

Internal Medicine: Diagnosis and Therapy. Jay H. Stein (ed). Appleton & Lange, Norwalk, Connecticut, 1988, 609 pp., \$19.95 (paper). ISBN 0-8385-1275-5.

This excellent pocket text satisfies its intended goals: to provide a ready survey of essentials in diagnosis and management of diseases and syndromes seen regularly in medical practice. The manual begins appropriately with an excellent overview of drug therapy and follows with chapters covering all major medical topics. The appendix following chapter 17 provides an excellent summary of drugs, dosages, and toxicities in the management of patients with renal failure. The presentation of each chapter includes essentials in diagnosis and management in comprehensive outline, leaving to the reader the responsibility of using major texts for reference, many of which are listed at the end of each chapter. There are a few typographical errors, but they do not interfere with understanding a sentence or formula. The tables and charts are quite valuable in covering the essentials of diagnostic tests or differential diagnosis. Specific problem areas in management are explained in short form.

The text should be a valuable addition to student or practitioner in everyday practice. It is intended not as an exhaustive review, but as an aid to formulating a practical approach to diagnosis and therapy. The authors and editor should be complimented for their excellent effort to provide a readable and practical addition to current medical texts.

Robert L. Bass, MD
Omaha, Nebraska

A Colour Atlas of AIDS: Acquired Immunodeficiency Syndrome. Charles F. Farthing, Simon E. Brown, Richard C.D. Staughton, Jeffrey J. Screa, Mark Muhlemann. Wolfe Medical Publications, Ipswich, England, 1986, 80 pp., \$24.95 (paper).

A Colour Atlas of AIDS is an 80-page monograph published in Eng-

land in 1986. Its brief text gives a concise overview of the disease from epidemiology to its clinical manifestations.

As an introduction to human immunodeficiency virus (HIV) infection for practitioners and as a brief reference for residents and medical students, the work has value. The authors' use of HTLV III/LAV, instead of the now-preferred nomenclature HIV, is consistent with the dated content of the text. The field's knowledge is changing so rapidly that any printed text is likely to be outdated at the time it goes to press.

Except for some confusing graphic displays and photomicrographs that do not have sufficient explanations to guide the reader to their interpretations, the illustrations of lesions are of fine quality and useful. Follow-up photos of lesion progression or post-treatment regressions are especially enlightening for clinicians with little personal experience treating HIV complications.

In summary, *A Colour Atlas of AIDS* is a dated, concise monograph, easily read at one sitting, which may serve as a quick introduction to HIV disease.

Joseph Scardapane, MD
Seattle, Washington

Contraceptive Sterilization. William Moss, Association for Voluntary Surgical Contraception. Essential Medical Information System, Amityville, New York, 1988, 182 pp., price not available. ISBN 0-929240-00-6.

This concise, complete, and practical handbook will be useful for primary care physicians and trainees, obstetrics-gynecology residents, medical students, and others providing counseling on contraception and sterilization. The content is well organized into sections that provide information on all aspects of sterilization from history of procedures to current legal considerations. The table of contents is complete, and the volume is tabbed for quick reference. The text is complemented by tables and figures illus-

trating a variety of data useful in patient counseling such as alternative birth control methods and failure rates, prevalence of sterilization procedures, and socioeconomic factors related to sterilization choice in the United States. Examples of medical records, consent forms, and operative reports are included.

Each section is well written and edited, with specific information on each topic presented in no more than three or four pages, and each has been well researched and referenced. While some of the sections are highly specific and detailed, such as listing typical instruments used for laparoscopy, the information is generally useful for primary care physicians in counseling patients on sterilization choices, describing potential complications, and offering data to aid in helping patients reach informed decisions. The small handbook format is convenient for slipping into a coat pocket for a convenient reference for housestaff.

Robert E. McArtor, MD, MPH
Northeastern Ohio Universities
College of Medicine
Canton, Ohio

Low Back Pain Syndrome (4th Edition). Rene Cailliet. F.A. Davis, Philadelphia, 1988, 341 pp., price not available. ISBN 0-8036-1606-6.

The fourth edition of *Low Back Pain Syndrome* encompasses new concepts, new theories, new diagnostic terms, and new forms of treatment. This is a very practical book, and provides a good overview on a topic that is undoubtedly one of the most common problems we see in general office practice.

