

Reviews of Books and Software

Procedures for Primary Care Physicians. John L. Pfenninger and Grant C. Fowler (eds). Mosby-Year Book, Inc, St Louis, Mo, 1994, 1170 pp, \$39.95. ISBN 0-8016-6384-9.

Procedures for Primary Care Physicians is a monumental document that rises to the editor's aspiration of providing a "comprehensive text detailing the performance of . . . procedures. . . ." The 2-inch-thick softcover book is divided into 11 major specialty-based sections and details 144 procedures.

Pfenninger and Fowler have assembled a cast of 81 chapter authors that reads like a who's who of procedure-oriented family medicine. Only a few chapters are written by authors outside family medicine. Each chapter covers procedure background, indications, contraindications, preprocedure patient evaluation and education (with some handouts), equipment, technique, postprocedure care, and complications. Current Procedural Terminology codes for each procedure are thoughtfully included, although relative value units are not. Chapters consistently include equipment supplier addresses, but are less thorough in listing phone numbers and prices for equipment.

The book can reinforce a practitioner's current procedures while providing a path toward the addition of new ones. There is a chapter on every "-oscopy" that can be done without creating an office. New and remunerative techniques, such as sclerotherapy, radiofrequency surgery including LEEP, ambulatory blood-pressure monitoring, and no-scalpel vasectomy, are covered. Unfortunately basics such as suture tying, planning of incisions to follow relaxed skin lines, vaginal delivery, use of outlet forceps, vacuum extraction, and rigid sigmoidoscopy are missing.

Indexing and referencing are excellent, and the quality of the writing is superb. Nearly every chapter contains at least one pearl. I was intrigued by the use of an IV catheter for ear piercing, a dentist's approach to facial anesthesia, details of intracorporeal injections for impotence, and a standard protocol for an inexpensive contraction stress test using nipple stimulation rather than IV oxytocin.

Some of the procedures are beyond the usual practice of most primary care physicians: for example, myringotomy, Bier block, adult circumcision, tracheos-

tomy, suprapubic catheter insertion, tubal ligation, therapeutic abortion, extensor tendon repair, and lateral anal sphincterotomy. Inclusion of these procedures, however, may bolster a clinician's understanding and thereby improve patient counseling before referral.

It is said that a picture is worth a thousand words. I would add that a bad picture almost destroys a thousand good words. While the text is unwaveringly superb, I am disappointed at the lack of accuracy and clarity of some of the illustrations, particularly the line drawings. For instance, a digital block is illustrated as being administered at the level of the nail, Schiötz tonometry is shown with the patient upright rather than supine, and an illustration of a "spinal needle" for a suprapubic tap is obviously a suprapubic catheter over a trocar. Of 925 illustrations, I found 134 that are either inaccurate or unclear.

Novices at skin surgery will find better surgery basics and dressings in *Office Surgery for Family Physicians* by Pories and Thomas; basics of obstetrics are covered more comprehensively in *Office Procedures in Family Practice: An Illustrated Guide* by Mayhew and Rodger; and the philosophy and rationale behind basic office procedures are emphasized more in Gillette's *Procedures in Ambulatory Care*. None of these books, however, cover the newer, more technological procedures.

Most primary care physicians will find this book a valuable, current, comprehensive, and economical addition to their library. A caveat: read the thousand words, but take some of the illustrations with a grain of salt.

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Essentials of Clinical Geriatrics (3rd Edition). Robert L. Kane, Joseph G. Ouslander, and Itamar B. Abrass. McGraw-Hill, Inc, New York, NY, 1994, 542 pp, \$30.00. ISBN 0-07-033473-0.

The authors' stated goal for this book is to serve as a practical guide for primary care physicians and other practitioners providing care to elderly persons. It is my opinion that the authors have hit their mark in this remarkable and inexpensive paperback. The third edition continues the legacy of earlier versions but also updates clinical information and addresses

recent changes in health care delivery for the elderly.

The book is divided into three sections. The first provides an overview of older people and how the effects of aging alter patient care. The second is a review of common geriatric syndromes and their management. The final section deals with general management strategies.

The book is so well written that the amount of information it contains is deceptive. Unlike many texts, the book is easy to read and provides an excellent overview of geriatrics. Its length and readability make it an excellent text for residents or students on geriatrics rotation. I have also recommended it to physicians planning to take the Certificate of Added Qualification examination in geriatrics. Although this book alone will not provide adequate preparation for the examination, all the physicians who used it found it helpful.

A particularly useful feature is the large number of tables, charts, and graphs in the text. These summarize important points and are beneficial for reviewing a section or planning a lecture. They also are valuable as a quick reference for issues related to patient care. The appendix contains useful geriatric medical forms that could be adapted for use in an individual practice.

Although I am an enthusiastic fan of this book, purchasers should be aware of its limitations. Since the book focuses on the big picture, it is inadequate for someone seeking a thorough review of a content area; for that purpose, several comprehensive geriatric texts are more suitable. Nor is it intended to be used as a geriatric handbook in which you might quickly look up specific or detailed treatment plans for the patient sitting in your office.

