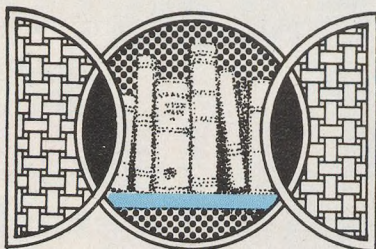

Book Reviews



Practical Orthopedics. Lonnie R. Mercier, Fred J. Pettid. *Yearbook Medical Publishers, Chicago, 1980, 299 pp., price not available.*

Intended to give a useful but not excessively detailed text for the student and practicing physician in primary care, this book achieves much toward this goal. More than one half of the text is devoted to nonfracture problems addressed by anatomic regions. Problems in each region are those more commonly encountered in primary care. This reviewer found the general management of these topics to be concise and to the point. A basic conservative treatment approach is found for recommended treatments of the described problems. In several areas treatment descriptions were felt to be perhaps too brief for the practicing physician, and more specific recommendations would have been of benefit. An example would be in the section on injection therapy; details of techniques of injection and the author's preferences as to specific mixtures of materials would have been helpful.

There is good balance in emphasis on rehabilitation, and a chapter on radiologic techniques and evaluation was especially good. The x-ray reproductions were excellent and useful. The section

relating to back problems was generally good, particularly the coverage of anatomy, the physical examination, and differential diagnosis. However, important psychobehavioral aspects of problems of the back were dealt with in rather a cursory way, and strategies of stress management and behavioral modification approaches to back problems could have been included.

A section relating to fracture evaluation and management is appropriate for family practice. A table of common fractures that have a high frequency of complications is also helpful. Additional detail on casting techniques would have been helpful, together with a description of newer casting materials.

The medical student and beginning practitioner in family practice will find good guidance and conservative advice relating to orthopedic management from this book. The reviewer would like to see more detail on management in many sections if the text were to be used as a reference text by clinicians.

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Manual of Pediatric Therapeutics (2nd Edition). John W. Graef, Thomas E. Cone, Jr. (eds). Little, Brown & Company, Boston, 1980, 590 pp., \$13.95 (spiral).

This spiral-bound paperback is one of a large series of manuals and handbooks by the same publisher. As suggested by the format, it seems best suited as a pocket reference for the physician with a large pocket, namely, the house officer in the white coat. The editors, with the contributions of multiple authors, have compiled an impressively complete and up-to-date guide to the full spectrum of pediatric problems, from newborns to adolescents and from fluids and electrolytes to psychiatric problems. As intended, the emphasis is on therapy, with detailed outlines for the management of specific problems. Numerous charts, tables, and graphs give drug dosages, diagnostic aids, treatment algorithms, and clinically useful reference information. While no attempt is made to provide textbook description of diseases, much useful diagnostic information is provided in addition to the management guides. Additionally, several references to recent reviews are provided when space limitations preclude more detailed discussion.

I found instances where philosophies or drug dosages differed from my customary practices, but these were few, with the vast majority of recommendations containing the most recent advances in their respective fields. This is a useful reference manual for anyone providing care to pediatric patients. When kept

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Tenuate®^{IV}
(diethylpropion hydrochloride USP)

Tenuate Dospan®^{IV}
(diethylpropion hydrochloride USP)
controlled-release

AVAILABLE ONLY ON PRESCRIPTION

Brief Summary

INDICATION: Tenuate and Tenuate Dospan are indicated in the management of exogenous obesity as a short-term adjunct (a few weeks) in a regimen of weight reduction based on caloric restriction. The limited usefulness of agents of this class should be measured against possible risk factors inherent in their use such as those described below.

CONTRAINDICATIONS: Advanced arteriosclerosis, hyperthyroidism, known hypersensitivity, or idiosyncrasy to the sympathomimetic amines, glaucoma. Agitated states. Patients with a history of drug abuse. During or within 14 days following the administration of monoamine oxidase inhibitors, (hypertensive crises may result).

