

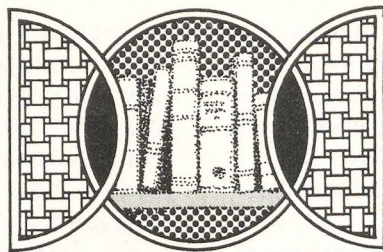
Book Reviews

Alive and Aware: Improving Communication in Relationships. Sherod Miller, Elam W. Nunnally, Daniel B. Wackman. *Interpersonal Communications Programs, Inc.*, Minneapolis, 1975, 287 pp., \$8.95, \$6.95 (paper).

Student Workbook: Increasing Awareness and Communication Skills. Daniel B. Wackman, Sherod Miller, and Elam W. Nunnally. *Interpersonal Communications Programs, Inc.*, Minneapolis, 1976, 126 pp., \$3.95 (paper).

Alive and Aware presents a perspective on relationships, a framework for talking about communication between two people, and a set of concepts and exercises to serve as tools that can be used to increase awareness and improve relationships. The book progresses through four sections focusing on self-awareness, awareness of others, styles of communication, and patterns of communication that enhance self- and other-esteem and lead toward the resolution of issues that crop up in every relationship. This book is written for a very broad audience and is designed for anyone interested in reshaping his or her lifestyle to include deliberately working on a special type of self-consciousness and style of communicating with a partner who is willing to share this new "dialect."

Alive and Aware initially supplies a language to sort out varieties of sensing, thinking, feeling, wanting, and doing, and later suggests guidelines for how two people can



talk constructively about their awareness to enhance mutuality. What is presented here is a technology designed for specific purposes and is not proposed as a model for ordinary conversation.

Overall, the book is a model of modern production. The system presented is elaborate and gives the impression of being complete. The material is tightly organized and logically developed. The format and illustrations add greatly to the text. In addition, there are a *Student Workbook* and *Couple Workbook* which outline the main content of the companion book and provide exercises for partners. A *Classroom Instructor Manual* is also available.

My major reservation about this attractively packaged approach has to do with some of the assumptions on which it is based. These are forthrightly set down in a 24-point "Postscript" at the end of the book. There is a credo here about responsibility, individual choice, positive thinking, growth, authority on personal experience, and relationships which is tied to the training method and which is as much a moral philosophy as a psychological perspective. I suggest that these be read first to provide a context for the rest of the material presented.

Donald Ransom, PhD
Community Hospital
of Sonoma County
Santa Rosa, California

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NOVAFED® Capsules

pseudoephedrine hydrochloride
Controlled-Release Decongestant

DESCRIPTION: Each capsule contains 120 mg. of pseudoephedrine hydrochloride in specially formulated pellets designed to provide continuous therapeutic effect for 12 hours. About one half of the active ingredient is released soon after administration and the rest slowly over the remaining time period.

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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Psychological Assessment in Medicine. Samuel E. Krug (ed). *Institute for Personality and Ability Testing, Champaign, Illinois, 1977, 206 pp., \$17.50.*

This book reads much less like a scientific treatise than like a long promotional brochure which advertises a commercial product. The product is the "16 Personality Factor Questionnaire," which purports to enable the primary care physician to quickly and accurately assess the emotional problems of his patients without the need to resort to "interview techniques, behavior observation and . . . picking up nonverbal clues." These skills are described as being "not

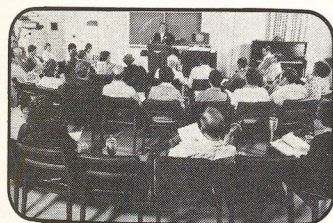
appropriate in a nonpsychiatric practice." Large numbers of family physicians would dispute that statement.

The above quotation is from a chapter entitled "Office Psychiatry for the Primary Care Physician," written, interestingly enough, by an orthopedic surgeon. This is the only contribution by a physician, although the jacket states that the book "incorporates significant contributions by practitioners and research specialists in medicine, psychiatry, and psychology." This chapter, and much of the rest of the book as well, makes one wonder if some of the appeal of the method is that it eliminates, in part, the need to relate to the patient in a personal manner.

