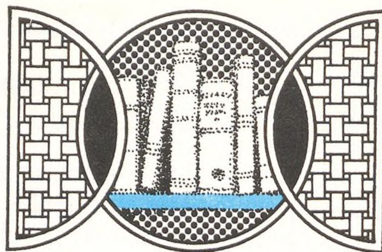
Book Reviews



Ambulatory Pediatrics II. *Morris Green and Robert J. Haggerty, (eds). W.B. Saunders Company, Philadelphia, 1977, 500 pp., $21.00.*

Ambulatory Pediatrics II makes a valuable addition to the library of any clinician who deals with children. The standard textbooks of pediatrics which serve as reference sources must of necessity catalogue a great deal of information which will be of little practical use to the average practitioner. The editors of *Ambulatory Pediatrics II* have, as the name implies, oriented their coverage toward the more common problems encountered in outpatient practice. While, as stated in the preface, "no pretense of complete coverage is made," the reader will find in this text information of a practical nature so often missing from teaching curriculums and traditional textbooks. Many authors have contributed to the book, but most have preserved the spirit intended by the editors who have strongly stated their philosophies in introductory chapters to each section.

The book is organized into three major sections. Part one, "Illnesses and Problems," is a problem-oriented approach to common clinical complaints which includes 44 chapters covering such topics as "fever," "vomiting," "headaches," "school phobia and depression," "obesity," and so forth. For each problem there is a discussion of *etiology* which deals with pathophysiology and differential diagnosis, *evaluation* which provides keys to pertinent information in history, physical examination, and laboratory studies, and *management* which gives an up-to-date account of treatment options. Part two, entitled "Health Promotion," deals with the area of preventive medicine and the concept of anticipatory guidance. Several sections deal with the structure and content of the well-child examination for infancy and early childhood, the four-to-ten-year old, and the adolescent. Other topics include developmental assessment, patient and parent education, and disturbances of parenting. The final part, "The Clinician," deals with various management and organizational aspects of ambulatory medicine. The various topics, such as "organization of the office," "the office laboratory," "records," "interviewing," and the like, could easily provide the subject matter for a separate book, but are handled here in a concise manner which complements the primary clinical orientation. In a section on behavior modification this brevity gives the reader an understanding of the concept but certainly not the depth of coverage that would allow initiation of the technique without further research.

I would strongly recommend this book to anyone involved in the primary care of children. It is an

Continued on page 628

Endep
amitriptyline HCl/Roche
Before prescribing, please consult complete product information, a summary of which follows:
Contraindications: Known hypersensitivity. Do not use with monoamine oxidase (MAO) inhibitors or within at least 14 days following discontinuation of MAO inhibitors since hyperpyretic crises, severe convulsions and deaths have occurred with concomitant use; then initiate cautiously, gradually increasing dosage until optimal response is achieved. Use not recommended during acute recovery phase after myocardial infarction.
Warnings: May block action of guanethidine or similar antihypertensives. Use with caution in patients with history of seizures, urinary retention, angle-closure glaucoma, increased intraocular pressure. Closely supervise cardiovascular patients, hyperthyroid patients and those receiving thyroid medications. (Arrhythmias, sinus tachycardia and prolongation of conduction time reported with use of tricyclic antidepressants, including amitriptyline HCl, especially in high doses. Myocardial infarction and stroke reported with use of this class of drugs.) May impair alertness; warn against hazardous occupations or driving a motor vehicle during therapy. Weigh possible benefits against hazards during pregnancy, the nursing period and in women of childbearing potential. Not recommended in children under 12.
Precautions: May exaggerate symptoms in schizophrenic and paranoid patients, or shift manic-depressives to manic stage; reduce dose or administer major tranquilizer concomitantly. Close supervision and careful dose adjustments required when given with anticholinergic or sympathomimetic agents. Exercise care in patients receiving large doses of ethchlorvynol; transient delirium reported with concomitant administration. May enhance effects of alcohol, barbiturates and other CNS depressants. Because of the possibility of suicide in depressed patients, do not permit easy access to large drug quantities in these patients. Because it may increase hazards of electroshock therapy, limit concomitant use to essential treatment. If possible, discontinue drug several days before elective surgery. Both elevation and lowering of blood sugar levels have been reported.
Adverse Reactions: Note: This list includes a few adverse reactions not reported with this specific drug but requiring consideration because of similarities of tricyclic antidepressants. *Cardiovascular:* Hypotension, hypertension, tachycardia, palpitation, myocardial infarction, arrhythmias, heart block, stroke. *CNS and Neuromuscular:* Confusional states; disturbed concentration; disorientation; delusions; hallucinations; excitement; anxiety; restlessness; insomnia; nightmares; numbness, tingling and paresthesias of the extremities; peripheral neuropathy; incoordination; ataxia; tremors; seizures; alteration in EEG patterns; extrapyramidal symptoms; tinnitus. *Anticholinergic:* Dry mouth, blurred vision, disturbance of accommodation, constipation, paralytic ileus, urinary retention, dilatation of urinary tract. *Allergic:* Skin rash, urticaria, photosensitization, edema of face and tongue. *Hematologic:* Bone marrow depression including agranulocytosis, eosinophilia, purpura, thrombocytopenia. *Gastrointestinal:* Nausea, epigastric distress, vomiting, anorexia, stomatitis, peculiar taste, diarrhea, parotid swelling, black tongue. *Endocrine:* Testicular swelling and gynecomastia in the male, breast enlargement and galactorrhea in the female, increased or decreased libido, elevation and lowering of blood sugar levels. *Other:* Dizziness, weakness, fatigue, headache, weight gain or loss, increased perspiration, urinary frequency, mydriasis, drowsiness, jaundice, alopecia. *Withdrawal Symptoms:* Abrupt cessation of treatment after prolonged administration may produce nausea, headache and malaise. These are not indicative of addiction.
Supplied: *Scored Tablets:* 10, 25, 50, 75, 100, 150 mg.