WARNINGS: If tolerance develops, the recommended dose should not be exceeded in an attempt to increase the effect; rather, the drug should be discontinued. Tenuate may impair the ability of the patient to engage in potentially hazardous activities such as operating machinery or driving a motor vehicle; the patient should therefore be cautioned accordingly. When central nervous system active agents are used, consideration must always be given to the possibility of adverse interactions with alcohol. **Drug Dependence:** Tenuate has some chemical and pharmacologic similarities to the amphetamines and other related stimulant drugs that have been extensively abused. There have been reports of subjects becoming psychologically dependent on diethylpropion. The possibility of abuse should be kept in mind when evaluating the desirability of including a drug as part of a weight reduction program. Abuse of amphetamines and related drugs may be associated with varying degrees of psychologic dependence and social dysfunction which, in the case of certain drugs, may be severe. There are reports of patients who have increased the dosage to many times that recommended. Abrupt cessation following prolonged high dosage administration results in extreme fatigue and mental depression; changes are also noted on the sleep EEG. Manifestations of chronic intoxication with anorectic drugs include severe dermatoses, marked insomnia, irritability, hyperactivity, and personality changes. The most severe manifestation of chronic intoxications is psychosis, often clinically indistinguishable from schizophrenia. **Use in Pregnancy:** Although rat and human reproductive studies have not indicated adverse effects, the use of Tenuate by women who are pregnant or may become pregnant requires that the potential benefits be weighed against the potential risks. **Use in Children:** Tenuate is not recommended for use in children under 12 years of age.

PRECAUTIONS: Caution is to be exercised in prescribing Tenuate for patients with hypertension or with symptomatic cardiovascular disease, including arrhythmias. Tenuate should not be administered to patients with severe hypertension. Insulin requirements in diabetes mellitus may be altered in association with the use of Tenuate and the concomitant dietary regimen. Tenuate may decrease the hypotensive effect of guanethidine. The least amount feasible should be prescribed or dispensed at one time in order to minimize the possibility of overdosage. Reports suggest that Tenuate may increase convulsions in some epileptics. Therefore, epileptics receiving Tenuate should be carefully monitored. Titration of dose or discontinuance of Tenuate may be necessary.

ADVERSE REACTIONS: *Cardiovascular:* Palpitation, tachycardia, elevation of blood pressure, precordial pain, arrhythmia. One published report described T-wave changes in the ECG of a healthy young male after ingestion of diethylpropion hydrochloride. *Central Nervous System:* Overstimulation, nervousness, restlessness, dizziness, jitteriness, insomnia, anxiety, euphoria, depression, dysphoria, tremor, dyskinesia, mydriasis, drowsiness, malaise, headache, rarely psychotic episodes at recommended doses. In a few epileptics an increase in convulsive episodes has been reported. *Gastrointestinal:* Dryness of the mouth, unpleasant taste, nausea, vomiting, abdominal discomfort, diarrhea, constipation, other gastrointestinal disturbances. *Allergic:* Urticaria, rash, erythromatous eruptions. *Endocrine:* Impotence, changes in libido, gynecomatia, menstrual upset. *Hematopoietic System:* Bone marrow depression, agranulocytosis, leukopenia. *Miscellaneous:* A variety of miscellaneous adverse reactions has been reported by physicians. These include complaints such as dyspnea, hair loss, muscle pain, dysuria, increased sweating, and polyuria.

DOSAGE AND ADMINISTRATION: Tenuate (diethylpropion hydrochloride): One 25 mg. tablet three times daily, one hour before meals, and in intervening if desired to overcome night hunger. Tenuate Dospan (diethylpropion hydrochloride) controlled-release: One 75 mg. tablet daily, swallowed whole, in midmorning. Tenuate is not recommended for use in children under 12 years of age.

OVERDOSAGE: Manifestations of acute overdosage include restlessness, tremor, hyperreflexia, rapid respiration, confusion, assaultiveness, hallucinations, panic states. Fatigue and depression usually follow the central stimulation. Cardiovascular effects include arrhythmias, hypertension or hypotension and circulatory collapse. Gastrointestinal symptoms include nausea, vomiting, diarrhea, and abdominal cramps. Overdose of pharmacologically similar compounds has resulted in fatal poisoning, usually terminating in convulsions and coma. Management of acute Tenuate intoxication is largely symptomatic and includes lavage and sedation with a barbiturate. Experience with hemodialysis or peritoneal dialysis is inadequate to permit recommendation in this regard. Intravenous phenolamine (Regitine™) has been suggested on pharmacologic grounds for possible acute, severe hypertension, if this complicates Tenuate overdosage.

Product Information as of June, 1980

Reference: 1. Abramson R, Garg M, Cioffari A, and Rotman PA: An Evaluation of Behavioral Techniques Reinforced with an Anorectic Drug in a Double-Blind Weight Loss Study. *J Clin Psych* 41:234-237, 1980.

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BOOK REVIEWS

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handy in coat pocket, desk drawer, or glove compartment, it can provide a quick "consultation," a reassuring refresher, or simply a convenient dosage guide.

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Practical Rheumatology: Diagnosis and Management. Rodney Blue-stone. Addison-Wesley Publishing Company, Reading, Massachusetts, 1980, 240 pp., \$23.95.

