Reviews of Books and Software

Book Reviews

Thank You for Smoking. Christopher Buckley. Random House, New York, NY, 1994, 288 pp, $21.50. ISBN 0-6794-31748.

Picture this: the lead lobbyists for the Tobacco Institute, the National Rifle Association, and the Alcohol Industry, otherwise known as the MOD Squad (Merchants of Death), meet for lunch once a week in Washington to discuss how these three bastions of freedom in America protect public health. Or picture this: the chief lobbyist for the tobacco institute is kidnapped by "anti-smoking Nazis" and covered with 100 nicotine patches. He is found lost, naked, delirious, and in atrial fibrillation at the Washington Monument.

If these scenarios sound a bit bizarre, then you will truly enjoy reading Christopher Buckley's latest book, *Thank You for Smoking.* As a satiric novelist, Buckley brings total irreverence to the topic of smoking and health in his latest book. His star character, Nick Naylor, is the chief spokesman for the Academy of Tobacco Studies. With aliases as transparent as his characters, other star figures include well-known figures in health circles, tobacco circles, and government. This book is wonderfully well written, light, and easy to read. It is one of those books that you want to read from cover to cover at one sitting, if at all possible. Buckley has obviously done much research in preparation for this book, and his knowledge of tobacco industry arguments is impressive. Some individuals in tobacco control may even want to study his book for clues as to how the tobacco industry actually goes about marketing and defending its products.

There are many entertaining surprises and turn of events in this book, which make for a bit of suspense. Readers will want to pick up the book to find out: who did put the 100 nicotine patches on Nick Naylor? Or, what happens to tobacco industry lobbyists after they lose their jobs? Some people in public health may be offended, for Buckley has few kind words for "health fanatics" throughout most of the book. Because the story is told through the eyes of tobacco industry spokespeople and because Nick Naylor is a genuine folk hero, it is much easier to sympathize with some of his rationales. After all, as Nick replies when asked why he does what he does, "It pays the mortgage."

There are many things avid tobacco control researchers and advocates can learn by reading this book. Foremost, it offers keen insight into how tobacco industry strategists really think. Written in satire, this book illustrates that truth is often stranger than fiction. For instance, when confronted by the question "How can you sleep at night?" Nick Naylor responds, "I think the issue is . . . whether we as Americans want to abide by such documents as the Declaration of Independence, the Constitution, and the Bill of Rights . . . anti-tobacco hysteria is not exactly new. You remember, of course, Murid IV, the Turkish sultan." Or, while talking with a reporter about an article in *The New England Journal of Medicine,* Nick says, "Where are the data?" When Nick appears on the Oprah Winfrey show, he finds he is there along with the head of the National Organization of Mothers Against Smoking, the Director of the Office of Substance Abuse Prevention, the Executive Director of the National Teachers Association, and an adolescent with cancer. When one of the adult panelists blasts Nick for causing cancer in the adolescent, suggesting that Nick should feel guilty, Nick says, "Oh, why don't you leave him [the kid] alone and stop trying to tell him how he ought to feel. If I may say so, this is typical of the attitude of the Federal government, saying, 'We know how you feel.' It's the same attitude that brought us prohibition, Vietnam, and 50 years of living on the brink of nuclear destruction." Get the point?

Many times while reading this book, I found myself stepping back for a minute and saying to myself, "Hey, he's making fun of me, while the tobacco industry itself is getting away with killing 10 million people a year worldwide." I also wondered whether this book was going to cause more or fewer people to smoke. Then I realized that humor and satire are very important literary as well as public health tools. I am now convinced that tobacco control advocates can learn a lot by reading this book, not the least of which will be to hone their media advocacy skills. *Thank You for Smoking* can be used in future tobacco control courses and lectures in many creative ways. It will stimulate not only discussion and controversy but also lots of laughter. We can all bring a little more laughter into the truly pathetic lives of those that are pushing tobacco control products at children. Perhaps we can even do as Dr Alan Blum has recommended: "Laugh the drug pushers out of town."

