

Primary Pediatric Care. Robert A. Hoekelman (editor in chief), Saul Blatman, Stanford B. Friedman, Nicholas M. Nelson, Henry M. Seidel (co-editors). C. V. Mosby Company, St. Louis, Missouri, 1987, 1,776 pp., \$65.

In comparison with other standard textbooks of pediatrics, this book is new, refreshing, and innovative in its recognition of the changing role of primary care pediatrics. The major focus of standard pediatric textbooks is the pathophysiology of disease, even though this area represents only a small portion of the knowledge base required to practice pediatrics effectively. This book places a far greater emphasis on the determinants of health and disease, discussing at length issues of disease prevention and health maintenance, communications, psychosocial issues, and environmental determinants. Although recognizing that knowledge of pathophysiology is essential to the understanding of health and disease, the discussion of illness is limited to the recognition of diseases and the amount of information required to function effectively as a primary care provider. The reader is referred to other sources when greater depth of information is required. It is precisely this approach that makes this book an ideal text for family physicians involved in the primary care of children. The table of contents could serve as an excellent guide for the pediatric curriculum of a family practice residency program.

In addition to the usual method of discussing diseases by category or system involved, this book has a large section devoted to discussion of clinical problems by presenting signs and symptoms, a practical and effective way of entering into the teaching process.

The organization, form, printing,

and quality of illustrations all contribute to the ease of reading this book, which can be recommended to all family or primary care providers.

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Infectious Diseases of Children and Adults: A Step-by-Step Approach to Diagnosis and Treatment. Larry K. Pickering, Herbert L. DuPont (eds). Addison-Wesley Publishing Company, Menlo Park, California 1986, 716 pp., \$35 (paper).

The subtitle of this text on infectious diseases, *A Step-By-Step Approach to Diagnosis and Treatment*, provides an accurate description of the organization of the book. The stated goals of the authors are to "help the reader establish a sequence of clinical decisions, to teach clinical decision making, and to guide patient care." It is aimed at students and physicians who care for children or adults with infections.

The majority of the chapters are categorized by major body systems (upper respiratory tract, cardiovascular system, central nervous system, etc), but there are also sections dealing with epidemiology, the diagnostic laboratory, immunizations, and antimicrobial therapy. Each of the clinical chapters adheres to a consistent format that divides the topic into the following headings: etiology, epidemiology, pathogenesis and pathology, clinical manifestations, diagnosis, treatment, complications, and, in some cases, prevention. This organization is both a strength and a weakness; it is easy to locate a specific section (eg, treatment of endocarditis). Should the reader wish to learn about a specific entity (eg, respiratory syncytial virus), however, it is necessary

to go to each of the subsections of the chapters on upper and lower respiratory tract infections and weed out the desired information from all the other related entities that have a similar clinical manifestation. This emphasis on differential diagnosis tends to sacrifice in-depth discussions of common entities for a more thorough compilation of all possible considerations. There is a section on the tonsillopharyngitis syndrome, of which streptococcal infection makes up a relatively small portion, along with mononucleosis, Kawasaki's disease, diphtheria, tularemia, cytomegalovirus, and so on.

Toward their aim of teaching differential diagnosis, the editors have provided many algorithms to assist in the process of clinical decision making. There are an abundance of helpful charts and tables as well, which cover useful clinical material such as common causes of pneumonia listed by age of occurrence, types of infections seen with specific types of immune deficiency, recommended therapies for specific infections, including drug dosages, and an extensive catalogue of the exanthematous diseases. I found these charts and tables to be among the most helpful contributions of the book.

Each chapter contains selected references among which are many review articles. Often these cited dates of publication were from five to ten years past. Certain recent advances were not included: there was no mention of ribavirin therapy for bronchiolitis, no mention of the rapid slide agglutination test for group A streptococcus, and hardly more than a few paragraphs on the entire subject of AIDS.

I would envision this book being most helpful to clinicians when dealing with a puzzling case in which the aid of algorithms, charts and tables

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on comparisons of differential diagnosis, and compilations of diagnostic tests would prove helpful in arriving upon a diagnosis.

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Dynamics of Nutrition Support: Assessment, Implementation, Evaluation. Susanna Krey (ed), Rebecca Murray (co-editor). Appleton-Century-Crofts, Norwalk, Connecticut, 1986, 523 pp., \$39.95.

