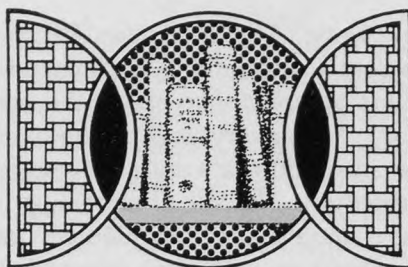

Book Reviews



Manual of Medical Therapeutics (24th Edition). *J. William Campbell, Mark Frisse (eds).* Little, Brown, Boston, 1983, 469 pp., \$16.95 (paper).

"The Washington Manual," in circulation since 1950, is now in its 24th edition. It has been widely acclaimed by many house staff and medical students as their "little Bible." It contains 469 pages packed in a $5 \times 8\frac{1}{2}$ ring-bound paperback that is 1 inch thick. Because of its bulky size, it has to be carried by hand or in the physician's bag.

The book consists of 23 useful chapters, each covering relevant and directly applicable information on the most common problems house staff and medical students covering medical services need to address throughout their day.

The 33-year experience gained from the many reproductions of this practical manual has made this a valuable reference source for all physicians who care for patients with common medical problems in the hospital setting. In Chapter 1, "The General Care of the Patient," there are patient care guides including the approach to the patient who may have a fever or who needs relief from pain, finding the dose ranges of commonly used anxiolytic and antipsychotic agents, and

prescribing common remedies in dermatologic practice. In the next chapter there is an excellent review on fluid and electrolyte metabolism and how to deal with common electrolyte disturbances. The tables, such as an outline of various potassium supplements, are appropriate and serve the reader well. The chapters covering the subjects of renal, pulmonary, liver, gastrointestinal, and thyroid diseases provide a quick review. Included are practical tips applicable to everyday practice such as dietary considerations in the patient with chronic renal failure, or therapeutic principles for managing acute viral hepatitis, alcohol consumption, and liver disease, or what problems to expect from prostaglandin inhibitors. There are excellent descriptions relating to the modern management of peptic ulcer disease, constipation, and the general subject of thyroid disease. There are also practical presentations in the management of coronary heart disease, hypertension, anemia, and diabetes. A brief but excellent overview of the commonly used nonsteroidal anti-inflammatory agents also brings up to date the management of various collagen disorders seen in both office and hospital practice.

There are only a few dis-

appointments in this book. Since it is a quick reference source, there should be dosages listed for commonly used drugs, and both generic and trade names should be used. There is no mention of the use of noninvasive ultrasonographic techniques currently used in the evaluation of cerebral vascular disorders. Moreover, the index should be more comprehensive, as it lacks an adequate cross-reference. It should make more reference to problems and symptoms. Although it is obviously intended to be brief, it is disappointing that it cannot be relied upon for an understanding of pathogenetic mechanisms. The important table on immunization information fails to give the interval for pneumovax vaccination. Even though the publishing date is 1983, it does not include the protocol on hepatitis vaccination.

All in all, this well-written, well-presented manual is a credit to the junior faculty at the University of Washington who have put it together. It is a must for every medical student and house officer (including family practice residents) rotating on a medical service. Moreover, it should prove a valuable reference source for any family physician in practice through its up-to-date review on many every-

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Valium® (diazepam/Roche)®

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

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 anti-depressants 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.

The clearance of Valium and certain other benzodiazepines can be delayed in association with Tagamet (cimetidine) administration. The clinical significance of this is unclear.

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).

How Supplied: For oral administration, round, scored tablets with a cut out "V" design—2 mg, white; 5 mg, yellow; 10 mg, blue—bottles of 100 and 500; Prescription Paks of 50, available in trays of 10. Tel-E-Dose® packages of 100, available in boxes of 4 reverse-numbered cards of 25, and in boxes containing 10 strips of 10.

Imprint on tablets:
2 mg—2 VALIUM® (front)
ROCHE (scored side)



5 mg—5 VALIUM® (front)
ROCHE (scored side)



10 mg—10 VALIUM® (front)
ROCHE (scored side)



BOOK REVIEWS

Continued from page 400

day management decisions regarding hospitalized patients.

