Book Reviews

Primary Care Secrets—Questions You Will Be Asked . . . Jeanette Mladenovic (ed). Hanley & Belfus, Inc, Philadelphia, Pa, 1995, 475 pp, $33.95. ISBN 1-56053-105-03.

Primary Care Secrets—Questions You Will Be Asked . . . is the latest addition in the unique and popular Secret Series which was originated by the late Dr Charles Abernathy, who cleverly acknowledged the time-honored Socratic educational approach in written format. This particular edition of the Secret Series is aimed at medical students, residents, attending physicians, and other health care providers who must develop and maintain a practical and scholarly breadth of knowledge to deliver appropriate health care in the ambulatory care environment.

Primary Care Secrets is organized into 16 sections covering a total of 110 topics commonly encountered by health care professionals in the outpatient setting. Ten of the 16 sections are organized around health care topics related to specific organ systems. The remaining 6 sections include topics related to health maintenance (including a well-written chapter on ethnic diversity and disease), behavioral medicine, gender-specific care, care of special patients, abnormalities of routine screening tests, and drug interactions.

Each chapter topic utilizes a question-and-answer (Q&A) format with an average of 15 to 25 questions per ambulatory care topic. The discussion of the answers is based on evidence recently appearing in the medical literature. Text, charts, tables, and figures from the medical literature have been added into the discussion as appropriate. At the conclusion of each chapter is a bibliography of recent articles used to support the Q&A format, which the reader will find very useful.

Family physicians may find some fault with *Primary Care Secrets* with respect to two areas: the complete exclusion of family physicians from the contributing authors, who include non-family practice generalists and medical and surgical specialists and subspecialists; and the paucity of pediatric topics, which include only the subjects of immunization and the adolescent patient, and therefore will not satisfy the typical family physician's appetite in this category. (For pediatric content, *Pediatric Secrets* is available in this series.)

Despite these two minor criticisms, I believe that *Primary Care Secrets* deserves a place on the family physician's office bookshelf. It serves as a nice complement to two other ambulatory reference manuals for the practicing clinician, the Little, Brown spiral-bound *Manual of Clinical Problems in Adult Ambulatory Care* and the Lange clinical manual *Ambulatory Medicine: The Primary Care of Families.* Whereas both the Little, Brown and Lange manuals focus on patient presentation and therapeutic regimens, I found the *Primary Care Secrets* Q&A format of addressing primary care topics from the rational, scientific, and cost-effective perspective a stimulating approach to revisiting familiar primary care patient encounters.

I think most family physicians will find *Primary Care Secrets* to have a practical impact on updating their knowledge base regarding common ambulatory care problems. Family physicians who mentor medical students and/or family practice residents in the office setting will find *Primary Care Secrets* an invaluable teaching resource.

Thomas M. Naughton, MD, MPH
Bayview Family Health Center
Medical College of Wisconsin
Milwaukee, Wisconsin

General Sonography: A Clinical Guide. Beth Anderhub. Mosby-Year Book, Inc, St. Louis, Mo, 1995, 414 pp, $44.95. ISBN 0-8016-7421-2.

General Sonography: A Clinical Guide sets a lofty goal for itself in its preface. It wants to teach the reader to think like a sonographer, which the author likens to a detective coalescing the clinical history and the displayed sonographic patterns into a plan, deciding where else to look and what else to look for. Its author, who has taught for 11 years, states that it is meant to be an introductory course text. There is an instructor's manual, which was not available for this review. Even slides of the sonograms are available from the publisher.

As a text, it is 400 pages with 553 ultrasound illustrations. What is extremely good about the text is that every picture has a heading that describes the type of scan it is, ie, transverse or longitudinal. They are of good to excellent quality, and I found that they were enhanced when drawings of the anatomy of the region were included. The book would have been improved by the inclusion of a chapter on color Doppler rather than interspersing this information throughout the text. Unfortunately, the text does not include Doppler pictures.

Its scope is all-inclusive. The first half of the book addresses the liver-biliary system, pancreas-urinary system, adrenal glands, general abdomen, spleen, thyroid, parathyroid, scrotum and prostate, and breast. The second half of the book involves obstetric and gynecologic ultrasound.

Two drawbacks of the book are that it is written specifically for student ultrasound technicians, not physicians, and that references are listed at the end of each chapter in alphabetical format, meaning that during the chapter the first reference cited might be reference 10.