The deficiencies of nutrition education for medical students and residents have been decry for some time. There are two major areas that must be included in a comprehensive nutritional curriculum, namely, ambulatory nutrition (dealing with specific disease states, weight loss, prudent diets, and specific deficiencies and supplements) and hospital nutrition (dealing with nutrition support). This book covers the latter subject in such a thorough, systematic manner that it should be mandatory reading for every student and resident and will remain an invaluable reference guide for any physician caring for hospitalized patients. The authors also have succeeded in making the text appropriate for all of the other professionals (nurses, pharmacists, and especially dietitians) involved in nutrition support.

The book moves step-by-step through discussion of the multidisciplinary nutrition support team, identification of the patient at nutrition risk, determination of the nutrition care plan, implementation of the enteral or parenteral plan, and evaluation of the nutrition care. The chapters in each section flow smoothly from theoretical framework and knowledge to practical applications. The writing is clear and precise with substantial documentation. The text is enhanced by extensive tables that quickly summarize the major points and provide easy access to large amounts of information seldom available in one source. A considerable volume of information is presented, yet the reader does not feel

overwhelmed with trivia. Instead, much of the detail, such as the 15 pages of tables on the clinical signs associated with malnutrition or the chapters on anthropometry and immune function tests, is very interesting and stimulating. In addition, the specifics on mechanics of delivery and alteration of parenteral nutrition for particular disease states are critical for basic competency in nutrition support.

I am unable to identify any major deficiencies in this text or any minor nuisances that could limit its usefulness. The table of contents and index provide rapid location of the material required for specific situations, so this book is well organized to fulfill its intended purpose as a reference. It belongs in every hospital library and nearly every nurses' station or on-call room so that it is within easy reach of anyone caring for hospitalized patients.

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AIDS: What Is Now Known. Peter A. Selwyn, HP Publishing Company, New York, 1986, 72 pp., \$9.75 (paper).

The evolution of the AIDS epidemic makes it mandatory that any conscientious family physician or other member of the family practice team have a fund of knowledge and a general understanding of all aspects of AIDS. In a clear and concise manner, this monograph provides a general knowledge base with information current through October 1986. The monograph contains four articles originally published in *Hospital Practice* between May and October 1986. While not explicitly stated, the obvious intent of these articles and their compilation into a monograph format is to present a general knowledge base of AIDS to individuals not directly involved with the daily care of AIDS patients or in intense study of the AIDS problem.

The monograph contains four sec-

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INDICATIONS AND USAGE: Nix is indicated for the single-application treatment of infestation with *Pediculus humanus var. capitis* (the head louse) and its nits (eggs). Retreatment for recurrences is required in less than 1% of patients since the ovicidal activity may be supplemented by residual persistence in the hair. If live lice are observed after at least seven days following the initial application, a second application can be given.

CONTRAINDICATIONS: Nix is contraindicated in patients with known hypersensitivity to any of its components, to any synthetic pyrethroid or pyrethrin, or to chrysanthemums.

WARNING: If hypersensitivity to Nix occurs, discontinue use.

PRECAUTIONS:

General: Head lice infestation is often accompanied by pruritus, erythema, and edema. Treatment with Nix may temporarily exacerbate these conditions.

Information for Patients: Patients with head lice should be advised that itching, redness, or swelling of the scalp may occur after application of Nix. If irritation persists, they should consult their physician. Nix is not irritating to the eyes; however, patients should be advised to avoid contact with eyes during application and to flush with water immediately if Nix gets in the eyes. In order to prevent accidental ingestion by children, the remaining contents of Nix should be discarded after use.

Combing of nits following treatment with Nix is not necessary for effective treatment. However, patients may do so for cosmetic or other reasons. The nits are easily combed from the hair treated with Nix after drying.

Carcinogenesis, Mutagenesis, Impairment of Fertility: Six carcinogenicity bioassays were evaluated with permethrin, three each in rats and mice. No tumorigenicity was seen in the rat studies. However, species-specific increases in pulmonary adenomas, a common benign tumor of mice of high spontaneous background incidence, were seen in the three mouse studies. In one of these studies there was an increased incidence of pulmonary alveolar-cell carcinomas and benign liver adenomas only in female mice when permethrin was given in their food at a concentration of 5000 ppm. Mutagenicity assays, which give useful correlative data for interpreting results from carcinogenicity bioassays in rodents, were negative. Permethrin showed no evidence of mutagenic potential in a battery of *in vitro* and *in vivo* genetic toxicity studies.

