will be sued. While at one time this aphorism may have been mildly amusing, it is now increasingly true. The frequency of malpractice claims rose approximately 10% per year from 1975 to 1984, and its momentum does not seem to be decreasing.\* According to the American Medical Association in 1988,

\*Danzon PM. New evidence on the frequency and severity of medical malpractice claims. Santa Monica, Calif: The Institute for Civil Justice, The Rand Corporation, 1986.

36.5% of general and family practitioners will be sued during their professional career.† Interestingly, an estimated 15% of the patient population accounts for some 90% of the litigation cases. Medical malpractice—or more correctly, medical negligence—is decided in a court of law when a medical provider is shown to have caused demonstrable physical injury by the breach of the “standard of care” of medical practice. Though often vague and elusive, the concept of “standard of care” may be defined as a diagnostic or treatment course that a reasonably competent practitioner might choose given similar clinical circumstances.

*Preventing Malpractice: The Co-Active Solution* provides physicians with the fundamentals of tort law as it relates to medical malpractice. It is written by a physician who provides expert testimony and an attorney who practices medical malpractice law. This uncommon combination melds medicine and malpractice law to provide a unique approach to the issues of malpractice from “both sides of the ring.”

The book is readable and well organized. Each chapter begins with a pithy, whimsical quote or two relating to the topic and ends with a “bullet-style” summary of principal points. From beginning to end, each section uses topical headers and occasionally uses enumeration to aid the physician-reader to delve into the unfamiliar realm of tort law. The book is essentially divided into two parts, the first part of which addresses the scope of medical malpractice with an emphasis on typical civil proceedings in a medical negligence suit. It presents the “anatomy of a lawsuit” and elaborates on topics such as record request, expert review, filing complaints, pleading, discovery, depositions, and trial scenarios. Some of this information may be familiar to readers on a superficial level, but in the text it is dissected thoroughly and presented clearly with many illustrative case examples.

The second part of the book focuses on risk management and preemptive defense against malpractice suits. The authors describe and proselytize the “co-active” practice of medicine, in which the “patient and physician work together toward the common goal of improving the patient’s health.” This is not necessarily a

new concept in medicine. Rather, it is a new term to describe an old idea: patient autonomy.

The remainder of the book expounds on the idea of “co-active” practice and suggests physicians and their staff work together to provide compassionate, competent medical care. The authors discuss issues such as communication, confidentiality, teamwork, documentation, informed consent, and risk management. Although thorough in its review of these subjects, little *new* information is presented. Occasionally, the narratives are repetitive.

If you are currently being sued or if you think you will be one of the unlucky 36.5% of general practitioners who will be, this book may be useful as a bird’s eye view of the time-consuming, anxiety-provoking, and financially devastating world of medical malpractice.

Michael B. Stevens, MD  
San Jose, California

*Primary Care Medicine—Office Evaluation and Management of the Adult Patient.* Allan H. Goroll. J. B. Lippincott Company, Philadelphia, 1994, 1200 pp, \$57.50. ISBN 0-397-51130-2.

Goroll does it again. The third edition of *Primary Care Medicine* gets two thumbs up: one for readability and the second for practicality.

The preface promises a problem-oriented style and the authors deliver. From the opening chapter on principles of primary care through each of the systems-related chapters, the focus is on problem solving. Chapter titles include: Evaluation of Chronic Fatigue, Management of Atrial Fibrillation, Approach to the Patient with Sleep Apnea, Screening for Colorectal Cancer, Management of Inflammatory Bowel Disease, Evaluation of Dizziness. Finally, a book breaks free from “Cecilian” lists of differentials and challenges the clinician to think, not memorize.

Practical? Believe me, when I caught my secretary reading chapter 10 and taking notes, I knew it was a winner. I kept the text at my side for 6 weeks while precepting family practice residents. I was pleased at the tidbits I could find in just a few moments of reading. This text deserves a spot on every family physician’s shelf. Better yet, put it in your examining room or preceptor room.

