

**Yearbook of Family Practice—1986.** Robert E. Rakel, (ed), Robert F. Avant, Phillip G. Couchman, Charles E. Driscoll (assoc eds). Year Book Medical Publishers, Chicago, 1986, 602 pp., \$44.95.

This book represents an impressive editorial effort. The editor and associate editors have reviewed 20,000 journal articles from 120 national and international journals to select 400 articles deemed to have importance for the practicing family physician. Each article is accompanied by pertinent and cogent editorial comments, often including direction to further supportive literature. Helpful charts and graphs are frequently reproduced, and the overall publishing quality of the book is high. The editors note that this is the tenth anniversary of the publication of the *Yearbook of Family Practice*, and the quality and size of the book have increased each year.

The value and quality of this book are without question. What is not immediately apparent is how a practicing family physician might use this book. How does one use a book of such breadth and depth that could require a year of continuing medical education time to read? That is exactly the answer—take a year to read this book and make it a skeleton, if not much of the flesh, of your personal CME plan. Physicians who learn visually, as opposed to aurally, could dispose of a vast majority of the avalanche of medical journals, subscription or “throw away,” and concentrate their efforts on this single book. Family physicians who do so can be confident that they are exposed to a majority of new medical developments pertinent to family medicine. Of course, they also will feel the

dread of knowing that, as soon as they finish this volume, the 1987 volume will soon appear.

Thomas Schwenk, MD  
University of Michigan  
School of Medicine  
Ann Arbor

**For-Profit Enterprise in Health Care.** Bradford H. Gray, PhD (ed). National Academy Press, Washington, DC, 1986, 584 pp., \$39.50.

This book, compiled by the Institute of Medicine Committee on Implications of For-Profit Enterprise in Health Care, consisting of several physicians, administrators, health services researchers, and legal consultants, is divided into two sections. The first is a committee report summarizing recent developments in the for-profit sector of medicine in the United States, focusing on health care organizations, especially hospitals, not on specific services such as the pharmaceutical or medical equipment industry. Appendixes dealing with economic theory, financial capital, and health care growth trends were written by individual authors. The committee report includes excellent summaries of the changes in ownership, control, and configuration of health care services; investor ownership; and physician influence in medical institutions. It also discusses some of the dilemmas in health care: access, quality, implications for education and research, and physicians and entrepreneurism.

The second section includes 15 commissioned research papers by individual authors on such topics as ethics, the evolving physician roles, investor-owned hospital companies,

Medicare patient outcomes, hospital-physician relationships, the nursing-home industry, and three case studies of hospital-community relationships. One chapter contains an exchange of several letters between Arnold Relman, editor of the *New England Journal of Medicine*, and economist Uwe Reinhardt.

Several useful tables and appendixes are included. The index is not so complete as it could be. For example, “conflict of interest” is listed only under physicians, not conflict, and there is no listing for gatekeeper or case manager, though the book contains several comments on the issue. Some chapters are longer than necessary, but their content is relevant to physicians concerned with economic trends in medicine and to health care planners and administrators.

Kathleen E. Ellsberg, MD  
University of Washington  
Seattle

**Health Practices To Improve Pregnancy Outcomes: A Guide for the Primary Care Practitioner.** Evelyn S. Bouden. Pennsylvania Department of Health, Harrisburg, Pa, 1986, 237 pp., \$8.95 (paper).

*Health Practices to Improve Pregnancy Outcomes* is a remarkable compendium of information concerning pregnancy testing and diagnosis, pregnancy management, genetic and family planning counseling, breast-feeding, and early infant and child care. It includes a wide range of information from charts of toxic substance and drug effects in pregnancy

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**Norgesic Forte** TABLETS

(orphenadrine citrate, 50 mg; aspirin, 770 mg; caffeine, 50 mg)

**Stops the pain, not the patient.**

**Brief Summary**

**Indications:**

1. Symptomatic relief of mild to moderate pain of acute musculo-skeletal disorders.
2. The orphenadrine component is indicated as an adjunct to rest, physical therapy, and other measures for the relief of discomfort associated with acute painful musculo-skeletal conditions.

The mode of action of orphenadrine has not been clearly identified, but may be related to its analgesic properties. Norgesic and Norgesic Forte do not directly relax tense skeletal muscles in man.

**Contraindications:**

Because of the mild anticholinergic effect of orphenadrine, Norgesic or Norgesic Forte should not be used in patients with glaucoma, pyloric or duodenal obstruction, achalasia, prostatic hypertrophy or obstructions at the bladder neck. Norgesic or Norgesic Forte is also contraindicated in patients with myasthenia gravis and in patients known to be sensitive to aspirin or caffeine.

The drug is contraindicated in patients who have demonstrated a previous hypersensitivity to the drug.

