

# Software review

*Philip Timms and Tom Harrison*

**Comprehensive Textbook of Psychiatry/VI CD-ROM.** By HAROLD I. KAPLAN and BENJAMIN J. SADOCK. London: Williams and Wilkins. 1996. £169.

Arthur C. Clarke has made the point that any sufficiently advanced technology has the appearance of magic – and so it is with multi-media computing. The CD-ROM in your shirt pocket carries enough text, sound and images for a small library. New software programs are able to combine these media in ways that are both arresting and informative – magic indeed. And the word on the streets is that the printed page, our information super-highway for the last 600 years, will soon become obsolete. So, as two apprentices to the sorcery of information technology, we were anxious to see these new spells working and willing to be astounded.

The Comprehensive Textbook of Psychiatry CD-ROM is a US-produced program drawing on a standard US printed text, incorporating AYD's Lexicon of Psychiatry, Neurology and the Neurosciences. It is useable by both IBM-compatible and Apple Macintosh computers and is supplied in the standard software pack the size of a large hardback novel. Most of this is redundant packaging, the main function of which seems to be to disguise that all you are getting for your money is a CD disc and an exiguous booklet.

## Setting up the program

If you are familiar with the Windows system, fine. If not, you will have to learn. Its reputation as an intuitive, user-friendly system is a myth. For ourselves, the main obstacle was finding the instruction manual. After hunting across the outside of the box and throughout the various paper enclosures, we finally identified it posing as the label of the CD-ROM, apparently a common arrangement. This clearly unmask us as a pair of oldies who are so out of touch that we do not even know how CDs are packaged.

The installation was quick and simple under both Windows 3.1 and Windows 95, but there were problems with finding the right machine to run it properly. We tried four different personal computers (PCs), all of which exceeded the minimum requirements stated on the packaging

(Windows 3.0, 4 MB of RAM, 386 processor and 2 MB of free disk space). These ranged from a 66 MHz machine with 8 MB of RAM running Windows 3.1, to a 120 MHz machine with 16 MB of RAM running Windows 95. The first computer refused to acknowledge the existence of the program. The others worked well on the whole, but we experienced problems with the display in one of the machines running the more modern Windows 95. This may have been to do with the video display card, a software conflict, or . . . any number of things. Which merely illustrates that you need clairvoyant powers to know if a piece of software will run on any specific machine.

## Using the program

The opening screen described itself as the **Search** window and displayed panels that stated **Select All**, **Clear All** and a question mark. Intuitive? Hardly, and nothing else in the display indicated their purpose. We were forced to resort to the primitive practice of reading the manual, which was actually reasonably clear. As it happened, these enigmatic commands referred to the fact that the encyclopaedia is presented not as one volume, but as four – the chapter on drug treatments, the index and AYD's Lexicon being presented as separate volumes. So, you can choose which and how many of these volumes to search.

## Finding information

Having established this, we were able to carry out searches and these performed efficiently and quickly. Our only Boolean quibble was the absence of an 'or' option. The program ran reasonably briskly, with no unreasonably long waits for screens to appear.

Where multiple criteria are involved, you can adjust the precision of your search by defining the proximity of the terms for which you wish to search in each section of text. For example, we performed a search on 'habituation' and 'schizophrenia'. Specifying that the words used as search criteria should be adjacent to each other in the text generated no citations, specifying that they should be within 10 words of each other produced five, specifying no proximity spewed out 1689.

On the other hand, if you wish to explore the contents of one of these volumes as you would a book, another button will take you into a table of contents, similar to that at the front of a paper book. Here you can descend the tree of headings and sub-headings until you find your chosen subject. Quaintly old-fashioned, but oddly satisfying.