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Orthopaedic Radiography. Bruce W. Long, and John A. Rafert. W.B. Saunders, Philadelphia, Pa, 1995, 566 pp, $65.00. ISBN 0-7216-6649-3.

According to the preface, "This book is based on the premise that proper orthopaedic radiography requires the same depth of understanding and skill as any other area of practice of radiology. It was written to address the need for comprehensive coverage of specialized radiographic positions and projections applicable to orthopaedic practice." After using this text for 3 months, I can say these statements are true.

The text contains numerous drawings and radiographs that are organized by anatomical system: thumb, hand, wrist, elbow, shoulder, spine, pelvis, hip, knee, ankle, and foot. Each section starts with an overview of the usual injuries and abnormalities one might encounter, including rates of various types of injury. Following this is presentation of routine radiography and specialized radiography.

Specialized radiography might best be summed up as, "The patient hurts right over this bone, but the routine film looks okay. Could you get me a better view of this bone?" The specialized radiography section shows how to get a better view of a particular area.

Four icons help readers understand the illustrations: a brain denotes the rationale for performing the position or projection; a hand denotes a description for the position; an eye denotes what the viewer should be looking at and/or for on the film; and an x-ray jacket denotes a case study illustrating the application of this technique.

Black-and-white photographs might have been more helpful in illustrating positions than are the anatomical drawings used in this text. It would have been helpful to include at the beginning of each section a picture of the anatomy with the

names of each bone highlighted in that section. This type of aid would be particularly useful to primary care physicians who only occasionally see films but would like to use correct anatomical descriptions when discussing results or referring patients to colleagues.

The premise of this book is good. Physicians need to know what they are ordering when they ask for films and what they are looking at on the films. For this purpose, the overview and routine radiology sections are cogent clinical reading. However, out of over 450 radiographic studies performed at our primary care facility during the 3 months this text was available to our staff, we had not one request for a special study. While this text would add greatly to the library of a radiology department or orthopedic office, my recommendation to family physicians is to take a couple of hours to visit the medical library and review the portions of this text that are of interest to you.

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DSM-IV Made Easy: The Clinician's Guide to Diagnosis. James Morrison. The Guilford Press, New York, London, 1995, 317 pp. ISBN 0-89862-569-6.

I am suspicious of any book written for idiots, dummies, or that otherwise purports to make a subject easy. Perhaps this is snobbery, or a perversion of the work ethic, but most likely, it is simply unresolved disappointment over the failure of *Cliffs Notes* to bail me out as an undergraduate in the liberal arts. I compensated by developing a categorical preference for original source material over distillations, simplifications, and other derivatives. Thus, I came to my review of James Morrison's *DSM-IV Made Easy* prepared to discover and describe what it could not do for you; this predisposition was aggravated by already having invested extensively in learning and using the *DSM-IV*, and elaborating on its limitations in the primary care setting.

To what problem is this book the answer? Even the most enthusiastic advocate of the *DSM-IV* manual will admit to that work's density and complexity. The novice who attempts to use it during a clinical encounter may have difficulty finding the proper point of entry into the manual and may become overwhelmed by the level of specificity and detail. If this is true for mental health professionals, it is even more so for primary care clinicians, who find not only a structure that assumes fairly extensive prior knowledge in order to navigate efficiently but also much material that is utterly irrelevant to the content of primary care, and an orientation that is sometimes at odds with primary care diagnostic thinking.

DSM-IV Made Easy is written for mental health professionals. It follows the same assumptions and basic organization as the *DSM-IV*. In other words, Morrison's goal is to make the *DSM-IV* easier to understand and use, not to adjust it to the primary care setting or agenda. Within this important limitation, Morrison has produced an utterly successful book. He completely blew away my preconception that a simplification could not take a reader beyond its original source material. He has written a volume that is shorter, simpler, and more clinically alive than the original *DSM-IV* without sacrificing much of the obsessive detail or meticulous specificity that is its signature strength. His prose is clear and vivid, core concepts are explicated, and all technical and ambiguous terms are defined. His clinical vignettes are wonderful: they are sympathetic yet humorous, colorful yet penetrating, brief yet clinically complete. These vignettes are the best I have encountered in the clinical literature and are useful as exemplars for anyone who writes case-based material.