The first seven chapters describe in detail the functional anatomy and physiology of the lumbosacral spine and the pathophysiology of low back disorders. The illustrations are simple and well done. There is appropriate emphasis on mechanical back pain syndromes. A comprehensive therapeutic approach to low back pain is described in chapter 8, including the

continued on page 622

TERAZOL[®] 7 (terconazole) **Vaginal Cream, 0.4%**
TERAZOL[®] 3 (terconazole) **Vaginal Suppositories, 80 mg**

INDICATIONS AND USAGE: TERAZOL 7 Vaginal Cream and TERAZOL 3 Vaginal Suppositories are indicated for the local treatment of vulvovaginal candidiasis (moniliasis). As TERAZOL 7 Vaginal Cream and TERAZOL 3 Vaginal Suppositories are effective only for vulvovaginitis caused by the genus *Candida*, the diagnosis should be confirmed by KOH smears and/or cultures.

HUMAN PHARMACOLOGY: Photosensitivity reactions were observed in some normal volunteers following repeated dermal application of terconazole 2.0% and 0.8% creams under conditions of filtered artificial ultraviolet light. Photosensitivity reactions have not been observed in U.S. and foreign clinical trials in patients who were treated with terconazole vaginal cream or suppositories.

CONTRAINDICATIONS: Patients known to be hypersensitive to terconazole or to any components of terconazole cream or suppositories.

PRECAUTIONS: **General:** Discontinue use and do not retreat with terconazole if sensitization, irritation, fever, chills or flu-like symptoms are reported during use.

The base contained in the TERAZOL 3 Vaginal Suppositories formulation may interact with certain rubber or latex products, such as those used in vaginal contraceptive diaphragms, therefore concurrent use is not recommended.

If there is lack of response to TERAZOL 7 Vaginal Cream or TERAZOL 3 Vaginal Suppositories, appropriate microbiological studies (standard KOH smear and/or cultures) should be repeated to confirm the diagnosis and rule out other pathogens.

Drug Interactions: The therapeutic effect of TERAZOL 7 Vaginal Cream and TERAZOL 3 Vaginal Suppositories is not affected by oral contraceptive usage.

Carcinogenesis, Mutagenesis, Impairment of Fertility:

Carcinogenesis: Studies to determine the carcinogenic potential of terconazole have not been performed.

Mutagenicity: Terconazole was not mutagenic when tested *in vitro* for induction of microbial point mutations (Ames test) or for inducing cellular transformation, or *in vivo* for chromosome breaks (micronucleus test) or dominant lethal mutations in mouse germ cells.

Impairment of Fertility: No impairment of fertility occurred when female rats were administered terconazole orally up to 40 mg/kg/day.

Pregnancy: **Pregnancy Category C:** There was no evidence of teratogenicity when terconazole was administered orally up to 40 mg/kg/day (TERAZOL 7 Vaginal Cream—100× the recommended intravaginal human dose; TERAZOL 3 Vaginal Suppositories—25× the recommended intravaginal human dose) in rats, or 20 mg/kg/day in rabbits, or subcutaneously in rats up to 20 mg/kg/day.

Dosages at or below 10 mg/kg/day produced no embryotoxicity; however, there was a delay in fetal ossification at 10 mg/kg/day in rats. There was some evidence of embryotoxicity in rabbits and rats at 20–40 mg/kg. In rats this was reflected as a decrease in litter size and number of viable young and reduced fetal weight. There was also delay in ossification and an increased incidence of skeletal variants.

The no-effect oral dose of 10 mg/kg/day resulted in a mean peak plasma level of terconazole in pregnant rats of 0.176 mcg/ml which exceeds by 44 times the mean peak plasma levels (0.004 mcg/ml) seen in normal subjects after intravenous administration of terconazole. This assessment does not account for possible exposure of the fetus through direct transfer of terconazole from the irritated vagina to the fetus by diffusion across amniotic membranes.

Since terconazole is absorbed from the human vagina, it should not be used in the first trimester of pregnancy unless the physician considers it essential to the welfare of the patient.

Nursing Mothers: TERAZOL 7 Vaginal Cream—It is not known whether this drug is excreted in human milk. Animal studies have shown that rat offspring exposed via the milk of treated (40 mg/kg/orally) dams showed decreased survival during the first few post-partum days, but overall pup weight and weight gain were comparable to or greater than controls throughout lactation.

TERAZOL 3 Vaginal Suppositories—It is not known whether terconazole is excreted in human milk. Animal studies have shown that rat offspring exposed via the milk of treated (40 mg/kg/orally) dams showed decreased survival during the first few post-partum days.

TERAZOL 7 Vaginal Cream and TERAZOL 3 Vaginal Suppositories—Because many drugs are excreted in human milk, and because of the potential for adverse reaction in nursing infants from terconazole, a decision should be made whether to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother.

Pediatric Use: Safety and efficacy in children have not been established.

