

Family Counseling: An Annotated Bibliography. University Research Corporation. Oelgeschlager, Gunn & Hain, Publishers, Cambridge, Mass, 1981, 204 pp., \$22.50.

The annotated bibliography on family counseling by University Research Corporation is most welcome. Academic family medicine is now actively exploring the meaning and role of "family" in family medicine, and in order to define the counseling role of the family physician, it is necessary to have an understanding of the history and present theories of family counseling.

The historical perspective in *Family Counseling: An Annotated Bibliography* is limited, but the period from 1970 to 1979 is well covered. Papers on models, theories, application in practice, research, and teaching are well reviewed and, in a few words, seem to capture the essence of each author's message. Furthermore, the book's "Key Word Index and Index of Titles" affords the reader an ideal cross-reference.

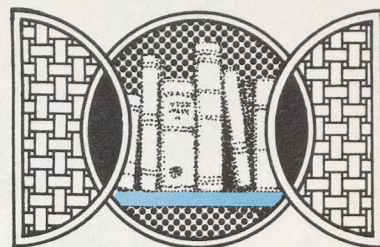
I feel that individuals who are interested or engaged in studying the place of family counseling in family medicine will want this excellent reference book on their shelves.

*Gabriel Smilkstein, MD
Seattle, Washington*

The Clay Pedestal: A Re-examination of the Doctor-Patient Relationship. Thomas Preston. Madrona Publishers, Seattle, 1981, 226 pp., \$12.95.

This easily read volume is designed to demystify medicine and encourage more enlightened participation in the physician-patient "contract" by the lay public. Preston, a university-based cardiologist, debunks the pervasive idea that modern medicine has magical healing powers and that the patient,

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to be healed, must come before the medical system as a suppliant. Having revealed the very minimal support that many modern medical practices receive from sound scientific research, Preston is more consistent than some of his "muck-raking" colleagues and refuses to place some nontraditional form of magic (megavitamins, eating unrefined sugar, etc) on the pedestal just vacated by orthodox medicine. Instead, he points out in common-sense form the virtues of preventive medicine, of avoiding obvious life-style risk factors such as smoking, and of judicious use of the truly efficacious features of modern medical practice.

Preston's previous book dealt with the controversy over coronary bypass surgery. Focusing on that debate would hardly tend to give one an optimistic view of medicine's willingness to subject its pet beliefs to impartial scientific scrutiny, its reliance on reason rather than authoritarian dogma or manipulation, and the absence of the profit motive in medical decision making. At times when Preston's characterization of contemporary medicine seems hard to accept, it appears that he is inappropriately generalizing from the coronary bypass case to medicine as a whole. Also, like many physicians who try to contrast the realities of medical practice with some scientific ideal, Preston appears largely ignorant of philosophy of science. He seems to

hold naive views about the certainty afforded by randomized, controlled statistical studies. He even suggests that the role of "clinical judgment" will be reduced by knowledge gained from such studies, forgetting that clinical judgment will be necessary to decide whether each patient's case is sufficiently similar to the cases studied so as to permit application of the results to this individual. The more subtle idea that by setting up the randomized controlled study as the gold standard of science, medicine is systematically closing itself off from other valid methods of understanding never crosses his mind.

In his final (and somewhat disappointing) recommendations, Preston credits the family physician with an important role as patient advocate and as gatekeeper to the specialist zoo; but he seems to have little or no concept of primary care as it is practiced, and practically the entire book is aimed at the hospital and referral-care setting.

Most physicians who have not spent the last ten years wandering in the Kalahari Desert are familiar with the criticisms, mostly justified even if overly shrill, that have been aimed at the medical establishment both from without and from within; for this audience Preston's book will have little new to say. For the general public, the book can be recommended primarily for its reason-

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Indications: MONISTAT 7 Vaginal Cream/Vaginal Suppositories are indicated for the local treatment of vulvovaginal candidiasis (moniliasis). As MONISTAT 7 Vaginal Cream/Vaginal Suppositories are effective only for candidal vulvovaginitis, the diagnosis should be confirmed by KOH smears and/or cultures. Other pathogens commonly associated with vulvovaginitis (*Trichomonas* and *Haemophilus vaginalis* [*Gardnerella*]) should be ruled out by appropriate laboratory methods.

