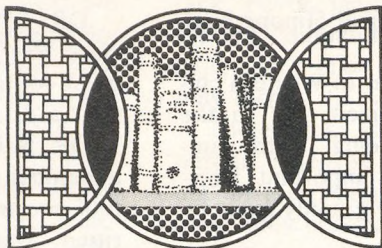


## Book Reviews



**Preventive Primary Medicine: Reducing the Major Causes of Mortality.** Robert Lewy. Little, Brown & Company, Boston, 1980, 169 pp., \$9.95 (paper).

This book undertakes to "provide a data base and adequate guidelines for the development and implementation of a personalized screening program for the leading causes of mortality," a difficult task in the light of present knowledge. It is hard to develop adequate guidelines in the absence of adequate data on which to base them. Although the author states that his "recommendations are based on an adequate body of literature," it is adequate only in quantity, for there are many areas in which definitive studies showing the efficacy of screening methods of health surveillance are lacking.

Still, one must begin somewhere, and Dr. Lewy has reviewed the state of the art well and thoroughly, drawing his own conclusions concerning screening for coronary heart disease, lung cancer, breast cancer, and other major causes of death. As he states, "many may not agree with (his) specific recommendations," yet they form an excellent starting point for the physician interested in initiating a schedule of screening examinations for his own patients. Some of the recommendations on cancer screening closely parallel the more recently published schedules of the

American Cancer Society. Indeed, the author is more conservatively realistic than the ACS at times. He does not, for example, recommend yearly screening mammography for all women over 50 but states that there is insufficient evidence of its benefit for any except women in the high-risk group.

The author is to be commended for including sections on depression/suicide and auto safety, factors that are ignored in many screening outlines but which are major causes of death. One wishes, however, that he had provided a comprehensive protocol, incorporating all of the items to be screened into a schedule such as that of Frame and Carlson. In the absence of such a schedule, busy physicians may find it harder to design their own protocols.

The book is also unique among its kind for including descriptions of the techniques of performing the Pap smear, sigmoidoscopy, and aspiration biopsy of the prostate, and thus may stimulate physicians who are not yet employing some of these methods to incorporate them into their preventive care.

Whatever one's feelings about the specific recommendations contained in this modest book, it is another step away from the routine

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### Brief Summary

## **E.E.S. 400<sup>®</sup>** **Filmtab<sup>®</sup>** (ERYTHROMYCIN ETHYL- SUCCINATE TABLETS, USP)

Each Filmtab<sup>®</sup> tablet represents  
400 mg erythromycin activity.

**Indications:** *Streptococcus pyogenes* (Group A beta hemolytic streptococcus)—Upper and lower respiratory tract infections, skin, and soft tissue infections of mild to moderate severity, where oral medication is preferred. Therapy should be continued for 10 days.

**Alpha-hemolytic streptococci** (viridans group)—Short-term prophylaxis of bacterial endocarditis prior to dental or other operative procedures in patients with a history of rheumatic fever or congenital heart disease who are hypersensitive to penicillin.

***S. aureus***—Acute infections of skin and soft tissue of mild to moderate severity. Resistant organisms may emerge during treatment.

***S. pneumoniae* (*D. pneumoniae*)**—Upper and lower respiratory tract infections of mild to moderate degree.

***M. pneumoniae***—Respiratory infections due to this organism.

***Hemophilus influenzae***—Upper respiratory tract infections of mild to moderate severity when used concomitantly with adequate doses of sulfonamides. (See sulfonamide prescribing information.) Concomitant sulfonamide use is necessary since not all strains of *H. influenzae* are susceptible at concentrations of erythromycin achieved with usual therapeutic doses.

***Treponema pallidum***—Alternate treatment in patients allergic to penicillin.

***C. diphtheriae***—As an adjunct to antitoxin, to prevent establishing carriers and eradicate organism in carriers.

***C. minutissimum***—Treatment of erythrasma.

***Entamoeba histolytica***—Treatment of intestinal amebiasis only.

***L. monocytogenes***—Infections due to this organism.

***Bordetella pertussis***—Elimination of organism from nasopharynx of infected individuals. May be helpful in prophylaxis in exposed susceptible individuals.

**Legionnaires' Disease**—Although no controlled clinical efficacy studies have been conducted, *in vitro* and limited preliminary clinical data suggest that erythromycin may be effective in treating Legionnaires' Disease.

