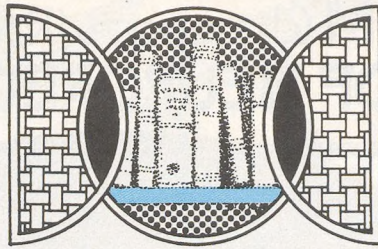

Book Reviews



Sexually Transmitted Diseases: Guidelines for Physicians and Health Workers. Alan S. Meltzer. Eden Press, Westmount, Quebec, 1981, 85 pp, \$5.95 (paper).

I found this book disappointing. The subject of sexually transmitted diseases is one of importance to family physicians, but the publisher's suggestion that this book would be a useful, daily practical guide to management of these diseases did not seem to be borne out.

The topics were presented in a very simplified and brief manner—too brief for an inexperienced parapsychiatrist or nurse to use, as they were not in an algorithmic form, and too simple to help the physician with the problem areas of the sexually transmitted diseases. For example, herpes simplex in pregnancy was covered in one small paragraph. Most of the discussions concerned common illnesses seen by family physicians. The treatment of these is very familiar, so the discussions were of limited value.

Several chapters are entitled "The Patient with. . ." The text of these chapters, however, was limited to a discussion of the diagnosis and treatment of presenting symptoms that occur with sexually transmitted diseases. Nothing was mentioned about the patient, making the title seem like a gimmick. Most of the material presented in these chapters was duplicated in the

other chapters on specific diseases.

The overall organization of the book is confusing because of the duplication and repetition of the diagnostic methods and treatments in the various sections. Another difficulty is that the pointed lines are not always parallel, and the layout of headings is poorly arranged.

The most useful part of the book is the Appendix, which listed the common drugs used in the management of sexually transmitted diseases, their dosages, and indications; however, this information changes rapidly as new drugs are developed or the pattern of the disease in the local area changes, making a book usually not the most up-to-date source for a family physician.

In summary, I would not recommend that the family physician buy this book. It is poorly organized and difficult to use. The presentations are too brief for use by parapsychiatrists and too simple to be helpful for the family physician.

Robert B. Monroe, MD
Seattle, Washington

Manual of Antibiotics and Infectious Diseases (4th Edition). John E. Conte, Jr., Steven L. Barriere. Lea & Febiger, Philadelphia, 1981, 233 pp, \$17.50 (paper), \$21.50 (Canada).

The rapid and continuing growth of information related to infectious diseases, coupled with the con-

tinuing expansion of antimicrobial agents, has resulted in numerous publications to assist clinicians in keeping abreast of the field. The *Manual of Antibiotics and Infectious Diseases*, now in its fourth edition, is a practical yet scholarly resource for students, residents, and family physicians involved in the care of patients with infectious diseases.

Larger than the usual manual, it provides more extensive information than such popular manuals as the *Manual of Antimicrobial Therapy and Infectious Disease* or the *Medical Letter's Handbook of Antimicrobial Therapy*. It is carefully and clearly organized into nine sections with varying formats and illustrations that are easily read.

Section 1 reviews 58 antibiotics, devoting somewhat more than one 5×8-inch page to each (compared with less than one third of a shirt-pocket-sized page for each in the other manuals listed above). Using a tabular format each drug is discussed, including how it is supplied, its clinical use, administration and dosage, dosage in renal insufficiency, adverse reactions, drug reactions, and in some cases, additional references are listed. A brief section on pharmacokinetic principles is included with practical information on serum antimicrobial activity. A unique section for such manuals is one on emperic antibiotic therapy, while cultures are pending. By site of infection, probable organisms together with antibiotic choices are listed. Likewise, a section on the use of prophylactic antibiotics, in various kinds of surgery as well as specific disease states, is considerably more comprehensive than in most other references. The

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

Indications: Management of anxiety disorders, or short-term relief of symptoms of anxiety. Anxiety or tension associated with the stress of everyday life usually does not require treatment with an anxiolytic. Symptomatic relief of acute agitation, tremor, delirium tremens and hallucinosis due to acute alcohol withdrawal; adjunctively in skeletal muscle spasm due to reflex spasm to local pathology; spasticity caused by upper motor neuron disorders; atetosis; stiff-man syndrome; convulsive disorders (not as sole therapy).