ROCHE
Roche Laboratories
Division of Hoffmann-La Roche Inc.
Nutley, New Jersey 07110

Fastin® Ⓒ IV 30 mg. (phentermine HCl)

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 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 624

excellent reference source for the private office, the outpatient clinic, or the Emergency Room, and is also a very readable book rich in philosophy and the practical experience of the editors and authors and for this reason is most appropriate for students and new clinicians.

Leland J. Davis, MD
University of California
San Francisco

Death, Dying and the Biological Revolution: Our Last Quest for Responsibility. *Robert M. Veatch. Yale University Press, New Haven, 1976, 333 pp., $12.95.*

Appearing on the scene on the heels of a virtual spate of writing on the subject, another book about death might be received with diminished enthusiasm by a jaded readership, both lay and professional. The impulse is irresistable to seek very early in the book a clear and direct statement of purpose which will offset the reader's justifiable fear of more variations on a theme. The purpose statement is not all that clear. This is unfortunate since the book is worth reading and its objectives are subsequently kept in sharp focus throughout. It is a book for serious readers who wish to explore in depth the many different issues posed by death in an era in which our technical capabilities greatly complicate the questions of when and how death occurs or should occur.

What author Veatch is addressing is the variety of new judgments about death and dying that have been necessitated by modern biomedical and technical advances which he regards as revolutionary. He paints a picture of a classic cultural lag—near explosive exponential growth of technology leaving conventional values and morality lurching awkwardly to catch up.

He stresses the importance of approaching these new problems from multiple perspectives and levels of analysis. His own subsequent analyses of case examples convincingly demonstrate this need. If anything becomes immediately clear it is that problems posed by technology are not answerable within the confines of the same medical and technical expertise which introduced them. Along the way toward making that point he very deftly buries whatever may be remaining of the myth of science as a value-free enterprise.

While the purpose statement suffers from some lack of concreteness, the author recovers quickly and early in the book specifies five moral principles which underpin his subsequent arguments. This is a refreshingly "up front" approach offering the reader an intellectual anchor for following the author's progress through a welter of facts and circumstances.

Despite the necessity for much philosophy and theology along with legal and technical discussions the author moves his arguments toward reasonable and practical guidelines for public policy and personal decisions. However, this is no handbook with shorthand solutions or one page protocols for ethical decisions. Evidence of author Veatch's facility with philosophical reasoning is rarely absent. His proclivity toward Thomistic precision and distinctions lead the reader through definitional sub-

Continued on page 629

Continued from page 628

tleties which, though often tedious, elicit important clarifications of complex issues. For example, in defining death he aids us in sorting out the data which may be considered scientific and those more properly in the realm of values—distinctions frequently obscured in the immediacy of real life (or death) situations and occasionally escaping notice in more leisurely deliberations of experts. In the process of teasing out these distinctions he emphasizes that recognizing limits of the physician's technical expertise may well protect society from ethical judgments arrogated by a technocratic elite. It does not however release the physician from exercising judgment originating from sources outside of his medical training.

