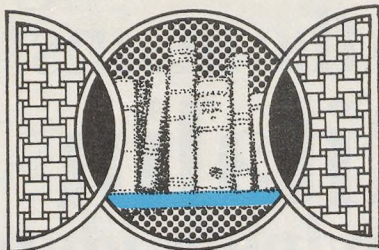


Book Reviews



Office Gynecology. Robert H. Glass (ed). Williams and Wilkins Company, Baltimore, 1976, 280 pp., \$24.95.

This book does a fine job of filling a void on the practitioner's bookshelf. The family physician, who spends most of his/her time treating ambulatory patients, deals with a great many gynecologic problems. Yet most textbooks of gynecology concern themselves largely with those serious conditions requiring hospital care and give little attention to the obvious fact that most gynecologic medical care is provided in an office setting.

Each chapter of this book is by a different author and deals with common gynecologic problems encountered in the ambulatory setting, including pelvic infections, vulvovaginitis, contraception, aspiration abortion in an office setting, the abnormal pap smear, office sex counseling, infertility, and other subjects. The authors are all clinicians despite some rather imposing academic titles.

With each chapter written by a different author or group of authors there is wide variation in quality. Some are simply better written than others. Nevertheless several of the chapters are in themselves

worth the price of the book, particularly those on pelvic infection, aspiration abortion, the abnormal pap smear, office sex counseling, and infertility. Other chapters, although less informative, also provide some worthwhile information. Many give clear concise protocols for dealing with clinical problems with enough information to enable the experienced physician to know when to deviate from that protocol. Adequate references to provide the logic for clinical decision-making are provided.

Unfortunately, the lack of color photographs detracts significantly from the chapter on vulvovaginitis. Although the chapter on rape provides much helpful information, it neglects adequate discussion of the role of a team approach in the management of victims, and the outline given for the treatment of gonorrhea is out of date.

Despite these problems, however, the experienced physician will find this book most useful as will family practice residents. I suspect my copy will be well dog-eared before long.

John A. Lincoln, MD
University of Washington
Seattle, Washington

Continued on page 202

HYCOMINE® SYRUP

DESCRIPTION Each teaspoonful (5 ml) contains:

Hydrocodone bitartrate 5 mg

WARNING: May be habit forming.

Phenylpropanolamine hydrochloride..... 25 mg

USUAL ADULT DOSE 1 teaspoonful every four hours after meals and at bedtime (not to exceed 6 teaspoonfuls in a 24 hour period).

ACTIONS Hydrocodone bitartrate is an effective semisynthetic narcotic antitussive. Phenylpropanolamine is a sympathomimetic amine which provides nasal decongestion.

INDICATIONS To control cough and to provide symptomatic relief of congestion in the upper respiratory tract due to the common cold, pharyngitis, tracheitis, and bronchitis.

CONTRAINDICATIONS Hypersensitivity to any component of the drug. Should not be used in patients receiving monoamine oxidase inhibitors.

PRECAUTIONS Use with caution in diabetes, hyperthyroidism, hypertension, cardiovascular disease and in the aged. Since drowsiness and dizziness may occur, patients should be cautioned about driving or operating machinery.

Before prescribing antitussive medication to suppress or modify cough, it is important to ascertain that the underlying cause of the cough is identified, that modification of the cough does not increase the risk of clinical or physiologic complications, and that appropriate therapy for the primary disease is provided.

ADVERSE REACTIONS HYCOMINE® SYRUP is generally well tolerated. Occasional drowsiness, cardiac palpitation, dizziness, nervousness or gastrointestinal upset may occur.

HOW SUPPLIED As an orange-colored, fruit-flavored syrup.

CAUTION Federal law prohibits dispensing without prescription. Oral prescription where permitted by State Law.

Endo Laboratories, Inc.
Subsidiary of the DuPont Company
Garden City, New York 11530



Continued from page 200

A Right to Health: The Problem of Access to Primary Medical Care. Charles E. Lewis, Rashi Fein, David Mechanic. John Wiley & Sons, New York, 1976, 367 pp., \$17.95.

The problem of access to primary medical care is one which involves the family physician more than his/her confreres in other specialties. The family physician is thus of great importance in this book which discusses "the central paradox of American medical care...that we have developed extraordinary capacities in high-technology medicine for meeting the needs of the acutely ill, but have been much less successful in providing satisfactorily for the health-care needs of people in their work-a-day lives."

