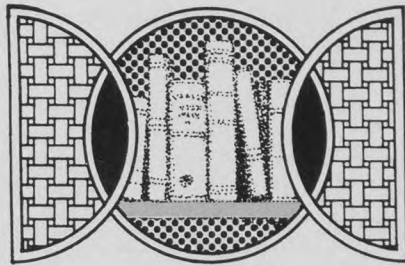

Book Reviews



Lying: Moral Choice in Public and Private Life. Sissela Bok. *Vantage Books*, New York, 1979, 354 pp, \$10.95 (cloth), \$3.95 (paper).

Any recent review of ethical, moral, or philosophical approaches to patient care by family physician educators has used Sissela Bok as a reference. Her presentation at a Society of Teachers of Family Medicine annual meeting several years ago brought her respect and interest among family practice educators. Her ability to deal poignantly with broad ethical considerations from a physician's perspective is extremely effective. She continues in this fashion with this publication.

Her review of the subject of "lying" points out that recent philosophical or ethical writers have not dealt with lying as a subject; therefore, it is left out of those philosophical applications dealing with any area of public service. Thus, physicians, lawyers, civil servants, and even business people have not had to address the concept of lying directly; rather, they deal with it in softer terms, such as "patient information," "informed consent," or "for the good of the public or individual." These kinds of philo-

sophical approaches have allowed many individuals to avoid a particular subject directly by such forms of deception as evasion or suppression of relevant information. In this book Bok personally explores these kinds of issues, rather than dictating conclusions to the reader as to whether lying is appropriate.

Bok draws on statements and publications from the Bible and from the writings of such philosophers as Plato, Nietzsche, Rousseau, and Kant, among others. She then applies their opinions and comments to public justification, physician-patient interaction, and even person-to-person activity. On the whole it becomes an interesting treatise on the involvement of a moral approach to the truth, or truthfulness (which is not the same thing), and how that moral approach is used consistently in life. Thus, although this is not a text that necessarily flows from one thought to another, it does have a level of consistency that is highly in-depth and at the same time far-reaching, giving it a relevance to all of human living, not just to medical practice or family medicine.

Many paragraphs or chapters

would make interesting subjects for discussion groups or be useful as background for dealing with some of the behavioral aspects of many medical subjects. It is not, however, the kind of book that most would pick for leisurely reading and therefore will probably be bypassed by many.

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Changing Childbirth. Diony Young. *Childbirth Graphics Ltd*, Rochester, New York, 1982, 516 pp, \$18.95 (paper).

This book, which is written for both professionals and families, describes and documents in detail significant ongoing changes in obstetric care. As the subtitle, "Family Birth in the Hospital," suggests, the focus is on the emotional, humanistic, and positive aspects of childbirth.

Twenty-three chapters, each with many references, cover a wide range of topics, including the philosophical advantages of family-centered maternity care, the politics of changing hospital policies, and the particulars of such clinical practices as labor position, episiotomy, electronic fetal monitoring, and newborn eye care. Recent innovations such as birthing rooms, sibling attendance at delivery, family-centered cesarean birth, and creative architectural and staffing arrangements for obstetric units are described and evaluated in detail.

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Minipress® B.I.D. Dosage Convenience

(prazosin HCl) Capsules 1mg, 2mg, 5mg

BOOK REVIEWS

BRIEF SUMMARY

MINIPRESS® (prazosin hydrochloride) CAPSULES For Oral Use

INDICATIONS: MINIPRESS® (prazosin hydrochloride) is indicated in the treatment of hypertension. As an antihypertensive drug, it is mild to moderate in activity. It can be used as the initial agent or it may be employed in a general treatment program in conjunction with a diuretic and/or other antihypertensive drugs as needed for proper patient response.

