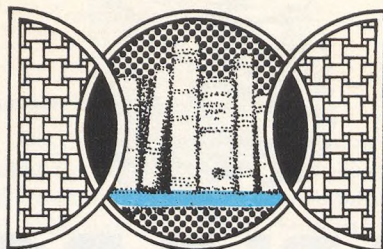


Book Reviews



Monitoring Health Status and Medical Care. *Lois A. Monteiro. Ballinger Publishing Company, Cambridge, Massachusetts, 1976, 221 pp., \$17.50.*

This book is actually a long monograph written to explain and discuss the results of the Rhode Island Health Surveys conducted by the Population Research Laboratory of Brown University. It is a rather detailed medical sociologic text which devotes the first third of the text to the methodology employed by the group at Brown and compares its findings with other national surveys. The second two thirds of the book reviews the results of the study in areas such as Patient-Physician Affiliations, Utilization of Medical Care, and Continuity of Medical Care. While these are attractive headings for people in family practice who are particularly interested in health-care utilization and/or the economic impact of family doctors on medical care, the actual data is of limited usefulness outside of Rhode Island.

Many of the other cited references are useful in an attempt to understand who gets sick, and how economic, sex-role, and geographic factors affect this.

There are other books which have a more general approach to medical sociology, particularly the work of David Mechanic, and they have important roles in family practice education. Monteiro's book is too detailed, methodological, and regional to be

included as a basic or reference text for family physicians, practicing or teaching.

*John J. Frey, MD
University of Massachusetts
Worcester*

Ethics and Health Policy. *Edited by Robert M. Veatch and Roy Branson. Ballinger Publishing Company, Cambridge, Massachusetts, 1976, 332 pp., \$16.50.*

This book is a volume of essays resulting from meetings and discussions of the Research Group on Ethics and Health Policy from the Institute of Society Ethics and the Life Sciences. The major goal of this group was to provide a single accessible source book of essays on the ethical problems of health policy planning and health-care delivery.

The book has been divided into three sections, the first being Health Care Delivery: Fundamental Ethical Conflicts, the second being Ethics and Allocating Scarce Medical Resources, and the third, Ethics and Health Policy Planning.

Because of the rather dry nature of the subject material, I found the book difficult to read with any interest. The

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most disturbing fact arising from this volume is that of the over 19 contributors only three were medical doctors. The rest of the writers included philosophers, theologians, economists, and lawyers. This then by necessity made much of the discussion highly theoretical and at times highly impractical to the practicing physician. But perhaps this lack of MD contribution also points out a lack of discussion of such issues in medical education today and a need to bring more physicians into the planning of health policy, especially when it involves ethical implications.

I would certainly not recommend this book for every physician's use. But for those involved in the teaching of medical ethics or for those involved in local community health planning boards, this book might be a useful resource text.

But the question remains, the question that I kept asking myself as I read this: What of the practicing physician, the man in the trenches, where is his voice in all of this?

P. G. Hodgetts, MD
Southern Illinois University
Springfield

Presenting the topic in a most comprehensive manner, this organized and highly readable book is divided into patients, primary care practices, the hospital as a health-care provider, and analysis and description of existing resources and those that should be developed. It is difficult for an editor to organize a number of contributors, but Doctor Noble has succeeded admirably. It is usually necessary to point out things that could have been done better. In this particular case, that is difficult, as I was most favorably impressed.

A family-oriented approach to primary medical care that should be most practical for medical educators, residents in the primary care disciplines, medical students, mid-level practitioners, and health planners, *Primary Care and the Practice of Medicine* offers the thoughtful practical guidance that is needed to establish and maintain an effective, coordinated primary care practice.

Anyone interested in any of the primary care disciplines will enjoy this book. It is, after all, as Noble says, addressed to those who consider that "primary care is the service that is adequate and appropriate for most people most of the time and ensures access to more specialized medical resources for those individuals who need them."

Robert M. True, MD
Portland, Maine

Primary Care and the Practice of Medicine. Edited by John Noble. Little, Brown and Company, Boston, 1976, 360 pp., \$18.50.

Primary Care and the Practice of Medicine is a multi-authored, comprehensive reference addressing methods, resources, and protocols necessary to develop, identify, and meet the needs of the individual, the family, and the community.

Evaluating Residency Training. John B. Corley. Medical University Press, Charleston, South Carolina, 1976, 190 pp., price not available.

John Corley has made a significant

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contribution to medical education in compiling and publishing the techniques and materials used at the Medical University of South Carolina in *Evaluating Residency Training*. With a refreshing openness, Dr. Corley leads us through their entire evaluation process, beginning with the selection of residents for the program. The process may never end because alumni of the program are still providing feedback on their experiences.

During residency training the evaluation begins, as it should, with collection of a data base. Then residents are each guided by a professional advisor and a behavioral science counselor who help the young physicians through the growth and maturation phases of their training. They also convey to residents the results of the periodic formal evaluations conducted by others. The entire system is clearly delineated. Philosophy, rationale, process, and forms and outlines used are explained, and examples are given. Both clinical and behavioral components are covered.