Veatch's disciplined thinking and eclectic broad-ranged scope of scholarship bring to each issue—refusal of treatment, killing vs allowing to die, living wills, patients' right to know, and others—an analytical depth that must command the respect of any serious reader. Further, as noted above, he does not leave each issue without arriving at some specific conclusions accompanied by concrete recommendations useful for legislators as well as clinicians. Without that last step the book would have been worth writing and reading; with it it becomes almost a requirement for those with a legitimate need to know—family physicians certainly included.

In the final chapter which he characterizes as a footnote he takes us on a brief excursion into the "no death is natural" future where a major depression has forced a 20 percent budget cut in the "National Institute of Well-Being." We are invited to view the consequences of major cutbacks in programs to prevent death with dignity. It is the reader's reward for finishing the book to enjoy a rare and appealing argument for reduction of federal support.

Raymond Bissonette, PhD
State University of New York
Buffalo, New York

Emergency Medical Care: The Neglected Public Service. *Alfred M. Sadler, Jr., Blair L. Sadler, and Samuel B. Webb, Jr. Ballinger Publishing Co., Cambridge, MA, 1977, 320 pp., $16.50.*

First, there is the provocative title—*Emergency Medical Care: The Neglected Public Service*. And the authors are correct; it was neglected and to a significant extent still is. Then an introductory first chapter reviews in a concise and informative manner the recent past history of emergency medical services (EMS) from a national policy viewpoint. Thereafter, and for the bulk of this book, follows a detailed description of the comprehensive study of Connecticut's EMS system conducted from 1970 to 1973.

Interest might wane quickly with the mass of data, graphs, figures, and appendices. However, the merits of this study, and indeed of this book, lie in the manner in which the study was performed. After all, the data may accurately describe Connecticut's EMS system, but it is doubtful that the data can be useful beyond that state's borders. The formulation of the study goals, the methodologies used, the evaluation of data, the

Continued on page 632

This is one in a series of public service messages from Roche Laboratories directed toward helping elderly patients. It is part of the Roche Medication Education Program. Its purpose is twofold... to encourage patient understanding and proper use of medication and to stress the importance of compliance with your therapeutic regimen. You and your patients will be seeing these ads in Reader's Digest, TV Guide and Newsweek. Look for them.

ROCHE
ME
MEDICATION
EDUCATION

ROCHE
Roche Laboratories
Division of Hoffmann-La Roche Inc.
Nutley, New Jersey 07110

Librium® 5mg, 10mg, 25mg capsules
chlordiazepoxide HCl/Roche

Before prescribing, please consult complete product information, a summary of which follows:

Indications: Relief of anxiety and tension occurring alone or accompanying various disease states. Efficacy beyond four months not established by systematic clinical studies. Periodic reassessment of therapy recommended.

Contraindications: Patients with known hypersensitivity to the drug.

Warnings: Warn patients that mental and/or physical abilities required for tasks such as driving or operating machinery may be impaired, as may be mental alertness in children, and that concomitant use with alcohol or CNS depressants may have an additive effect. Though physical and psychological dependence have rarely been reported on recommended doses, use caution in administering to addiction-prone individuals or those who might increase dosage; withdrawal symptoms (including convulsions), following discontinuation of the drug and similar to those seen with barbiturates, have been reported.

Usage in Pregnancy: **Use of minor tranquilizers during first trimester should almost always be avoided because of increased risk of congenital malformations as suggested in several studies. Consider possibility of pregnancy when instituting therapy; advise patients to discuss therapy if they intend to or do become pregnant.**

Precautions: In the elderly and debilitated, and in children over six, limit to smallest effective dosage (initially 10 mg or less per day) to preclude ataxia or oversedation, increasing gradually as needed and tolerated. Not recommended in children under six. Though generally not recommended, if combination therapy with other psychotropics seems indicated, carefully consider individual pharmacologic effects, particularly in use of potentiating drugs such as MAO inhibitors and phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions (*e.g.*, excitement, stimulation and acute rage) have been reported in psychiatric patients and hyperactive aggressive children. Employ usual precautions in treatment of anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation have been reported very rarely in patients receiving the drug and oral anticoagulants; causal relationship has not been established clinically.