#### *Using information*

Having by either route identified the text you want to read, what next? Reading them as you might read a book is uncomfortable, requiring enough mouse clicks to ensure forefinger repetitive strain injury. Fortunately, pages can be easily printed out, producing a clearer and more uniform presentation than photocopies. However, no indication was given of the page numbers and sub-sections of chapters in the book from which the selected text came. No indication of authorship was present either, necessitating either manual annotation or further printouts. There is no facility, as in Medline, for copying selected excerpts to a holding file for later editing and printing. There is a 'bookmark' system, whereby an extract can be marked for future reference. This results in a list of extracts, but without the facility to print them out together or to save them under a separate subject heading.

Tables and pictures were not embedded in the main text, but could be displayed by 'clicking on' portions of highlighted text with the mouse. Most of the tables thus displayed could not be seen on screen at once and printed out poorly, often split between sheets. Images of computer-assisted tomography (CAT) scans seemed at first to be very nifty, but although they were small enough to fit on the screen they obscured the explanatory text. This was fatal for reviewer P.T., who has difficulty in distinguishing a CAT scan from a Rorschach. We were entertained by the pictures of tablets that could be conjured by 'clicking on' the highlighted medication name. One of these revealed that haloperidol tablets sold in the USA have a bat-shaped cut out. All great fun, but unlikely to be of much use in this country where drugs may be supplied in a variety of guises depending on the manufacturer with whom your trust has placed their contract.

The index was comprehensive but virtually useless as the page references it supplied were not represented in the electronic text of the encyclopaedia. It was not possible to jump from a selected subject in the index to its place in the main text. The references are poorly handled, being located at the end of each section or 'chapter' without any marker for them in the text. It is not therefore possible to go directly to

your reference from the text. This is a pity, as the power of the hypertext system should have made this easy. As it is, you either scroll through pages of text to the end of the chapter or use the table of contents to locate the references for the section which interests you.

Help is supplied via the clumsy standard Windows help facility, which obliterates the bulk of the screen with a bewildering array of options. It would in many places be more useful to have 'bubble' help, whereby a small explanatory block of text appears when you rest the cursor on a key for more than a second or so. Moreover, some of the icons listed in the help screens were different from those in the program itself.

Overall, how easy was it to use? It took us each around four hours and a lot of head-scratching to become familiar enough with the package to use it with ease.

#### **Comment**

What is the function of a comprehensive textbook? In days gone by, knowledge bases changed relatively slowly and so a book might well remain up-to-date for some years after its publication. Not so now. The evidence-base burgeons on a daily basis, knowledge lagging slightly behind. Contemporaneous and comprehensive information can be accessed relatively easily using tools such as Medline, by-passing the possibly inappropriate selection process performed by the editors of any single volume. So, is not any 'Comprehensive Textbook' - of psychiatry or anything else - likely to be a contradiction in terms? One major advance over paper in informational terms is that such a source can be updated at regular intervals, with no more painful waiting for the next edition. In which case it would perhaps be more usefully re-invented as a *developing* textbook. Portability is another potential advantage, but is entirely dependent on having the right equipment available and the musculature to match.

Our experience of searching on topics that interested us was that the level of information was fairly basic, as is the case with most textbooks. This may be enough to get a general sense of the area or for the purpose of examination cramming. For any meaningful clinical or research exploration, the vital question that presents itself to any user is 'where do I go from here?' And this is inevitably to the original references, which in this program are unnecessarily difficult to access.

In spite of its undoubted potential, we do not feel that the Comprehensive Textbook of Psychiatry CD-ROM works as well as a paper textbook. Use of the index in the book was far

more efficient and flexible than the cumbersome approach dictated by the program. Moreover you can browse in comfort rather than having to sit at your PC. Printouts of text were very clear, but this advantage was lost when diagrams and tables had to be printed over more than one page, separated from the main text. Overall, this program was interesting but limited in its usefulness, failing to measure up to the standards set by popular lay CD encyclopaedias. So, for these two disappointed sorcerer's appren-

tices, the spells don't seem to be working yet. But we're sure that, any day now . . .

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