WARNINGS: MINIPRESS (prazosin hydrochloride) may cause syncope with sudden loss of consciousness. In most cases this is believed to be due to an excessive postural hypotensive effect, although occasionally the syncopal episode has been preceded by a bout of severe tachycardia with heart rates of 120-160 beats per minute. Syncopal episodes have usually occurred within 30 to 90 minutes of the initial dose of the drug; occasionally they have been reported in association with rapid dosage increases or the introduction of another antihypertensive drug into the regimen of a patient taking high doses of MINIPRESS (prazosin hydrochloride). The incidence of syncopal episodes is approximately 1% in patients given an initial dose of 2 mg or greater. Clinical trials conducted during the investigational phase of this drug suggest that syncopal episodes can be minimized by limiting the initial dose of the drug to 1 mg, by subsequently increasing the dosage slowly, and by introducing any additional antihypertensive drugs into the patient's regimen with caution (see DOSAGE AND ADMINISTRATION). Hypotension may develop in patients given MINIPRESS who are also receiving a beta-blocker such as propranolol.

If syncope occurs, the patient should be placed in the recumbent position and treated supportively as necessary. This adverse effect is self-limiting and in most cases does not recur after the initial period of therapy or during subsequent dose titration.

Patients should always be started on the 1 mg capsules of MINIPRESS (prazosin hydrochloride). The 2 and 5 mg capsules are not indicated for initial therapy.

More common than loss of consciousness are the symptoms often associated with lowering of the blood pressure, namely, dizziness and lightheadedness. The patient should be cautioned about these possible adverse effects and advised what measures to take should they develop. The patient should also be cautioned to avoid situations where injury could result should syncope occur during the initiation of MINIPRESS (prazosin hydrochloride) therapy.

Usage in Pregnancy: Although no teratogenic effects were seen in animal testing, the safety of MINIPRESS (prazosin hydrochloride) in pregnancy has not been established. MINIPRESS (prazosin hydrochloride) is not recommended in pregnant women unless the potential benefit outweighs potential risk to mother and fetus.

Usage in Children: No clinical experience is available with the use of MINIPRESS (prazosin hydrochloride) in children.

ADVERSE REACTIONS: The most common reactions associated with MINIPRESS (prazosin hydrochloride) therapy are: dizziness 10.3%, headache 7.8%, drowsiness 7.6%, lack of energy 6.9%, weakness 6.5%, palpitations 5.3%, and nausea 4.9%. In most instances side effects have disappeared with continued therapy or have been tolerated with no decrease in dose of drug.

The following reactions have been associated with MINIPRESS (prazosin hydrochloride), some of them rarely. (In some instances exact causal relationships have not been established.)

Gastrointestinal: vomiting, diarrhea, constipation, abdominal discomfort and/or pain.

Cardiovascular: edema, dyspnea, syncope, tachycardia.

Central Nervous System: nervousness, vertigo, depression, paresthesia.

Dermatologic: rash, pruritus, alopecia, lichen planus.

Genitourinary: urinary frequency, incontinence, impotence, priapism.

EENT: blurred vision, reddened sclera, epistaxis, tinnitus, dry mouth, nasal congestion.

Other: diaphoresis.

Single reports of pigmentary mottling and serous retinopathy, and a few reports of cataract development or disappearance have been reported. In these instances, the exact causal relationship has not been established because the baseline observations were frequently inadequate.

In more specific slit-lamp and fundoscopic studies, which included adequate baseline examinations, no drug-related abnormal ophthalmological findings have been reported.

DOSAGE AND ADMINISTRATION: The dose of MINIPRESS (prazosin hydrochloride) should be adjusted according to the patient's individual blood pressure response. The following is a guide to its administration:

Initial Dose: 1 mg two or three times a day. (See Warnings.)

Maintenance Dose: Dosage may be slowly increased to a total daily dose of 20 mg given in divided doses. The therapeutic dosages most commonly employed have ranged from 6 mg to 15 mg daily given in divided doses. Doses higher than 20 mg usually do not increase efficacy; however, a few patients may benefit from further increases up to a daily dose of 40 mg given in divided doses. After initial titration some patients can be maintained adequately on a twice daily dosage regimen.

Use With Other Drugs: When adding a diuretic or other antihypertensive agent, the dose of MINIPRESS (prazosin hydrochloride) should be reduced to 1 mg or 2 mg three times a day and retitration then carried out.

HOW SUPPLIED: MINIPRESS (prazosin hydrochloride) is available in 1 mg (white #431), 2 mg (pink and white #437) capsules in bottles of 250, 1000, and unit dose institutional packages of 100 (10 x 10's); and 5 mg (blue and white #438) capsules in bottles of 250, 500 and unit dose institutional packages of 100 (10 x 10's).

