

BRIEF SUMMARY OF
PRESCRIBING INFORMATION
POLYMOX® (amoxicillin)
Capsules, Oral Suspension and
Pediatric Drops (2) 8/20/74

For complete information, consult Official
Package Circular.

Indications: Polymox® (amoxicillin) is
similar to ampicillin in its bactericidal ac-
tion against susceptible strains of Gram-
negative organisms—*H. influenzae*, *E.*
coli, *P. mirabilis* and *N. gonorrhoeae*; and
Gram-positive organisms—Streptococci
(including *Streptococcus faecalis*), *D.*
pneumoniae and nonpenicillinase-
producing staphylococci. Culture and sen-
sitivity studies should be obtained. Indi-
cated surgical procedures should be per-
formed.

Contraindications: A history of a previous
hypersensitivity reaction to any of the
penicillins is a contraindication.

Warning: Anaphylaxis may occur, particu-
larly after parenteral administration and
especially in patients with an allergic diath-
esis. Check for a history of allergy to
penicillins, cephalosporins or other al-
lergens. If an allergic reaction occurs, dis-
continue amoxicillin and institute appro-
priate treatment. Serious anaphylactic re-
actions require immediate emergency treat-
ment with epinephrine, oxygen, intrave-
nous steroids and airway management.

Usage in Pregnancy: Safety for use in
pregnancy is not established.

Precautions: Mycotic or bacterial superin-
fections may occur. Cases of gonorrhea
with a suspected primary lesion of syphilis
should have darkfield examinations before
receiving treatment. In all other cases where
concomitant syphilis is suspected, monthly
serological tests should be performed for a
minimum of 4 months. Assess renal, hepat-
ic and hematopoietic function intermit-
tently during long-term therapy.

Adverse Reactions: Untoward reactions
include: glossitis, black "hairy" tongue,
nausea, vomiting and diarrhea, skin rashes,
urticaria, exfoliative dermatitis, erythema
multiforme and anaphylaxis (usually with
parenteral administration). Anemia,
thrombocytopenia, thrombocytopenic pur-
pura, eosinophilia, leukopenia, and agr-
anulocytosis have been noted, are usually
reversible and are believed to be hypersen-
sitivity phenomena. Moderate elevations in
SGOT have been noted.

Usual Dosage: Adults—250 to 500 mg,
orally q. 8h. (depending on infection site
and offending organism). Children—20-40
mg./Kg./day orally q. 8h. (depending on in-
fection site and offending organisms).
Children over 20 Kg. should be given adult
dose.

Gonorrhea, acute uncomplicated—3
Gms. as a single oral dose (see PRECAU-
TIONS).

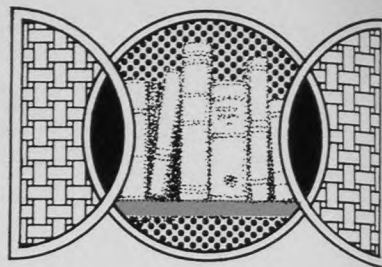
Serious infections, such as meningitis or
septicemia, should be treated with paren-
teral antibiotics.

Supplied: Capsules—250 mg. in bottles of
100's and 500's. 500 mg. in bottles of 50's
and 100's. Oral Suspension—125 mg./5
ml. and 250 mg./5 ml. in 80 ml. and 150 ml.
Pediatric Drops—50 mg./ml. in 15 ml. bot-
tles with marked dropper.

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Book Reviews



**Psychosocial Basis of Medical Practice:
An Introduction to Human Behavior.**
*Charles L. Bowden and Alvin G.
Burstein. The Williams & Wilkins
Company, Baltimore, 229 pp., \$8.95.*

This excellent book would be more
correctly subtitled as an introduction
in the whys and wherefores of human
behavior. The preface reflects the
authors' undoubted difficulties in con-
vincing disease-oriented medical stu-
dents to appreciate behavioral science
as a science, and as a necessary diag-
nostic and therapeutic tool. Since it
seems that students accept this point
of view later rather than sooner in the
course of their medical education, this
book would also be well suited for
family practice residents and for
seasoned physicians.

The narrative is divided into two
major sections: "Working with Pa-
tients" and "The Life Cycle: Growth
and Development." Section Three is a
one chapter finis entitled "Physician
Heal Thyself."

In the first chapter, Dr. Bowden,
the senior editor, describes the
doctor-patient relationship from the
standpoint of the physician's own
personality. His discussion identifies
personal factors such as role in-
security, conflict between the need for
closeness and distance, and embar-
rassing or repugnant areas which may
influence the physician in his relation-
ship with the patient. The first chapter
also includes a reminder that problems
of living often present as physical
symptoms.