**Warnings:**

Norgesic Forte may impair the ability of the patient to engage in potentially hazardous activities such as operating machinery or driving a motor vehicle; ambulatory patients should therefore be cautioned accordingly.

Aspirin should be used with extreme caution in the presence of peptic ulcers and coagulation abnormalities.

**Usage in Pregnancy:**

Since safety of the use of this preparation in pregnancy, during lactation, or in the childbearing age has not been established, use of the drug in such patients requires that the potential benefits of the drug be weighed against its possible hazard to the mother and child.

**Usage in Children:**

The safe and effective use of this drug in children has not been established. Usage of this drug in children under 12 years of age is not recommended.

**Precautions:**

Confusion, anxiety and tremors have been reported in few patients receiving propoxyphene and orphenadrine concomitantly. As these symptoms may be simply due to an additive effect, reduction of dosage and/or discontinuation of one or both agents is recommended in such cases.

Safety of continuous long term therapy with Norgesic Forte has not been established; therefore, if Norgesic Forte is prescribed for prolonged use, periodic monitoring of blood, urine and liver function values is recommended.

**Adverse Reactions:**

Side effects of Norgesic or Norgesic Forte are those seen with aspirin and caffeine or those usually associated with mild anticholinergic agents. These may include tachycardia, palpitation, urinary hesitancy or retention, dry mouth, blurred vision, dilatation of the pupil, increased intraocular tension, weakness, nausea, vomiting, headache, dizziness, constipation, drowsiness and rarely, urticaria and other dermatoses. Infrequently an elderly patient may experience some degree of confusion. Mild central excitation and occasional hallucinations may be observed. These mild side effects can usually be eliminated by reduction in dosage. One case of aplastic anemia associated with the use of Norgesic has been reported. No causal relationship has been established. Rare G.I. hemorrhage due to aspirin content may be associated with the administration of Norgesic or Norgesic Forte. Some patients may experience transient episodes of light-headedness, dizziness or syncope.

**Caution:**

Federal law prohibits dispensing without prescription. NG-7

**References:** 1. Colket T, Mann LB: Electromyographic data presented at the following scientific meetings: American Academy of General Practice, Atlantic City, NJ, Apr 1964; American Academy for Cerebral Palsy, Dallas, Tex, Nov 1963; Loma Linda University School of Medicine, Scientific Assembly, Los Angeles, Calif, Alumni Postgraduate Convention, Mar 1964. 2. Masterson JH, White AE: Electromyographic validation of pain relief: Pilot study in orthopedic patients. *Am J Orthop* 1966;8:36-40. 3. Perkins JC: Orphenadrine citrate: Clinical and electromyographic controlled study in patients with low back pain. Data on file, Medical Department, Riker Laboratories, Inc. 4. Gold RH: Treatment of low back syndrome with oral orphenadrine citrate. *Curr Ther Res* 1978;23:271-276.

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to "Excerpts From Suggested Remedies for Colic." The guide is organized into 17 chapters outlining various health practices. Each chapter is divided into sections concerning objectives, background, implementation, and guidance, with extensive appendixes of resource information. In addition there is an extensive index to much of the information.

The guide currently contains some out-of-date information because of its age; however, it remains a useful reference resource for educators and practitioners in antenatal and postnatal care of patients and infants. A particularly useful tool for ancillary health care professionals charged with patient education, it contains extensive sources of patient brochures and pamphlets. Its illustrations are often reproductions from other sources but are readable. The sections on guidance and implementation are well referenced from noted experts who set public health and maternal and child health care practices nationally. Of particular interest to the family physician may be the sections on psychosocial supports and behavior in pregnancy and postpartum and the sections on parental guidance for breastfeeding and infant feeding. This information is not readily available from standard texts in obstetrics and pediatrics.

Joane G. Baumer, MD  
Ventura, California

**Goldfrank's Toxicologic Emergencies (3rd Edition).** Lewis Goldfrank, Neal E. Flomenbaum, Neal A. Lewin, Richard S. Weisman, Mary Ann Howland, Alan G. Kulberg. Appleton-Century-Crofts, Norwalk, Conn, 1986. \$85.00.

*Goldfrank's Toxicologic Emergencies* has evolved into a very significant textbook reference for the practicing family physician. First initiated as a case report presentation series in *Hospital Physician* as a reference, the text has retained its medical case orientation and supplemented this clinical material with well-developed reference materials.

The sections include a complementary mix of general topics, such as "The Organ System Approach to Clinical Toxicology," with the more specific topics of toxic exposure such as ingestion of toxic botanicals and heavy metal exposure. Each chapter is well integrated clinically and well referenced. The closing pages include case studies and self-assessment exercises that are well chosen and well developed.

This text is highly recommended as an inclusion in the reference section of the practicing family physician, particularly those who are significantly involved in the delivery of emergency services, either directly or through their busy practices.

Raymond Y. Demers, MD, MPH  
Wayne State University  
Detroit, Michigan