The effectiveness of Valium in long-term use, that is, more than 4 months, has not been assessed by systematic clinical studies. The physician should periodically reassess the usefulness of the drug for the individual patient.

Contraindicated: Known hypersensitivity to the drug. Children under 6 months of age. Acute narrow angle glaucoma; may be used in patients with open angle glaucoma who are receiving appropriate therapy.

Warnings: Not of value in psychotic patients. Caution against hazardous occupations requiring complete mental alertness. When used adjunctively in convulsive disorders, possibility of increase in frequency and/or severity of grand mal seizures may require increased dosage of standard anticonvulsant medication; abrupt withdrawal may be associated with temporary increase in frequency and/or severity of seizures. Advise against simultaneous ingestion of alcohol and other CNS depressants. Withdrawal symptoms similar to those with barbiturates and alcohol have been observed with abrupt discontinuation, usually limited to extended use and excessive doses. Infrequently, milder withdrawal symptoms have been reported following abrupt discontinuation of benzodiazepines after continuous use, generally at higher therapeutic levels, for at least several months. After extended therapy, gradually taper dosage. Keep addiction-prone individuals under careful surveillance because of their predisposition to habituation and dependence.

Usage in Pregnancy: Use of minor tranquilizers during first trimester should almost always be avoided because of increased risk of congenital malformations as suggested in several studies. Consider possibility of pregnancy when instituting therapy; advise patients to discuss therapy if they intend to or do become pregnant.

Precautions: If combined with other psychotropics or anticonvulsants, consider carefully pharmacology of agents employed; drugs such as phenothiazines, narcotics, barbiturates, MAO inhibitors and other antidepressants may potentiate its action. Usual precautions indicated in patients severely depressed, or with latent depression, or with suicidal tendencies. Observe usual precautions in impaired renal or hepatic function. Limit dosage to smallest effective amount in elderly and debilitated to preclude ataxia or oversedation.

The clearance of Valium and certain other benzodiazepines can be delayed in association with Tagamet (cimetidine) administration. The clinical significance of this is unclear.

Side Effects: Drowsiness, confusion, diplopia, hypotension, changes in libido, nausea, fatigue, depression, dysarthria, jaundice, skin rash, ataxia, constipation, headache, incontinence, changes in salivation, slurred speech, tremor, vertigo, urinary retention, blurred vision. Paradoxical reactions such as acute hyperexcited states, anxiety, hallucinations, increased muscle spasticity, insomnia, rage, sleep disturbances, stimulation have been reported; should these occur, discontinue drug. Isolated reports of neutropenia, jaundice; periodic blood counts and liver function tests advisable during long-term therapy.

Dosage: Individualize for maximum beneficial effect. *Adults:* Anxiety disorders, symptoms of anxiety, 2 to 10 mg b.i.d. to q.i.d.; alcoholism, 10 mg t.i.d. or q.i.d. in first 24 hours, then 5 mg t.i.d. or q.i.d. as needed; adjunctively in skeletal muscle spasm, 2 to 10 mg t.i.d. or q.i.d.; adjunctively in convulsive disorders, 2 to 10 mg b.i.d. to q.i.d. *Geriatric or debilitated patients:* 2 to 2½ mg, 1 or 2 times daily initially, increasing as needed and tolerated. (See Precautions.) *Children:* 1 to 2½ mg t.i.d. or q.i.d. initially, increasing as needed and tolerated (not for use under 6 months).

