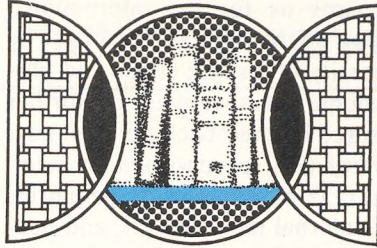


## Book Reviews



**Rehabilitation Medicine.** Howard A. Rusk. CV Mosby, St. Louis, Missouri, 1977, 688 pp., \$29.50.

This is a well-organized, highly readable text on rehabilitation medicine. The author states that it is a basic elementary textbook for physicians specializing in rehabilitation medicine and a reference for all physicians. It clearly would be useful for family physicians. If a family medicine resident were taking a rotation through rehabilitation medicine, he or she would want to read several of the sections in this book, particularly the first several chapters on the principles of physical medicine, physical therapy, occupational therapy, and teaching activities of daily living. Many of the basic principles outlined in the sections would be of great help to family physicians who deal with patients with chronic handicaps. The chapter entitled, "Principles In Gait Training and the Prescription of Walking Aids," is a short chapter that contains useful information. The chapters on prescription writing, stroke, and the rehabilitation of back pain patients are also helpful. This is an excellent reference book that a family physician would want to use when confronted with specific rehabilitation problems.

C. Kent Smith, MD  
University of Washington  
Seattle, Washington

**Developmental Paediatrics: Perspectives and Practice.** K. S. Holt, Butterworths, Boston, 1977, 311 pp., \$11.95.

*Developmental Paediatrics* is a comprehensive treatise based largely on the experience of a leading pediatrician in this subspecialty of pediatrics. In addition to outlining the features of child development from conception to adolescence and showing the importance of the producing and controlling mechanisms, it also instructs the physician how to carry out the various developmental examinations and helps him/her to understand their significance. By bringing the valuable contributions of psychology, ethology, and other scientific disciplines to the study of child development, this extremely readable book, with its logical tables and excellent illustrations, presents a complete yet easily assimilated coverage of developmental pediatrics.

The book is divided into 13 chapters: from the definitions, scope, and nature of developmental pediatrics, through observable development during the various age groups and examination of receptive functions, motor activity, and cerebral processes, to the work and equipment of the developmental pediatrician. There are 35 tables, 90 figures (photographs, line draw-

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**Maalox**  
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ings, room arrangements, charts, electromyographic records, and diagrams) and multiple lists. The contents of each chapter are partially in outline format with a total of 200 references (1 to 36 with an average of 15). Included is a list of 13 most frequently used psychological tests and developmental scales with cost, time required to give, and a brief description of each. There are 12 pages of index.

If not read from cover to cover, this book should be available as a reference source for practicing family physicians, family practice residents, medical students, and allied health care professionals in family practice teams.

An interesting comparison is made toward the end of the book: "A rehabilitation specialist is concerned with the restoration of working and living capacity, whereas the developmental pediatrician is concerned with the creation of these capacities in children who usually have never possessed them and are not able to develop them unaided. They have to learn from the beginning. Habilitation would be a more appropriate term."

Leland B. Blanchard, MD  
San Jose, California

**Psychosomatic Medicine: Its Clinical Applications.** Eric D. Wittkower, Hector Warnes (editors). Harper and Row, Hagerstown, Maryland, 1977, 356 pp., \$19.95.

*Psychosomatic Medicine: Its Clinical Applications* has been edited by two psychiatrists, one from McGill University in Montreal, the other from the University of Dublin in Ireland, which

prepares us for the international flavor of the 49 contributors. The diversity of writing styles and professional perspectives is further ensured by their backgrounds: psychiatry (26), psychosomatic medicine (13), psychology (5), pediatrics (3), internal medicine (2), and neurosurgery (2).

