

AMOXIL® (amoxicillin)

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.

Supplied:

Capsules—

250 mg in bottles of 100's and 500's, unit-dose cartons of 100.

500 mg in bottles of 50's and 500's, unit-dose cartons of 100.

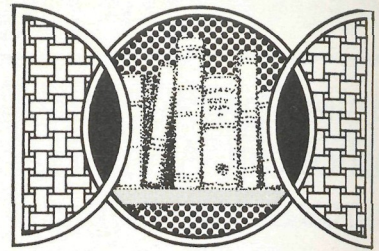
for Oral Suspension—

125 mg/5 ml and 250 mg/5 ml in 80 ml, 100 ml and 150 ml bottles.

Pediatric Drops for Oral Suspension—

50 mg/ml in 15 ml bottles with calibrated dropper.

Book Reviews



The Doctor Tree: Developmental Stages in the Growth of Physicians.

Ralph N. Zabarenko, Lucy M. Zabarenko. University of Pittsburgh Press, Pittsburgh, 1978, 173 pp., \$9.95.

The Doctor Tree is a penetratingly analytical book about medical education which combines theory with example and a writing style which will hold the interest of most medical educators. Drawing from an extensive background of experience in medical education, psychoanalysis, and behavioral research, the Zabarenkos have attempted to provide a coherent conceptual base for the life history and development of that complex system which is a physician. Their ideas are imaginative and should prove challenging and instructive to teachers of doctoral students even in fields other than medicine. The emphasis and frequency of observations related to family practice and primary care make the small volume especially significant for teachers of family medicine.

What Erickson did for the stages of development of the human personality, the Zabarenkos have attempted for the evolutionary development of physicianhood. They have identified five dimensions of balance and personal growth along which development must occur during medical training. The development appears to have a chronological sequence, which follows the

order in which the developmental lines are listed below. These developmental lines are: (1) Managing the oscillation between objectivity and empathy; (2) Appropriate management of nurturance and executive necessity; (3) Omnipotence, omniscience, and the toleration of uncertainty; (4) Formation of the physician's ego-ideal; (5) Maturation of an operational professional identity.

By making three-dimensional graphs of the outcome of their research on these five lines of professional development of the physician, the authors developed a model which closely resembles the roots of an exotic tree. Hence the name of the book.

Throughout the book are implications for the development of selection criteria for physicians and for residents, for complex evaluation of what is referred to as "impending mastery." Selecting "mastery" as a goal along each of the lines of development, one finds various clues and signals of mastery or impending mastery—even corollaries of impending mastery along with several suggestive passages related to teaching techniques and approaches to the instruction of the physician-in-training.

Theory of this sort might well be too ponderous to bear were it not

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for the Zabarenko style. Both superior and marginal levels along each developmental line are illustrated by case presentations of medical students and their handling of patients. Particular points emphasizing adequacy or inadequacy of management and high or low levels of mastery along particular lines are very effective in helping the reader to understand the authors' points. The book is scholarly, interesting, and is recommended for teachers of family medicine.

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The Management of Medical Practice. John McCormick, Ronald L. Rushing, W. Grayburn Davis. Ballinger Publishing Company, Cambridge, Massachusetts, 1978, 192 pp., \$20.00.

This book has been designed to serve as a reference text for physicians starting practice as well as for those already established in medical practice. There are a substantial number of tables and charts, and the book is well organized into key areas of practice management.

An excellent section is included on management of paramedical personnel, containing a well-developed chapter with good appendices of employment application forms, records, and sample job descriptions. Another strong section of the book covers the financial management of practice. Discussions of income-dividing in group practice, budgeting, accounting, and banking are all important areas of consid-

eration for a physician either entering or currently in practice. Also discussed is the distribution of income based on time, productivity, longevity, and overhead.

This book gives somewhat superficial coverage to such subjects as startup steps when entering practice, billing systems, booking of patients, telephone management, equipment needs, and architectural advice. The book can be utilized by resident physicians and management personnel, though it is somewhat limited in its usefulness.

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Family Medicine: Principles and Applications. Jack H. Medalie (ed). The Williams and Wilkins Company, Baltimore, 1978, 372 pp., \$15.95.

The spate of books on family medicine¹⁻³ that have appeared during the last year bodes well for this new discipline that has completed its first decade. The publications suggest that the pioneers in academic family medicine have not only colonized, but have also established a firm three-pronged base of service, teaching, and research. Under Medalie's editorial guidance the publication, *Family Medicine: Principles and Applications*, highlights the unique role that the family physician can play in health care delivery and education.

The book is divided into seven sections that reflect major areas of interest for students and teachers of family medicine. The first, "basic concepts and principles," offers the framework on

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MSD
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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[®] (chloridiazepoxide 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[®] (chloridiazepoxide) Tablets, 5 mg, 10 mg and 25 mg—bottles of 100 and 500. With respect to clinical activity, capsules and tablets are indistinguishable.

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which family medicine programs are being built. Essential to the success of a scientific discipline is a vocabulary common to its members. Medalie contributes to the clarification of the language of family medicine by proposing definitions that appropriately distinguish family medicine from family practice.

Family Medicine is the academic discipline in which the knowledge and skills of the relevant areas of medicine and associated fields are studied, investigated, and taught in relationship to family health and functioning.

Family Practice is the application of the principles of family medicine to the care of individuals and families in day-to-day practice . . . primary, continuous, comprehensive, and terminal care to all age groups. . . .

Other sections of the book reflect the family physician's role in research (eg, evaluation of primary care, the contributions of research to improving family practice); teaching (eg, the family life cycle: clinical applications and implications); and service (eg, transmission of infectious disease, and knowledge and skills needed for family practice).

Fortunately, Medalie focuses on areas of special concern to the field of family medicine and avoids the frenetic rambling through the medical and surgical literature that has characterized many of the early family medicine publications that attempted to identify the content of family medicine.

Most of the book's references are prior to 1973. The absence of landmark references from the most recent period of family medicine's

development must be considered a weakness; however, this weakness is minor, since Medalie and his contributing authors deal with issues that are in the forefront of the field. Chapters on family epidemiology, family systems, family therapy, team work in family practice, and psychosocial processes are examples of the unique and identifiable philosophy that family medicine contributes to health care.

Family medicine had its roots in the historical soil of general practice. Much nutriment, however, also comes from the behavioral sciences of sociology, anthropology, and psychology. Medalie gives limited recognition to these with the exception of sociology. The chapter, "Introduction to the Sociology of Family Medicine," successfully reviews this science's major contributions to family medicine. The chapter fails, however, to indicate how sociological principles can be applied to the practice needs of the modern family physician.

Medalie's first edition is structurally sound and gives focus to the philosophy, problem solving skills, and research of family medicine. Rapid change can be expected during family medicine's next decade. It is hoped that Medalie will remain a spokesperson for the field.

References

1. Rakel RE: Principles of Family Medicine. Philadelphia, WB Saunders, 1977
2. Huygen FJA: Family Medicine: The Medical Life History of Families. Nijmegen, The Netherlands, Dekker and Van de Vegt, 1978
3. Taylor RB: Family Medicine: Principles and Practice. New York, Springer Verlag, 1978

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