In the first chapter of the second
section are the interesting facts that a
normal two-year-old's spoken vocabu-
lary is about 300 words, and a three-
year-old's is 1,000 with up to three
times that number of additional words
understood but not yet vocalized.

Chapter 17 ("Human Sexuality")
includes these useful revelations: 75
percent of a group of girls surveyed by
Shainess anticipated their first menses
with fear or dread despite advance

information about menstruation; in
one of every five marriages in the
United States today, the bride is
already pregnant — both important
pieces of information for family physi-
cians.

Also in the second section,
Burstein, author of the chapter en-
titled "Young Adulthood," is brave
enough to define a good marriage: "A
minimum of tension, certainty of the
esteem of one's partner, a steady
warmth of affection, the sense of
mutual support in the face of inescap-
able life crises and, perhaps centrally,
the sense of reciprocal gratification,
define the parameters of an intimate
marriage."

For a short text, the range of the
examples of human behavioral ill
health is enormous, although at least
one disease is more interesting than
relevant to many American family
practices: many indigenous Chinese
suffer from "shook yang" or shrinking
penis. The unfortunate afflicted with
"shook yang" seeks a friend or relative
to hold on to it to keep it from
disappearing into his abdomen. On the
other hand, there is an American
patient described in the same chapter
("The Anxious Patient") who first
developed stomach cramps when his
wife broke 80 for 18 holes before he
had ever been able to break 90. So
much for racial differences.

In the 16th century Paracelsus said,
"Medicine deals with the very pro-
cesses of life, which must be under-
stood before they may be guided."
This book is recommended to all 20th
century physicians who concur.

*Bernadine Z. Paulshock, MD
Wilmington Medical Center
Wilmington, Delaware*

Continued on page 414

Marital and Sexual Counseling in Medical Practice (2nd Edition). *D. Wilfred Abse, Ethel M. Nash, and Lois M. R. Loudon. Harper and Row, Publishers, Hagerstown, Maryland, 1974, 612 pp., \$14.95.*

This book is intended to improve the work of all health professionals engaged in marital and sexual counseling. Studying it and using it as a reference guide will benefit particularly those family and other primary care physicians who desire to prevent or minimize the causes of psychophysiological disturbances as well as treat the symptoms.

The book is well written by 48 qualified authorities and organized for easy readability. Many illustrative case histories are given, references are listed following each chapter, and 29 pages of double-column index are included. Appendix A is 13 pages of a practical "Marital Information Form."

The 40 chapters in the book could have been divided into seven sections under the following headings: (number of chapters in each in parentheses)

1. Understanding and treating marital and sexual disorders (12)
2. The essential functions of the physician before marriage and during early marriage (4)
3. Ages, stages, and identities in marital and sexual situations faced by the physician (6)
4. Marital and sexual components of specific illnesses or conditions (9)
5. Sexual problems of the unmarried, widowed, or divorced (3)
6. Contributions to the physician about marriage and sex from other disciplines (3)
7. The physician: his education and his personality in relation to sex and marriage (3).

A unique feature of this compendium of articles is a section entitled "Afterword" written by a professor of theology and personality. This discussion in itself constitutes a review of the book. The writer notes that 23 of the 48 contributors are psychiatrists and only one physician is identified with family practice. One portion of this section is entitled "Where is Family Medicine?" and the author goes on to state: "On the face of it, family medicine would appear to be at

least one of the white hopes to achieve the objectives aimed at by the editors and authors of this book." Later, he suggests that in future editions the space now given to psychiatrist-writers should be shared equally with family physician specialists.

*Leland B. Blanchard, MD
San Jose, California*

Emergency Treatment and Management (5th Edition). *Thomas Flint, Jr. and Harvey D. Cain. W. B. Saunders Company, Philadelphia, 1975, 794 pp., \$13.75.*

Every family physician, family practice resident, and medical student involved in emergency care should consider including this excellent reference in his or her library. It is organized in a format which expedites rapid reference through presentation of problems, complaints, principles, and procedures in emergency medicine. In addition, an extensive index provides a ready cross-reference. These features assist one in quickly developing a differential diagnosis and formulating a plan of action. As the authors state in their preface to the first edition, they have "endeavored to outline in a rapidly available form portal-to-portal care in emergency situations."

The only suggestion this reviewer would have is that a larger number of illustrations, particularly color photographs of dermatological conditions, would be of value. Those that are included are of excellent quality and complement the text. I have already used this book on several occasions and have found the format excellent. Each condition is briefly reviewed including signs and symptoms. Then, various diagnostic studies are recommended when needed. Finally, treatment plans and recommendations are made. Because this volume is designed for rapid use in emergency situations it lacks depth, and alternate methods of treatment are often not mentioned. However, one must recognize that it is meant to complement rather than replace the standard text, and in most instances these omissions will cause no problems.