How Supplied: For oral administration, Valium scored tablets—2 mg, white; 5 mg, yellow; 10 mg, blue—bottles of 100* and 500; Prescription Paks of 50, available in trays of 10.* Tel-E-Dose® packages of 100, available in trays of 4 reverse-numbered boxes of 25¹ and in boxes containing 10 strips of 10.¹

*Supplied by Roche Products Inc., Manati, Puerto Rico 00701

¹Supplied by Roche Laboratories, Division of Hoffmann-La Roche Inc., Nutley, New Jersey 07110

References: 1. Tallman JF *et al: Science* 207:274-281, Jan 18, 1980. 2. Bunney WE Jr: *Psychiatr Ann* 11:11-15, Jan 1981. 3. Davis JM *et al: J Clin Psychiatry* 42(11) Sec 2:4-14, Nov 1981. 4. Study RE, Barker JL: *JAMA* 247: 2147-2151, Apr 16, 1982. 5. Braestrup C, Nielsen M, Olsen CE: *Proc Natl Acad Sci USA* 77:2288-2292, Apr 1980. 6. Bosmann HB, Case KR, DiStefano P: *FEBS Lett* 82:368-372, Oct 1977. 7. Braestrup C, Albrechtsen R, Squires RF: *Nature* 269:702-704, Oct 20, 1977. 8. Snyder SH: *Psychosomatics* 22:986-989, Nov 1981. 9. Rickels K: *J Clin Psychiatry* 42(11) Sec 2:40-44, Nov 1981. 10. Haefely WE: *Br J Psychiatry* 133:231-238, Sep 1978.

chapter on immunobiologic agents is well done with more information than the usual listing of immunization types and indications. An example of the thoroughness of this publication is a listing in this section of emergency telephone numbers for products available from the Centers for Disease Control, including after-working hours, holiday, and weekend numbers. As a result of the increase of information in the last decade concerning viral hepatitis, a valuable summary of recent advances in serologic tests, a comparison of the three viral types, and an interpretation of the significance of the various serologic tests are included.

It is this reviewer's strong feeling that this manual provides one of the most competent and comprehensive sources of information yet available for students and clinicians for questions related to infectious diseases and therapeutics.

Bruce Amundson, MD
Spokane, Washington

Practical Psychiatry in Medicine.
John B. Imboden, John Chapman Urbaitis. Appleton-Century-Crofts, New York, 1977, 20 pp, \$14.50 (paper).

Drs. Imboden and Urbaitis of Johns Hopkins University have prepared an easily read volume that presents some of the practical principles of behavioral medicine for the benefit of family physicians and other primary physicians in their approach to good medical care. The authors present a number of psychological aspects of physical illnesses; some are easily recognized, and others need to be searched out by competent history taking and evaluation. The problem of patient noncompliance is dis-



cussed, the reasons for psychological reactions to a serious illness are well presented, and their importance is stressed. Some of the psychiatric disorders that primary physicians encounter are accurately discussed, and useful advice is given. Suicidal patients, sexual dysfunction, and problems of alcoholism and drug dependency are all accurately pictured for the reader. The recognition and treatment of organic brain syndromes, neuroses and mood disorders, and schizophrenia are also skillfully handled. The evaluation and management of other psychiatric problems are well described.

This book contains a valuable presentation of the practical psychiatric problems that the primary physician is likely to encounter. The text is easily read and well outlined, and would be an excellent reference for family physicians. It would be a valued addition to the library of all primary-care physicians.

Robert A. Price, MD
Phoenix, Arizona

Topics on Aging and Long-Term Care. William Reichel (ed). Williams & Wilkins Company, Baltimore, 1981, 232 pp, \$14.95 (paper).

Many readers will be familiar with the book, *Clinical Aspects of Aging*, edited by Dr. Reichel. In just a few years since its initial publication, it has received wide acclaim as a practical geriatric text.

In this his latest book, Dr. Reichel has selected chapters from *Clinical Aspects* to produce a "text for many of the courses in the care of the elderly which are being developed at this time." Overall, he has succeeded. I particularly liked the chapters, "Geropsychiatry" by Epstein and "Rehabilitation" by Wolcott. Many of the more general chapters from the original book

also remain. Dr. Reichel feels that information on demographic aspects of aging, legal problems, and retirement, for example, are important in a comprehensive approach to the care of the elderly. I agree with him wholeheartedly and welcome the emphasis he has given to these and similar issues.

I do feel, however, that the new text loses too many of the chapters

on specific medical problems and individual body systems to recommend it to a resident or practicing physician. It will be of unquestioned value to other health professionals, but I would direct physicians to give more serious consideration to *Clinical Aspects of Aging*.

Peter Coggan, MD
Seattle, Washington

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