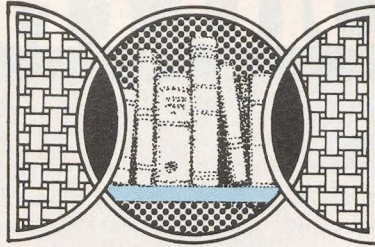


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## Book Reviews

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**Family Practice: Pre-Test Self-Assessment and Review.** *Robin J.O. Catlin.* McGraw-Hill, New York, 1981, 233 pp., \$9.50 (paper).

This book is relevant to family practice and is easily read. Both the organization and the quality and extent of the questions seem appropriate.

This appears to be a review workbook for the practicing family physician, but I do not feel that it is detailed enough for the resident in family practice. I am not implying that the questions are too elementary, but in discussing some of these questions with residents, they felt that almost all of them were not difficult.

The section on biochemistry, pathology, and hematology covers a wide area with only 22 questions for that entire section. The section on preventive and occupational medicine indicates to me as a residency director that our own program can be improved in this area. In short, this is a useful book for review and board examination preparation.

*G.S. Mitchell, Jr, MD*  
*Newport News, Virginia*

**Teaching General Practice.** *Jack Cormack, Marshall Marinker, David Morrell (eds).* Kluwer Publishing, Middlesex, England, 1981, 350 pp., \$18.50 (paper).

Written by academic and commu-

nity family physicians for "the growing numbers of doctors who have become teachers . . .," *Teaching General Practice* is based largely on the current British scene but aimed at a wider market. Structured around six main sections (principles, methods, content, the search for standards, assessment, and planning for teaching) the text provides an overview which should be of interest and value to those new to teaching. It suffers the inevitable lack of cohesion and variable quality of multiple authorship, but the editors are to be congratulated for their brave attempt to encompass a difficult topic.

There is a wealth of real-life experience scattered throughout the book, and Marinker's chapters in the content section are particularly good, as are the chapters on teaching in the consultation and small-group teaching. The assessment section is well written but is based on the membership examination of the Royal College of General Practitioners, which may diminish its appeal to a North American audience. More experienced teachers will find the lack of depth in a number of chapters disappointing (eg, a half-page on videotape teaching), and I doubt if the content of the book has been made relevant enough to the needs of American and Canadian family medicine educators, whose graduate teaching involves more

structure and supervision than in the British system of training.

Nevertheless, given the scarcity of books in family medicine teaching, most departments of family medicine and residency programs should find this a useful reference book, not at least because the authors have provided many useful references to the literature. The individual teacher on this continent, however, may not find the investment cost effective.

*Charles B. Freer*  
*Chelsea, Michigan*

**Prognosis: Contemporary Outcomes of Disease.** *James F. Fries, George E. Ehrlich (eds).* The Charles Press, Bowie, Maryland, 1981, 565 pp., \$34.95.

*Prognosis* is an ambitious undertaking which addresses the part of medicine of most concern to patients—what will happen to them. The authors sought to be as inclusive as possible in designing the process for collecting information on the prognosis of disease. They utilized over 400 experts to determine, via a modified Delphi method, the consensus for diseases and treatments. This method resulted in the three to five pages on each disease or illness state, which are in turn included in the organ system headings of each section. The illnesses are all those of adult medicine.

This rather complicated and time consuming method of coming up with consensus has its obvious problems, although the book in general is most helpful, serving as a distillate of many texts and articles. As soon as a book like this comes out, it immediately begins to become dated. This is not so big a

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**SYNTHROID®**  
(Levothyroxine Sodium Tablets, USP)  
FLINT

**Indications**

SYNTHROID (levothyroxine sodium) Tablets serve as specific replacement therapy for reduced or absent thyroid function of any etiology.

**Contraindications**

Relative contraindications include acute myocardial infarction, uncorrected adrenal insufficiency and thyrotoxicosis. (See WARNINGS)

**Warnings**

Drugs with thyroid hormone activity, alone or together with other therapeutic agents, have been used for the treatment of obesity. In euthyroid patients, doses within the range of daily hormonal requirements are ineffective for weight reduction. Larger doses may produce serious or even life threatening manifestations of toxicity, particularly when given in association with sympathomimetic amines such as those used for their anorectic effects.

Patients with cardiovascular diseases warrant particular attention. In such cases, low initial dosage increased slowly by small increments is indicated. Occasionally, the cardiovascular capacity of the patient is so compromised that the metabolic demands of the normal thyroid state cannot be met. Clinical judgment will then dictate either a partial restoration of thyroid status or reduction in thyroid dosage.