The chapters on heart failure, de-

pression, urologic diseases and obesity were exceptional. The dermatology chapter is disappointing but forgivable, considering the quality of the rest of the book.

The management suggestions are current, including dosing regimens and side effects. The authors discuss controversial topics and treatments. The chapters consistently include sections on patient education and indications for referral. This book reflects a belief in the biopsychosocial model of disease and addresses all the areas concisely.

Thankfully, Goroll limits tables and figures to a modest number that augment the text rather than distracting from it.

Bottom line: buy it. This is the gold standard for primary care texts. Dr. Goroll, how about including a family physician author in the next edition?

MAJ Bruce Leibert, MC, USA  
Director, Family Practice Residency  
Training Program  
Eisenhower Army Medical Center  
Fort Gordon, Georgia

*Handbook of Pediatric Neurology and Neurosurgery.* Sarah J. Gaskill and Arthur E. Marlin. Little, Brown and Company, Boston, 1993, 242 pp, \$32.95. ISBN 0-316-54639-9.

Before Harry Morgan played the role of surgeon in charge of a mythical M.A.S.H. unit in Korea, he was a cop on the very popular television show *Dragnet*. His predictable comment to witnesses, “Just the facts, Ma’m, just the facts” became a popular expression. What this peripheral brain presents is “just the facts”: a handbook offering basic pediatric neurological and neurosurgical information in an expanded outline format. The text is divided into 33 separate chapters, each with an average of 6 pages.

No text can be all inclusive. This book is not the “Merck Manual” of neurosciences, as it is not designed to provide complex treatment options. In most instances, one would have to seek out other resources for an extended discussion of treatment. There is a section on the neurological examination that addresses what should be evaluated but not how to evaluate. The text justifiably assumes that physicians interested in the topics presented would have adequate skill in performing the examination.

I found the discussion about neuro-psychological assessment in the section

†Socioeconomic characteristics of medical malpractice: medical professional liability claims and premiums, 1985–1988. Chicago: AMA Center for Health Policy Research, American Medical Association, 1989.

on diagnostic testing to be inadequate. Rather than presenting information on neuropsychological assessment, the authors referred to the Denver, which is strictly a screening device, and the WPPSI and WISC-R, a measure that was revised in 1991.

The treatment of a patient with herpes encephalitis at our health care center brought to light another weakness of the text: the only related listing in the handbook was for congenital herpes associated with the neonate. Aside from these shortcomings, the text provides rather broad coverage, with excellent sections on basic genetic entities that the primary care physician might encounter.

Neuroanatomy follows a logical sequence and pattern, and so does the text. The organization and presentation makes it quite functional. There are approximately 728 major headings listed in the index (many with subtopics), which makes the text easier to use. Several family medicine residents were given the text for a brief review, and all felt that it was of value, particularly as a quick pocket reference.

Richard J. Simensen, PhD

H. Gratin Smith, MD

Montgomery Center for Family Medicine  
Greenwood, South Carolina

*The Practice of Electrocardiography. A Problem-Solving Guide to Confident Interpretation* (5th Edition). Thomas M. Blake. Humana Press, Totowa, New Jersey, 1994, 321 pp, \$29.50 (paper). ISBN 0-89603-261-2.

Historically, electrocardiography has been a mainstay of the study of the heart. Even with more modern techniques, such as echocardiography, isotope scans and catheterization, the electrocardiogram (ECG) remains important in clinical medicine.

This text is the fifth edition of Dr Blake's manual on electrocardiography. It is intended to be an introduction to ECG reading, apparently written for medical students. The first half of the book suffers by comparison with other manuals on the interpretation of the ECG. There are several problems. The organization is poor. Chapter 2 discusses how to interpret the ECG, but the anatomic and physiological basis for the ECG is not introduced until chapter 4, and lead systems are first addressed in chapter 5. The illustrations are sparse and inadequate. The author gives long verbal

descriptions of characteristics of a tracing, which could be better shown graphically. The description of the origin of the ECG signal is confusing and compares poorly with other texts on the subject.

