REVIEWS OF BOOKS & SOFTWARE

BOOK REVIEWS

Illustrated Textbook of Pediatrics. Tom Lissauer and Graham Clayden. Mosby/Times Mirror International Publishers, St Louis, Mo, 1997, 330 pages. ISBN 0-7234-1657-5.

The first thing I noticed about this book was that the title on the cover, *Illustrated Textbook of Pediatrics*, is *not* the title on the title page (*Illustrated Textbook of Paediatrics*). Further examination solved the mystery. Dr Lissauer is a consultant paediatrician and Dr Clayden is a reader in paediatrics, as they both hail from London. Mosby has wrapped a British paediatrics text in a more Yank-friendly cover.

What I like about this first edition is stated in its title (both of them): it is illustrated. All the graphs and charts and almost all the photographs are in color. The illustrations of rashes and other physical findings are striking. The text is current with therapies, mentioning surfactants for respiratory distress syndrome and gene therapy for cystic fibrosis. Growth and development receive adequate discussion. There is also a section dealing with HIV infection.

What don't I like? The *Illustrated Textbook of Pediatrics* is slim, only 330 pages, compared with 2245 pages in the 15th edition of the *Nelson Textbook of Pediatrics*. It is most appropriate for medical students on their first general pediatric rotation. The detail is scanty. For instance, in the section "Common Genital Disorders in Female Children," we learn that vulvovaginitis or vaginal discharge in young girls sometimes " . . . results from sexual abuse, and swabs should be taken to identify any pathogens." That is it. Anencephaly rates a three-sentence paragraph, without an illustration. Hydranencephaly merits no mention at all. When therapy was included, I had to hunt for drug selection and dosage. Hepatitis B immunization shows up in a chart, but with no schedule. Bicycle accidents are noted to be "common," but there is no recommendation for helmet use. Some information is wrong; in the section on immunizations, MMR is recommended for children with HIV because it is safe.

Is it very troublesome to read a text written by two Brits? Probably not, but you must not wince at each "whilst." And you must tolerate colloquialisms such as "pen torch" for "pen light" and "napkin rash" for "diaper rash." And you must remember that the British spelling is sometimes different from ours; for example, placing an "a" before an "e." This may not seem too onerous, but when I searched the index for "hemolytic-uremic syndrome," it was not there. "Haemolytic uraemic syndrome," however, was halfway up the page. Additionally, the growth charts in the Appendix are normed for the United Kingdom and include curves for the 0.4th and 99.6th percentiles. The laboratory (with the accent on the second syllable) values are listed with normals in mmol/L. I know that technically we in the United States should be doing the same, but at least our textbooks reference values in mg/dL alongside the international units. Parochial references to the 1981 and 1993 Education Acts in England and Wales (acts to protect the rights of children with disabilities and learning difficulties) and others, while interesting in themselves, do not pertain to US children. And then there are the drug names, some of which we use (paracetamol for acetaminophen, for example) and others, like monosulfiram, that are not available here.

Would I purchase this text? Probably not. Will I refer to it now that it sits on my bookshelf? Maybe for the photographs, and occasionally for the text.

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Primary Pediatric Care, Third Edition. R. A. Hoekelman, S. B. Friedman, N. M. Nelson, H. M. Siedel, and M. L. Weitzman. Mosby Year Book, St Louis, Mo, 1997, 1897 pp. ISBN 0-8151-4547-0. $99.95

Primary Pediatric Care is a real heavyweight, both in terms of the size of the book (almost 1900 pages) and in the large and impressive list of contributors Dr Hoekelman has assembled.

Although the contributors are academics and teachers, they have done a remarkable job in dealing with issues that confront the practitioner. Traditionally, pediatrics textbooks put together by professors deal with unusual and obscure disorders. This book has a totally different focus. The purpose of the text is to provide pertinent information relative to the aspects of health and disease that are the major concerns of physicians who care for children. The assembled knowledge is essential to teaching students, residents, and fellows, as well as clinicians.