Establish susceptibility of pathogens to erythromycin, particularly when *S. aureus* is isolated.

**Contraindications:** Known hypersensitivity to erythromycin.

**Precautions:** Exercise caution in administering to patients with impaired hepatic function. There have been reports of hepatic dysfunction, with or without jaundice, occurring in patients receiving oral erythromycin products. Localized infections may require surgical drainage in addition to antibiotic therapy. Recent data from studies of erythromycin reveal that use in patients receiving high doses of theophylline may be associated with increased serum theophylline levels and potential theophylline toxicity. In cases of theophylline toxicity and/or elevated serum theophylline levels the dose of theophylline should be reduced during concomitant erythromycin therapy.

Usage during pregnancy and lactation: The safety of erythromycin for use during pregnancy has not been established. Erythromycin crosses the placental barrier. Erythromycin also appears in breast milk.

**Adverse Reactions:** Dose-related abdominal cramping and discomfort. Nausea, vomiting, and diarrhea infrequently occur. During prolonged or repeated therapy, there is a possibility of overgrowth of nonsusceptible bacteria or fungi. Mild allergic reactions such as urticaria and other skin rashes may occur. Serious allergic reactions, including anaphylaxis, have been reported.



0043346



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

**Indications:** Management of anxiety disorders, or short-term relief of symptoms of anxiety; symptomatic relief of acute agitation, tremor, delirium tremens and hallucinosis due to acute alcohol withdrawal; adjunctively in skeletal muscle spasm due to reflex spasm to local pathology; spasticity caused by upper motor neuron disorders; athetosis; stiff-man syndrome; convulsive disorders (not for sole therapy).

The effectiveness of Valium in long-term use, that is, more than 4 months, has not been assessed by systematic clinical studies. The physician should periodically reassess the usefulness of the drug for the individual patient.

**Contraindicated:** Known hypersensitivity to the drug. Children under 6 months of age. Acute narrow angle glaucoma; may be used in patients with open angle glaucoma who are receiving appropriate therapy.

**Warnings:** Not of value in psychotic patients. Caution against hazardous occupations requiring complete mental alertness. When used adjunctively in convulsive disorders, possibility of increase in frequency and/or severity of grand mal seizures may require increased dosage of standard anticonvulsant medication; abrupt withdrawal may be associated with temporary increase in frequency and/or severity of seizures. Advise against simultaneous ingestion of alcohol and other CNS depressants. Withdrawal symptoms similar to those with barbiturates and alcohol have been observed with abrupt discontinuation, usually limited to extended use and excessive doses. Infrequently, milder withdrawal symptoms have been reported following abrupt discontinuation of benzodiazepines after continuous use, generally at higher therapeutic levels, for at least several months. After extended therapy, gradually taper dosage. Keep addiction-prone individuals under careful surveillance because of their predisposition to habituation and dependence.

**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:** If combined with other psychotropics or anticonvulsants, consider carefully pharmacology of agents employed; drugs such as phenothiazines, narcotics, barbiturates, MAO inhibitors and other antidepressants may potentiate its action. Usual precautions indicated in patients severely depressed, or with latent depression, or with suicidal tendencies. Observe usual precautions in impaired renal or hepatic function. Limit dosage to smallest effective amount in elderly and debilitated to preclude ataxia or oversedation.

**Side Effects:** Drowsiness, confusion, diplopia, hypotension, changes in libido, nausea, fatigue, depression, dysarthria, jaundice, skin rash, ataxia, constipation, headache, incontinence, changes in salivation, slurred speech, tremor, vertigo, urinary retention, blurred vision. Paradoxical reactions such as acute hyperexcited states, anxiety, hallucinations, increased muscle spasticity, insomnia, rage, sleep disturbances, stimulation have been reported; should these occur, discontinue drug. Isolated reports of neutropenia, jaundice; periodic blood counts and liver function tests advisable during long-term therapy.