ADVERSE REACTIONS: TERAZOL 7 Vaginal Cream—During controlled clinical studies conducted in the United States, 521 patients with vulvovaginal candidiasis were treated with terconazole 0.4% vaginal cream. Based on comparative analyses with placebo, the adverse experiences considered most likely related to terconazole 0.4% vaginal cream were headache (26% vs 17% with placebo) and body pain (2.1% vs 0% with placebo). Vulvovaginal burning (5.2%), itching (2.3%) or irritation (3.1%) occurred less frequently with terconazole 0.4% vaginal cream than with the vehicle placebo. Fever (1.7% vs 0.5% with placebo) and chills (0.4% vs 0.0% with placebo) have also been reported. The therapy-related dropout rate was 1.9%. The adverse drug experience on terconazole most frequently causing discontinuation was vulvovaginal itching (0.6%), which was lower than the incidence for placebo (0.9%).

TERAZOL 3 Vaginal Suppositories—During controlled clinical studies conducted in the United States, 284 patients with vulvovaginal candidiasis were treated with terconazole 80 mg vaginal suppositories. Based on comparative analyses with placebo (295 patients) the adverse experiences considered adverse reactions most likely related to terconazole 80 mg vaginal suppositories were headache (30.3% vs 20.7% with placebo), anal pain of the female genitalia (4.2% vs 0.7% with placebo). Adverse reactions that were reported but were not statistically significantly different from placebo were burning (15.2% vs 11.2% with placebo) and body pain (3.9% vs 1.7% with placebo). Fever (2.8% vs 1.4% with placebo) and chills (1.8% vs 0.7% with placebo) have also been reported. The therapy-related dropout rate was 3.5% and the placebo therapy-related dropout rate was 2.7%. The adverse drug experience on terconazole most frequently causing discontinuation was burning (2.5% vs 1.4% with placebo) and pruritus (1.8% vs 1.4% with placebo).

Revised 12/88

ORTHO PHARMACEUTICAL
CORPORATION
Raritan, New Jersey 08869-0602



continued from page 620

rationale of rest, desirable bed position, and bowel and bladder care. The use of different medications, physical modalities, manipulation, traction, and various injections are described in practical detail.

The prevention of recurrent low back pain is reviewed in chapters 9 and 10. Dr. Cailliet provides an informative overview of the various exercise modalities, including the strengthening and conditioning of various muscle groups to permit adequate and normal spine function. Basic principles of good posturing, including lifting, bending, sitting, and standing, are described and illustrated.

Chapters 11 and 12 provide the reader with an understanding of the normal functional disc, abnormal disc dysfunction, its clinical manifestations, and its treatment.

The last two chapters are devoted to a review of the diagnosis and treatment of inflammatory, infectious, spondylolisthetic disorders, and psychiatric causes of back pain.

In short, this compendium can be recommended for medical students and any physician in clinical practice who manages patients complaining of low back pain.

*Nikitas J. Zervanos, MD
Lancaster General Hospital
Lancaster, Pennsylvania*

Guidelines for Health Supervision II. *Committee on Psychosocial Aspects of Child and Family Health, American Academy of Pediatrics, Elk Grove Village, Illinois, 1988. 159 pp., price not available. ISBN 0-910761-19-1-0.*

This is the second edition of *Guidelines for Health Supervision*, which incorporates the biomedical, developmental, and psychosocial aspects of pediatric care. It is extremely relevant to the practice of family medicine and focuses on patient interactions with the physician trying to develop a liaison between the physician, parent, and patient.

It is extremely readable and well

organized. The manual's organization is based upon the health assessments at recommended visits with the physician, ranging from the prenatal visit through late adolescence. It offers many helpful hints in examining the patient as well as sample open-ended questions that address the myriad problems encountered in the pediatric age group. There are only a few illustrations located at the end of the manual that summarize the major objectives of each visit.

This is an excellent manual for both the resident in family practice and the practicing physician. Certainly, it would be very helpful to the family practice resident who is trying to organize his or her approach to the pediatric patient in for a routine health assessment.

*David Driggers, MD
Family Practice Residency Program
Casper, Wyoming*

Dermatological Signs of Internal Disease. *Jeffrey P. Callen, Joseph Jorizzo, Kenneth E. Greer, Neal Penneys, Warren Piette, John J. Zone. W. B. Saunders, Philadelphia, 1988, 383 pp., \$55.00. ISBN 0-7216-1860-X.*

The management of dermatologic problems is crucial for the family physician. Such conditions are obvious to the patient, and lack of success in management is highly visible. Particularly important is the recognition of skin problems signifying underlying systemic disease. This book deals with this aspect of dermatologic diagnosis and therapy.