The book focuses on determinants of health and disease, and the reader is referred to other sources when information of a greater depth is required. Rare diseases and esoteric points in etiology, pathophysiology, and therapy are not included here. The authors attempt to address five major questions in each section: (1) What does the primary care provider need to know about the condition or disease to recognize it? (2) How should the conditions be managed? (3) When should the conditions be

managed? (4) What can the primary care provider expect a consultant to do for the patient? and (5) What role should the primary care provider play in the management of care after a referral has been made?

This text is written from the perspective of pediatricians. Dr Hoekelman spends time discussing factors changing the future of primary pediatric practice "over which the individual physician has little or no control," such as the decreased birthrate, particularly in populations served by most pediatricians, and the rapid increase in medical knowledge and technology.

There are fascinating and very unusual aspects to some of the issues presented in this text. For example, Chapter 4 covers legal and ethical issues for the pediatrician. Brief comments about the legal system, terminal illness, minors as organ donors and research subjects, brain death, and how to avoid being sued are included. There are also a number of chapters relating to adolescent behavioral problems. While directed at the pediatrician, the information is also useful for family physicians.

This text would be a valuable addition to any physician's library. Program directors certainly would find it extremely valuable in residency-training programs. The fact that this is the third edition speaks to its acceptance and success. The book is heavy and the price is heavy, but this is a must-have.

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21st-Century Miracle Medicine: Robosurgery, Wonder Cures and the Quest for Immortality. Alexandra Wyke. Plenum Publishing, New York, NY, 1997, 350 pp. ISBN 0-306-45565-X. $26.95.

"The future of healthcare may be very simple. . . . Technology will literally transform medicine, dismissing all possible doubt that we can look forward to a universally hale and hearty future." If you believe these words (the first and last sentence of *21st-Century Miracle Medicine*), you may enjoy the pages in between.

The author, who has a doctorate in biochemistry and is a journalist for *The Economist*, has written a book for the general public, rather than the scientific or medical audience. On the basis of her tours of laboratories around the world, conversations with medical and scientific professionals, and her own social and political views of the future, Dr Wyke attempts to predict the future of medicine for the next 50 years.

After a somewhat starry-eyed look at futurist biotechnologies, including robotic surgery, genetic engineering, and computerized diagnostic and treatment systems, she develops an enjoyable fictional account of the Evermore family's medical problems in the year 2050. We see that personal medical monitoring devices, robotics, telecommunications, and new delivery systems allow the diagnosis and treatment of 5-year-old Elixir Evermore's scarlet fever at home. And Mr. Evermore's unfortunate wound from a drive-by shooting is repaired in an ambulance traumapod equipped with an operating room. All of this happens with the minimal involvement and meddling of fallible medical professionals. Hospitals do not exist, doctors are mainly exponents of "social healing" as they dispense placebo cures, and technology runs the show.

I bristled throughout the book at Wyke's recurrent criticisms of medical doctors. She details our faults and the failures of our system to deliver the kind of care that patients deserve. The journalist in Dr Wyke fires away at the political, cultural, economic, and philosophical organization of medicine. Some of the word choices and her occasionally negative tone can be insulting to hard-working, dedicated physicians.

Dr Wyke's personal politics are obvious: wholehearted support for Clinton's health care plan, and a distrust of corporations and large organizations. Paradoxically, she believes that the technologies developed by large research establishments are the solution to our ailing health care system.

21st-Century Miracle Medicine is a bit too long for the general reader, not sufficiently comprehensive for the technophile, and not helpful for patients seeking high-touch rather than high-tech answers to their health needs. Most physicians will not wish to wade through the polemics to extract the rare bits of new data that are also available elsewhere.

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Sutton's Law. Jane M. Orient and Linda J. Wright. Hacienda Publishing, Macon, Ga, 1997, 299 pp. ISBN 0-9641077-1-6. $21.95.

