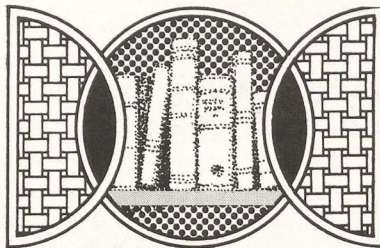


Book Reviews



Double Bind: The Foundation of the Communicational Approach to the Family. Carlos E. Sluzki, Donald C. Ransom (eds). Grune & Stratton, New York, 1976, 384 pp., \$23.00.

Occasionally, a new idea or concept is formulated which gains entry into the mainstream of societal thought. In the process of adoption or absorption it becomes transformed into something familiar—familiar in a second or third-hand way—to people not knowledgeable about its origins. In its popularized form, the idea often loses important elements or it is changed in some substantial way. Examples of such transformed concepts can be seen in Darwin's "survival of the fittest," communism, and in Freud's theory of the ego, id, and superego. Such a fate has also befallen the double bind theory of Gregory Bateson, Don Jackson, Jay Haley, and John Weakland.

Whatever the reasons for its popular acceptance (perhaps the similarity of the term "double bind" to the familiar "being in a bind"), the concept is referred to by those who have never read the primary or secondary sources collected in the volume under review. In its bastardized form, the theory might be defined as some form of "Catch-22," ignoring the elegance of the initial formulation and losing the insight to which it might have led.

Drs. Sluzki and Ransom have performed an invaluable service for those who wish to learn about the

double bind theory. Their description from the book's preface describes the content and organization.

The book is divided into five parts: *Part I* collects what can be considered the core papers: those that proposed the model, defined its conceptual universe, and established its language. *Part II* constitutes an insider's account of the development of the double bind theory. *Part III* is an intensive review of the research done in the field. *Part IV* is a collection of excerpts from several authors who, in the course of writing about a variety of subjects, tested the boundaries of the double bind model by applying it to their own work. Finally, the series of statements collected in *Part V* provide a testimony of the growing power of the theory as a thinking tool.

With the exception of Part II, each section closes with a commentary in which the editors summarize or elaborate on significant points. The commentaries serve to tie the sections together and are, in themselves, a valuable contribution to the understanding of the double bind theory.

The seminal importance of the double bind theory to the development of much of our present knowledge about family process and family structure is indicated by the book's subtitle; *The Foundation of the Communicational Ap-*

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NOVAFED® Capsules

pseudoephedrine hydrochloride
Controlled-Release Decongestant

DESCRIPTION: Each capsule contains 120 mg. of pseudoephedrine hydrochloride in specially formulated pellets designed to provide continuous therapeutic effect for 12 hours. About one half of the active ingredient is released soon after administration and the rest slowly over the remaining time period.

ACTIONS: Pseudoephedrine is an orally effective nasal decongestant with peripheral effects similar to epinephrine and central effects similar to, but less intense than, amphetamines. It has the potential for excitatory side effects. At the recommended oral dosage, it has little or no pressor effect in normotensive adults. Patients have not been reported to experience the rebound congestion sometimes experienced with frequent, repeated use of topical decongestants.

INDICATIONS: Relief of nasal congestion or eustachian tube congestion. May be given concomitantly with analgesics, antihistamines, expectorants and antibiotics.

CONTRAINDICATIONS: Patients with severe hypertension, severe coronary artery disease, and patients on MAO inhibitor therapy. Also contraindicated in patients with hypersensitivity or idiosyncrasy to sympathomimetic amines which may be manifested by insomnia, dizziness, weakness, tremor or arrhythmias.

Children under 12: Should not be used by children under 12 years.

Nursing Mothers: Contraindicated because of the higher than usual risk for infants from sympathomimetic amines.

WARNINGS: Use judiciously and sparingly in patients with hypertension, diabetes mellitus, ischemic heart disease, increased intraocular pressure, hyperthyroidism or prostatic hypertrophy. See, however, Contraindications. Sympathomimetics may produce central nervous stimulation with convulsions or cardiovascular collapse with accompanying hypotension.

Do not exceed recommended dosage.

Use in Pregnancy: Safety in pregnancy has not been established.

Use in Elderly: The elderly (60 years and older) are more likely to have adverse reactions to sympathomimetics. Overdosage of sympathomimetics in this age group may cause hallucinations, convulsions, CNS depression, and death. Safe use of a short-acting sympathomimetic should be demonstrated in the individual elderly patient before considering the use of a sustained-action formulation.

PRECAUTIONS: Patients with diabetes, hypertension, cardiovascular disease and hyper-reactivity to ephedrine.

ADVERSE REACTIONS: Hyper-reactive individuals may display ephedrine-like reactions such as tachycardia, palpitations, headache, dizziness or nausea. Sympathomimetics 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: MAO inhibitors and beta adrenergic blockers increase the effects of pseudoephedrine. Sympathomimetics may reduce the antihypertensive effects of methyldopa, mecamylamine, reserpine and veratrum alkaloids.

DOSAGE AND ADMINISTRATION: One capsule every 12 hours. Do not give to children under 12 years of age.

CAUTION: Federal law prohibits dispensing without prescription.

HOW SUPPLIED: Brown and orange colored hard gelatin capsules, monogrammed with the Dow diamond followed by the number 104. Bottle of 100 capsules (NDC 0183-0104-02).

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, hypoprotrombinemia 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.

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proach to the Family. The writings collected in the volume have an essential contribution to make to behavioral scientists who work with families or who are trying to increase our understanding of how families work. Family physicians who are trying to understand the interrelationship between illness and family function will also benefit from knowledge of the book's content. For practicing physicians and other health care providers, the book should lead to enriched observations in their daily practice and a new understanding of the behavior of their patients.

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Common Skin Diseases: Diagnosis and Treatment (3rd Edition). Howard T. Behrman, Theodore A. Labow, Jack H. Rozen (eds). Grune & Stratton, New York, 1978, 189 pp., \$29.50.

This hard-cover book, by whatever name (former title: *The Practitioner's Illustrated Dermatology*), is written for and certainly can be well used by the family physician. It is truly a book of common skin diseases.

The format is concise and useful, providing excellent pictures, a short description of the disease with common locations, plus additional features, followed by therapy. Therapy is outlined with reference to the formulary section of the book which is both well sequenced and logically understood. The therapy section perhaps lacks some of the art of the practice of dermatology; however, its absence will hardly be noticed by the busy practitioner.

The third edition also puts dermatology in perspective for the medical student who needs "another look," as well as for the family practice resident who finally meets the challenge of dermatological problems on a frequent basis. This book is for the real world of skin problems—not a zebra in the whole edition. It belongs in your library!

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Gynecology: Essentials of Clinical Practice (3rd Edition). Thomas H. Green, Jr. Little, Brown and Company, Boston, 1977, 715 pp., \$11.50 (paper).

This textbook of clinical gynecology has been updated very well and is an excellent treatise on the subject. The basic principles for understanding, evaluating, and managing gynecologic disorders are clearly and comprehensively presented. The book is very readable and most informative, especially in the sections on Endocrinology, and Neoplasms of the Reproductive System. There is, also, an excellent section on Infertility. I felt that this book was extremely relevant to family practice and was very usable for the student, the resident, and also for the practicing physician. It was well organized and the limited illustrations were extremely well done. It makes an excellent reference book. There is not much information on treatment, but the author did not intend this to be a treatise on the treatment of the conditions. I have found this book very useful in my practice. It has been most helpful in many of the common gynecological conditions that I see.

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