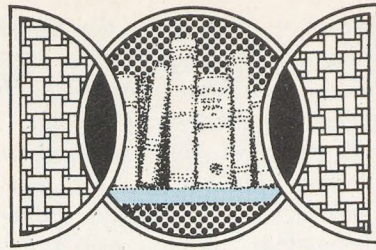


# Book Reviews



**Clinical Cardiology.** *Maurice Sokolow, Malcolm B. McIlroy.* Lange Medical Publications, Los Altos, California, 1977, 658 pp., \$16.00 (paper).

The truly remarkable thing about this book is that it was written entirely by the two authors, who have worked together at the Cardiovascular Research Institute of the University of California for many years. The result of this extensive experience in patient care, teaching, and research in clinical cardiology is not only evident in

every chapter but also reflects the authoritative air of the master clinician. Initial chapters on physiology of the circulation, history taking, and physical examination contain material of enormous value not only to students but also to busy practitioners with limited time to assess patients with cardiovascular symptoms with or without known cardiac disease. The many causes of various cardiovascular symptoms, associations between symptoms and physical findings, correlations between physical find-

ings, and results of laboratory studies with changes in the course of various disease processes are discussed in a manner consistent with the long clinical experience of the authors. Chapters on special investigation, both noninvasive and invasive, are complete, current, and written to be easily understood by primary care physicians.

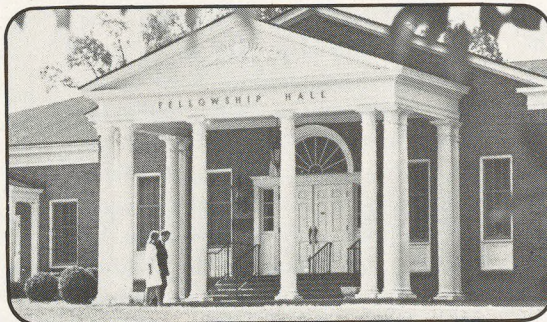
Approximately three fourths of the book deals with the various cardiovascular diseases. Space devoted to each is consistent with its relative importance in the view of the authors. The organization of the material and its concise presentation makes the book very readable. Illustrations, consisting of anatomic drawings, tables, reproductions of x-rays, and ECG and

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other diagnostic investigations, are extensive, generally of excellent quality, except for a few of the ECGs, and are located appropriately in the narrative. The many tables are generally from monographs, review articles, or classic papers, and thus provide invaluable ready reference to this material. Reproductions of diagnostic studies enable the reader to appreciate classic abnormalities or well-established ones, such as x-rays and ECGs, as well as newer techniques of echocardiography, angiography, and myocardial imaging with isotopes. The author's selection of references at the end of each chapter is excellent as both classic papers and major reviews are included.

In addition to the invaluable clinical pearls related to the authors' extensive experience, this outstanding book is a gold mine of current, accurate, concisely written information on clinical cardiology. It is the type of book on this subject that should be of special use to medical students, family practice residents, and practicing family physicians. The authors have accomplished a monumental job in preparing this book, and it is certainly a pleasure to read in this era of multiple authorship for subjects of such breadth. It may well become the most widely used book in this field.

*Herbert R. Brettell, MD  
Denver, Colorado*

**Introduction to Clinical Pediatrics (2nd Edition).** David W. Smith (ed). WB Saunders, Philadelphia, 1977, 452 pp., \$11.95 (paper).

This book evolved from an internal set of student teaching

synopses written for the Department of Pediatrics, University of Washington, so it is specifically for medical student consumption. In 400 pages of well-organized and clearly printed text, I feel that it does succeed in its goal of allowing the student "to move more rapidly toward higher level discussions with . . . teachers and in-depth knowledge about . . . patients."

Inevitably such a short book misses some things, and with many authors there are unnecessary duplications, but in general the conciseness is extremely satisfying and some of the brief accounts are models of clarity and precision. The illustrations are of high quality and relevance.