Nikitas J. Zervanos, MD
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Practical Infectious Diseases. Richard D. Meyer (ed). John Wiley & Sons, New York, 1983, 254 pp., \$14.95.

The primary care physician is confronted in daily practice with a variety of infectious diseases. This book serves as a guide to selected infectious diseases that are frequently seen in the community, including urinary tract infections, meningitis, and a widening spectrum of sexually transmitted diseases. In addition, the last several years have witnessed the appearance of "new" diseases such as Legionnaires' disease and toxic shock syndrome. The text describes diagnosis and management of these newly recognized syndromes and reports recent advances in the treatment of the older ones.

Fifteen authors contributed to this text, which was developed in association with a course sponsored by the University of California at Los Angeles Extension, Health Sciences Division. This may explain why each chapter is organized in a somewhat different manner. Although most chapters conclude with a clinical problem example, these were also structured in a number of ways. Nevertheless, the chapters are well written and adequately cover the subject.

This kind of a book cannot possibly be comprehensive; however, the clinical syndromes discussed, in addition to the chapters on antibacterial and antiviral chemotherapy, provide a review of timely and useful information in the field of infectious diseases. While reading the book, I could not resist underlining passages for further reference. Even though the drug and dosage material may become dated, the abundance of generic information on many topics will maintain the book's value over the years.

Practical Infectious Diseases is an appropriate reference book for medical students, resident physicians, or practicing physicians in any specialty.

Klea Bertakis, MD
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Sacramento, California

Color Atlas and Synopsis of Clinical Dermatology. Thomas B. Fitzpatrick, Michael K. Polano, Dick Suurmond. McGraw-Hill, New York, 1983, 412 pp., \$29.95 (paper).

In this atlas-text there is a color illustration accompanied by a summary for each of the presented skin diseases. The authors' stated intent was to produce concise outlined material both to stimulate recall for those already highly skilled in this field and to serve as a reference text for the general physician who does not need an extensive review. From the view of the general physician, this goal has been admirably achieved.

The text is a series of clearly outlined presentations of specific

diseases, each accompanied by a brief case history and a high-quality color photograph. I have found the use of photographs to be invaluable in dermatology texts in the past and have hoped that an atlas like this one would be published. The authors have indeed produced a text ideally suited as a quick and helpful reference for those first learning about dermatologic diseases and for those who desire a well-organized review. This atlas will prove valuable for students and practicing physicians, and I consider it an important addition to an office library.

Sam C. Eggertsen, MD
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Family Therapy and Family Medicine: Toward the Primary Care of Families. *William J. Doherty, Macarn A. Baird. Guilford Press, New York, 1983, 302 pp., \$22.50.*

Family physicians are placed daily in a position where they act as family counselors. Some feel more comfortable in this role than others, but I believe that many family physicians feel inadequately prepared and uncomfortable in dealing with major family conflicts. As mentioned by the authors of this book, physicians faced with the threatening family crisis frequently seek a way out by hospitalizing or tranquilizing the most symptomatic family member, by making a hasty, ineffective referral, or by avoiding the family altogether. I think if family physicians are honest with themselves, they will find this occurs much more frequently than they would admit.

This book was written by combining the expertise of a family therapist and a community-based physician. They clearly indicate that a family physician can, with appropriate orientation, readily increase the effectiveness of prescribed regimens and compliance by working with a patient's family.

The book begins with a discussion of the system's approach, such as the nature of the family structure and the family's influence on an individual's health patterns and behavior. There are suggestions on how to involve families in treatment and describe the physician-patient-family triangle and its usefulness in primary care.

Clear distinctions are made between the practicing family physician, who is called upon to provide family counseling, and the family therapist, who is specialized and trained to deal with the more difficult cases and to serve as a referral source for the practicing physician. The authors are well aware of the difficulties that family physicians encounter in providing counseling, such as the demand on physicians' time and personal resources, considerations of physician burnout, conflicts with the consultants, and adequate monetary compensation. They provide guidelines as to how physicians may accomplish many goals in family therapy in a cost-productive manner and provide guidelines for cases that need referral to a more specialized family therapist.