Symptoms associated with diabetes mellitus, adrenal insufficiency (Addison's disease), hypopituitarism and diabetes insipidus may be diminished or obscured by hypothyroidism. SYNTHROID (levothyroxine sodium) therapy may aggravate the intensity of previously obscured symptoms and require appropriate adjustment of therapeutic measures directed at these concomitant disorders. Thyroid replacement may potentiate the effects of anticoagulants. Such patients should have frequent prothrombin determinations to assess the need to reduce anticoagulant dosage.

**Precautions**

Overdosage with any thyroid drug may produce the signs and symptoms of thyrotoxicosis. With SYNTHROID (levothyroxine sodium) Tablets, the relatively slow onset of action minimizes the risk of overdose but close observation in the weeks following institution of a dosage regimen is advised. Treatment of thyroid hyperactivity induced by oral medication is confined to interruption of therapy for a week, followed by reinstitution of daily therapy at an appropriately reduced dosage.

The 100 mcg (0.1 mg) and 300 mcg (0.3 mg) tablets of SYNTHROID (levothyroxine sodium) contain FD & C Yellow No. 5 (tartrazine) which may cause allergic-type reactions (including bronchial asthma) in certain susceptible individuals. Although the overall incidence of FD & C Yellow No. 5 (tartrazine) sensitivity in the general population is low, it is frequently seen in patients who also have aspirin hypersensitivity.

**Adverse reactions**

Adverse reactions are due to overdose and are those of induced hyperthyroidism.

**Dosage and administration**

A final adult dosage of 100 mcg (0.1 mg) to 200 mcg (0.2 mg) of SYNTHROID (levothyroxine sodium) Tablets daily will usually restore normal thyroid function.

The concomitant appearance of other diseases, especially cardiovascular diseases, usually dictates a replacement regimen with initial doses smaller than 100 mcg/day (0.1 mg). In otherwise healthy adults with relatively recent onset of hypothyroidism, full replacement dose of 150 mcg (0.15 mg) or 200 mcg (0.2 mg) has been instituted immediately without untoward effect and with good therapeutic response. However, in view of the possible presence of subclinical disorders of the cardiovascular system or endocrinopathies, a more cautious approach is recommended.

In the elderly patient with long standing disease, evidence of myxedematous infiltration and symptomatic, functional or electrocardiographic evidence of cardiovascular dysfunction, the starting dose may be as little as 25 mcg (0.025 mg) per day. Further incremental increases of 25 mcg (0.025 mg) per day may be instituted at three to four week intervals depending on patient response. Conversely, otherwise healthy adults may be started at higher daily dosage and raised to the full replacement dosage in two to three weeks.

In infants and children, the following dose/kg schedule is recommended: 1-5 months, 10 µg/kg; 6-12 months, 8 µg/kg; 1-5 years, 6 µg/kg; 5-10 years, 4 µg/kg; 10-15 years, 3 µg/kg; 15-20 years, 2.5 µg/kg.

**How supplied**

SYNTHROID (levothyroxine sodium) Tablets are supplied as scored, color-coded tablets in 6 concentrations: 25 mcg (0.025 mg) — orange; .50 mcg (0.05 mg) — white; 100 mcg (0.1 mg) — yellow; 150 mcg (0.15 mg) — blue; 200 mcg (0.2 mg) — pink; 300 mcg (0.3 mg) — green.

8-19-19-426AA October 1980

**Reference:**

1. Wartofsky L, Burman KD: Hypothyroidism, in Conn HF (ed): *Current Therapy*. Philadelphia, WB Saunders Company, 1979, pp 469-473.

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problem with large medical textbooks in which much of the material is devoted to pathophysiology, clinical methods, and diagnostic methods. Nothing in medicine changes from week to week as much as treatment. Treatment, to a great extent, will determine prognosis. It remains to be seen if the current treatment protocol for a disease adds to or subtracts from the patient's prognosis. The risk one takes with a book entirely devoted to prognosis, however, is that much of what one reads it for, the response that can be expected for a given treatment, may change quite a bit in the times between editions.

The book is clear and easy to read. There are adequate numbers of graphs and tables, although the entire book seems to be composed of line graphs with the y-axis being percent survival and the x-axis days, months, or years. Since there are large numbers of statistical figures per page of this very compact book, the whole book can be a bit intense if taken in large doses. I used it as a reference during a month of working with an inpatient family medicine service and found it to be helpful in bringing some sense to the multitudinous opinions expressed by consultants and the literature alike regarding diseases and their prognosis. One nice addition to each chapter is the cost effectiveness of each treatment, surgery v medical treatment for example. This added dimension of cost has not been something I have seen in medical texts before and is a welcome addition to decision making.