The first chapter, entitled Liver/Biliary, includes the only section on the clinical problem, obtaining the clinical history, and where to find that in the chart. It is meant as a general overview, but I believe the reader would have been better served had this information been put in a separate introductory chapter. There is no such section at the beginning of the other chapters, and should I skip the first chapter and begin with the pancreas instead, I would miss that whole introduction. None of the reviewers for the book were physicians. No separate section for emergency ultrasound is listed.

Delving further into the Ob/Gyn section, I found that many of the chapters refer to obstetricians and make no mention of the family physician. At least one reference number is incorrect (no. 13 for Chapter 16). Referencing multiple pages separately at the conclusion of chapters when they are all from the same book is mildly annoying.

There is no separate section on dealing with the nonviability of the fetus and how the technician should approach this with a patient who is watching the screen. In fact, in one paragraph, it is referred to as "death of the embryo," which some readers might find objectionable.

Is this a good book for a family physician? The answer depends on the physician's sophistication level and goals. As an introductory text for ultrasound, it is excellent. However, it is oriented toward sonographers rather than physicians.

Len Scarpinato, DO
Department of Family Medicine
Medical College of Wisconsin
Milwaukee, Wisconsin

Bibliography

Dr Mark Deutchman of the Department of Family Medicine at the University of Colorado offers the following annotated list of other texts on ultrasound that might be of interest to family physicians:

1. *Ultrasonography in Obstetrics and Gynecology*, 3rd Edition. Callen PW, ed. WB Saunders Co, Philadelphia, Pa, 1994 (This is the newest edition of a thorough and respected text. It is probably the best overall text for the beginner and useful as a reference. At approximately $80, it is reasonably priced low for such a thorough and high-quality text).

2. *Clinical Sonography: A Practical Guide*, 2nd Edition. Sanders R. Little, Brown, & Co, Boston, Mass, 1991 (A general text covering obstetrics, gynecology, small parts, and vascular as well as physics).

3. *The Principles and Practice of Ultrasonography: Obstetrics & Gynecology*, 4th Edition. Fleischer AC, Romero R, Manning F, Jeanty P, Everette J. Appleton & Lange, Norwalk, Conn, 1991 (Comprehensive text, including chapter on clinical management).

4. *Atlas of Ultrasonographic Artifacts and Variants*, 2nd Edition. Sanders RC. Mosby-Year Book Medical Publishers, Inc, St Louis, Mo, 1991 (Covers general abdominal and small parts as well as obstetrics and gynecology).

5. *A Thinker's Guide to Ultrasonic Anatomy*, 2nd Edition. Powis R, Powis W. Urban & Schwarzenberg, Imprint of Williams & Wilkins, Baltimore, Md, 1984 (Unusual explanation of the intricacies of ultrasound physics and wave formation).

6. *An Atlas of Normal Fetal Ultrasonography Anatomy*, 2nd Edition. Bowerman R. Mosby-Year Book Medical Publishers, Inc, St Louis, Mo, 1991 (An essential text and reference).

7. *Atlas of Ultrasound Anatomy*. Swobodnik W, Hermann M, Altwein JE, and Basting RF. Thieme Medical Publishers, New York, NY, 1991 (Correlates anatomic cross-sections with sonographic images).

8. *General Ultrasound*. Mittelstaedt C. Churchill Livingstone, Inc, New York, NY, 1992 (General text excluding obstetric and gynecologic applications).

9. *Endovaginal Ultrasound*, 2nd Edition. Goldstein SR. Wiley-Liss, New York, NY, 1991.

10. *Transvaginal Sonography*, 2nd Edition. Timor-Trisch IE, Rottem S. Elsevier, New York, NY, 1991.

11. *A Practical Guide to Ultrasound of Fetal Anomalies*. Hegge F. Raven Press, New York, NY, 1991 (Brief but concise atlas. Very well illustrated).

12. *Diagnostic Ultrasound of Fetal Anomalies: Text and Atlas*. Nyberg D, Mahony B, Pretorius D. Mosby-Year Book Medical Publishers, St Louis, Mo, 1990.

A Practical Approach to Occupational and Environmental Medicine (Second Edition). Robert J. McCunney (ed). Little, Brown, & Co, Boston, Mass, 600 pp, $59.95. ISBN 0-316-55534-7.