Adverse Reactions: Drowsiness, ataxia and confusion may occur, especially in the elderly and debilitated. These are reversible in most instances by proper dosage adjustment, but are also occasionally observed at the lower dosage ranges. In a few instances syncope has been reported. Also encountered are isolated instances of skin eruptions, edema, minor menstrual irregularities, nausea and constipation, extrapyramidal symptoms, increased and decreased libido—all infrequent and generally controlled with dosage reduction; changes in EEG patterns (low-voltage fast activity) may appear during and after treatment; blood dyscrasias (including agranulocytosis), jaundice and hepatic dysfunction have been reported occasionally, making periodic blood counts and liver function tests advisable during protracted therapy.

Usual Daily Dosage: Individualize for maximum beneficial effects. *Oral–Adults:* Mild and moderate anxiety and tension, 5 or 10 mg *t.i.d.* or *q.i.d.*; severe states, 20 or 25 mg *t.i.d.* or *q.i.d.* *Geriatric patients:* 5 mg *b.i.d.* to *q.i.d.* (See Precautions.)

Supplied: Librium® (chlordiazepoxide HCl) *Capsules*, 5 mg, 10 mg and 25 mg—bottles of 100 and 500; Tel-E-Dose® packages of 100, available in trays of 4 reverse-numbered boxes of 25, and in boxes containing 10 strips of 10; Prescription Paks of 50, available singly and in trays of 10. Libritabs® (chlordiazepoxide) *Tablets*, 5 mg, 10 mg and 25 mg—bottles of 100 and 500. With respect to clinical activity, capsules and tablets are indistinguishable.

ROCHE Roche Products Inc.
Manati, Puerto Rico 00701

Continued from page 629

presentation of findings, and the recommended changes and priority statements are a blueprint for health-care studies.

As a result of these features, the authors have made this book of interest and value to physicians, health planners, and decision makers interested in emergency medical care in the other 49 states as well. Here is convincing evidence that emergency medical services should be considered a third public service deserving attention and public support comparable to police and fire services.

David L. Hawk, MD, MPH
York, Pennsylvania

Principles of Family Medicine. *Robert E. Rakel. WB Saunders, Philadelphia, 1977, 536 pp., $14.75.*

Principles of Family Medicine is an excellent textbook which lives up to the reader's expectations as engendered from the title. This book was written to provide medical students with an authoritative source of information and will also provide teachers of family medicine, first year primary care residents, and allied health care personnel with a valuable reference.

Identification and appropriate amplification of the components of the physician-patient relationship are well done. Preventive medicine, health maintenance issues, and the epidemiology of family practice are given appropriate emphasis.

The behavioral components of the life cycle and the psychosocial concerns of physicians and patients are described in suffient depth to be a valid contribution to the literature. The final chapters detailing documentation and organization of information are clearly executed.

The bibliography is valuable and references, quotations, and illustrations have been selected with care and relevance.

The consolidated material in *Principles of Family Medicine* has been well orchestrated and presented.

Bill Fisher, MD
University of Oregon
Portland

Clinical Psychopharmacology. *Jerrold G. Bernstein (editor). PSG Publishing Company, Littleton, Massachusetts. 1977, 154 pp., $12.50.*

This book is composed of a number of selected papers from symposia on clinical psychopharmacology presented by the Human Resource Institute of Boston. It is described by the author as a reference volume for medical and mental health professionals introducing, "The biological and chemical aspects of the mechanisms and treatment of psychiatric disorders for the purpose of recognizing, diagnosing, and treating various forms of psychiatric illness." A book of this size can hope to succeed in making only an introduction to the many broad areas of psychiatry, and I think it succeeds well only in the area of drug treatment for psychiatric illnesses. The author indicates that pharmacotherapy and psychotherapy are presented in complementary

Continued on page 633

Continued from page 632

terms, but I found that the biological basis of psychiatric illness and pharmacotherapy are predominant in the discussions.

The book consists of 12 chapters, each 10-to-12 pages in length. The clinical use of the various categories of psychotropic drugs, including anti-anxiety agents, antipsychotic agents, antidepressants, and sleep medication, and the use of psychotropic drugs in children is discussed. The chapters on the biological basis of mental illness and drug interactions were particularly interesting and informative.