Sutton's Law is a frightening novel that reveals the dangers of any system in which managing care is synonymous with managing cost. The novel makes it clear from the first page who wears the white coats and who wears the black ones. Maggie Altman, MD, is an intern you have to love, a competent clinician who knows what her patients need. It does not take much of a mystery buff to determine which characters control the system and which ones care about their patients. The plot twists and turns, but seldom deviates from a clear sense of good and evil. Dr Orient and Ms Wright add enough details about managed care, computerized medical care guidelines, and the world of finance to make the world of the novel very similar to any real-life, big-city trauma center or internal medicine residency.

I would have enjoyed a little more character development. We know greed is a powerful motivator. But what turns a physician from caring for patients to caring only about the bottom line? What can convince a physician that dollars justify murder? Can this happen to anyone in a corrupt system, or do the people make the

system corrupt?

This novel is a quick read that I will share with other physicians and with managed care administrators. I do not believe that the literary value warrants sharing it with my friends who are medical care consumers. *Sutton's Law* is another expression of the appropriate concerns that arise when we rush to turn medical care into a business first and a community resource second.

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Software Review

SOAPware, Version 3.0, 1997, for Windows 95. DOCS Inc, 1443 West Sunset, Springdale, AR 72764; (800) 455-SOAP.

PRICE: $299. Customization available for an additional fee.

DOCUMENTATION: Easy-to-follow user's manual with black and white illustrations. "Getting Started" video training series included. Manual includes step-by-step installation instructions.

HOW SUPPLIED: CD-ROM with one 3.5" SOAPware licensing diskette. Also available in 3.5" diskette format.

HARDWARE REQUIREMENTS: IBM-compatible PC running Windows 95/NT 4.0 or higher, 486/66 or better (Pentium recommended), VGA or higher resolution monitor, 6MB of RAM (24 to 32 needed with certain optional modules), 50MB of free hard drive space. Pointing device necessary; also pen compatible.

CUSTOMER SUPPORT AND ORDERING: Toll-free ordering and customer support: 800-455-SOAP (800-455-7627). 30-day free telephone support. Fee-based and fee-for-service extended support arrangements. Internet-based support and newsgroups are available free.

DEMONSTRATION DISKS: 3.5" floppy; also available on the Internet at http://www.docs.com

GUARANTEE: 30-day return policy (purchase price minus 10% restocking fee.)

RATING: Very good

SOAPware, an electronic medical record (EMR) software program, derives its name from the familiar patient-encounter format of "Subjective, Objective, Assessment, and Plan." It was designed by a family physician for those who want to make their medical practice more efficient and their time with patients more productive through the use of an EMR. The designers state that *SOAPware* can save time, reduce malpractice risk, increase payments, and improve patient education. I believe these goals can be fulfilled by the use of this software.

The software manual and videotape make loading the software effortless. As a stand-alone application, it loads in minutes. Instructions for networking are also provided. Networking allows access to the same records from multiple computer terminals and thus helps coordinate input from the front office, nurses' stations, and the physicians.

The software is very user-friendly. The opening screen is a graphical representation of a patient chart. The tool bar contains easy-to-follow headers, so users can go into the chart rack and create a new patient chart or access an existing one. In the demographics section, information including social security number, insurance provider, and date of birth can be entered (Figure 1). The patient's vital signs can be tracked from various encounters. A complete history can be entered in the summary field (Figure 2), where active problems, inactive problems, surgeries, medications, allergies, family history, tobacco and alcohol use, interventions, review of sys-

FIGURE 1

The demographics section of *SOAPware* contains information such as insurance provider and date of birth.