MONISTAT 7 Vaginal Cream is effective in both pregnant and non-pregnant women, as well as in women taking oral contraceptives. (See **Precautions.**) Effectiveness in pregnancy has not been established for MONISTAT 7 Vaginal Suppositories.

Contraindications: Patients known to be hypersensitive to this drug.

Precautions: General: Discontinue drug if sensitization or irritation is reported during use. Laboratory Tests: If there is a lack of response to MONISTAT 7, appropriate microbiological studies (standard KOH smear and/or cultures) should be repeated to confirm the diagnosis and rule out other pathogens.

Pregnancy: Since imidazoles are absorbed in small amounts from the human vagina, they should be used in the first trimester of pregnancy only when the physician considers it essential to the welfare of the patient.

MONISTAT 7 Vaginal Suppositories: Carcinogenesis, Mutagenesis, Impairment of Fertility: Long-term animal studies to determine carcinogenic potential have not been performed.

Fertility (reproduction): Oral administration of miconazole nitrate in rats has been reported to produce prolonged gestation. However, this effect was not observed in oral rabbit studies. In addition, signs of fetal and embryotoxicity were reported in rat and rabbit studies and dystocia in rat studies after oral doses at and above 80 mg per kg. Intravaginal administration did not produce these effects in rats.

Clinical studies, during which miconazole nitrate vaginal cream and suppositories were used for up to 14 days, were reported to include 487 pregnant patients. Follow-up reports available on 446 of these patients reveal no adverse effects or complications attributable to miconazole nitrate therapy in infants born to these women.

Nursing Mothers: It is not known whether miconazole nitrate is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when miconazole nitrate is administered to a nursing woman.

Adverse Reactions: During clinical studies with miconazole nitrate cream for a 14-day regimen, 39 of the 528 patients (7.4%) treated with miconazole nitrate cream reported complaints during therapy that were possibly drug-related. Most complaints were reported during the first week of therapy. Vulvovaginal burning, itching or irritation occurred in 6.6%, while other complaints such as vaginal burning, pelvic cramps, hives, skin rash and headache occurred rarely (each less than 0.2% patient incidence). The therapy-related dropout rate was 0.9%.

During clinical studies with regimens which varied from 1 to 14 days, 1,057 patients were treated with miconazole nitrate suppositories. The incidence of vulvovaginal burning, itching or irritation was 0.5%, while complaints of skin rash occurred at only a 0.2% incidence.

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able and even-handed tone, even if the double-blind controlled study is not quite the panacea for medicine's ills that the author thinks it is.

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Faculty Development Through Workshops. Carole J. Bland. Charles C Thomas, Springfield, Ill, 1980, 218 pp., \$13.50, \$9.75 (paper).

This book presents the principles for effective planning and execution of workshops drawn from the field of faculty development and illustrates their use with examples from family medicine education as well as other fields. The purpose is to describe a workshop's format and process, to guide decision makers without insisting they become experts, and to support the process as outlined by the literature. It offers specific rules of thumb and time-tables for effective workshops that enhance faculty development. A thorough review of the literature reports consensus recommendations and adds insights gained through the author's own experiences as a workshop coordinator and a participant in a workshop study conducted by the Society of Teachers of Family Medicine in 1977.

Prepared primarily for workshop coordinators who plan, conduct, and evaluate faculty development workshops, the book clearly outlines workshop guidelines and describes the proper sequence of organizational steps. It is an excellent quick reference to and summary of relevant decisions and activities surrounding faculty development workshops. There are 11 chapters, 15 appendices, 100 references, and an extensive bibliography. Chapter 1 orients the reader to the book and gives an

overview of faculty development. Chapter 2 outlines the need for faculty development and cites available research on the subject to provide ample proof that workshops of two to four days are valuable tools for faculty development. Chapter 3 is simply an activities checklist. (This chapter could easily have been included as an appendix.) Chapters 4 through 11 are "how to" chapters with rules of thumb, supporting evidence of designing objectives, teaching strategies, personnel, facilities, equipment, supplies, assessing needs of participants, the setting, and evaluation strategies. Numerous appendices offer information on or give examples of needs assessment questionnaires, preparatory materials and problems, clinical supervision, application for external funds, participant feedback, financial reports, and similar items associated with faculty development workshops.