The abundant strengths of this guide should prove beneficial to any mental health practitioner who needs to gain facility with the *DSM-IV*. Unfortunately, family physicians are not mental health professionals. We are primary care clinicians. Mental disorders occur in only one fourth of our patients, and the vast majority of these disorders are covered by a slender fraction of the material covered in the *DSM-IV* manual. Moreover, these mental disorders tend to coexist with medical diagnoses and to have somatic presentations. For these and other reasons, the *DSM-IV* does not work well in the primary care setting, and *DSM-IV Made Easy* does not help here.

The *DSM-IV-PC* was developed to deal with these problems by using presenting complaints as points of entry into diagnostic algorithms; by removal, simplification, or abbreviation of diagnoses uncommon in the primary care setting; and by emphasizing somatic presentations and medical comorbidity. Unfortunately, the tone of the *DSM-IV-PC* is similar to that of the *DSM-IV*: formal and didactic.

Thus, *DSM-IV Made Easy* solves one set of problems and the *DSM-IV-PC* solves another. If Morrison could be persuaded to write *DSM-IV-PC Made Easy*, primary care physicians would have a truly useful volume.

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HIV/AIDS: Primary Care Handbook. Cynthia G. Carmichael, J. Kevin Carmichael, and Margaret Fischl. Appleton & Lange, Norwalk, Conn, 1995, 228 pp, $14.95. ISBN 0-8385-3557-7.

This text was intended by its family physician authors to serve as a clinically relevant and concise reference for clinicians who provide ambulatory human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS) care. It could also serve as an introductory text for primary care physicians who completed their training before the onset of the HIV epidemic.

The spiral-bound, pocket-sized text contains 15 chapters and an appendix. The frequent use of headings and subheadings, as well as an index with over 650 entries, make it relatively easy for the busy practitioner to locate desired information. Another convenient feature is the inclusion of a perforated "pull-out" medication card.

Chapters are ordered in a seemingly logical fashion. The first two address epidemiology and HIV testing. Although not exhaustive, the section on pre- and post-test counseling covers key issues that should be addressed with patients.

The next seven chapters present the basics of HIV/AIDS care and include guidelines for the initial patient visit and follow-up examination. The flow charts and tables in the chapter addressing the diagnosis of common complaints in HIV-infected patients further contribute to the text's practicality. In contrast, the lack of attention to the social and psychological issues confronting HIV patients in this and subsequent sections of the book is somewhat surprising given the obvious biopsychosocial ramifications of the disease.

The inclusion of separate chapters devoted to women, children, and health care workers is commendable; however, at times, information is presented so superficially as to have no clinical value. For example, in the chapter on women, refer-

ence is made to the treatment of opportunistic infections during pregnancy, but no guidelines are given. Another example of this excessive brevity is the three-line discussion of encephalopathy in HIV-infected women and children, which advises readers to select another source for essential details.

The remaining three chapters address nutrition, experimental therapies, and commonly used medications. Each contains relevant information, although the chapter on medications is the most likely to require frequent revision. Fortunately, the authors have promised annual updates of the text.

The appendix contains a medley of items such as the Centers for Disease Control and Prevention (CDC) classification information for HIV infection in adults and children, an example of a living will protocol, and a list of patient and practitioner resources. Unfortunately, the CDC guidelines for children are already outdated. Perhaps the authors should have arranged with the publishers to add or revise information as close as possible to the time of printing so that the text would be the most current source of information available.

