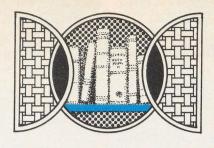
#### **Book Reviews**



Current Pediatric Diagnosis and Treatment (4th Edition). C. Henry Kempe, Henry K. Silver, and Donough O'Brien. Lange Medical Publications, Los Altos, California, 1976, 1,053 pp., \$15.00.

This is another excellent reference book published by Lange. The authors have attempted to present a concise description of the more practical and common problems in pediatrics without the exclusion of those critical but less common ones. They have succeeded in doing that. Former editions of this work were published in 1970, 1972, and 1974. This is not only the most complete but the most up-to-date of these editions. Of special note is the excellent chapter on growth and development which has essentially all of the graphs and tables necessary to differentiate the normal from abnormal. The chapter on ambulatory pediatrics is very practical and should be useful to every family physician. A number of forms and flow sheets are provided; these may be reproduced without permission of the authors which is certainly a welcome feature.

For reference purposes, chapters are presented by disease in a concise, easily understandable fashion. Of extremely practical use to the busy family practitioner are the chapters on drug therapy, diagnostic and therapeutic procedures, and interpretation of biochemical values. Illustrations are sparse but useful where presented.

This book is very well done and I recommend it highly for family physicians.

Ronald G. Blankenbaker, MD Methodist Hospital Graduate Medical Center Indianapolis, Indiana

Child Abuse and Neglect: The Family and the Community. Ray E. Helfer and C. Henry Kempe. Ballinger Publishing Company, Cambridge, Massachusetts, 1976, 760 pp., \$20.00.

The expanding focus of Dr. Kempe's work in the field of protective services for children can be appreciated from the changing titles of his publications: The Battered Child (1968), Helping the Battered Child and His Family (1972), and the present volume with its subtitle emphasis on The Family and The Community. The Preface by Senator Walter Mondale testifies to the relevance of child abuse and neglect at the level of national health policy

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### Tussionex®

(resin complexes of hydrocodone and phenyltoloxamine)

## The antitussive that goes further.

Composition: Each capsule, teaspoonful (5 ml.) or tablet contains 5 mg. hydrocodone (Warning: may be habit-forming), and 10 mg. phenyltoloxamine as cationic resin complexes.

*Effects:* An effective antitussive which acts for approximately 12 hours.

Dosage: Adults: 1 teaspoonful (5 ml.), capsule or tablet every 8-12 hours. May be adjusted to individual requirements. Children: From 1-5 years: ½ teaspoonful every 12 hours. Over 5 years: 1 teaspoonful every 12 hours.

Side Effects: May include mild constipation, nausea, facial pruritus, or drowsiness, which disappear with adjustment of dose or discontinuance of treatment.

Overdosage: Immediately evacuate the stomach. Respiratory depression, if any, can be counteracted by respiratory stimulants. Convulsions, sometimes seen in children, can be controlled by intravenous administration of short-acting barbiturates.

How Supplied: Tussionex Capsules, green and white. Bottles of 50. Tussionex Suspension, neutral in taste, golden color; 16 oz. and 900 ml. bottles. Tussionex Tablets, light brown, scored; bottles of 100. A prescription for 2 oz. of the Suspension, or 12 Tablets or Capsules, constitutes a 6-day supply in the average case.



Pennwalt Prescription Products Pharmaceutical Division Pennwalt Corporation Rochester, New York 14603 Before prescribing FASTIN\* (phentermine HCI), please consult Complete Product Information, a summary of which follows:

INDICATION: FASTIN is indicated in the management of exogenous obesity as a short-term (a few weeks) adjunct in a regimen of weight reduction based on caloric restriction. The limited usefulness of agents of this class should be measured against possible risk factors inherent in their use such as those described below.

CONTRAINDICATIONS: Advanced arteriosclerosis, symptomatic cardiovascular disease, moderate-to-severe hypertension, hyperthyroidism, known hypersensitivity, or idiosyncrasy to the sympathomimetic amines, glaucoma.