**Dosage:** Individualize for maximum beneficial effect. **Adults:** Anxiety disorders, symptoms of anxiety, 2 to 10 mg b.i.d. to q.i.d.; alcoholism, 10 mg t.i.d. or q.i.d. in first 24 hours, then 5 mg t.i.d. or q.i.d. as needed; adjunctively in skeletal muscle spasm, 2 to 10 mg t.i.d. or q.i.d.; adjunctively in convulsive disorders, 2 to 10 mg b.i.d. to q.i.d. **Geriatric or debilitated patients:** 2 to 2½ mg, 1 or 2 times daily initially, increasing as needed and tolerated. (See Precautions.) **Children:** 1 to 2½ mg t.i.d. or q.i.d. initially, increasing as needed and tolerated (not for use under 6 months).

**Supplied:** Valium® (diazepam/Roche) Tablets, 2 mg, 5 mg and 10 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 in trays of 10.



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

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annual physical examination and toward individualized health surveillance, and therefore is to be welcomed.

Colin Baker, MD  
University of South Carolina  
Columbia, South Carolina

**A Method of Psychiatry.** Stanley E. Greben, Robert Pos, Vivian M. Rakoff, Alexander Bonkalo, Frederick H. Lowy, George Voineskos. Lea & Febiger, Philadelphia, 1980, 375 pp., \$20.00.

This book is written by the members of the Department of Psychiatry, University of Toronto. Thirty-three contributors are listed. There are 39 chapters in a total of 353 pages (not including the glossary and index), so it is evident that the chapters are short. More importantly, the chapters are to the point, easily read, and give the readers the feeling that the subject was covered well for its intended readership.

The editors say the book was written because they have not found a text that reflects this particular method of teaching the basics of psychiatry. "This method is a broadly-based eclecticism which uses the contributions of many different points of view in psychiatry." The book is primarily presented for the medical student and for all physicians who do not specialize in psychiatry.

The first several chapters speak of the psychological problems of infancy and childhood, adolescence and young adulthood and middle age and maturity. Other things basic to the student are discussed—biology, behavior and mental functioning, being with the patient, history and psychological testing of

the examination, formulation—all of which have separate chapters.

The various psychological and psychiatric entities are then discussed. I find the book both well written and interesting. One criticism I would have of this book, however, is that all of the great names of psychoanalytic psychiatrists have their ideas presented, with equal weight given to each, although they may differ with each other radically. I would have preferred it if the authors had brought a sharper perspective to these differences. At the same time, the book generally succeeds as a basic psychiatry text.

Eldon Berglund, MD  
Hennepin County Medical Center  
Minneapolis, Minnesota

**Oxorn-Foote Human Labor and Birth (4th Edition).** Harry Oxorn. Appleton-Century-Crofts, New York, 1980, 726 pp., \$18.95.

This selection will be quite valuable to the family physician in addition to other practitioners and students associated with the care of the pregnant patient, especially the care of her labor and delivery. It functions exceptionally well as a comprehensive manual, encompassing the anatomy, physiology, and management of the routine aspects of the labor and delivery process and their complications. Quick reference to specific areas of information is provided by a thorough and detailed index in combination with a management oriented table of contents.

Typical chapters review the spectrum of labor and delivery from normal labor to the delivery of var-

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PRO-BANTHINE® (propantheline bromide) Tablets, 7½ mg. and 15 mg.

INDICATION: Pro-Banthine is effective as adjunctive therapy in the treatment of peptic ulcer.

CONTRAINDICATIONS: Glaucoma, obstructive disease of the gastrointestinal tract, obstructive uropathy, intestinal atony, severe ulcerative colitis or toxic megacolon, hiatal hernia associated with reflux esophagitis, unstable cardiovascular adjustment in acute hemorrhage, or myasthenia gravis.

WARNINGS: Heat prostration can occur with use of the drug in hot weather.

Diarrhea, especially in an ileostomy or colostomy patient, may indicate obstruction, and this possibility should be considered before administering Pro-Banthine.

Pro-Banthine may produce drowsiness or blurred vision.

With overdosage, a curare-like action may occur, i.e., neuromuscular blockade leading to muscular weakness and possible paralysis.

Use with caution in patients with severe cardiac disease if an increase in heart rate is undesirable.

Safe use in pregnancy has not been established. Use during pregnancy only when the benefits outweigh any possible risk.

Uncontrolled data derived from marketing experience do not suggest that significant quantities of Pro-Banthine are secreted in breast milk.

Safety and efficacy in children have not been established.