Permethrin did not have any adverse effect on reproductive function at a dose of 180 mg/kg/day orally in a three-generation rat study.

Pregnancy: Teratogenic Effects: Pregnancy Category B: Reproduction studies have been performed in mice, rats, and rabbits (200-400 mg/kg/day orally) and have revealed no evidence of impaired fertility or harm to the fetus due to permethrin. There are, however, no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, this drug should be used during pregnancy only if clearly needed.

Nursing Mothers: It is not known whether this drug is excreted in human milk. Because many drugs are excreted in human milk and because of the evidence for tumorigenic potential of permethrin in animal studies, consideration should be given to discontinuing nursing temporarily or withholding the drug while the mother is nursing.

Pediatric Use: Nix is safe and effective in children two years of age and older. Safety and effectiveness in children less than two years of age have not been established.

ADVERSE REACTIONS: The most frequent adverse reaction to Nix is pruritus. This is usually a consequence of head lice infestation itself, but may be temporarily aggravated following treatment with Nix. 5.9% of patients in clinical studies experienced mild temporary itching; 3.4% experienced mild transient burning/stinging, tingling, numbness, or scalp discomfort; and 2.1% experienced mild transient erythema, edema, or rash of the scalp.

DOSAGE AND ADMINISTRATION:

Adults and Children: Nix is intended for use after the hair has been washed with shampoo, rinsed with water and towel dried. Apply a sufficient volume of Nix to saturate the hair and scalp. Nix should remain on the hair for 10 minutes before being rinsed off with water. A single treatment is sufficient to eliminate head lice infestation. Combing of nits is not required for therapeutic efficacy, but may be done for cosmetic or other reasons.

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HOW SUPPLIED: Nix (Permethrin) 1% (wt./wt.) Creme Rinse is supplied in plastic squeeze bottles that contain 2 fl. oz. weighing 56 g. (NDC-0081-0780-81)

Store at 15°-25°C (59°-77°F).

1. DiNapoli J, Austin R, Englander S, et al: Eradication of lice with a single treatment (unpublished data, 1987). 2. Taplin D, Meiniking T, Castillero P, et al: Permethrin 1% creme rinse for the treatment of pediculus humanus var capitis infestation. *Pediatr Dermatol* 1986; 3:4:344-348. 3. Davies J, Dedhia H, Morgade C, et al: Lindane poisonings. *Arch Dermatol* 1983; 119:142-144.

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tions: (1) history and immunovirology, (2) epidemiology, (3) clinical aspects, and (4) psychosocial aspects and proposals for treatment and prevention. An addendum also updates information through October 23, 1986. Tables and illustrations are numerous and clear and nicely supplement the text. Specific references for the text are not provided, but a selected reading list follows each of the sections.

While the knowledge base of AIDS will continue to grow, this monograph should serve well as an excellent starting point for medical students, family practice residents, family physicians, and any other members of the health care team wishing to obtain an overall view of AIDS through October 1986.

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Clinical Cardiology (4th Edition). *Maurice Sokolow, Malcolm B. McIlroy. Lange Medical Publications/Appleton-Century-Crofts, Los Altos, California/Norwalk, Connecticut, 1986, 661 pp., \$26.50 (paper).*

This significantly revised version of the familiar Lange series cardiology manual reflects an update of the past five years of "progress in cardiology research throughout the world" in addition to standard fundamentals in cardiology. The authors' intent is to direct this effort to students, house of-

ficers, and physicians, all of whom will continue to find it clinically useful on a day-to-day basis.

Each area is presented thoroughly with an abundance of basic anatomy, physiology, and recent references. Numerous diagrams, illustrations, ECGs, radiographs, and echocardiograms pull the text together in superb fashion. Despite being a soft-bound text, its size and the authors' depth of discussion remove this from manual status, although in the arena of nonurgent care this would not be a shortfall.

Topics covered range from essential cardiology history taking, anatomy, and physiology to standard practical clinical concerns including congestive heart failure, hypertension, arrhythmias, and coronary artery disease. Sections on calcium channel blockers, cardiac disease in pregnancy, and the surgical patient and cardiac disease nicely complete an illustration of the current state of this field.

Perhaps the only drawback of note in this text is the need for more discussion on the primary care issues of preventive cardiology and hyperlipidemia states.

The current revision of *Clinical Cardiology* appears to qualify as a highly successful accomplishment and without doubt will continue to satisfy the multitude of Lange series followers.

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