Agitated states

Patients with a history of drug abuse.

During or within 14 days following the administration of monoamine oxidase inhibitors (hypertensive crises may result).

WARNINGS: Tolerance to the anorectic effect usually develops within a few weeks. When this occurs, the recommended dose should not be exceeded in an attempt to increase the effect; rather, the drug should be discontinued.

FASTIN may impair the ability of the patient to engage in potentially hazardous activities such as operating machinery or driving a motor vehicle; the patient should therefore be cautioned accordingly.

Drug Dependence: FASTIN is related chemically and pharmacologically to the amphetamines. Amphetamines and related stimulant drugs have been extensively abused, and the possibility of abuse of FASTIN should be kept in mind when evaluating the desirability of including a drug as part of a weight-reduction program. Abuse of amphetamines and related drugs may be associated with intense psychological dependence and severe social dysfunction. There are reports of patients who have increased the dosage to many times that recommended. Abrupt cessation following prolonged high dosage administration results in extreme fatigue and mental depression; changes are also noted on the sleep EEG. Manifestations of chronic intoxication with anorectic drugs include severe dermatoses, marked insomnia, irritability, hyperactivity, and personality changes. The most severe manifestation of chronic intoxications is psychosis, often clinically indistinguishable from schizophrenia.

Usage in Pregnancy: Safe use in pregnancy has not been established. Use of FASTIN by women who are or who may become pregnant, and those in the first trimester of pregnancy, requires that the potential benefit be weighed against the possible hazard to mother and infant.

Usage in Children: FASTIN is not recommended for use in children under 12 years of age.

**PRECAUTIONS:** Caution is to be exercised in prescribing FASTIN for patients with even mild hypertension.

Insulin requirements in diabetes mellitus may be altered in association with the use of FASTIN and the concomitant dietary regimen.

FASTIN may decrease the hypotensive effect of guanethidine. The least amount feasible should be prescribed or dispensed at one time in order to minimize the possibility of overdosage.

ADVERSE REACTIONS: Cardiovascular: Palpitation, tachycardia, elevation of blood pressure. Central Nervous System: Overstimulation, restlessness, dizziness, insomnia, euphoria, dysphoria, tremor, headache: rarely psychotic episodes at recommended doses. Gastrointestinal: Dryness of the mouth, unpleasant taste, diarrhea, constipation, other gastrointestinal disturbances. Allergic: Urticaria. Endocrine: Impotence, changes in libido.

DOSAGE AND ADMINISTRATION: Exogenous Obesity: One capsule at approximately 2 hours after breakfast for appetite control. Late evening medication should be avoided because of the possibility of resulting insomnia.

Administration of one capsule (30 mg) daily has been found to be adequate in depression of the appetite for twelve to fourteen hours. FASTIN is not recommended for use in children under 12 years of age.

OVERDOSAGE: Manifestations of acute overdosage with phentermine include restlessness, tremor, hyperreflexia, rapid respiration, confusion, assaultiveness, hallucinations, panic states. Fatigue and depression usually follow the central stimulation. Cardiovascular effects include arrhythmias, hypertension or hypotension, and circulatory collapse. Gastrointestinal symptoms include nausea, vomiting, diarrhea, and abdominal cramps. Fatal poisoning usually terminates in convulsions and coma.

Management of acute phentermine intoxication is largely symptomatic and includes lavage and sedation with a barbiturate. Experience with hemodialysis or peritoneal dialysis is inadequate to permit recommendations in this regard. Acidification of the urine increases phentermine excretion. Intravenous phentolamine (REGITINE) has been suggested for possible acute, severe hypertension, if this complicates phentermine overdose.

**CAUTION:** Federal law prohibits dispensing without prescription.

Beecham laboratories Bristol, Tennessee 37620 Continued from page 902

while the Introduction by Drs. Helfer and Kempe emphasizes the importance of the subject to the health-care professional.