Guidelines for family assessment from the work of Salvador Minuchin are presented in a clear, concise manner. There are good chapters devoted to the therapeutic observation and contrasts in the context of primary care. Later chapters in the book depict helpful techniques in primary care counsel-

ing for depression, anxiety, stress-related physical disorders, and other frequently encountered problems.

The authors, by their unique training and interests (one a family therapist, the other a family physician), have been able to write a practical and useful book describing the role a family physician may and should play in family counseling. The book is realistic in describing the application of family systems therapy to primary health care by delineating functions, methods, and limits of family counseling and family medicine.

This book should be of value not only to family physicians and family practice residents but to others who offer primary care, especially general pediatricians and general internists.

Lawrence L. Perry, MD
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Kansas City, Kansas

Harrison's Principles of Internal Medicine (10th Edition). *Robert Petersdorf, Raymond Adams, Eugene Braunwald, Kurt J. Isselbacher, Joseph B. Martin, Jean D. Wilson (eds). McGraw-Hill, New York, 1983, 2,212 pp., \$70.00.*

Harrison's Principles of Internal Medicine remains the premier textbook of medicine. The thought of reviewing it is in itself intimidating. That there are many new and completely revised chapters becomes readily apparent as one uses this text as an aid to practice. This tenth edition is more than a briefly updated ninth edition; the revisions are extensive and have been concisely written.

This text, combined with selec-

tive use of current literature, gives one the opportunity for a comprehensive understanding and approach to virtually all problems within the realm of internal medicine managed by those in primary care.

Also now published are periodic "Updates" and examination books to complement the major text, which are more appropriate for specialists in internal medicine than for those actively involved in primary care. Although family physicians must keep abreast with the ever-changing science of medicine, the broad demands of this field make the use of other literature sources and continuing medical education mechanisms more appropriate and efficient. The text of the tenth edition is strongly recommended as the key medical reference of a practitioner's library. There are other choices to serve this purpose, but *Harrison's Principles of Internal Medicine* remains unsurpassed.

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Cope's Early Diagnosis of the Acute Abdomen (16th Edition). William Silen (ed). Oxford University Press, New York, 1983, 284 pp., \$12.95 (paper).

Dr. Silen has again revised Cope's classic treatise to bring the text up to date in light of recent advances while preserving the basic structure. He has added sections on the postoperative abdomen, recurrent appendicitis, and postmetec rupture of the esophagus. He has included only those dicta that have

been repeatedly confirmed by his personal experience. The book's major emphasis continues to be on clinical rather than laboratory diagnosis.

I encountered the following problems: (1) There are no references cited to support the author's personal conclusions. (2) Many anecdotal references are given such as the author's own gallbladder attack and surgery. (3) X-ray film illustrations are grouped in the center of the book and not included with the respective text. (4) There are frequent references to tabs and other conditions rarely seen today in practice in the United States. (5) This edition is basically the same, word for word, as the previous edition; for instance, the chapter on ectopic pregnancy has not changed and still refers to a urine pregnancy test rather than serum and makes no reference to ultrasound or culdocentesis to assist with diagnosis.

The book is relevant to the field of family practice, since family physicians are frequently involved in the early stage of disease before the full prodrome is evident. The book is very readable with excellent sections on abdominal trauma, acute peritonitis, ruptured ulcer, pancreatitis, biliary colic, bowel obstruction, vascular lesions, ectopic pregnancy, and conditions that simulate the acute abdomen. It is refreshing to read poetic phrases such as "when the mischief is up higher," "stay the hand of the surgeon," "the bowel is dammed up," "germ," and "tainted food."

I feel that with its primary emphasis on the clinical examination, this book's main audience would be medical students and residents.

Harry E. Mayhew, MD
Medical College of Ohio
Columbus, Ohio

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