To repeat, *Essentials of Clinical Geriatrics* is a readable, up-to-date book that truly lives up to its stated goals. I strongly recommend it for the health care provider seeking either an overview or a review of the field.

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Oxford Handbook of Clinical Medicine (3rd Edition). R.A. Hope, J.M. Longmore, T.J. Hodgetts, T.S. Ramrakha. Oxford University Press, New York, NY,

1993, 852 pp, \$21.95. ISBN 0-192-62115-7.

The *Oxford Handbook of Clinical Medicine* was first published in 1985. This third edition has been expanded dramatically to include new chapters on radiology and oncology. Numerous other new topics include major disaster, burn, and blast injuries, and a section on emergency procedures.

There are a number of new pages on essential epidemiology, health economics, experts and expert systems, impairment, disability and handicap, stroke, falls, hypertension, kinder intervention, geriatric medicine, travel advice, needle-stick injury, tuberculosis with AIDS, atrial septal and ventriculoseptal defect, acute renal failure, vascular disease, hemochromatosis, hyperviscosity syndrome, and thyroid-related eye disease.

This book is intended principally for use by medical students and house officers. Each subject is covered in 1 to 2 pages. Its contents provide a clinical guide to rapid diagnosis and treatment of the patient. In order to cover the multitude of systems and individual diagnoses included, the descriptions are brief and to the point. They are adequate for a prompt review of nearly any clinical situation a young physician might encounter.

It should be noted that this book is written by British authors. Because many of the medications are from the British formulary, they do not always coincide with US drugs available. This may result in some confusion. Unfamiliar British terms also frequently show up in the text.

Because the text includes a huge volume of information in a pocket-sized book, the print is extremely small. Therefore, it is readable only in bright light. A primary concern with the book is that the paper it is printed on is very thin, and the type from the reverse side of the page shows through, further complicating its readability.

With these limitations in mind, the reader should remember that this is one of the best-selling clinical handbooks ever printed, and the reasons are very simple. It is broad in its coverage of disease states and situations. It is as up to date as any textbook can be, considering print time and new developments. Finally, it is written in a concise manner that allows for a rapid review of each topic, with information about diagnosis and treatment options readily available.

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Software Reviews

Gary N. Fox, MD, Section Editor

FEE(CALC), Version 1.1 (1994). National Business Systems, 1830 Westland Rd, Cheyenne, WY 82001 (1-800-426-3167): \$349.

DOCUMENTATION: 15-page easy-to-read booklet.

HOW SUPPLIED: One 3.5-in. 1.44MB disk.

HARDWARE REQUIREMENT: IBM-compatible computer with at least 1 floppy drive and hard drive, DOS 2.0 or later, 512K RAM, printer capable of 15-20 pitch.

MOUSE SUPPORT: No.

TOLL-FREE CUSTOMER SUPPORT: Yes.

DEMONSTRATION DISK: Yes.

MONEY-BACK GUARANTEE: No.

RATING: Good.

The yearly drudgery of setting office fees has been eased considerably with the introduction of *fee(calc)*. Using McGraw-Hill's relative value system and calculated conversion factors, *fee(calc)* determines fees for thousands of Current Procedural Terminology (CPT) codes within minutes. The system assigns relative value to each procedure code using a criteria-based value system. The criteria take time, skill, severity of illness, and risk into consideration. *Fee(calc)* finds your office's conversion factors in the areas of medicine, surgery, radiology, or laboratory medicine.

The program is easily installed following the simple instructions in the accompanying manual. The main menu provides the user with a choice of either printing a fee schedule or calculating average office conversion factors. On initial use, one should choose to calculate conversion factors. The task is carried out by following the simple prompts. By entering 15 of the codes used most commonly in the office and their current corresponding fees, an average conversion factor is calculated. This statistical mean can be corroborated by entering a second set of data for comparison.

Once the conversion factors are determined, the Print Fee Schedule option

can be selected from the main menu and the CPT codes to be included in the personalized schedule entered. The program quickly multiplies the aforementioned conversion factor by the relative value for each requested code. A fee schedule is then printed in numerical order, listing the code number, alpha description, and calculated fee. Where appropriate, printed codes are highlighted with a status indicator that shows whether the code is new, changed, deleted, or a "starred" procedure.

Several options are included in the software package. One option allows for the separation of professional components and total value units for pulmonary, neurology, and neuromuscular specialties. Another allows for the printing of workers compensation payment schedules for any given state. The radiology section calculates professional, technical, and total fees separately.

The technical support telephone number will give answers to any posed questions. The relative values are updated quarterly and are specific for each region of the country. Purchase of *fee(calc)* requires a current subscription to *McGraw-Hill's Relative Values for Physicians*. The annual cost of the subscription and quarterly updates for *fee(calc)* total \$249.

Practically speaking, one should allow 3 hours to understand, load, and run the program. The fees generated closely matched those commonly used by this reviewer. Understandably, there was more variation in the fees used less frequently.

Fee(calc) delivers on its promise to base office fees on a nationally accepted relative value standard. It provides a straightforward, rapid management tool for practices and takes out the drudgery, guessing, and excess time spent when calculating fees.

I would recommend *fee(calc)* for any family physician who has access to a computer and desires a more efficient and accurate method of calculating fees.

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