All of us in the field of teaching should be grateful to Dr. Corley and Dr. Hiram Curry and the faculty of Medical University of South Carolina for this significant treatise on evaluation. Their material, properly used, will contribute significantly to the growth and development of superior family physicians. I strongly urge all directors of family practice programs, both undergraduate and graduate, to obtain copies of this small book. Let your students and faculty consider adapting its carefully illustrated techniques to your own program. The results will astound you and give you a competitive edge over training programs in most other disciplines.

Arthur D. Nelson, MD
Scottsdale Memorial Hospital
Scottsdale, Arizona

Don't Be Afraid: A Program for Overcoming your Fears and Phobias.
Gerald M. Rosen. Prentice-Hall Inc., Englewood Cliffs, New Jersey, 1976, 128 pp., \$8.95 (hardbound), \$3.95 (paper).

Don't Be Afraid is a self-help book describing a program by which people can overcome their fears and phobias. These distressing symptoms which prevent people from enjoying life are prevalent, afflicting nearly everyone to some degree. Many people are seriously incapacitated and others lead miserable lives because of them.

The author's step-by-step method first helps one understand how fears develop. He then teaches one how to reduce physical tension with simple body relaxation and deep breathing techniques. Finally, with the help of relaxation skills, one can plan a strategy that allows one to master his or her fears completely.

The 128 pages of this book are organized into seven easy-to-read chapters with the following titles: (1) Is This Book for You? (2) Some Facts about Fears and Phobias; (3) Your Treatment Program; (4) Learning to Relax; (5) Planning Your Strategy for Approach; (6) Overcoming Your Fears and Phobias; and (7) How Much Have You Changed? There are four pages of references. Each chapter is divided into a number of paragraphs, many of which have subheadings. Many lists of examples are given, steps to be taken are numbered, self-assessment quizzes followed by answers are given, flow charts are diagrammed, and log sheets are provided to record practice sessions, etc.

Practicing family physicians, family practice residents, medical students, allied health professionals in family practice teams, as well as patients should read this book not only to benefit themselves if they have fears and phobias, but to become acquainted with it in order to recommend it for all those in need of this type of help. The author claims that in as little as six to eight weeks, without the expense of professional counseling and in the privacy of one's own home, one can learn to master those situations that now make one nervous or afraid.

Leland B. Blanchard, MD
San Jose, California

Tussend® Antitussive-Decongestant Liquid and Tablets

Tussend Expectorant® Antitussive-Decongestant Liquid

See package literature for full prescribing information. A brief summary follows.

CONTRAINDICATIONS: Patients with severe hypertension, severe coronary artery disease and patients on MAO inhibitor therapy, nursing mothers, and patients with hypersensitivity or idiosyncrasy to sympathomimetic amines or phenanthrene derivatives.

WARNINGS: If used in patients with hypertension, diabetes mellitus, ischemic heart disease, hyperthyroidism, increased intraocular pressure and prostatic hypertrophy, judicious caution should be exercised. Sympathomimetics may produce CNS stimulation. The safety of pseudoephedrine for use during pregnancy has not been established. Overdosage of sympathomimetics in the elderly (60 years and older) may cause hallucinations, convulsions, CNS depression and death.

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ADVERSE REACTIONS: Gastrointestinal upset, nausea, dizziness, drowsiness, and constipation. A slight elevation in serum transaminase levels has been noted.

Hyperreactive individuals may display ephedrine-like reactions such as tachycardia, palpitations, headache, dizziness or nausea. Sympathomimetic drugs have been associated with certain untoward reactions including fear, anxiety, tenseness, restlessness, tremor, weakness, pallor, respiratory difficulty, dysuria, insomnia, hallucinations, convulsions, CNS depression, arrhythmias, and cardiovascular collapse with hypotension.

DRUG INTERACTIONS: Hydrocodone may potentiate the effects of other narcotics, general anesthetics, tranquilizers, sedatives and hypnotics, tricyclic antidepressants, MAO inhibitors, alcohol, and other CNS depressants. Beta adrenergic blockers and MAO inhibitors potentiate the sympathomimetic effects of pseudoephedrine. Sympathomimetics may reduce the anti-hypertensive effects of methyldopa, mecamylamine, reserpine and veratrum alkaloids.

DOSAGE AND ADMINISTRATION: Tussend Liquid and Tussend Expectorant: Adults, and children over 90 lbs., 1 teaspoonful; children 50 to 90 lbs., ½ teaspoonful; children 25 to 50 lbs., ¼ teaspoonful. May be given four times a day, as needed.

Tussend Tablets: Adults, and children over 90 lbs., 1 tablet. May be given four times a day, as needed.

May be taken with meals.

CAUTION: Federal law prohibits dispensing without a prescription.



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