PRECAUTIONS: Varying degrees of urinary hesitancy may be evidenced by patients with prostatic hypertrophy. Urinary retention may be avoided if such patients are advised to micturate before taking the medication.

Use with caution in the elderly and in all patients with autonomic neuropathy, hepatic or renal disease, hyperthyroidism, coronary heart disease, congestive heart failure, cardiac tachyarrhythmias, or hypertension.

Large doses should be avoided or the drug discontinued in patients with ulcerative colitis.

ADVERSE REACTIONS: Varying degrees of drying of salivary secretions may occur as well as decreased sweating, blurred vision, mydriasis, cycloplegia, and increased ocular tension. Other reported adverse reactions include urinary hesitancy and retention, tachycardia, palpitations, loss of the sense of taste, headache, nervousness, mental confusion, drowsiness, weakness, dizziness, insomnia, nausea, vomiting, constipation, bloated feeling, impotence, suppression of lactation, and allergic reactions or drug idiosyncrasies including anaphylaxis, urticaria and other dermal manifestations.

OVERDOSAGE: The symptoms of Pro-Banthine overdosage include CNS disturbances, circulatory changes, respiratory failure, paralysis and coma. See complete prescribing information for appropriate treatment.

DOSAGE AND ADMINISTRATION: The usual initial adult dose of Pro-Banthine tablets is 15 mg. taken 30 minutes before each meal and 30 mg. at bedtime (a total of 75 mg. daily). Subsequent dosage adjustment should be made according to the patient's individual response and tolerance.

The administration of one 7½-mg. tablet three times a day is convenient for patients with mild manifestations and for geriatric patients and for those of small stature.

Searle & Co.  
San Juan, Puerto Rico 00936

Address medical inquiries to:  
G.D. Searle & Co.  
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ious fetal presentations and surgical skills, such as performing episiotomy and its repair. The ample diagrams appear quite helpful and are strategically located adjacent to the corresponding text. Decision pathways are included for complex problems, such as third trimester bleeding and premature rupture of membranes.

Compared to some references, the strengths of *Human Labor and Birth* are found in its detailed description of procedures, such as forceps applications and rotations, techniques of anesthesia, and the various methods of delivering the breech presentation. Also impressive are the chapters that cover the assessment of the fetus in utero, bioelectronic monitoring, and the use of ultrasonic methods in the evaluation of pregnancy. Special sections dealing with the induction of labor, fetal monitoring, preterm labor, prolonged labor and postterm gestation are especially appealing due to the material being current. In addition to being used as a manual, *Human Labor and Birth* is readily reviewed by the experienced, thereby reinforcing one's prior knowledge while adding to it.

James J. Bergman, MD  
University of Washington  
Seattle, Washington

**Traveling Healthy: A Complete Guide to Medical Services in 23 Countries.** Sheilah M. Hillman, Robert S. Hillman. Penguin Books, New York, 1980, 559 pp., \$7.95, (paper).

Subtitled, "A Complete Guide to Medical Services in 23 Countries," this book by an American medical professor and his journalist wife offers useful and unique in-

formation for the traveler in need of medical care abroad. The heart of the book is a gazetteer summarizing the sources and style of medical care in Europe, Israel, Japan, the USSR, and Mexico. For each country and most major cities, the authors describe the organization of outpatient, hospital and emergency services and list specific names, telephone numbers, and addresses of selected full-service teaching hospitals. A companion section lists emergency medical phrases in the language of each country. The book's introduction discusses how to find and use medical care abroad, and the text is filled with practical information, such as how to make an emergency call on a frustrating foreign phone. Additional sections summarize first aid instructions, suggest self-care guidelines for common traveler complaints, and discuss the special needs of patients with selected chronic medical conditions, such as asthma, heart disease, diabetes, cancer, hemophilia, and epilepsy. An extensive pharmacopeia summarizes the use of many drugs, giving their generic and foreign trade names.

The book is a well-organized and artfully written compilation of information that would be of great value to the traveler with chronic medical problems or other reasons to suspect a need for medication or medical care in these countries. Physicians might serve such patients well by recommending this book to them. The typical traveler, however, may feel that the inclusion of so much practical but rarely used information makes the book too big and heavy to justify inclusion in their usual luggage.

William R. Phillips, MD, MPH  
University of Washington  
Seattle, Washington