As for the cognitive content of the book, it is clouded by a headlong plunge into the intricacies of graphic displays and jargon associated with the "16 PF," without any introductory explanation of the rationale and method of the system. The terms and diagrams were not clearly understood by the several psychologists I consulted, and they are quite unintelligible to this reviewer. Numerous anecdotal case studies are given to convince one of the effectiveness of the method in directing therapy through precise diagnosis of emotional problems. No convincing evidence is presented, however, to show that the method is more ef-

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fective than traditional methods.

Family physicians have a strong bias against mechanization of the doctor-patient relationship, whether by multifaceted screening, assembly line examination, or impersonal questionnaires. Literally thousands of family physicians are now being trained in understanding their patients, soma and psyche alike, by establishing the personal rapport that is indispensable to good medical care. To reduce this relationship to a formula appears to me to be a giant step backward.

Collin Baker, MD
University of South Carolina
Columbia

Statistical Principles in Health Care Information, (2nd Edition). S. James Kilpatrick, Jr. University Park Press, Baltimore, 1977, 285 pp., \$14.50.

The primary audience for this book is a long-ignored group of professionals—health care administrators, practitioners, and researchers who do not aspire to become experts in the manipulation of statistical information, but who have a great need to understand, evaluate, and act upon statistical information provided to them by others.

The purpose of this book is to provide these users of health care information with a nonrigorous but lucid explanation of statistical principles. Kilpatrick accomplishes this using a minimum of technical jargon and statistical symbols, and illustrates the use of these principles with well-chosen examples. He succeeds admirably in this task, avoiding both the temptation to im-

press his readers with the mathematical elegance underlying the statistical principles, and the opposite danger of providing intuitively appealing but inaccurate explanations. The text is clear and, as advertised, it should provide health care professionals who have minimal mathematical training with a readable, informative, and compact reference.

The most remarkable feature of the book is its extraordinary breadth. Kilpatrick acknowledges the fact that health care information comes from many quarters, including clinical investigators, epidemiologists, economists, decision theorists, demographers, and systems analysts. This diversity of information sources demands that health care professionals understand a broad array of concepts, methods, and forms of presentation of numerical information. Kilpatrick manages to package this array in 13 orderly and well-indexed chapters. As might be expected, the chapter on testing for statistical significance is the most technical and difficult.

In an increasingly technological world, health care decisions at all levels, from the care of individual patients to national health policy, are highly dependent on the interpretation of numerical information. This book can be recommended as a basic reference to anyone who desires sufficient understanding of statistical principles to interpret and use this information.

Michael J. Gordon, PhD
University of Washington
Seattle

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Brief Summary of Prescribing Information

Benlylin® Cough Syrup

Each 5 ml contains:

Benadryl® (diphenhydramine hydrochloride) 12.5 mg
Alcohol 5%
Also contains, as inactive ingredients, sugar; water; glucose liquid; glycerin; ammonium chloride; sodium citrate; raspberry imitation flavor; sodium saccharin; citric acid; caramel; menthol; FD&C Red 40, and D&C Red 33.

INDICATIONS. Benlylin Cough Syrup is indicated as an antitussive for the control of cough due to colds or allergy.

Based on a review of this drug by the National Academy of Sciences—National Research Council and/or other information, FDA has classified this indication as follows:
There is a lack of substantial evidence that this fixed combination drug has the effect purported. Final classification of the less-than-effective indication requires further investigation.

CONTRAINDICATIONS. Use in Newborn or Premature Infants: This drug should not be used in newborn or premature infants.

Use in Nursing Mothers: Because of the higher risk of antihistamines for infants generally, and for newborns and premature infants in particular, antihistamine therapy is contraindicated in nursing mothers.

Use in Lower Respiratory Disease: Antihistamines should NOT be used to treat lower respiratory-tract symptoms including asthma.

Antihistamines are also contraindicated in the following conditions:

Hypersensitivity to diphenhydramine hydrochloride and other antihistamines of similar chemical structure.