The final section of the book is called "Prognosis for the Non-Diseased" and, while the title is

awkward, the intention is good. There is rich and helpful information on medical care utilization put in terms of prognosis (for example the possibility of contracting a certain disease at a certain age) a chapter on applied probability that also includes data about disability and cost.


Overall, it is a book that will be helpful, particularly in teaching. I would recommend it for hospital and teaching libraries.

John J. Frey, MD  
Chapel Hill, North Carolina

**Primary Health Care and the Community.** J. G. Richards (ed). Longman Paul, Auckland, New Zealand, 1981, 484 pp., \$24.95 (paper).

The title of this book should not put a reader off. Hidden within its pages are gems of information that, while originally intended for the health care professional in New Zealand, particularly community medicine faculty, contain many valuable insights which are of much wider relevance. The book sets out to cover topics in important areas of medical concern that in the past have been largely omitted in training. It does this very well, and in addition to dealing with more common topics, such as preventive medicine health education, screening, the economics of medical care, epidemiology, and occupational health and rehabilitation, it has three other major sections that deal in turn with human development and the community care, sexuality in primary health care, and social issues in primary health care. These three sections occupy one half of the total pages.

The book is dedicated to the general practitioners of New Zealand. For them it will provide much useful information, much of which is contained in the 60 pages of ap-

 Travenol Laboratories, Inc.  
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Deerfield, Illinois 60015

pendices. While these pages will be of little interest to the American reader, the remainder of the book is valuable and provides easily readable and up-to-date reviews, collecting together a great amount of useful information not elsewhere seen in such concise form.

The book is well referenced, and the majority of contributors seem to be familiar with the American literature. On the whole, the views expressed are balanced and do not adopt uncritically a particular approach or method of therapy. Some value judgments are clearly made, and this is particularly evident by the relative amount of space given to the consideration of particular topics. For example, while enuresis is recognized as one of the major behavioral problems of childhood, only one paragraph is devoted to its consideration. The paragraph contains the following statements: "Enuresis is very difficult to deal with, and when appearing only at night it is probably best left untreated until the age of seven, when the bed buzzer treatment may be used. There are no other effective treatments. . . ." It is surprising, for example, that there is no mention made at all of behavioral modification or of the use of imipramine.

In some ways the book appears simplistic. For example, at the beginning of the section dealing with human sexuality, 20 pages are devoted to a discussion of basic anatomy and physiology. This is generally elementary, and it is difficult to see how much use there would be in this particular chapter for the average family physician. In subsequent chapters there is a useful discussion of the place of sex counseling in medical practice and a realistic appraisal of some of the difficulties involved.

In spite of its title, the book deals with many of the personal problems that are presented to the primary physician. This is not a book about community medicine but about medicine as it needs to be practiced by physicians who are providing comprehensive care within a community.

The reviewer's task here has not been easy. Would I buy the book if I had \$24.95 (NZ)? I think not. However, I would read the book if I saw it on someone else's shelf, or picked it up in the library. In doing so, I would find parts of the book to be of real interest and value.

*Robin J.O. Catlin, MD  
Worcester, Massachusetts*

**Pediatric Infectious Diseases: A Problem-Oriented Approach, 2nd Edition.** *Hugh L. Moffet. J.B. Lippincott, Philadelphia, 1981, 649 pp., \$35.00.*

The author has carefully written a book on pediatric infectious diseases that emphasizes a practical approach to arriving at a correct diagnosis. He has done this by utilizing a problem-oriented approach to the various syndromes occurring in pediatric infections. I especially appreciated the effort he has taken to emphasize the diseases that are important and frequent and, at the same time, make the reader aware of the less common illnesses that may cause a similar set of symptoms or syndrome.

The book is easy to read and interesting in that the author has referenced recent literature since the first edition in 1975. Described are treatment alternatives, and these are referenced to recent clinical studies, allowing the reader to make his own judgment regarding the alternatives. The author's philosophy of total management of the

patient, including the anticipated anxieties of the parents, is especially refreshing and should be of interest to all family physicians. The photographs are black and white, but are of especially good quality. The graphs are easy to interpret and are used to illustrate clinical information where appropriate.