It is well written. There are 53 color photographs in a separate section. It would be preferable, though more expensive, to have more photographs and place them where addressed in the text. The text is organized by internal medicine subspecialties, eg, cutaneous rheumatology and cutaneous gastroenterology.

Dermatologic problems do not present readily identified as signs of internal disease. A general dermatology textbook would be a more helpful

reference for the practicing family physician. Some dermatology textbooks that do not attempt complete coverage seem more useful than this one. For example, books with many color photographs are valuable in diagnosis as are books on regional diagnosis (dealing with conditions which affect certain parts of the body, such as the tongue or axilla). Books primarily dealing with therapeutics, which assume the diagnosis is known, are also very useful to the practitioner. What must be asked is: Why buy this book instead of a complete textbook?

Charles Margolis, MD
Wyoming Family Practice Center
Cincinnati, Ohio

Craig's Care of the Newly Born Infant (Eighth Edition). T. L. Turner, Jean Douglas, F. Cockburn. Churchill Livingstone, London, 1988, 586 pp., \$36.00 (paper). ISBN 0-443-03342-0.

This British publication is an extremely readable resource for the health care provider managing the care of newborns and their families. It is notable for its straightforward organization and excellent index. Its scope and breadth allows it to be utilized as a compact office encyclopedia on neonatal medicine by the practitioner. Its contents range from epidemiologic and sociologic implications of perinatal health care to actual illustrated instructions for various neonatal medical procedures, for example, umbilical artery catheterization. It features especially useful and succinct descriptions and illustrations of various congenital abnormalities.

If the book has any shortcomings, they are cultural. The American physician or nurse may not have an interest in British epidemiology. American readers must also appreciate terminology such as "napkins" for diapers and "breaking wind" for burping. Some providers here would also disagree that infantile seborrhea "results from the lack of attention to local hygiene,"

nor would they recommend treatment with "olive or nut oil." Of greater concern to some will be that this excellent resource does not mention procedures such as home phototherapy for neonatal jaundice, now standard in many communities in the United States. The book also gives very brief mention to the utilization of the transcutaneous arterial saturation monitor in the management of the infant in respiratory distress despite an otherwise excellent discussion of this subject and its treatment modalities. As long as readers recognize that most of these limitations represent differences in cultural standards of care, they will be rewarded with a useful and interesting resource.

Joane Goforth Baumer, MD
Ventura County Medical Center
Ventura, California

Cardiovascular Health and Risk Management: The Role of Nutrition and Medication in Clinical Practice. Sylvia Wassertheil-Smoller, Michael H. Alderman, Judith Wylie-Rosett. PSG Publishing Company, Littleton, Massachusetts, 1988, 228 pp., \$32.50 (paper). ISBN 0-88416-583-3.

This book is a collection of essays by various authors, some of the best of them reprinted from other publications. The stated purpose is to put risk assessment and clinical studies in perspective and translate them into techniques for clinical practice. The objective is not achieved.

Several chapters contain detailed information about long-term studies on risks of cardiovascular disease. Although this is interesting information, the variety of writing styles and repetition from chapter to chapter are burdensome.

The chapters on weight reduction promise innovation and bold action, but instead discuss accepted practices such as conceptualization of obesity as a chronic rather than an acute problem. I did like the suggestion of a fit-

ted nylon waist cord to remind patients about weight regain, however.

The title and preface suggest that practical techniques for integration of medical and nutritional therapy would be presented, and they are. Unfortunately, however, this chapter closes by saying this format has worked well for patients with diabetes mellitus and *should* work for risk reduction in patients with cardiovascular disease.

The book's intended audience is not clear. But no book that states that "smoking, perhaps the most powerful risk factor, is not primarily an issue of personal health and therefore not addressed in this book" can be intended for family physicians. Terminology such as "heart attack" and "high blood pressure" suggests that several of the writers court a lay audience.

Sections of this book could be used by physicians, residents, and medical students to review why they recommend weight and cholesterol reduction. The overview of issues of antihypertensive drug therapy is well done but reproduced from another recent publication. The book closes with a chapter on risk assessment in the office, reinforcing the importance of integrating treatment of all risk factors, especially smoking. It is unfortunate the editors did not share this view.

Barbara P. Yawn, MD
Worthington, Minnesota

CORRECTION

The title of the book *Preserving the Passion*, Phil R. Manning, Lois DeBakey, New York, Springer-Verlag, 1987, on page 432 of the *Journal (J Fam Pract 27(4) 1988)*, was incorrect. The correct title is *Medicine: Preserving the Passion*. The price was also incorrect. The correct price is \$35.00.