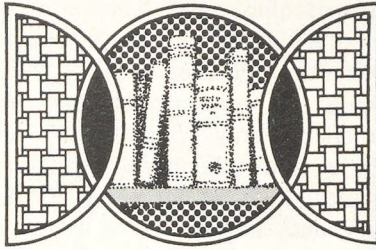


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## Book Reviews

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**The Care and Management of the Sick and Incompetent Physician.** Robert C. Green, Jr, George J. Carroll, William D. Buxton, Charles C. Thomas, Springfield, Illinois, 1978, 101 pp., \$8.50.

This is a thorough, timely, and concise volume addressing a problem that is both important and perplexing. The recognition, treatment, and discipline of the incompetent physician "has long been under the jurisdiction of the medical profession and methods of control have been ineffective and infrequently utilized." The significant literature relating to the subject is summarized and some of the authors' experiences on the Virginia State Medical Board are presented.

Specific problems leading to professional incompetence are presented in some detail. These include:

- drug and alcohol addiction
- psychiatric problems
- behavioral disorders
- failure to keep current.

Etiologic mechanisms of these problems are discussed. Of particular interest to me is the finding that, in most cases, a pattern of abnormal behavior was present before admission to medical school.

There is a comprehensive and chronological presentation of the efforts of organized medicine to recognize, define, and remediate the problem, starting with the Darling case in 1965 and following through to the programs instituted

by the AMA, the Problem Doctor Rehabilitation Program in Washington State, and the program of the Virginia State Board of Medicine. The excellent work going on in Virginia is presented in considerable detail.

This book is unique in that it not only clearly and concisely defines the problem, but also presents descriptions of programs that offer solutions to the perplexing and important problem of the incompetent physician. It will be valuable for physicians in every discipline in medicine.

Jack H. Lerversee, MD  
University of Washington  
Seattle

**The Surgical Neonate: Evaluation and Care.** Howard C. Filston, Robert Izant, Jr. Appleton-Century-Crofts, New York, 1978, 246 pp., \$12.50.

This softcover book is stated to be an "introduction to the management of the surgical newborn." A further stated objective is "how to anticipate, recognize, and evaluate a neonatal surgical problem, expedite preoperative preparation, and intelligently manage postoperative care."

The organization of this book is by problem orientation and is well presented. Section 1 presents a good view of pediatric electrolyte problems. In addition, it offers an

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**Maalox**  
before, during, and after  
any ulcer regimen...



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excellent approach to monitoring and support techniques as well as the outline for the essentials of transportation. Section 2 provides an approach to the surgical neonate by presenting such congenital anomalies as respiratory distress and abdominal mass. These first two sections were designed to provide a background of knowledge about the general care of the newborn infant and to facilitate the diagnostic evaluation of the infant from the presenting symptoms. These objectives are well met.

Section 3 was "added to provide a quick reference outline of the overall management of the most common entities seen in pediatric surgery." Each entity discussed has a section for "resuscitation and transportation requirements" and "proper handling." Although it is not an in-depth discussion, but rather a management outline, the subjects are well covered and well fulfill the authors' intent. Excellent reference lists are provided for most topics covered in this book.

This is an excellent ready reference book for family physicians involved in newborn pediatric care. It should be available in every delivery room suite and newborn nursery. It is a good one!

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

**AMA Drug Evaluations (3rd Edition).** *AMA Department of Drugs. PSG Publishing Company, Littleton, Massachusetts, 1977, 1327 pp., \$29.50.*

Now in its third edition, *AMA Drug Evaluations (AMA-DE)* represents a collaborative effort of the *AMA Department of Drugs*, the *American Society for Clinical*

*Pharmacology and Therapeutics*, and their consultants. A 40-page introductory chapter reviews such topics as prescription labeling practices, drug interactions, drug abuse and addiction, regulatory agencies, and use of drugs during pregnancy and in nursing mothers. Subsequent chapters are organized by therapeutic use. Each chapter has an introduction that reviews the overall therapeutic category. This is followed by individual drug monographs which average about a page in length. The last chapter is an alphabetical table of drugs and the laboratory tests each is known to interfere with. Drugs are indexed by both their generic and trade names, and a separate index of adverse drug reactions is an additional useful feature.

This text is clearly written and oriented to the practicing physician. *AMA-DE* recognizes or refutes the uses of drugs irrespective of their approved labeling status. Both single entity and combination products of major importance are reviewed. An attempt has been made to limit discussion to the clinically significant side effects and to give some index as to the relative frequency of these reactions. Drugs are also compared to each other with respect to indications, effectiveness, and side effects. Criticisms of the text include the lack of references and absence of any information on the absolute or relative drug cost. *AMA Drug Evaluations*, however, is perhaps the most useful of all drug reference books and belongs on the desk of every family physician.