The author gets carried away with analogies on several occasions. In chapter 5 on lead systems, he quotes John Godfrey Saxe's poem "The Blind Men and the Elephant" in its entirety. He then proceeds to discuss the observation of elephants in boxes. About one third of the chapter is devoted to elephants and two thirds to ECGs.

The second half of the book deals with the use of the ECG in cardiology. This portion of the text is much better organized than the introductory portion. The abnormalities of impulse formation and conduction, the changes associated with ischemia and infarction, and the changes associated with atrial and ventricular dilation are addressed from a clinical as well as anatomical perspective. The difference between individual variation and clinically significant changes, in first-degree heart block, for example, is carefully defined.

The book is extensively documented, with a total of 957 references. These would be useful for the student of the history of cardiology as well as anyone interested in clinical medicine. A few of the references are newer than 1985, but the bulk predate that year.

This book is useful for a practicing physician who needs a quick reference for complex ECG changes in patients with apparent heart disease. For most students and physicians who want an introduction or review of basic ECG reading, there are many other better books available.

Martin Urberg, MD, PhD  
Northville, Michigan

## Software Review

Gary N. Fox, MD, Section Editor

MEDICLIP, THE COMPLETE MEDICAL CLIP ART LIBRARY, CD-ROM Version 1.0 (1993). Alpha Media Software, 1245 16th Street, Suite 100, Santa Monica, CA 90404. (1-800-552-1666). \$179.

DOCUMENTATION: One 5 1/2 in. × 8 in., 30-page booklet, including instructions and pictures of all graphical images.

HOW SUPPLIED: One CD-ROM disk or four 3 1/2 in. floppy disks containing all three MEDICLIP volumes.

HARDWARE REQUIREMENTS: For IBM com-

patible: an IBM PC or compatible computer with a minimum of 640 K of RAM; 3.5 in. floppy drive; DOS 3.0 or later, and for the CD-ROM version, a CD-ROM drive. For Macintosh: a Macintosh Plus or higher with a minimum of one MB of RAM; hard disk drive; CD-ROM (for CD-ROM version) and system software 6.0 or later. Hard disk space required depends on which formats are used and how many images are stored. The complete TIFF format takes almost 100 MB.

MOUSE SUPPORT: Yes. (Windows is recommended but can also be run in DOS applications.)

TOLL-FREE CUSTOMER SUPPORT: Yes. 1-800-552-1666.

DEMONSTRATION DISKS/CD: No.

MONEY-BACK GUARANTEE: Yes (30-day complete refund guarantee).

RATING: Good.

With the advent of do-it-yourself computer applications for producing everything from medical brochures to 35-mm slides, the need has arisen for high-quality supplemental anatomic drawings and symbols. Alpha Media's MEDICLIP clip art library contains 300 such images. Clip art is not a program or application but rather a prepared or stock collection of graphics files (pictures) to be used in conjunction with applications such as word processing, publishing, and graphics programs. MEDICLIP is not a stand-alone software package; it requires insertion of the images into the desired program or application.

MEDICLIP images are contained in three volumes: Volume 1: Bones, Muscles, Ligaments, Head; Volume 2: Nerves, Circulation, Endocrine, Organs, Surfaces, Cells/Skin; and Volume 3: Medical Art and Instruments. The black-and-white numbered images on the CD-ROM are reproduced in the manual so that users can easily preview them. Additionally, the list of images appears in the manual as well as in the online contents file. No installation is required with the CD-ROM reviewed version of MEDICLIP. Images are accessed by entering the CD-ROM drive from several Macintosh or IBM software programs (Table). Images may be integrated with most file formats: for IBM, EPS, WPG, CGM, TIFF; and for Macintosh, EPS, PICT, TIFF, PAINT. Once placed in a document, images may be edited. Depending on software type, images may be moved, sized, oriented, labeled, cropped, or colored.