Monoamine oxidase inhibitor therapy (See Drug Interaction section).

WARNINGS. Antihistamines should be used with considerable caution in patients with narrow-angle glaucoma, stenosing peptic ulcer, symptomatic prostatic hypertrophy, bladder-neck obstruction, or pyloroduodenal obstruction.

Use in Children: In infants and children, especially, antihistamines in *overdosage* may cause hallucinations, convulsions, or death.

As in adults, antihistamines may diminish mental alertness in children. In the young child, particularly, antihistamines may produce excitation.

Use in Pregnancy: Experience with this drug in pregnant women is inadequate to determine whether there exists a potential for harm to the developing fetus.

Use with CNS Depressants: Diphenhydramine hydrochloride has additive effects with alcohol and other CNS depressants (hypnotics, sedatives, tranquilizers, etc).

Use in Activities Requiring Mental Alertness: Patients should be warned about engaging in activities requiring mental alertness, such as driving a car or operating appliances, machinery, etc.

Use in the Elderly (approximately 60 years or older): Antihistamines are more likely to cause dizziness, sedation, and hypotension in elderly patients.

PRECAUTIONS. Diphenhydramine hydrochloride has an atropine-like action and, therefore, should be used with caution in patients with a history of bronchial asthma, increased intraocular pressure, hyperthyroidism, cardiovascular disease, or hypertension.

DRUG INTERACTIONS. MAO inhibitors prolong and intensify the anticholinergic (drying) effects of antihistamines.

ADVERSE REACTIONS. The most frequent adverse reactions are underscored:

1. *General:* Urticaria; drug rash; anaphylactic shock; photosensitivity; excessive perspiration; chills; dryness of mouth, nose, and throat
2. *Cardiovascular System:* Hypotension, headache, palpitations, tachycardia, extrasystoles
3. *Hematologic System:* Hemolytic anemia, thrombocytopenia, agranulocytosis
4. *Nervous System:* Sedation, sleepiness, dizziness, disturbed coordination, fatigue, confusion, restlessness, excitation, nervousness, tremor, irritability, insomnia, euphoria, paresthesias, blurred vision, diplopia, vertigo, tinnitus, acute labyrinthitis, hysteria, neuritis, convulsions
5. *GI System:* Epigastric distress, anorexia, nausea, vomiting, diarrhea, constipation
6. *GU System:* Urinary frequency, difficult urination, urinary retention, early menses
7. *Respiratory System:* Thickening of bronchial secretions; tightness of chest and wheezing, nasal stuffiness

OVERDOSAGE. Antihistamine overdosage reactions may vary from central nervous system depression to stimulation. Stimulation is particularly likely in children. Atropine-like signs and symptoms—dry mouth; fixed, dilated pupils; flushing; and gastrointestinal symptoms may also occur.

If vomiting has not occurred spontaneously, the patient should be induced to vomit. This is best done by having him drink a glass of water or milk after which he should be made to gag. Precautions against aspiration must be taken, especially in infants and children.

If vomiting is unsuccessful, gastric lavage is indicated within three hours after ingestion and even later if large amounts of milk or cream were given beforehand. Isotonic or one-half isotonic saline is the lavage solution of choice. Saline cathartics, such as milk of magnesia, draw water into the bowel by osmosis and, therefore, are valuable for their action in rapid dilution of bowel content.

Stimulants should not be used. Vasopressors may be used to treat hypotension.

HOW SUPPLIED. Benlylin Cough Syrup is supplied in 4-oz, 1-pt, and 1-gal bottles, and unit-dose bottles of 5 ml and 10 ml.