The stated purposes of the book are fourfold: (1) to assess the degree of assimilation of psychosomatic medicine into the practice of medicine, (2) to reinforce cooperation between psychiatrists and nonpsychiatrists, (3) to illustrate various situations in which psychological help may be useful, and (4) to present examples of the various techniques which can be used. Generally, the authors have been articulate, instructive, and clinically relevant in achieving these goals.

In exploring the first goal of the book the tenor of the remarks is to the effect that psychosomatic medicine is not understood or utilized enough by the rest of the profession. The implication that the rest of medicine is unaware of the holistic approach or the importance of emotional-social factors in disease ignores much of what is going on in other fields—family practice, for instance.

In its third and fourth objectives this text makes its greatest contribution, and is, therefore, a valuable resource. There are 11 chapters, each dealing with a separate psychotherapeutic modality, including such diverse topics as psychoanalysis, hypnosis, autogenic therapy, biofeedback and biocybernetics, pharmacotherapy, yoga, and a social-ecological perspective on medical disorders.

The final 12 chapters of the book

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**ACTIONS:** Pseudoephedrine is an orally effective nasal decongestant with peripheral effects similar to epinephrine and central effects similar to, but less intense than, amphetamines. It has the potential for excitatory side effects. At the recommended oral dosage, it has little or no pressor effect in normotensive adults. Patients have not been reported to experience the rebound congestion sometimes experienced with frequent, repeated use of topical decongestants.

**INDICATIONS:** Relief of nasal congestion or eustachian tube congestion. May be given concomitantly with analgesics, antihistamines, expectorants and antibiotics.

**CONTRAINDICATIONS:** Patients with severe hypertension, severe coronary artery disease, and patients on MAO inhibitor therapy. Also contraindicated in patients with hypersensitivity or idiosyncrasy to sympathomimetic amines which may be manifested by insomnia, dizziness, weakness, tremor or arrhythmias.

Children under 12: Should not be used by children under 12 years.

Nursing Mothers: Contraindicated because of the higher than usual risk for infants from sympathomimetic amines.

**WARNINGS:** Use judiciously and sparingly in patients with hypertension, diabetes mellitus, ischemic heart disease, increased intraocular pressure, hyperthyroidism or prostatic hypertrophy. See, however, Contraindications. Sympathomimetics may produce central nervous stimulation with convulsions or cardiovascular collapse with accompanying hypotension.

Do not exceed recommended dosage.

*Use in Pregnancy:* Safety in pregnancy has not been established.

*Use in Elderly:* The elderly (60 years and older) are more likely to have adverse reactions to sympathomimetics. Overdosage of sympathomimetics in this age group may cause hallucinations, convulsions, CNS depression, and death. Safe use of a short-acting sympathomimetic should be demonstrated in the individual elderly patient before considering the use of a sustained-action formulation.

**PRECAUTIONS:** Patients with diabetes, hypertension, cardiovascular disease and hyper-reactivity to ephedrine.

**ADVERSE REACTIONS:** Hyper-reactive individuals may display ephedrine-like reactions such as tachycardia, palpitations, headache, dizziness or nausea. Sympathomimetics have been associated with certain untoward reactions including fear, anxiety, tenseness, restlessness, tremor, weakness, pallor, respiratory difficulty, dysuria, insomnia, hallucinations, convulsions, CNS depression, arrhythmias, and cardiovascular collapse with hypotension.

**DRUG INTERACTIONS:** MAO inhibitors and beta adrenergic blockers increase the effects of pseudoephedrine. Sympathomimetics may reduce the antihypertensive effects of methyldopa, mecamylamine, reserpine and veratrum alkaloids.

**DOSAGE AND ADMINISTRATION:** One capsule every 12 hours. Do not give to children under 12 years of age.

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

**HOW SUPPLIED:** Brown and orange colored hard gelatin capsules, monogrammed with the Dow diamond followed by the number 104. Bottle of 100 capsules (NDC 0183-0104-02).



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For complete prescribing information, consult Official Package Insert.