At $14.95, the handbook represents good value for practitioners despite the need to replace it annually to stay abreast in the field. For readers primarily interested in the fundamental aspects of HIV medical care, John G. Bartlett's pocket-sized handbook published by Williams & Wilkins, *The Johns Hopkins Hospital Guide to Medical Care of Patients with HIV Infection*, represents stiff competition at $10.00 a copy.

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Software Reviews

THE GAME OF YOUR LIFE. Health Care Data Software. 5311 Mount Pleasant North Drive, Greenwood, IN 46142. $99.

HOW SUPPLIED: Approximately 1400K (3.5 in.) diskette.
DOCUMENTATION: None.
HARDWARE REQUIREMENTS: IBM compatible with Windows.
TOLL-FREE CUSTOMER SUPPORT: None listed.
DEMONSTRATION DISKS: Included on program disk.
TRIAL ARRANGEMENTS: Not specified.
RATING: Marginal.

The Game of Your Life (Life) is a health risk appraisal program designed for use by patients in physicians' offices as patient education aids. Patients interact with this Windows program by choosing statements relating to their lifestyles and health habits. In return, patients gain feedback in the form of estimated life expectancy.

Installation of *Life* is accomplished simply by an "install" instruction that transfers files to the hard disk and creates the Windows icon in Program Manager. Unlike most install routines for Windows programs, this one must be run from a DOS "a: prompt" rather than from Windows "file-run." The program will produce sound effects if a sound card is available, but sound is not necessary for playing. Subsequent access is gained by clicking on the icon in Windows Program Manager.

Upon accessing *Life*, the patient is introduced to the "coach" and then asked to give information regarding sex, height, and weight. Feedback is immediately returned regarding weight:height for sex (eg, "you are 20 lbs overweight"), as well as an estimate of life expectancy based on these data.

After entering preliminary data, a series of screens follows. These screens ask about the patient's environment, social support, diet and exercise, eating habits, preventive health practices, past medical history, and genetics. Different statements may be generated depending on the sex of the person taking the test. Examples of statements include: "I am tense and nervous much of the time," "I live in a city, suburb, rural community," "I always wear my seat belt," etc. Other statements refer to tobacco, alcohol use, routine exercise, and stress level without specific quantifications. There are a total of six screens from which users may choose among 55 statements.

The patient clicks all statements that are applicable. For each statement a user highlights, a quotation appears on the screen. Some quotations are educational and relate to the specific statement, but many are irrelevant. (If the user considers this feature a nuisance, it can be disabled.) At the end of each screen rather than with each question, patients obtain feedback stating whether their answers represent gained or lost life years, and the estimated life expectancy is updated. With sound enabled, patients will hear cheers if they gained years, or a disappointed "Awww" if they lost years. Certain statements are weighted more heavily than others; however, it is not clear to the patient which lifestyles/habits cost more years because the years gained or lost are provided only on completion of the screen.

The concept of *The Game Of Your Life* is novel; however, it fails to optimally educate patient-users. The patient does not gain an understanding of which lifestyle issues are most important. On completion of the game, there is a sense of passing or failing without knowing the most significant contributing factors. *Life* would be better if it included a summary presented on completion. This summary could provide information regarding which of the patient's habits are beneficial and increase life expectancy and which are detrimental. Suggestions for lifestyle changes and the associated increase in life expectancy could also be summarized. The quotations that appear on the screen when statements are selected should be either made relevant to the statements or eliminated.

Life is best used as a tool for introducing patients to the variety of behaviors, environments, and medical conditions that may have long-term impact on their health. The limited content and inconsistent feedback of this program will only frustrate patients by not providing a more detailed evaluation. Additionally, grouping the many and variable components of the game into a "win" or "lose" category is a disservice in that it negates healthy practices of the "losers," or excuses poor health practices of the "winners."

Overall, the concept behind *Life* is fine for introducing patients to the concepts of health maintenance visits and lifestyle coaching by the physician. However, until its implementation is improved, it would seem that few physicians would choose to have patients use it.

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