Steven H. Erickson RPh  
University of Washington  
Seattle

Continued on page 618

# Before the Drug Problem Starts

## microCeptor<sup>®</sup>

Transcutaneous Electrical Nerve Stimulation constitutes a means of delivering electrical stimuli to the body noninvasively for the purpose of stimulating different components of the nervous system, for the symptomatic relief and management of acute and chronic intractable pain, and as an adjunctive or alternative treatment in the management of post-surgical pain syndromes.

### Contraindications

- Transcutaneous Electrical Nerve Stimulators should not be used on patients with implanted cardiac-demand pacemakers.

### Safety Precautions

- Transcutaneous Electrical Nerve Stimulators should be kept out of the reach of children.
- In patients with known heart disease, Transcutaneous Electrical Nerve Stimulation should be used only after careful physician evaluation and patient instruction.
- During periods of stimulation, do not operate potentially hazardous machinery or vehicles, unless specifically approved by your physician.
- Turn Transcutaneous Electrical Nerve Stimulators off before removing or reapplying electrodes.
- Do not apply electrodes directly over the eyes, or internally.
- Transcutaneous Electrical Nerve Stimulators should only be used for the pain problem prescribed for you by your physician.
- Transcutaneous Electrical Nerve Stimulators should not be used in areas of the carotid sinus nerves or anywhere else in the area in the front of the neck or in the mouth.
- The safety of Transcutaneous Electrical Nerve Stimulation has not been established for use during pregnancy. Therefore, its use should be limited to those situations when, in the judgment of the physician, the benefits outweigh the potential risks.
- For post-operative use of Transcutaneous Electrical Nerve Stimulators use only those electrodes specifically designed for post-operative pain control.

### Side Effects

- If skin irritation develops consult with your physician.

Transcutaneous Electrical Nerve Stimulation is intended to be used only with a physician's prescription or order. U.S. Federal law restricts this device to sale by or on the order of a physician.

### Duration of Treatment

Pain relief will vary substantially from one patient to another. Stimulation for only a few minutes a day will relieve the pain of some patients; others may need longer or more frequent periods of stimulation. Some do not achieve complete pain relief, while others may require stimulation combined with other types of treatment for relief. NOTE: If you are not able to sustain the pain relief produced initially during the treatments, report this information to the treating physician immediately.



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10800 Lyndale Avenue South  
Minneapolis, MN 55420 • U.S.A.  
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Continued from page 616

**Handbook of Endocrine Tests in Adults and Children.** Robert N. Alsever, Ronald W. Gotlin. Year Book Medical Publishers, Chicago, 1976, 283 pp., \$8.95 (paper).

This pocket-sized book is directed towards medical students, house staff, and practicing physicians. The purpose of the book was to compile in a simple-to-use, single source, relevant information regarding endocrine testing procedures and normal values. The book does not attempt to provide any clinical information on the various endocrine conditions tested for and so states at the beginning.

There are seven chapters, the first being an introductory chapter, "How to Use the Book," with information concerning collection of samples for testing. The second chapter is on the "Hypothalamic-Pituitary Axis." Chapter 3 is on "The Thyroid Gland," Chapter 4 "The Parathyroids," Chapter 5 "The Endocrine Pancreas," Chapter 6 "The Adrenal Gland," and Chapter 7 "The Gonads." There are numerous, very useful tables where much practical, pertinent information is summarized. Examples include drugs and diseases altering thyroid tests, foods with high calcium and phosphorous content, and clinical stages of puberty in males and females. Some of these tables are difficult to read because of the small print necessitated by the pocket size of the handbook.

I have been using this book in my own practice over the last few months and have found information easy to retrieve, useful in application, and by and large quite relevant to the everyday family practice spectrum of patient problems. Another pertinent addition to this book is an appendix of cost esti-

mates of selected endocrine laboratory tests which are commonly done. This type of information is usually omitted from the most standard texts and yet should be an essential consideration in the education of practicing physicians and medical students alike. This is a useful, handily packaged, and practical book to have in one's office armamentarium or readily available to physicians-in-training.

P. G. Hodgetts, MD  
Newmarket, Ontario

**Current Pediatric Therapy (8th Edition).** Sydney S. Gellis, Benjamin M. Kagan. W.B. Saunders Company, Philadelphia, 1978, 879 pp., \$30.00.

This new edition of a standard reference textbook has been completely revised and updated, while keeping the same familiar and easily readable format. Two thirds of the contributors are new to the book, making it desirable to keep older editions for additional viewpoints and alternate management plans. In general, the 339 articles seem better organized and easier to follow than in the previous edition, enhancing the book's value as an on-the-spot reference. The newest drugs and treatment regimens are included, in easily accessible form. Especially valuable are the new sections on such timely subjects as mucocutaneous adenopathy syndrome and acetaminophen intoxication. New sections on informed consent in pediatric practice, parent education for accident prevention, and air travel reflect the changing pediatric scene.

This book belongs on every family physician's reference bookshelf.