The book is organized so the first chapter reviews the overall concept of the problem-oriented approach to diagnosis and reminds the reader of the hazards of jumping to a conclusion. This helps set the stage for the rest of the book, which enables one to organize a clinical approach. Chapters 2 through 14 describe syndromes related to affected anatomical areas, such as nose and throat syndromes, pneumonia syndromes, and gastrointestinal syndromes. The table of contents at the beginning of each chapter provides a useful list of problems considered in each chapter. These chapters are written with an initial emphasis on the clinical syndrome and a secondary emphasis on the causative agent. This allows a logical approach because from clinical experience we realize how often any one organism can produce several different clinical syndromes and how any clinical syndrome can usually be caused by several different infectious agents. Chapters 15 to 19 describe special situation problems, such as infections of the pregnant woman, fetus, and newborn. There is a chapter on the child acquiring frequent infections, describing the possible causes and outlining criteria for immunological evaluation. There are also separate chapters on exposure problems, describing environmental and occupational problems caused by animals, water, food, contagious diseases, medications, and illicit drugs as well as

heterosexual and homosexual experiences. Chapter 20 describes infections that are likely to occur in children having chronic illnesses such as sickle cell anemia, kidney and liver disease, and malignancies. Chapter 21 gives a complete update on immunizations, includ-

ing foreign travel and investigational immunizations. Chapter 22 is devoted to chemotherapy.

In summary, I would say the author has achieved his objectives in helping a physician to organize his approach to infectious diseases in children. This book is refreshing to

read and I believe it to be of value to students, to family practice residents and especially to practicing physicians. The cost of this book is \$35.00, and I feel the investment would be well worth it.

Lawrence L. Perry, Jr., MD  
Kansas City, Kansas

## Books Received

Books received by *The Journal of Family Practice* are acknowledged in this column. Those that appear to be of particular interest to our readers will be reviewed as space permits.

**Public Health and Community Medicine (7th ed).** Raymond O. West (ed). Medical Examination Publishing Co., Garden City, NY, 1981, 257 pp., \$10.50 (paper).

**So You Want To Be a Doctor?: The Realities of Pursuing Medicine as a Career.** Naomi Bluestone. Lothrop, Lee & Shepard, New York, 1981, 256 pp., \$12.95.

**Medicine and Religion: Strategies of Care.** Donald W. Shriver Jr. (ed). University of Pittsburgh Press, Pittsburgh, 1980, 173 pp., \$10.95.

**Mathematical Models in Medical Diagnosis.** M. Clinton Miller, Milton C. Westphal Jr., John Routt Reigart. Praeger Publishers, New York, 1981, 206 pp., \$27.95.

**Behavioral Aspects in Dentistry.** Barbara D. Ingersoll. Appleton-Century-Crofts, New York, 1981, 223 pp., \$16.85 (paper).

**The Practice of Cancer Surgery.** Antonio E. Alfonso, Bernard Gardner. Appleton-Century-Crofts, New York, 1981, 477 pp., \$42.50.

**The Design of Medical and Dental Facilities.** Jain Malkin. Van Nostrand Reinhold, New York, 1981, 288 pp., \$36.50.

**Intervertebral Disk Diseases: Causes, Diagnosis, Treatment, and Prophylaxis.** Jürgen Krämer. Year Book Medical Publishers, Chicago, 1981, 221 pp., \$39.50.

**Diabetes and Patient Education: A Daily Nursing Challenge.** Allene R. Van Son (ed). Appleton-Century-Crofts, New York, 1981, 210 pp., \$13.50 (paper).

**Anesthesia in Otolaryngology and Ophthalmology (2nd ed).** John C. Snow. Appleton-Century-Crofts, New York, 1982, 278 pp., \$26.50.

**Computers for Medical Office and Patient Management.** Stacey B. Day, Jan F. Brandeys (eds). Van Nostrand Reinhold, New York, 1982, 224 pp., \$19.95.

**Medical Resident's Manual (4th ed).** Stephen M. Ayres, Meta E. Buehler, William S. Dunn, Joseph V. Jones, James P. O'Regan. Appleton-Century-Crofts, New York, 1981, 644 pp., \$15.95 (paper).

**Postoperative Pediatric Uroradiology.** Robert L. Lebowitz. Apple-

ton-Century-Crofts, New York, 1981, 207 pp., \$32.50.

**Surgical Infectious Diseases.** Richard L. Simmons, Richard J. Howard (eds). Appleton-Century-Crofts, New York, 1982, 1,172 pp., \$135.00.

**Vascular Emergencies.** Henry Haimovici. Appleton-Century-Crofts, New York, 1982, 634 pp., \$58.50.

**Systemic Disease in Dental Treatment.** Michael J. Tullman, Spencer W. Redding. Appleton-Century-Crofts, New York, 1982, 512 pp., \$28.95.

**Critical Problems in Vascular Surgery.** Frank J. Veith (ed). Appleton-Century-Crofts, New York, 1982, 472 pp., \$42.50.

**Clinical Laboratory Annual 1982 (vol 1).** Henry A. Homburger, John G. Batsakis (series eds). Appleton-Century-Crofts, New York, 1982, 465 pp., \$42.50.

**Current Concepts in Cataract Surgery: Selected Proceedings of the Seventh Biennial Cataract Surgical Congress.** Jared M. Emery, Adrienne C. Jacobson (eds). Apple-

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