May 1978

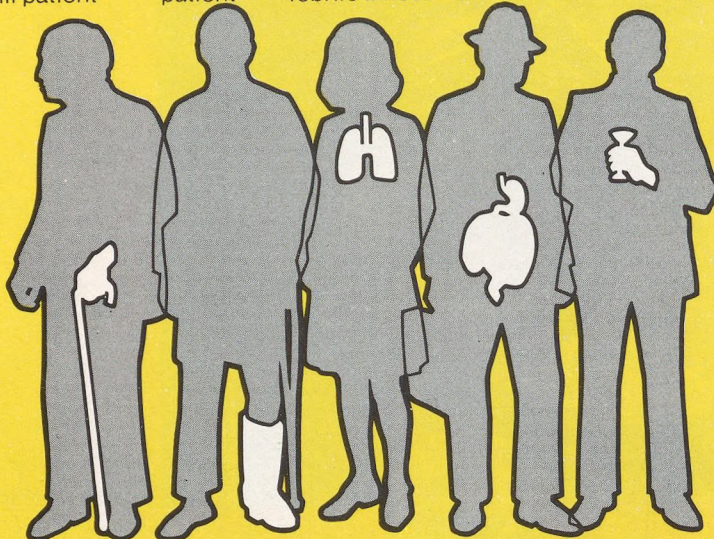
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Continued from page 868

Self-Assessment in Electrocardiography. Stelio Mangiola. J.B. Lippincott, Philadelphia, 1977, 205 pp., \$15.00.

There are many books for self-assessment and self-study in electrocardiography. This is the best that I have seen. It contains 100 case studies which consist of brief clinical information, a large clear ECG tracing, and about five questions, usually multiple choice, related to interpretation of the tracing as well as clinical actions which could be taken based on the interpretation. On the reverse side of

each page is the same electrocardiogram, this time illustrated with labeling and, when necessary, diagrams outlining conduction problems. The answers to all the questions are arranged on that page together with detailed explanations. The reader thus is able to interpret the tracing, formulate answers to the questions, then turn the page and see to what extent his/her answers agree with those of the author's, while also examining a detailed explanation of each tracing.

The tracings are arranged in a somewhat random manner rather than in groupings of similar problems. This is advantageous in that it requires the reader to interpret each tracing based on the tracing itself rather than on its location in the book. An excellent index will

permit the reader to focus on specific problems.

Although this book is entitled self-assessment, it really is likely to be more useful as a self-study guide, since no norms are available to indicate how other practitioners have fared in answering these questions.

The preface indicates that the book is designed for use by physicians, medical students, and cardiac nurses. It is likely to be most valuable to those who have a solid grounding in the basics of electrocardiography, since basic principles are not covered at all in this volume. But for the experienced individual to review and improve

Continued on next page

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his interpretation of electrocardiograms, this is an excellent, easily readable book which should find wide applicability.

*John A. Lincoln, MD
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Seattle*

Year Book of Drug Therapy. Daniel L. Azarnoff (ed), Leo E. Hollister, David G. Shand (assoc eds). Year Book Medical Publishers, Chicago, 1977, 426 pp., \$24.50.

The Year Book of Drug Therapy is another member of the familiar Year Book series now provided annually in 22 specialty areas of medicine. This book follows the

same format as other members of the series and provides abstracts and comments about published articles for the year ending in September 1976. It begins with a series of questions for clinicians designed to foster in the reader a sense of inquiry about specific articles dealing with drug therapy which have been reviewed. An initial chapter discusses the clinical use of drug plasma level determinations. Subsequent portions of the book review literature for clinically relevant studies of drug therapy covering the universe of medical problems. Included are sections of general information, drug action, adverse effects, blood diseases, cardiovascular diseases, rheumatic diseases, psychiatric diseases, gastrointestinal diseases, skin diseases, and surgery. Thus, the book

is organized primarily by major organ systems and specialty areas. There is a useful topic and author index at the end of the book.

Abstracts are generally clearly and concisely presented. Editorial comments are useful. The strength of this book is also its weakness. Its coverage is so broad that the physician must pick and choose those abstracts of relevance to his own needs. Fortunately, efforts will be rewarded by finding a large number of relevant abstracts for the family physician covering such topics as treatment of asthma in children, use of propranolol in myocardial infarction, and abuse of antibiotics in the ambulatory care setting.

*Jack M. Colwill, MD
University of Missouri
Columbia*

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