The text reads much like a transcript of a continuing medical education course; however, it is well written, easy to read and understand. It is too shallow in detail and scope to be a complete reference book, but the selected topics are well summarized and the chapters are well referenced if one wishes to pursue further reading.

The book is written for nonmedical health care professionals as well as physicians. I think it would be an interesting book for its intended audience, including students and residents, but it would not replace standard textbooks. The material is clinically relevant and practical and is presented without the use of jargon or excessive technical language. There are no pictures, graphs, or tables. The major strong point for the book is that it presents in an easily readable format a concise review of drug treatment for psychiatric illnesses.

James L. Wilson, MD
University of Iowa
Iowa City

Guide to Pulmonary Medicine

Edited by DONALD P. TASHKIN, M.D., and STANLEY M. CASSAN, M.D. Ph.D.

CONTENTS: *S. M. Cassan*, Anatomy and Histology of the Lung. *D. F. Tierney*, Pulmonary Physiology and Pathophysiology. *D. H. Simmons*, Blood Gases. *M. E. Bien*, Approach to Chest Radiographic Interpretation. *S. L. Young and B. Gothe*, Fiberoptic Bronchoscopy. *B. J. Shapiro*, Inhalation Therapy. *L. S. Young*, Infectious Diseases Other than Mycobacterioses. *S. M. Finegold*, Aspiration. *D. Salkin and J. W. Wong*, Tuberculosis ond Other Mycobacterioses. *D. P. Tashkin*, Bronchial Asthma. *H. Eisenberg*, Interstitial Diseases of the Lung. *O. P. Sharma*, Sarcoidosis. *S. N. Rokaw*, Environmental Impact on the Lungs. *G. Nash*, Nonembolic Pulmonary Vascular Diseases. *S. E. Levy*, Pulmonary Embolism. *B. J. Shapiro*, Neurologic and Neuromuscular Diseases. *S. M. Cassan*, Respiratory and Ventilatory Failure. *S. M. Cassan and E. C. Holms*, Neoplasms of the Lung. *M. Stein*, Dyspnea. *J. D. Wolfe*, Hemoptysis. *J. D. Wolfe*, Pneumothorax. *B. J. Shapiro*, Pleural Effusions. *D. H. McConnell*, Chest Trauma. *G. P. Herr*, Preoperative Evaluation and Perioperative Care. *A. B. Osher*, Hereditary and Congenital Disorders. *C. Hollingsworth*, Psychiatric Considerations in Pulmonary Medicine.

1978, about 416 pp., about $18.50/ £12.00
ISBN: 0-8089-1088-4

Clinical Therapeutics

THE FORTY-SEVENTH HAHNEMANN SYMPOSIUM

Edited by DAVID T. LOWENTHAL, M.D. and DAVID A. MAJOR, M.D.

Because of the rapid advances in medical management and therapeutics, many experts worked together rapidly to produce this timely and practical book, written for the general internist and family physician. It also will be useful for the new health practitioners working with these physicians, physician assistants and nurse practitioners.

CONTENTS: Cardiovascular Clinical Pharmacology. Renal Hypertensive Clinical Pharmacology. Endocrine-Metabolic Clinical Pharmacology. Pulmonary Clinical Pharmacology. Gastrointestinal Clinical Pharmacology. Therapy for Disorders of Cellular Metabolism. Clinical Pharmacology of Infectious Diseases. Rheumatalogic Clinical Pharmacology. Neurologic-Psychiatric Clinical Pharmacology.

1978, 448 pp., 40 illus., $38.50/ £25.00
ISBN: 0-8089-1080-9

Atlas of Aquatic Dermatology

A Joint Publication of Grune & Stratton and Lederle Laboratories

By ALEXANDER A. FISHER, M.D.

The *Atlas of Aquatic Dermatology* has been prepared to fulfill the need for a single, central reference work dealing with water-related dermatoses. General practitioners, family physicians, dermatologists, and allergists as well as students will find this an invaluable source.

1978, 120 pp., 83 photographs, 6 maps, $15.00/ £9.75
ISBN: 0-8089-1139-2

Send payment with order and save postage and handling charge. *Prices are subject to change without notice.*

GRUNE & STRATTON
A Subsidiary of Harcourt Brace Jovanovich, Publishers
111 FIFTH AVENUE, NEW YORK, N.Y. 10003
24-28 OVAL ROAD, LONDON NW1 7DX