The practical clinical aspects of rheumatology often escape many physicians. These aspects, easily lost in large textbooks or narrow, highly technical articles, are highlighted in this book, which provides for their thorough display in a style that delivers welcome reading to the primary care practitioner.

The preface soundly emphasizes an understanding of the basic rheumatological examination, and indications for radiographics, laboratory work, and their interpretation. Furthermore, the author establishes a philosophy of comprehensive patient care and the development of a self-teaching text, which educates by building on prior knowledge. His ultimate goal includes the reader thoroughly comprehending the major musculoskeletal and rheumatological processes.

The readability is enhanced by concise chapters, summary capsules, excellent tables, illustrations, and photographs, and a useful index. Some of the extraordinary strengths of the book include the suggested readings for patients, the outstanding section on the use of splints and braces, and the in-

depth commentary regarding the anatomy and examination of specific joints.

The reader will be refreshed to review rheumatology in the context of approaching the total care of the patient, anticipating the common problems, and searching for clues from which to develop a logical differential diagnosis. Numerous patient cases are discussed centering about common rheumatological presentations in addition to a sampling of the more esoteric syndromes. Workups are presented from the perspective that only the most difficult patient problems need be referred to the specialist. For those with further interest, various chapters delve into the immunology and high technology of more advanced clinical rheumatology.

I find this selection quite helpful in developing an understanding, diagnosis, and management of most rheumatological problems, and more importantly, appreciate the role it takes in directing total patient care from the standpoint of patient education, family support, and physical therapy, and rehabilitation.

James Bergman, MD
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Clinical Simulations in Surgery. Bernard Sigel. Appleton-Century-Crofts, New York, 1981, 160 pp., \$38.50 (paper).

A series of eight patient management problems constitute the bulk of this workbook. A latent image technique provides brief "answers" to history, physical examination, laboratory studies,

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untary motor function that could not occur with the patient supine.⁶ Furthermore, the affected leg need play no active part in walking. Standing the patient activates the extensor thrust reflex in the paralyzed leg, which causes extension of the hip and knee. The affected leg remains stiff and acts mainly as a pylon. Successful ambulation depends mainly on the strength of the uninvolved leg.³ A common complication of stroke is the painful shoulder syndrome, which is probably due to capsular injury or brachial plexus stretch while the arm is flail shortly after the stroke. Sling or gutter support of the arm should be used to prevent subluxation.³

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and management items that the reader selects. Appendixes contain normal laboratory values and costs of tests and procedures. Finally, there is a brief discussion of each problem and references.

The intended reader is a "surgeon with several years of clinical experience." The patient management problems are constructed, however, to permit "medical students and less advanced residents" to work the problems, using "attending" opinions more liberally. I found the latent image process, using the provided pen, of good quality. The available items were overly complete, including the entire physical examination and review of systems, and uncovered responses were cryptic and unimaginative. The level of problems would seem to be aimed at medical students on a surgical clerkship. The book might be a useful review for family practice residents on surgical rotations. Emphasized are diagnostic and early decision making skills rather than operative technique or management of complications. Medical treatment receives full support as an alternative to surgery or as a trial prior to consideration of surgery. The content appears to be medically sound.

Family practice residents concerned with patient management problems will find this book a useful review of decision making in common surgical problems.

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Controversies in Child Health and Pediatric Practice. *David H. Smith, Robert A. Hoekelman.* McGraw-

Hill Book Company, New York, 1980, 463 pp., \$29.95.

This book is a reproduction of 12 debates concerning topics of controversy in child care which took place at the University of Rochester, Rochester, New York, between April 1978 and June 1979. The topics covered included specialty board recertification; the use and abuse of antibiotics in common respiratory tract infection, monitoring of infants at risk for sudden death, gynecological care of adolescent females, effect of television advertising and programming on children, value of routine, periodic child health visits, optimum treatment for otitis media, steroids for prevention of respiratory distress, strict or loose control of juvenile diabetes, value of hyposensitization for allergic diseases, phototherapy for neonatal hyperbilirubinemia, and learning disorders and the hyperactive child. The format for each debate is identical: a short introduction of the problem by a narrator, presentation by each discussant, short rebuttal by each discussant, and concluding questions from the audience. The presentations are well edited and uniformly concise, with a great deal of solid information presented. Of great value was realizing the extent of controversy I did not know existed.

The topics presented were appropriate to all physicians. However, family physicians and pediatricians will find most topics of immediate practical value. I admit to having had a definite bias about each topic. Although my biases did not change, I now see myself less dogmatic or definite than I had been previously, a measure of the effectiveness and value of this book.

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