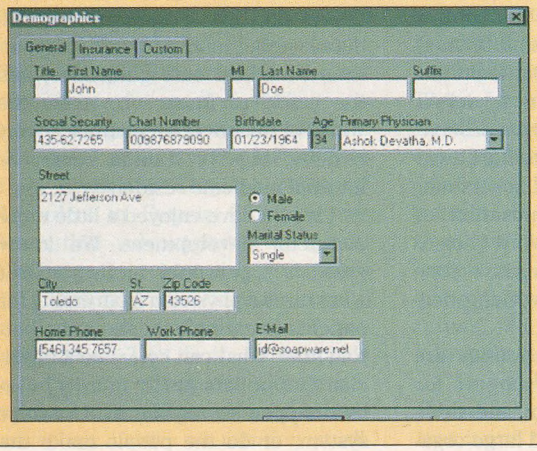
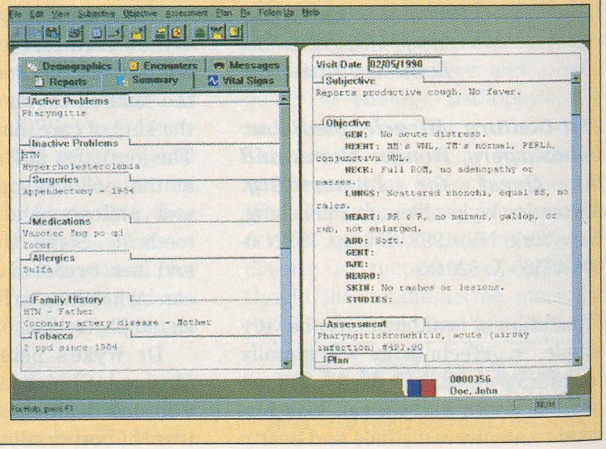


FIGURE 2

An illustration of *SOAPware*'s summary screen and a SOAP note.



tems, and physical examination are stored. I did not see special sections for additional social history or obstetric/gynecological history. The reports section contains space for laboratory, radiology, pathology, and consultation reports. Data can be either imported or entered manually into the reports section. I found it easier to scan and import data, but such graphical input requires a lot of hard disk storage space.

The software includes more than 250 templates for SOAP-formatted office visit notes (Figure 2). These templates can be used as is or modified to suit the user. Although the supplied templates are useful, I made my own to match my personal style and patient population. With the new Medicare documentation guidelines, these preexisting templates can be used to support levels of billing. The medications list is automatically updated according to the current SOAP note if the user clicks on the "store" button. Information in the summary field can be appended onto the SOAP note and vice versa, which can save a lot of time. Users may set up *SOAPware* so that the ICD-9-CM codes appear when diagnoses are entered, and *SOAPware* has provisions to support multiple HMO formularies. Users can make any changes in a SOAP note until it is "signed"; once signed, the documentation for that encounter becomes unalterable. Pertinent patient handouts can be accessed and printed easily. I was unable, however, to customize existing handouts except by retyping the information to create new handouts.

Excellent Help menus make *SOAPware* templates easy to form. Users can format reports; document history and physical examinations; and customize prescriptions, bills, consultation requests, discharge summaries, and much more. For security, *SOAPware* requires a user ID and password for access. Networks with users who need different levels of access can be customized for a fee. Theoretically, *SOAPware* was programmed with open architecture; that is, third-party drug databases, patient education software, and so on, can be easily integrated into the system.

As an inexpensive program, *SOAPware* has some limitations. I found no provisions to flag dangerous drug interactions, create patient health-maintenance reminders, or log immunization history. With my non-networked, single-license version, only one patient record could be open at a time. Within this record, only one element of the record could be viewed at one time. I could find no function in the software for creating backup disks for the vital patient database files. If one were to use a paperless record, such backup would be absolutely essential. There is also no intrinsic function to search for all occurrences of a diagnosis or medication (essential for research or in case of a drug recall) or to create reports of all patients needing certain health-maintenance procedures. Backup and search functions are so integral to the idea of EMR that these should have been included, even if it required raising the price. The *SOAPware* data files are compatible with the Microsoft Access database software, however, so sufficiently sophisticated users may be able to accomplish some of these functions.

I particularly liked *SOAPware*'s ease of use and short learning curve, the rapid access to patient information, and the nicely organized charts. I believe this software has potential for use by residents, residency-training programs, physicians in solo or group practice, and midlevel providers, especially if backup and search functions are added.

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