The CD-ROM MEDICLIP images were tested on an IBM-compatible 486

Table. MEDICLIP Software Compatibilities

Macintosh Software	
Adobe Illustrator	FrameMaker
Aldus Freehand	Microsoft Word
Aldus PageMaker	WordPerfect
Aldus Superpaint	Adobe Photoshop
QuarkXPress	ColorStudio
IBM Software	
Adobe Illustrator	Lotus 1-2-3 3.0
Arts and Letters	PC Paintbrush
DrawPerfect	Ventura Publisher
Micrografx Designer	Aldus PageMaker
Lotus Freelance Plus	WordPerfect
GEM Paint 2.0	CorelDraw!
Graph Plus	Quattro Pro
Harvard Graphics	

SX 25 with a VGA display and single speed CD-ROM. Images were imported into *WordPerfect 6.0*, *WordPerfect Presentations 2.0*, and *Windows PaintBrush*.

I was impressed with the high quality of the black-and-white line anatomic drawings and images (Figures 1 and 2). These were easily imported into the software applications. Images were readily re-

sized, moved, and oriented as desired in all software tested. They were easily shaded or labeled with anatomic terms or numbers. However, software type dictated further manipulation.

In *WordPerfect Presentations*, images could be cropped and edited region by region in CGM format, and edited pixel by pixel in TIFF format. This process, however, necessitated entering the bit map editor, a task requiring 5 to 10 minutes per object to color and edit. By contrast, other clip art specifically made for *WordPerfect* and *WordPerfect Presentations*, although not anatomic clip art, could be extensively edited and colored much more quickly. In *WordPerfect* and *Paintbrush*, I was unable to color the images, and editing was limited to resizing and reorienting the images. Before purchasing *MEDICLIP*, users should consider which editing options their software will support.

Although image sizing in all software was simple and easy, the smaller the images were, the poorer the resolution appeared on screen. However, this did not decrease the quality of the images when reproduced on paper, transparencies, and 35-mm slides.

*MEDICLIP's* strengths include anatomic image accuracy and ease of manipulation in black-and-white editing. However, if color images are required, working with *MEDICLIP* can be time-consuming. Although a variety of images representing all body regions are included, this software is not comprehensive and may not meet individual users' needs. For example, many drawings are available in only one orthogonal plane or have inadequate anatomic detail.

Overall, I believe *MEDICLIP* is a useful tool for illustrating brochures, preparing slide shows, and accenting medical correspondence and other types of medical literature. The manufacturer describes it as a complete medical clip-art library, but it is certainly not comprehensive. Black-and-white images are easily resized, manipulated, and edited using some supported software, but this support is application-dependent and variable.

In view of the cost (\$179) and the 30-day money-back guarantee, *MEDICLIP* is worthy of consideration for those who are seeking a helpful tool to illustrate or "spice up" presentations.

Steven D. Freeman, MD  
The Toledo Hospital  
Family Practice Residency Program  
Toledo, Ohio

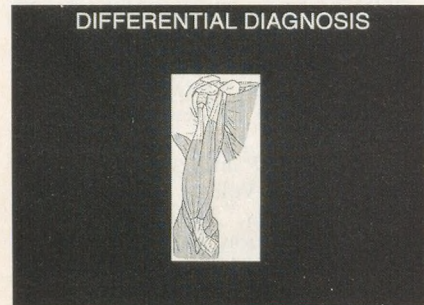


Figure 1. Shoulder, arm and elbow, anterior view.

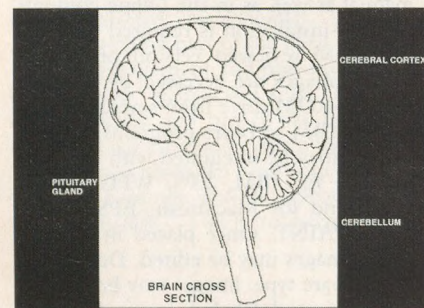


Figure 2. Brain, including brain stem, cross-sectional view.

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