I am disappointed that the opportunity was not taken to make the conventional organ-system sections, though authoritative and generally good, problem oriented (for example, there are no sections on malabsorption, dyspnea, or pyrexial illness in general terms). This approach would have made the book much more valuable, especially as a brief refresher for practicing family physicians. There is throughout the book surprisingly little emphasis on the impact on the parents and siblings of the child of the various conditions and situations described. However, all of it is much more easy to assimilate and stimulating than excerpts of the larger texts, and this is the book's overriding virtue. It is witty, warm, and readable and will therefore be read and not relegated to the shelf for reference only. It does not aim to be comprehensive, but use of the references could be the basis of a comprehensive and stimulating study of pediatrics by students or by family practice residents.

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## 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.

**PRECAUTIONS:** Concomitant use of other CNS depressants, including alcohol, may have an additive CNS depressant effect. Hydrocodone may produce drowsiness; patients should be cautioned accordingly.

**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 methyl dopa, 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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Only 1 tablet *b.i.d.*  
**Gantanol<sup>®</sup> DS**  
sulfamethoxazole/Roche

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

**Indications:** Acute, recurrent or chronic urinary tract infections (primarily pyelonephritis, pyelitis and cystitis) due to susceptible organisms (usually *E. coli*, *Klebsiella-Aerobacter*, staphylococcus, *Proteus mirabilis* and, less frequently, *Proteus vulgaris*), in the absence of obstructive uropathy or foreign bodies. Note: Carefully coordinate *in vitro* sulfonamide sensitivity tests with bacteriologic and clinical response; add aminobenzoic acid to follow-up culture media. The increasing frequency of resistant organisms limits the usefulness of antibacterials including sulfonamides, especially in chronic or recurrent urinary tract infections. Measure sulfonamide blood levels as variations may occur; 20 mg/100 ml should be maximum total level.

**Contraindications:** Sulfonamide hypersensitivity; pregnancy at term and during nursing period; infants less than two months of age.

**Warnings:** Safety during pregnancy has not been established. Sulfonamides should not be used for group A beta-hemolytic streptococcal infections and will not eradicate or prevent sequelae (rheumatic fever, glomerulonephritis) of such infections. Deaths from hypersensitivity reactions, agranulocytosis, aplastic anemia and other blood dyscrasias have been reported and early clinical signs (sore throat, fever, pallor, purpura or jaundice) may indicate serious blood disorders. Frequent CBC and urinalysis with microscopic examination are recommended during sulfonamide therapy. Insufficient data on children under six with chronic renal disease.

**Precautions:** Use cautiously in patients with impaired renal or hepatic function, severe allergy, bronchial asthma; in glucose-6-phosphate dehydrogenase-deficient individuals in whom dose-related hemolysis may occur. Maintain adequate fluid intake to prevent crystalluria and stone formation.

**Adverse Reactions:** *Blood dyscrasias* (agranulocytosis, aplastic anemia, thrombocytopenia, leukopenia, hemolytic anemia, purpura, hypoprothrombinemia and methemoglobinemia); *allergic reactions* (erythema multiforme, skin eruptions, epidermal necrolysis, urticaria, serum sickness, pruritus, exfoliative dermatitis, anaphylactoid reactions, periorbital edema, conjunctival and scleral injection, photosensitization, arthralgia and allergic myocarditis); *gastrointestinal reactions* (nausea, emesis, abdominal pains, hepatitis, diarrhea, anorexia, pancreatitis and stomatitis); *CNS reactions* (headache, peripheral neuritis, mental depression, convulsions, ataxia, hallucinations, tinnitus, vertigo and insomnia); *miscellaneous reactions* (drug fever, chills, toxic nephrosis with oliguria and anuria, periarteritis nodosa and L.E. phenomenon). Due to certain chemical similarities with some goitrogens, diuretics (acetazolamide, thiazides) and oral hypoglycemic agents, sulfonamides have caused rare instances of goiter production, diuresis and hypoglycemia as well as thyroid malignancies in rats following long-term administration. Cross-sensitivity with these agents may exist.