The American College of Occupational and Environmental Medicine planned to revise their *Handbook of Occupational Medicine*, but the result was so expanded and changed in scope that they decided to change the title. The book's stated purpose is to help all parties involved in occupational health to advance the healthfulness of the workplace.

This text is not only clinically useful but includes administrative information as well. It is divided into five sections: Occupational Medicine Services, Occupationally Related Diseases, Evaluating a Health Hazard or Work Environment, Challenges in Occupational and Environmental Medicine, and Environmental Medicine.

The first section reviews regulatory process and the administrative aspects of occupational medicine. Chapters on the Americans with Disabilities Act, disability/impairment evaluation, and drug testing will be of use to most family physicians. Other units, such as accreditation of occupational health clinical centers, are focused on the occupational medicine specialist. Overall, this section points out the complexity of occupational medicine and the need to prepare and update to provide the comprehensive services expected.

The second section deals with occupationally related illnesses, generally by organ system. The chapters on pulmonary, musculoskeletal, and skin have some particularly helpful tables on differential diagnosis. Skin diseases are detailed by occupation. There is a good discussion of the evaluation of work capability in the cardiovascular disorders chapter. The chapter on arm pain in the workplace is excellent. Overall, the section could be improved by more units presented in the problem-based format.

The third section focuses on evaluating a health hazard or work environment. The chapter on occupational disease describes a well-organized process using four steps to assess a suspected occupational disorder and helpful tables relating symptoms to specific exposure. The chapters on industrial hygiene, epidemiology, medical surveillance, and risk assessment will be particularly useful to the family physician who functions as a company doctor. The unit on medical center occupational health has an excellent table summarizing work restrictions for health care workers with infectious diseases ranging from scabies to hepatitis.

The section on challenges in occupational and environmental medicine has generally useful units on reproductive hazards and workers compensation. The rest of the section is more applicable to physicians engaged in full-time occupational medicine. The section on environmental medicine pulls together information on the environment and health, providing a useful reference compilation. There are six appendices that have excellent reference value.

A Practical Approach to Occupational and Environmental Medicine is an expansive text that details the subject area in a generally useful format. It is better organized than some other occupational

medicine texts, but is still not optimal as a clinical resource for the practicing physician. As a reference for the breadth and administrative aspects of occupational and environmental medicine, however, it is excellent. The tables alone are probably worth the cost of the book. The book is definitely worthwhile for the family physician whose practice includes occupational medicine.

Gerald Suchomski, MD
SIU Family & Community Medicine
Springfield, Illinois

Software Reviews

THE ELECTRONIC ONION: THE LITTLE BLACK BOOK OF PRIMARY CARE PEARLS AND REFERENCES. Text version, 1993, W.W. Norton, Inc, 500 Fifth Avenue, New York, NY 10110. Electronic version, 1995, Educational Research Laboratories Inc, 4051 Bunting Ave, Fort Worth, TX 76107 (1-800-575-3754).

DOCUMENTATION: 16-page booklet.

HOW SUPPLIED: 1 Macintosh or PC diskette.

HARDWARE REQUIREMENTS: Newton MessagePad 100, 110, or 120 (Apple Computer, Cupertino, Calif) or Marco (Motorola Corporation, Schaumberg, Ill) handheld computer. A Macintosh or Windows-compatible computer is needed to install the software. The software requires 2.4MB of RAM on the handheld computer, and, therefore, a 4MB or larger PC-CARD is needed.

MOUSE SUPPORT: Not applicable. (Newton MessagePad is a pen-based computer.)

TOLL-FREE CUSTOMER SUPPORT: 1-800-575-ERLI or by e-mail at erli@metronet.com

MONEY-BACK GUARANTEE: No.

Many of us have carried around a little notebook, jotting down "clinical pearls" as they are dropped before us by residents, faculty, and colleagues. Dan Onion, MD, MPH, director of the Maine-Dartmouth Family Practice Residency, has been a little more compulsive than most and has actually compiled his pearls from the past 20 or more years in a book accurately entitled *The Little Black Book of Primary Care Pearls and References* (*Black Book*).

Most "pearls notebooks" never seem to be at hand when most needed. The Education Research Laboratories Inc. (ERLI) electronic version of *Black Book* for the Newton MessagePad helps solve that problem. Because I use my Newton as an organizer, address book, calculator, fax machine, and medical "scut" list, it is with me all the time. Adding the capabilities of *Black Book* to my Newton puts information at my fingertips wherever I am.