Faculty development is an extremely appropriate pursuit now that the requirements for knowledgeable and productive family medicine faculty must enter the arena of medical education. This reference book is a valuable addition to family physicians who conduct workshops of any type, especially workshops concerned with faculty development.

William R. Gillis, MD
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Archives of Family Practice, Volume 2. John P. Geyman (ed). Appleton-Century-Crofts, New York, 1981, 444 pp., \$34.50.

This book is the second of a planned annual series. The volume has been assembled by a senior statesman in the field, the editor of

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Keflex®
cephalexin

Brief Summary. Consult the package literature for prescribing information.

Indications: Keflex is indicated for the treatment of the following infections when caused by susceptible strains of the designated microorganisms:

Respiratory tract infections caused by *Streptococcus (Diplococcus) pneumoniae* and group A beta-hemolytic streptococci (Penicillin is the usual drug of choice in the treatment and prevention of streptococcal infections, including the prophylaxis of rheumatic fever. Keflex is generally effective in the eradication of streptococci from the nasopharynx; however, substantial data establishing the efficacy of Keflex in the subsequent prevention of rheumatic fever are not available at present.)

Note—Culture and susceptibility tests should be initiated prior to and during therapy. Renal function studies should be performed when indicated.

Contraindication: Keflex is contraindicated in patients with known allergy to the cephalosporin group of antibiotics.

Warnings: BEFORE CEPHALEXIN THERAPY IS INSTITUTED, CAREFUL INQUIRY SHOULD BE MADE CONCERNING PREVIOUS HYPERSENSITIVITY REACTIONS TO CEPHALOSPORINS AND PENICILLIN. CEPHALOSPORIN C DERIVATIVES SHOULD BE GIVEN CAUTIOUSLY TO PENICILLIN-SENSITIVE PATIENTS.

SERIOUS ACUTE HYPERSENSITIVITY REACTIONS MAY REQUIRE EPINEPHRINE AND OTHER EMERGENCY MEASURES.

There is some clinical and laboratory evidence of partial cross-allergenicity of the penicillins and the cephalosporins. Patients have been reported to have had severe reactions (including anaphylaxis) to both drugs.

Any patient who has demonstrated some form of allergy, particularly to drugs, should receive antibiotics cautiously. No exception should be made with regard to Keflex.

Usage in Pregnancy—Safety of this product for use during pregnancy has not been established.

Precautions: Patients should be followed carefully so that any side effects or unusual manifestations of drug idiosyncrasy may be detected. If an allergic reaction to Keflex occurs, the drug should be discontinued and the patient treated with the usual agents (e.g., epinephrine or other pressor amines, antihistamines, or corticosteroids).

Prolonged use of Keflex may result in the overgrowth of nonsusceptible organisms. Careful observation of the patient is essential. If superinfection occurs during therapy, appropriate measures should be taken.

Positive direct Coombs tests have been reported during treatment with the cephalosporin antibiotics. In hematologic studies or in transfusion cross-matching procedures when antiglobulin tests are performed on the minor side or in Coombs testing of newborns whose mothers have received cephalosporin antibiotics before parturition, it should be recognized that a positive Coombs test may be due to the drug.

Keflex should be administered with caution in the presence of markedly impaired renal function. Under such conditions, careful clinical observation and laboratory studies should be made because safe dosage may be lower than that usually recommended.

Indicated surgical procedures should be performed in conjunction with antibiotic therapy.

As a result of administration of Keflex, a false-positive reaction for glucose in the urine may occur. This has been observed with Benedict's and Fehling's solutions and also with Clinitest® tablets but not with Tes-Tape® (Glucose Enzymatic Test Strip, USP, Lilly).

Adverse Reactions: *Gastrointestinal*—The most frequent side effect has been diarrhea. It was very rarely severe enough to warrant cessation of therapy. Nausea, vomiting, dyspepsia, and abdominal pain have also occurred.

As with other broad-spectrum antibiotics, colitis, including rare instances of pseudomembranous colitis, has been reported in conjunction with therapy with Keflex.

Hypersensitivity—Allergies (in the form of rash, urticaria, and angioedema) have been observed. These reactions usually subsided upon discontinuation of the drug. Anaphylaxis has also been reported.