**Dosage: Systemic sulfonamides are contraindicated in infants under 2 months of age** (except adjunctively with pyrimethamine in congenital toxoplasmosis). *Usual adult dosage:* 2 Gm (2 DS tabs or 4 tabs or 4 teasp.) initially, then 1 Gm *b.i.d.* or *t.i.d.* depending on severity of infection.

*Usual child's dosage:* 0.5 Gm (1 tab or teasp.)/20 lbs of body weight initially, then 0.25 Gm/20 lbs *b.i.d.* Maximum dose should not exceed 75 mg/kg/24 hrs.

**Supplied:** DS (double strength) Tablets, 1 Gm sulfamethoxazole; Tablets, 0.5 Gm sulfamethoxazole; Suspension, 0.5 Gm sulfamethoxazole/teaspoonful.

BOOK REVIEWS

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Authoritative and recently revised as it is, it does provide a brief, readable update for the practicing family physician, and its brevity and clarity would make it sufficiently detailed for the use of allied health care professionals.

In summary then, an enjoyable though slightly imperfect book, which medical students in particular will find valuable.

Richard Ham, MD  
Southern Illinois University  
Springfield, Illinois

**Adolescents in Health and Disease.**  
William A. Daniel, Jr. CV Mosby,  
St. Louis, Missouri, 1977, 416 pp.,  
\$21.50.

The field of adolescent medicine has received increasing attention in the past several years, yet there are few books on the subject. The current issue of *Medical Books in Print* lists three titles, of which only one is a comprehensive text on adolescent medicine; therefore, Dr. Daniel's work is in a area of definite need.

The text is well written, easily understood, and the material is well organized. The most apparent shortcoming of the book is its varying emphasis on the emotional aspects of illness. Those sections devoted to topics such as adoption, coping with handicaps, and rape, for example, present a clear picture of the underlying emotional processes (albeit with a strong tendency to stereotype); but the handling of psychosomatic factors is not as consistently well done. Anorexia nervosa receives thorough and excellent treatment,

while the emotional aspects of obesity are dismissed in a brief paragraph as "rare." The role of emotional factors in asthma and in peptic ulcer, as well as the possible role of the physician in the development of cardiac neuroses, are similarly ignored. Since most instances of erratic exposition of this kind involve psychosomatic disorders, one wonders if the author really has arrived at a unitary concept of disease in his own mind.

The book is nicely printed and bound, but the index would benefit from more multiple listings. One finds peptic ulcer disease listed only under "Duodenal ulcer," and not under "Ulcer" or "Peptic." With improved editing, this volume could have been considerably more than the modest addition to the literature that it is; even so, it should be of value to the family physician.

Collin Baker, MD  
University of South Carolina  
Columbia, South Carolina

**The Manual of Acute Orthopaedic Therapeutics.** Larry D. Iverson and D. K. Clawson. Little, Brown, Boston, 1977, 367 pp., \$10.95.

*The Manual of Acute Orthopaedic Therapeutics* is a pocket-sized compendium of basic treatment regimens for orthopedic problems which are mainly of a traumatic nature. The therapies described are those used at the University of Washington, and, because of the general nature of any manual, are of necessity terse and dogmatic. The style of presentation is that of a strong emphasis on practical assessment (ie, need for

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open vs closed reduction) and any possible complications, be they iatrogenic or because of the particular nature of the problem.

The book can be functionally divided into three general parts. The first part (chapters one through six) is an introduction to general care consisting of guidelines and axioms on fundamental treatment, considerations, and techniques. The chapters on casting, splinting, and especially traction are commendable for their virtue of being succinct and at the same time thorough. The first chapter is enjoyable reading, covering a broad range of general treatment observations, including a recitation of commonly overlooked injuries. General principles of therapy and common pitfalls of diagnosis of pediatric musculoskeletal trauma are well covered.