More detailed information available on request.

References: 1. O'Conner DJ, Preston RA, Sasso EH: Renal perfusion changes during treatment of essential hypertension. Prazosin versus propranolol. *J Cardiovasc Pharmacol* 1(suppl):S38-S42, 1979. 2. Falase AO, Salako LA: The effect of prazosin combined with a diuretic, polythiazide, in hypertensive Africans. *Curr Ther Res* 25:10-15, 1979. 3. Okun R, Maxwell M: Long-term antihypertensive therapy with prazosin plus a diuretic. *J Cardiovasc Pharmacol* 1(suppl):S21-S27, 1979. 4. Kirkendall WM, Hammond JJ, Thomas JC, et al: Prazosin and clonidine for moderately severe hypertension. *JAMA* 240 (23): 2553-2556, December 1, 1978. 5. Harter HR, Delme JA: Effects of prazosin in the control of blood pressure in hypertensive dialysis patients. *J Cardiovasc Pharmacol* 1(suppl):S43-S55, 1979. 6. Leren P, Foss PO, Helgeland A, et al: Effect of propranolol and prazosin on blood lipids: The Oslo study. *Lancet*: 4-6, July 5, 1980. 7. Lowenstein J, Neusy A-J: The biochemical effects of antihypertensive agents and the impact on atherosclerosis. *J Cardiovasc Pharmacol* 4 (suppl 2):S262-S264, 1982. 8. Kokubu T, Itoh I, Kurita H, et al: Effect of prazosin on serum lipids. *J Cardiovasc Pharmacol* 4 (suppl 2):S228-S232, 1982. 9. Velasco M, Silva H, Morillo J, et al: Effect of prazosin on blood lipids and on thyroid function in hypertensive patients. *J Cardiovasc Pharmacol* 4 (suppl 2):S225-S227, 1982.

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The author, a health educator, health planner, and consumer advocate, is particularly effective in the chapters discussing strategies for implementing change. She is also a professional editor with a real talent for discussing technical matters in a style that is understandable to the layman as well as interesting to the professional. The book is clear and well organized with a useful index and detailed table of contents. In an attempt to be a thorough reference, the book is often repetitive, as multiple sources are quoted at length to support the same point. There is an excellent appendix containing position papers of various national organizations, samples of hospital policies, and other documents. The text would be more readable if additional portions were transferred to the appendix.

Both students and practitioners of family medicine will have a special interest in this book as the family-centered approach, which it espouses, can best be implemented by a single physician who cares for the parents, newborn, siblings, and other generations. Because this special relationship sets the family physician apart from other providers of maternity care, *Changing Childbirth* would be a useful supplementary text for residents on an obstetrics rotation. Ironically, the author, while recognizing the important professional roles of health educators, nurses, and nurse midwives, does not note the potentially unique contribution of the family physician.

At present this book is not widely available from the usual sources of medical texts. It can be ordered directly from Childbirth

Graphics, PO Box 17025, Irondequoit Division T-2, Rochester, NY 14617.

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Color Atlas of Ear Disease. Richard A. Chole. Appleton-Century-Crofts, New York, 1982, 75 pp, \$38.00.

This atlas does well at accomplishing its intent "to familiarize the physician with the physical diagnosis of the tympanic membrane and its diseases." Of the 171 illustrations included, most are views of the tympanic membrane taken with a special camera that gives a larger field of view than possible with a standard otoscope. Because of the special optics, the examples of pathologic conditions are seen more clearly than one is likely to encounter in practice. The color and resolution of the reproductions are excellent.

The topics covered include the external canal, tympanic membrane, and middle ear, and deal with normal findings, acute and chronic changes, trauma, and post-operative findings.

A brief description of important findings accompanies each illustration. Clinical data are often included, as well as occasional therapeutic recommendations, but the atlas clearly is not meant to serve as a comprehensive otologic text.

I found the book well organized, adequately indexed, and interesting to read. I think it would be a useful reference in training programs. The price may limit its applicability for individual practitioners.

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