Black Book is organized by system or specialty, such as cardiology, bacteriology, fungal infections, and health maintenance, and within each major category by specific diseases. Each disease is then organized by the following categories: cause, epidemiology, pathophysiology, symptoms, signs, course, complications, lab, x-ray, and treatments (both preventive and therapeutic). Also included is a glossary of medical and journal name abbreviations. Installation is rapid and foolproof, as it is for any Newton application.

The book consists of 2355 "Newton pages," with each page on the Newton's screen holding approximately 18 lines of 50 characters per line. The top of each screen displays the name of the disease, a series of buttons to access other ERLI electronic books and other programs on the Newton, and three different search strategies (Figure). It takes approximately 7 seconds from the time the Newton is turned on to the time the program is ready to use as a reference, and 1 to 2 seconds to turn each "page." In preparing this review, I used *Black Book* for 4 months in inpatient and outpatient settings.

One advantage of any well-designed electronic reference, including *Black Book*, is the ability to search for information in different ways. Five different search strategies are possible for *Black Book*. First, a table of contents pops up by pressing the Overview button. This is good for getting an overview of the topics covered, but is an inefficient way to find information. Second, pressing the Az button pops up a Rolodex-like list of letters, which allows the user to quickly access a list of topics beginning with a particular letter. However, because only 24 topics can be displayed at once, it can take quite a while to scroll through the list to find the topic of interest (for example, 190 topics for the letter "c"). Third, one can use the Newton's built-in Find button to search for words not indexed by *Black Book*. Searching "Framingham" generates a list of 8 topics. While thorough, these searches take up to a minute because the entire 2.5MB file must be scoured.

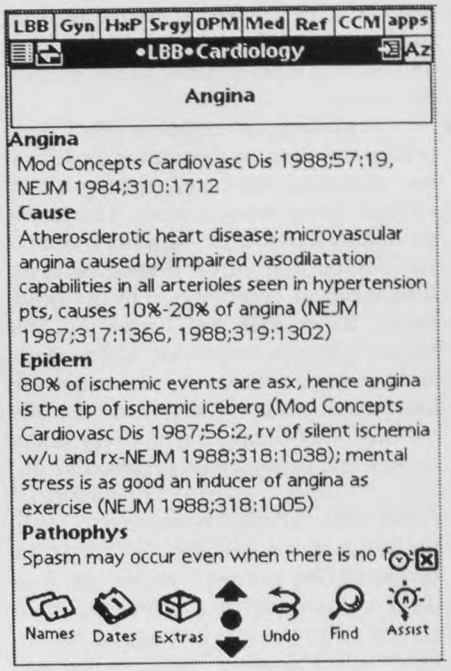

Figure. Above is a typical screen in *The Little Black Book*. It shows the text area and the MenuBar at the top.

The most useful search strategies involve the built-in disease and symptom indexes. Searches of these indexes are based on a miniature keyboard and a list of the first nine matching topics in the alphabet. Typing a letter takes you to that point in an alphabetic list of diseases, with each successive letter narrowing the search quite rapidly. For example, when looking for "congestive heart failure," typing "c" takes you to "calcitonin," "co" takes you to "coarctation of aorta," and so on, until "conges" takes you to "congestive heart failure." A diamond next to a topic name means that there are several places in the book where this topic appears, and selecting the topic name pops up this list for you to further select the specific reference.

The final strategy is most useful for undifferentiated problems, and consists of a symptom index accessed by pressing another button. It works the same way as the disease index, with progressive narrowing of the list as letters are typed. However, while searching for "dyspnea" in the disease index generates a motley list of 8 items, searching for the same term in the symptom index generates a much more complete list of 26 diseases and syn-

dromes. This is a terrific way of generating hypotheses for a differential diagnosis and helping students or residents prepare for rounds.

Regarding the content of *Black Book*, perhaps its greatest strength is the liberal use of journal references, making it easy to learn more about a topic. The text is written in a terse style with many abbreviations, putting a great deal of useful information on every page. On the other hand, *Black Book* has limitations. Dr Onion's text is somewhat idiosyncratic and there are omissions. For example, in the section on atypical pneumonia, the "X-ray" subheading has nothing under it, and lists *Mycoplasma pneumoniae* under "Primary atypical pneumonia," rather than "atypical pneumonia." Also, the frequent use of references dating back to the 1970s, and even the 1960s, is of some concern. Finally, some important clinical information is lacking, eg, searching "vaginal bleeding" yields no mention of endocrine causes; indexing is inconsistent, eg, although there is a useful section on "angina," searching the symptom index for "chest pain" will not help you find it. It happens too often that searches result in lists of esoteric diagnoses without providing the most important elements of the differential.