The second, and largest, section deals with the specifics of acute orthopedics in regard to all the different anatomical locations. This section is very comprehensive, remarkably so considering the size of the book. Illustrations are in black and white and are confined to either the more common fractures or those problems requiring specific description in order to prevent misdiagnosis and/or catastrophic complications. All chapters are adequately labeled and sufficiently anatomically confined to decrease the search time to a minimum. As in the rest of the book, the most salient ideas and principles are in boldface type.

The last, and smallest, section consists of the last chapter, which is on operating room techniques, and of various appendices on ancillary diagnostic measurements, ta-

bles, and graphs. Included is an adequate table on approaches for joint aspirations and injections, and a general overview of EMG interpretation.

It once again should be emphasized that this is a manual of acute orthopedics care. It is not to be confused with a handbook of orthopedics, a title that would suggest a much broader scope than the authors intended. Understanding this, the book can be highly recommended as more than adequately addressing its intended purpose.

In the preface the authors candidly discuss the dogmatic nature of the presentation and note that the intention of the book is to stress principles of treatment. A pocket-sized book cannot afford the luxury of discussing the various merits of differing opinions on the most desirable method of application of these principles, and thus, only those applications which have proved most successful at the University of Washington are presented. Disagreements as to particulars (ie, the authors' preference for Kanamycin as one of the initial drugs for broad spectrum coverage of open fracture—would not Gentamycin be more effective and safer?) are acknowledged and expected by the authors. However, these differences of opinion certainly do not automatically gainsay the quality or effectiveness of the presentation. The style of presentation is especially suited for family physicians who need a quick reference for methods of treatment in acute orthopedics.

In summary, *The Manual of Acute Orthopaedic Therapeutics* is

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## The antitussive that goes further.

**Composition:** Each capsule, teaspoonful (5 ml.) or tablet contains 5 mg. hydrocodone (Warning: may be habit-forming), and 10 mg. phenyltoloxamine as cationic resin complexes.

**Effects:** An effective antitussive which acts for approximately 12 hours.

**Dosage:** Adults: 1 teaspoonful (5 ml.), capsule or tablet every 8-12 hours. May be adjusted to individual requirements.

Children: From 1-5 years: ½ teaspoonful every 12 hours. Over 5 years: 1 teaspoonful every 12 hours.

**Side Effects:** May include mild constipation, nausea, facial pruritus, or drowsiness, which disappear with adjustment of dose or discontinuance of treatment.

**Precaution:** In young children the respiratory center is especially susceptible to the depressant action of narcotic cough suppressants. Benefit to risk ratio should be carefully considered especially in children with respiratory embarrassment. Estimation of dosage relative to the age and weight of the child is of great importance.

**Overdosage:** Immediately evacuate the stomach. Respiratory depression, if any, can be counteracted by respiratory stimulants. Convulsions, sometimes seen in children, can be controlled by intravenous administration of short-acting barbiturates.

**How Supplied:** Tussionex Capsules, green and white. Bottles of 50. Tussionex Suspension, neutral in taste, golden color; 16 oz. and 900 ml. bottles. Tussionex Tablets, light brown, scored; bottles of 100. A prescription for 2 oz. of the Suspension, or 12 Tablets or Capsules, constitutes a 6-day supply in the average case.



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**Indications:** Amoxil® (amoxicillin) is similar to ampicillin in its bactericidal action against susceptible strains of Gram-negative organisms—*H. influenzae*, *E. coli*, *P. mirabilis* and *N. gonorrhoeae*; and Gram-positive organisms—*Streptococci* (including *Streptococcus faecalis*), *D. pneumoniae* and non-penicillinase-producing staphylococci. Culture and sensitivity studies should be obtained. Indicated surgical procedures should be performed.

**Contraindications:** A history of a previous hypersensitivity reaction to any of the penicillins is a contraindication.

**Warning:** Anaphylaxis may occur, particularly after parenteral administration and especially in patients with an allergic diathesis. Check for a history of allergy to penicillins, cephalosporins or other allergens. If an allergic reaction occurs, discontinue amoxicillin and institute appropriate treatment. Serious anaphylactic reactions require immediate emergency treatment with epinephrine, oxygen, intravenous steroids and airway management.