*George Hess, MD
Carson City, Nevada*

Immediate Care of the Acutely Ill and Injured. *Edited by Hugh E. Stephenson, Jr. C. V. Mosby Company, St. Louis, 1974, 266 pp., \$8.50.*

This paperback publication presents an in-depth and comprehensive study of crisis medicine. Using a narrative form based on class presentations and interspersed with frequent anecdotes and case histories, this volume covers such crisis areas as immediate care priorities, cardiopulmonary emergencies, mechanical trauma, poisoning, psychiatric emergencies, and selected specialty problems. There are also some specific comments about preventive medicine.

The vast amount of material presented is well organized and comprehensive. Since much of it is taken from class lectures, however, the presentations are too wordy and often rambling, thus making it difficult for a reader to extract specific data or information quickly and concisely. Some unique chapters, such as "Rescue and Extrication," and "Esoterica: Hiccups, Fish Hooks, Rings and Such Things," further illustrate the total comprehensiveness of this publication.

The main objective is to present crisis medicine, an area often neglected in medical education, to the medical student. This book definitely fulfills this objective and will provide excellent reading and resource material for the third or fourth-year medical student. It could also serve as a good review for the busy practicing family physician and would be an extremely valuable reference in hospital Emergency Rooms or outpatient receiving centers.

*William Jacott, MD
Duluth, Minnesota*

Leg Ulcers: Medical and Surgical Management. *Henry H. Roenigk, Jr., and Jess R. Young. Harper and Row, Publishers, Hagerstown, Maryland, 1975, 265 pp., \$27.50.*

The authors' purpose in writing *Leg Ulcers* was to provide an overview of the problem and a quick reference for proper diagnosis and management. They accomplished this task in a very readable, 250-page text which is well organized, thorough, and succinct.

Continued on page 418

Are arthritics cheating themselves of anti-inflammatory benefits with Tylenol?

More and more physicians are asking this very question. For good reason. An arthritis patient's suffering doesn't stop with pain. There is still the inflammation itself—with its discomforting symptoms of stiffness, redness and swelling.

This is why salicylate therapy remains the treatment of choice over acetaminophen. And why so many arthritis sufferers are using Anacin specifically, instead of Tylenol. The fact is Tylenol does little for inflammation. Anacin not only contains more total analgesic than Tylenol tablets, Anacin also provides

anti-inflammatory benefits arthritics require.

Naturally, there are some people who have to give up the benefits of salicylate therapy because of their intolerance to aspirin; but millions take Anacin without stomach upset and without giving up anti-inflammatory relief.

Only you can decide what is best for your patients. But we know you will want to consider what your arthritic patients will be missing when they take acetaminophen. And you may well want to consider Anacin® in your recommendations.



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Continued from page 414

The authors have classified all leg ulcers into seven categories: (1) vascular, (2) vasculitis, (3) hematologic, (4) infections, (5) metabolic disorders, (6) tumors, and (7) miscellaneous. Significant history and physical findings for each type of ulcer are outlined generally in the introduction and described in more detail in each section. Sections of the book dealing with different types of leg ulcer include discussions of management.

A superb job of indexing has been done. The authors have provided a very complete index in the back of the book and a cross-index of all sections on differential diagnosis in the body of the text.

Leg Ulcers is well illustrated. There are a total of 148 illustrations depicting various forms of pathology and modalities of therapy. The illustrations add greatly to the total understanding of the material presented.

The content of this text is particularly relevant to family practice because of the frequency of occur-

rence of leg ulcers in family medicine. This reviewer would recommend *Leg Ulcers* as a useful addition to any family medicine reference library.

James T. Gascoigne, MD
University of Alabama
Tuscaloosa

Clinical Application of Respiratory Care. Barry A. Shapiro, Ronald A. Harrison, and Carol A. Trout. Year Book Medical Publishers, Chicago, 1975, 454 pp., \$16.95.

This is a very complete reference book dealing with the burgeoning field of respiratory care. The reader is impressed, first of all, by the clear-cut organization of this book and the fact that almost any problem faced in respiratory care may be found listed and explained within its pages. It is also a readable text. Respiratory physi-

ology is complex, but the authors make sincere efforts to explain even the most complicated physiology in simple terms.

There is an extensive reference index found in the table of contents as well as a complete index in the back pages of the book. In addition, 309 clinical references are cited. Regardless of what specific problem the reader faces in any respiratory case, an explanation of the physiologic pathology and therapy of the condition appears to be within the scope of this book. There are 26 chapters and the content is comprehensive.

It is my feeling that this is a valuable reference book which should be on the shelves of any residency library, and it is also recommended for the libraries of physicians who care for patients with respiratory problems in their offices, in the hospital, and in intensive care units.

Frank W. Norman, MD
Santa Rosa, California