One of the many strong points of this book is that it is written in the clearest of English so that even practicing physicians may understand it. In my reading experience, too often health economists talk a language seemingly meant only for each other. Several of the early statements which convinced me that these particular authors have a good concept of the realities of primary care are these: "In any given month approximately three fourths of the population have an acute or chronic illness that leads to some action, such as the restriction of activity or the taking of medication. Of these persons who report an illness during the month, approximately one third seek medical consultation." Furthermore, Mechanic (although not a physician) is fully aware that almost half of the patients of doctors at first contact present with "such vague symptoms and problems that they cannot be given a diagnosis that fits

the more specific designations of the *International Classification of Disease*."

In the second portion of the book, entitled "Past History," Dr. Charles Lewis (who is Professor of Medicine as well as of Public Health and Nursing at the Los Angeles Center for Health Sciences of the University of California) calls family practice "the Primary Care Specialty." He concludes his review of the current status of residency programs by warning that the next few years will be critical: "The quality of their output, in terms of the second generation of faculty members for such departments, and their teaching, research, and clinical competencies, may be the principal determinant of their future. In any event, these 'transplants' will require considerable fiscal nurturance by governmental agencies if their promise is to be realized."

The various state and federal programs for providing health care and for providing health-care practitioners in the decades immediately past are dispassionately analyzed by Dr. Lewis. The dollars which have been expended (so many) and the results which have been achieved (so few) are analyzed in an unusually nonpartisan fashion. To summarize most succinctly, all of the programs have been singularly less successful and more expensive than anticipated. It is also intriguing to learn that according to the most recent data available, persons with family incomes above \$15,000 per year still make more visits to doctors than their poorer peers even when the poor are covered by Medicare.

However, Rashi Fein, Professor of the Economics of Medicine at Harvard Medical School, concludes that the incremental ap-

Continued on page 206

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 HCl), 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.

Continued from page 202

proaches to the solution of American health-care problems which have been tried so far have been "neither responsible, nor sufficient." In answer to the often-voiced protest that one must walk before running, he avers that one cannot leap over a chasm in two steps.

Family physicians in practice as well as in the business of training others should certainly read his chapter, "Policy Towards Primary Care." Professor Fein is aware that "medical care is delivered at the micro level." But he considers that "it is possible for those working at that level to effectuate change—within the limits set by the overall system and its financing—in their delivery program, in their medical school, in their community."

This strikes me as unusually encouraging, a quotation we might all consider pasting on our bathroom mirrors to read every morning. If you have a big mirror, this sentence might also be included: "We are and always will be dealing with relationships that involve human beings who themselves are part of the learning experience, who are subject to many varied and changing influences, whose needs and desires alter, and whose behavior is not fully predictable. Additionally, medical care and especially primary care, involves multiple outputs that are, and will remain, difficult to measure and whose interrelationships are complex."

It is heartening to me to find this degree of comprehension of what medical practice is like by professors whose experience and reputation will undoubtedly make them activists in any of the upcoming restructurings of the health-care delivery system program under which we will all be working and living.

This book is strongly recommended to students and practitioners of all ages, specialties, and political persuasions.

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

Clinical Skills: A System of Clinical Examinations. Ian A. Bouchier and John S. Morris. W. B. Saunders Company, Philadelphia, 1976, pp. 654, \$15.50.

This soft-cover book, just a bit heavy and large for the medical student and house officer's white jacket pocket, for whom it is perhaps most applicable, presents a good review of medical interviewing.

The organization of this book, mainly by systems, renders it quite readable. The majority of illustrations are tasteful. However, many of the pictures lose effectiveness in black and white, since life colors are indicated and needed.

Most of the material discussed in this book is relevant to the content of family practice. The chapters on the nervous system and on psychiatric assessment (while the latter seems excessively long) are especially readable in view of clinical skills necessary in medicine.

This book would seem to best serve an audience of medical students and residents. It may well serve as a general overview for the practicing physician, and some might find it offers help as a pretest review of clinical examination skills.

Although it is an attractive, small, soft-covered book, I am not sure that its content fills any previously unmet need.

Loren H. Amundson, MD
University of South Dakota
Sioux Falls