The electronic text includes some equations and diagrams, including a detailed table of heart murmurs and an arterial blood gas nomogram. Finding the nomogram, however, is difficult because it is indexed under "acid-base" rather than "arterial blood gas" or "nomogram." I hope that the next edition of this text includes hypertext links to allow quick jumps from one topic to another by clicking on the linked word, plus more consistent and thorough indexing, and greater attention to outpatient management of common problems.

The *Electronic Onion* is a useful reference, made more helpful by being searchable in several ways and available at my fingertips on a handheld computer. After several months, I still refer to it daily and, despite its limitations, use it more often than any text reference because it is always at my side. Most physician questions go unanswered, in large part because it takes too long to find an answer; electronic references such as *Black Book* promise to change that.

Mark H. Ebell, MD, MS
Wayne State University
Detroit, Michigan

Tips from Practice

Recognition of Iritis

Iritis is an eye condition that is easily misdiagnosed, as this condition, along with allergic or viral conjunctivitis, has the appearance of pinkeye. Acute iritis produces a red eye with severe photophobia. Chronic iritis produces a similar but milder clinical picture, and the degree of photophobia may be minimal.

Iritis may be caused by ocular conditions including scleritis, keratitis, herpetic infection, ocular surgery, and blunt trauma. Left untreated, it may lead to glaucoma, cataract, and optic nerve atrophy, finally resulting in blindness. Iritis can also be related to systemic diseases, such as ankylosing spondylitis, Reiter's syndrome, Behçet's disease, syphilis, juvenile rheumatoid arthritis, and inflammatory bowel diseases.

The diagnosis of iritis requires careful examination because of the subtle differences between the appearance of iritis and that of conjunctivitis. Because of the inflammation of the iris, iritic eyes often demonstrate poor pupillary reaction, iris adhesion to the lens, irregular pupils, and haziness of the cornea. These abnormalities can be easily detected with a slit-lamp, or if this instrument is unavailable, an inexpensive 28-diopter (7× magnification) self-illuminated magnifier.[1]

A classic sign of iritis is the perilimbal conjunctival injection or flush. Because the perilimbal conjunctival blood vessels share the same blood supply with the iris, an iritic eye shows a ring of redness around the cornea. This sign is useful in differentiating iritis from conjunctivitis, which causes uniform conjunctival injection. However, the presence of flush is not universal, and the absence of this sign does not exclude iritis.

Most cases of iritis are acute and unilateral at the time of presentation. Iritis can be accurately detected by covering the affected red eye and shining a penlight into the contralateral eye. Consensual pupillary reflex causes sharp pain in the covered eye only if iritis is present. This test, Au's sign,[3] also works for bilateral conditions, although the effect is less dramatic. The diagnostic value of Au's sign has not been tested for chronic iritis, and it is significantly less accurate in patients who have received topical cycloplegic agents, such as atropine and tropicamide.

The diagnosis of iritis has significant consequence to the eye and may lead to discovery of an underlying systemic disease. Clinical findings such as iris abnormalities, corneal edema, and perilimbal injection offer clues to this condition. Au's sign of consensual photophobia is simple and diagnostic, and should be used on patients in whom this disease is suspected.

Yue-Kong Au, MD
Department of Ophthalmology
Louisiana State University
Medical Center–Shreveport

References

1. Au YK, Patel JP, Au V. Eye exam instrument. J Fam Pract 1995; 40:515.
2. Au YK, Henkind P. Pain elicited by consensual pupillary reflex: a diagnostic test for acute iritis. Lancet 1981; 2:1254–5.
3. Henkind P, Priest RS, Schiller G. Compendium of ophthalmology. Philadelphia, Pa: JB Lippincott, 1983:369.

Tips from Practice

Do you have a practical solution to a common problem faced by family physicians? If so, share it with fellow readers of *The Journal of Family Practice*.

Tips from Practice should be 250 to 500 words in length, typed, and double spaced. Address to *The Journal of Family Practice*, 519 Pleasant Home Road, Suite A-3, Augusta, GA 30907.