H. L. Tindall, MD  
Lancaster General Hospital  
Lancaster, Pennsylvania

# LOMOTIL®

brand of diphenoxylate hydrochloride  
with atropine sulfate

**IMPORTANT INFORMATION:** This is a Schedule V substance by Federal law; diphenoxylate HCl is chemically related to meperidine. In case of overdose or individual hypersensitivity, reactions similar to those after meperidine or morphine overdose may occur; treatment is similar to that for meperidine or morphine intoxication (prolonged and careful monitoring). Respiratory depression may recur in spite of an initial response to Narcan® (naloxone HCl) or may be evidenced as late as 90 hours after ingestion. LOMOTIL IS NOT AN INNOCUOUS DRUG AND DOSAGE RECOMMENDATIONS SHOULD BE STRICTLY ADHERED TO, ESPECIALLY IN CHILDREN. THIS MEDICATION SHOULD BE KEPT OUT OF REACH OF CHILDREN.

**Indications:** Lomotil is effective as adjunctive therapy in the management of diarrhea.

**Contraindications:** In children less than 2 years, due to the decreased safety margin in younger age groups, in patients who are jaundiced or hypersensitive to diphenoxylate HCl or atropine, and in diarrhea associated with pseudomembranous enterocolitis occurring during, or up to several weeks following, treatment with antibiotics such as clindamycin (Cleocin®) or lincomycin (Lincocin®).

**Warnings:** Use with special caution in young children, because of variable response, and with extreme caution in patients with cirrhosis and other advanced hepatic disease or abnormal liver function tests, because of possible hepatic coma. Diphenoxylate HCl may potentiate the action of barbiturates, tranquilizers and alcohol. In theory, the concurrent use with monoamine oxidase inhibitors could precipitate hypertensive crisis. In severe dehydration or electrolyte imbalance, withhold Lomotil until corrective therapy has been initiated.

**Usage in pregnancy:** Weigh the potential benefits against possible risks before using during pregnancy, lactation or in women of childbearing age. Diphenoxylate HCl and atropine are secreted in the breast milk of nursing mothers.

**Precautions:** Addiction (dependency) to diphenoxylate HCl is theoretically possible at high dosage. Do not exceed recommended dosages. Administer with caution to patients receiving addicting drugs or known to be addiction prone or having a history of drug abuse. The subtherapeutic amount of atropine is added to discourage deliberate overdose; strictly observe contraindications, warnings and precautions for atropine; use with caution in children since signs of atropinism may occur even with the recommended dosage. Use with care in patients with acute ulcerative colitis and discontinue use if abdominal distention or other symptoms develop.

**Adverse reactions:** Atropine effects include dryness of skin and mucous membranes, flushing, hyperthermia, tachycardia and urinary retention. Other side effects with Lomotil include nausea, sedation, vomiting, swelling of the gums, abdominal discomfort, respiratory depression, numbness of the extremities, headache, dizziness, depression, malaise, drowsiness, coma, lethargy, anorexia, restlessness, euphoria, pruritus, angioneurotic edema, giant urticaria, paralytic ileus, and toxic megacolon.

**Dosage and administration:** Lomotil is contraindicated in children less than 2 years old. Use only Lomotil liquid for children 2 to 12 years old. For ages 2 to 5 years, 4 ml. (2 mg.) t.i.d.; 5 to 8 years, 4 ml. (2 mg.) q.i.d.; 8 to 12 years, 4 ml. (2 mg.) 5 times daily; adults, two tablets (5 mg.) t.i.d. to two tablets (5 mg.) q.i.d. or two regular teaspoonfuls (10 ml., 5 mg.) q.i.d. Maintenance dosage may be as low as one fourth of the initial dosage. Make downward dosage adjustment as soon as initial symptoms are controlled.

**Overdosage:** Keep the medication out of the reach of children since accidental overdose may cause severe, even fatal, respiratory depression. Signs of overdose include flushing, hyperthermia, tachycardia, lethargy or coma, hypotonic reflexes, nystagmus, pinpoint pupils and respiratory depression which may occur 12 to 30 hours after overdose. Evacuate stomach by lavage, establish a patent airway and, when necessary, assist respiration mechanically. A narcotic antagonist may be used in severe respiratory depression. Observation should extend over at least 48 hours.

**Dosage forms:** Tablets, 2.5 mg. of diphenoxylate HCl with 0.025 mg. of atropine sulfate. Liquid, 2.5 mg. of diphenoxylate HCl and 0.025 mg. of atropine sulfate per 5 ml. A plastic dropper calibrated in increments of ½ ml. (total capacity, 2 ml.) accompanies each 2-oz. bottle of Lomotil liquid.

**SEARLE** Searle & Co.  
San Juan, Puerto Rico 00936

Address medical inquiries to:  
G. D. Searle & Co.  
Medical Communications Department  
Box 5110  
Chicago, Illinois 60680