**Indications:** Amoxil® (amoxicillin) is similar to ampicillin in its bactericidal action 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 non-penicillinase-producing staphylococci. Culture and sensitivity studies should be obtained. Indicated surgical procedures should be performed.

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

**Warning:** Anaphylaxis may occur, particularly after parenteral administration and especially in patients with an allergic diathesis. Check for a history of allergy to penicillins, cephalosporins or other allergens. If an allergic reaction occurs, discontinue amoxicillin and institute appropriate treatment. Serious anaphylactic reactions require immediate emergency treatment with epinephrine, oxygen, intravenous steroids and airway management.

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

**Precautions:** Mycotic or bacterial superinfections may occur. Cases of gonorrhea with a suspected primary lesion of syphilis should have dark-field examinations before receiving treatment. In all other cases where concomitant syphilis is suspected, monthly serological tests should be performed for a minimum of four months. Assess renal, hepatic and hematopoietic functions intermittently during long-term therapy.

**Adverse reactions:** Untoward reactions include: glossitis, nausea, vomiting and diarrhea, skin rashes, urticaria, exfoliative dermatitis, erythema multiforme and anaphylaxis (usually with parenteral administration). Although anemia, thrombocytopenia, thrombocytopenic purpura, eosinophilia, leukopenia, and agranulocytosis have been noted, they are usually reversible and are believed to be hypersensitivity phenomena. Moderate elevations in SGOT have been noted.

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

Gonorrhea, acute uncomplicated—3 Gms as a single oral dose (see PRECAUTIONS). Serious infections, such as meningitis or septicemia, should be treated with parenteral antibiotics.

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provide us with an update of the recent therapeutic approaches to specific disorders.

In summary, this well-indexed, well-written anthology has much of value for the practicing primary care physician, especially those anxious to understand the dynamics of human behavior and illness. It will also be of interest to those engaged in research in pediatric, adult, and family care.

J. Whitney Brown, MD  
Naval Regional Medical Center  
Newport, Rhode Island

**Problem Centered Learning: The Modified Essay Question in Medical Education.** G. K. H. Hodgkin, J. D. E. Knox. Churchill Livingstone, New York, 1975, 152 pp., \$9.50 (paper).

This text describes the development, rationale, and utilization of Modified Essay Questions (MEQs) as a methodology of testing clinical proficiency.

In some respects, the MEQ is a version of the erasure type of problem management testing. The major difference is that the MEQ allows more freedom as it utilizes questions that may call for a greater variety, including: (1) recall of factual information, including basic science questions triggered by the case, though not related directly to management of the case; (2) outline of action taken; (3) summary of options open; and (4) resume of factors likely to be operating, including the feelings of patient and physician.

The book is less preoccupied with the content of diagnosis and treatment, and more with problems, management, and process. This forces a consideration of edu-

cational objectives. It also allows an evaluation to detect strengths and weaknesses in the problem solving process in an objective manner. The questions are selected within a case to test specific processes.

The majority of the text is devoted to examples of MEQs, illustrating their use in examining clinical problems, basic science, and behavioral science problems, and demonstrating the relevance of application to family practice.

The MEQ has been applied to certification testing in England (MRCGP), to mailed self-assessment exercises, and to group study. In the latter, members of a small group complete the problem, and trade coded papers for discussion directed by a discussion leader. The MEQ has been applied to all three levels of medical education.

Use of this text is limited to those whose responsibilities include test construction and course development at any level.

Tennyson Williams, MD  
The Ohio State University  
Columbus, Ohio

**The Acute Abdomen: An Approach to Diagnosis and Management (2nd Edition).** Thomas W. Botsford, Richard E. Wilson. WB Saunders, Philadelphia, 1977, 325 pp., \$8.50.

Differing from the more usual textbook approaches, this book seems to provide a more practical venue for those responsible for the diagnosis and treatment of the acute abdomen. It is particularly valuable for medical students, residents in primary care training programs, internists, and family physicians in that it emphasizes the basic pathological process rather than the standard organ approach.

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