Other reactions have included genital and anal pruritus, genital moniliasis, vaginitis and vaginal discharge, dizziness, fatigue, and headache. Eosinophilia, neutropenia, and slight elevations in SGOT and SGPT have been reported.

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Additional information available to the profession on request from Distal Products Company, Division of Eli Lilly and Company, Indianapolis, Indiana 46285.

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The Journal of Family Practice, and contains "Selected Papers and Abstracts Representing Original Work Advancing the Specialty of Family Practice." The goal of the work is to present papers and abstracts in clinical, educational, and research topics exemplifying the advancing state of the art and science of the growing specialty.

There is no individual commentary about the specific papers. Their selection alludes to their significance in the field, and their conclusions stand alone. The perspectives of the editor make the assembled works of interest to all academically oriented family physicians. It is not likely that the family physician in practice will find this a useful book to assist in the tribulations of daily patient care. It will be of great value, however, to the individual who needs to be abreast of the expanding literature in the field or who has interest in research issues and methodology in academic family medicine.

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Low Back Pain Syndrome (3rd Edition). Rene Cailliet. F.A. Davis, Philadelphia, 1981, 224 pp., \$10.95.

Back problems, including low back pain in adults and structural problems in children (eg, scoliosis), are frequently encountered in any primary care practice. The workup and management of these conditions can at times be a source of frustration for both the patient and the physician.

This book provides an excellent reference for both quick answers and in-depth review of the subject. I found it easy to read and well organized and indexed. The illustrations are clear and instructive. The

book would be applicable to physicians, medical students, physical therapists, and anyone who has interest in gaining insight and understanding of back problems.

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Practical Endocrinology. Jerome M. Hershman (ed). John Wiley & Sons, New York, 1981, 284 pp., \$24.00.

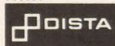
The title is appropriate. Written for the primary care physician, the book provides a practical approach to solving clinical problems in endocrinology. The emphasis is on selection, interpretation, and application of laboratory tests and on therapy. Descriptions of the clinical presentation and physical findings are brief, and discussion is based on verification of a presumptive diagnosis. The text is readable and concise, and tables and figures are clear and useful. Two chapters on the treatment of exogenous obesity, although well written, seem unrelated to the rest of the book. The book would be very useful for the family practice resident or for the practicing family physician. It includes a 33-question post-test to document reading and comprehension for 13 hours of Category I CME credits for the Physicians Recognition Award of the AMA through the Department of Medicine, UCLA School of Medicine.

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In Sickness and in Health: Social Dimensions of Medical Care. Ralph Hingson, Norman A. Scotch, James Sorenson, Judith P. Swagey. C.V.

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Carolina, Puerto Rico 00630

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Mosby, St. Louis, 1981, 289 pp., \$14.95 (paper).

This book is the result of activities generated within the Boston University School of Medicine Department of Socio-Medical Sciences since its creation in 1975. Though the orientation is toward physicians and medical education, the array of topics and coverage make the text appropriate for anyone interested in the social aspects of health care.

The coverage is quite broad and relates to specific medical care delivery issues, such as patient decision making, entry into the health care system, the physician-patient relationship, compliance, disability, and the dying patient. Socialization of the physician in training, the influence of external forces on services

delivery, and the physician's professional environment are discussed extensively.

The second chapter, "Social Factors in the Promotion of Disease," is an especially strong discussion of knotty issues such as individual behavior, the environment and life expectancy, and the impact of media and health education on health practices. This chapter also considers beliefs, attitudes, and values often neglected in works devoted to health care topics. Also covered are the limitations of the medical model and government intervention in approaching individual behavior and the environment to improve health status.

The approach is quite open-handed, promoting varied hypotheses and conclusions. On occasion

the information might be viewed as iconoclastic (on alcoholism) and in other areas very middle-of-the-road (on payment for services).

Though much of the data and tables presented are available in other sources, its accumulation and availability in this publication and the very extensive, useful bibliography make this text a must for any individual responsible for teaching health care concepts and social aspects of medical care.

Though there is some repetition, as might be expected with a multiple-authored text, this is appropriate for a reference text, which may be read by chapter rather than in entirety.

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