**Usage in Pregnancy:** Safety for use in pregnancy is not established.

**Precautions:** Mycotic or bacterial superinfections may occur. Cases of gonorrhea with a suspected primary lesion of syphilis should have dark-field examinations before receiving treatment. In all other cases where concomitant syphilis is suspected, monthly serological tests should be performed for a minimum of four months. Assess renal, hepatic and hematopoietic functions intermittently during long-term therapy.

**Adverse reactions:** Untoward reactions include: glossitis, nausea, vomiting and diarrhea, skin rashes, urticaria, exfoliative dermatitis, erythema multiforme and anaphylaxis (usually with parenteral administration). Although anemia, thrombocytopenia, thrombocytopenic purpura, eosinophilia, leukopenia, and agranulocytosis have been noted, they are usually reversible and are believed to be hypersensitivity phenomena. Moderate elevations in SGOT have been noted.

**Usual Dosage:** Adults—250 to 500 mg orally q. 8h (depending on infection site and offending organisms). Children—20-40 mg/kg/day orally q. 8h (depending on infection site and offending organisms). Children over 20 kg should be given adult dose.

Gonorrhea, acute uncomplicated—3 Gms as a single oral dose (see PRECAUTIONS). Serious infections, such as meningitis or septicemia, should be treated with parenteral antibiotics.

#### Supplied:

##### Capsules—

250 mg in bottles of 100's and 500's, unit-dose cartons of 100.

500 mg in bottles of 50's and 500's, unit-dose cartons of 100.

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an enjoyable, concise rendering of general principles of acute traumatic orthopedic problem management. It should prove an invaluable help to the student or resident on an orthopedic or Emergency Room rotation and can be highly recommended as a very helpful addition to any Emergency Room or family physician's library.

*W. Jack Stelmach, MD*  
*Michael Lundy, MD*  
*Goppert Family Care Center*  
*Kansas City, Missouri*

**Current Diagnosis (5th Edition).**  
*Howard F. Conn, Rex B. Conn*  
*(editors). WB Saunders, Philadelphia, 1977, 1,272 pp., \$34.00.*

This textbook of medical diagnosis, now in its fifth edition, is designed to aid clinicians in the process of differential diagnosis and go beyond what one ordinarily finds in standard textbooks. As the title implies, the book is strictly limited to the diagnostic end of the patient management spectrum.

The 19 sections of the book contain a total of 250 chapters covering a wide range of subjects. The first section discusses the differential diagnosis of common presenting signs and symptoms such as fever, anemia, syncope, chronic abdominal pain, and convulsions. All but one of the succeeding 18 sections cover specific clinical entities and methods whereby they may be identified.

The distribution of content by section and chapter reflects a strong bias toward adult medicine. Although there is one section which discusses disorders of infants and children exclusively, and another on selected aspects of obstetrics and gynecology, the coverage is limited and has far less depth than standard reference texts in these areas. The main emphasis throughout is on biological medicine with only minor attention to psychological aspects of diagnosis. The concluding section on laboratory reference values provides a comprehensive list of normal ranges for use as a general guide. This section is also designed to aid clinicians in making the shift from the patchwork of traditional units to a more rational and systematic scheme of international (SI) units for laboratory tests where this concept is applicable.

This volume, while containing much useful and up-to-date information, does not really add significantly to what can be found in recent textbooks which deal with the same and related topics. In fact, some chapters are less precise and authoritative than similar chapters in major standard texts. These texts usually have the added feature of guidelines for management as well as for diagnosis of the conditions discussed.

This new edition may have appeal for physicians who like a supplementary reference volume limited to the diagnostic side of medical practice. However, it lacks both the breadth and depth to merit strong recommendation as a primary reference work for the practicing family physician.

*Joseph W. Hess, MD*  
*Wayne State University*  
*Detroit, Michigan*