The goal which the authors have set forth is "to help the thousands of individuals now working in the field of child abuse and neglect to implement effective, efficient, and coordinated programs of family assessment, treatment, and learning. . . . " I believe the volume should be of great value in this effort. It is directed at all health-care professionals who become involved with abused and neglected children and has multidisciplinary authorship (this is a supposition since the authors have not been identified by background). A team approach is, in the reviewer's opinion, appropriately stressed.

The book is divided into six sections: Dysfunction in Family Interaction; Assessing Family Pathology; Family Oriented Therapy; The Community; the Family and the Law; Early Recognition and Prevention of Potential Problems with Family Interaction. As demonstrated in the section titles, the importance of the family is stressed in the dynamics leading to abuse and neglect and in therapeutic and preventive strategies. I found the discussion of predictors of abusive family situations and their potential prevention to be an extremely valuable contribution.

Although the book suffers somewhat from the multiple contributor format, the introductions preceding each subject by Drs. Helfer and Kempe served to tie the whole together very well. The early chapters present a wealth of information that serves as background for understanding the problem, and the volume also serves to present various models for intervention.

This book represents a rare achievement: it is an important work for both those with a specialist's interest in child abuse and neglect and also for those with primary responsibility for the care of families.

Robert J. Massad, MD Iowa City, Iowa Behavioral Treatment of Sexual Problems: Brief Therapy. Jack S. Annon. Harper and Row, Publishers, Hagerstown, Maryland, 1976, 166 pp., \$11.95.

Dr. Annon is a clinical psychologist who has considerable experience working with medical colleagues. The forward and statement of endorsement are by a professor of obstetricsgynecology. The subject matter is certainly relevant to the content of family medicine. An extensive review of the literature of the behavioral view of sexuality would be helpful to anyone with a special interest in sexual disorders. However, the average practicing physician would learn little from this review and would most likely not make the effort to read the original papers.

Annon's model for four levels of therapy is called P-LI-SS-IT. (P-Permission; LI-Limited Information; SS-Specific Suggestions; and IT-Intensive Therapy). This is presented clearly but certainly is not unique. This process is well known to experienced physicians. At the very point in each chapter that a physician needs help with content material, the reader is referred to other references. In order to provide limited information, the physician must have a thorough knowledge of human sexuality. In order for the physician to be effective in this therapeutic scheme, it would be necessary for him to read a number of other suggested volumes. The same problem exists with the chapter on specific suggestions. The few paragraphs that deal with specific sexual dysfunctions are too superficial to be helpful. Again the reader is referred to other references. The book is predominantly process with little content.

The book ends by mentioning another text for intensive therapy, with no discussion of this form of therapy. This volume may be appropriate for a beginning student of any of the helping professions but is too grossly superficial for experienced clinicians. Its major contribution is that of a bibliography or guide to further reading. The most helpful part of the text is Appendix E which is an

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annotated bibliography of suggested readings for patients. The entire volume ignores the importance of the human relationships in sexual behavior.

David D. Schmidt, MD Case Western Reserve University Cleveland, Ohio

Differential Diagnosis in Dermatology. G. W. Korting and R. Denk, as translated by W. Curth and H. O. Curth. W. B. Saunders Company, Philadelphia, 1976, 767 pp., \$85.00.

When I first heard, as a medical student, the statement "the skin is a window to the body," it seemed a dermatologist's delusion of grandeur. However, this text demonstrates the truth of that statement. Superb color photographs are found on nearly every page, demonstrating the dermatological manifestations of systemic disease, as well as those of primary dermatological conditions. The book is organized by cutaneous manifestations and symptoms and has an excellent index, which should assist the clinician in separating "individual diseases which resemble each other." The text is quite readable, with concise, informative sections on each syndrome. The excellent translation from the original German is above criticism.

One minor drawback is that no information on treatment is presented and one must use a standard text in conjunction with this volume. However, dermatological disorders constitute a significant portion of family practice and every family physician and family practice resident would do well to consider including this text in their library.

George Hess, MD Carson City, Nevada

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