(Continued from preceding page)

Nursing Mothers: Captopril is secreted in human milk. Exercise caution when administering captopril to a nursing woman, and, in general, nursing should be interrupted.

Pediatric Use: Safety and effectiveness in children have not been established although there is limited experience with use of captopril in children from 2 months to 15 years of age. Dosage, on a weight basis, was comparable to that used in adults. Captopril should be used in children only if other measures for controlling blood pressure have not been effective.

ADVERSE REACTIONS: Reported incidences are based on clinical trials involving about 4000 patients.

Renal—One to 2 of 100 patients developed proteinuria (see WARNINGS). Renal insufficiency, renal failure, polyuria, oliguria, and urinary frequency in 1 to 2 of 1000 patients.

Hematologic—Neutropenia/agranulocytosis occurred in about 0.3% of captopril treated patients (see WARNINGS). Two of these patients developed sepsis and died.

Dermatologic—Rash (usually mild, maculopapular, rarely urticarial), often with pruritus and sometimes with fever and eosinophilia, in about 10 of 100 patients, usually during the 1st 4 weeks of therapy. Pruritus, without rash, in about 2 of 100 patients. A reversible associated pemphigoid-like lesion, and photosensitivity have also been reported. Angioedema of the face, mucous membranes of the mouth, or of the extremities in about 1 of 100 patients—reversible on discontinuance of captopril therapy. One case of laryngeal edema reported. Flushing or pallor in 2 to 5 of 1000 patients.

Cardiovascular—Hypotension in about 2 of 100 patients. See WARNINGS (Hypotension) and PRECAUTIONS (Drug Interactions) for discussion of hypotension on initiation of captopril therapy. Tachycardia, chest pain, and palpitations each in about 1 of 100 patients. Angina pectoris, myocardial infarction, Raynaud's syndrome, and congestive heart failure each in 2 to 3 of 1000 patients.

Dysgeusia—About 7 of 100 patients developed a diminution or loss of taste perception; taste impairment is reversible and usually self-limited even with continued drug use (2 to 3 months). Gastric irritation, abdominal pain, nausea, vomiting, diarrhea, anorexia, constipation, aphthous ulcers, peptic ulcer, dizziness, headache, malaise, fatigue, insomnia, dry mouth, dyspnea, and paresthesias reported in about 0.5 to 2% of patients but did not appear at increased frequency compared to placebo or other treatments used in controlled trials.

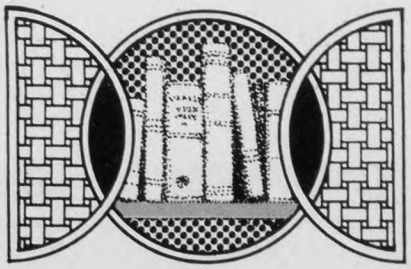
Altered Laboratory Findings: Elevations of liver enzymes in a few patients although no causal relationship has been established. Rarely cholestatic jaundice and hepatocellular injury with secondary cholestasis have been reported. A transient elevation of BUN and serum creatinine may occur, especially in volume-depleted or renovascular hypertensive patients. In instances of rapid reduction of longstanding or severely elevated blood pressure, the glomerular filtration rate may decrease transiently, also resulting in transient rises in serum creatinine and BUN. Small increases in serum potassium concentration frequently occur, especially in patients with renal impairment (see PRECAUTIONS).

OVERDOSAGE: Primary concern in correction of hypotension. Volume expansion with an I.V. infusion of normal saline is the treatment of choice for restoration of blood pressure. Captopril may be removed from the general circulation by hemodialysis.

DOSAGE AND ADMINISTRATION: CAPOTEN should be taken one hour before meals. Dosage must be individualized; see DOSAGE AND ADMINISTRATION section of package insert for detailed information regarding dosage in hypertension and in heart failure. Because CAPOTEN (captopril) is excreted primarily by the kidneys, dosage adjustments are recommended for patients with impaired renal function. **Consult package insert before prescribing CAPOTEN (captopril).**

HOW SUPPLIED: Available in tablets of 25, 50, and 100 mg in bottles of 100, and in UNIMATIC® unit-dose packs of 100 tablets.

Book Reviews



Archives of Family Practice (Volume 3, 1982). *John P. Geyman (ed). Appleton-Century-Crofts, East Norwalk, Connecticut, 1982, 349 pp., $38.50.*

This book is unique in family practice literature in that it focuses exclusively on the educational, clinical, and research developments in family practice as a specialty in its own right and in its own setting. It is the third of a continuing annual series and in contrast to the first two volumes is heavily weighted toward clinical advances in the field.

The book has an international flavor, drawing upon work by authors from the United States, Canada, the United Kingdom, Israel, and Australia. This volume of the *Archives* is divided into three sections: (1) Clinical Research in Family Practice, (2) Quality Care Assessment, and (3) Continuing Education in Family Practice. The contents include 34 original papers by outstanding authors involved in family practice/general practice from around the world. The book also contains 73 well-condensed and superbly written abstracts of articles published in various international journals by physicians whose primary interest is family practice.

This volume of the *Archives* is a solid indication of the progress of the specialty in establishing its own area of clinical medicine, in its contributions to medical education, and probably most important of all, at this time, its own area of clinical research.

Archives of Family Practice is certainly of interest and value to those family physicians involved in academic medicine and with this volume becomes increasingly valuable to the clinician. Not only are the *Archives* valuable in keeping abreast of advances in the field, they also offer evidence of the growing stature of family medicine.

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Clinical Dermatology: Diagnosis and Therapy of Common Skin Diseases. *P. Vasarinsh. Butterworth, Boston, 1982, 744 pp., $49.95.*

Clinical Dermatology by Vasarinsh is one of the few textbooks of dermatology specially dedicated to the practicing primary care physi-

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References: **1**. Kales J *et al: Clin Pharmacol Ther 12*:691-697, Jul-Aug 1971. **2**. Kales A *et al: Clin Pharmacol Ther 18*:356-363, Sep 1975. **3**. Kales A *et al: Clin Pharmacol Ther 19*: 576-583, May 1976. **4**. Kales A *et al: Clin Pharmacol Ther 32*:781-788, Dec 1982. **5**. Frost JD Jr, DeLucchi MR: *J Am Geriatr Soc 27*:541-546, Dec 1979. **6**. Kales A, Kales JD: *J Clin Pharmacol 3*:140-150, Apr 1983. **7**. Monti JM: *Methods Find Exp Clin Pharmacol 3*:303-326, May 1981. **8**. Greenblatt DJ *et al: Sleep 5* (Suppl 1):S18-S27, 1982. **9**. Kales A *et al: Pharmacology 26*:121-137, 1983. **10**. Greenblatt DJ, Allen MD, Shader RI: *Clin Pharmacol Ther 21*:355-361, Mar 1977. **11**. Zimmerman AM: *Curr Ther Res 13*:18-22, Jan 1971. **12**. Amrein R *et al: Drugs Exp Clin Res 9*(1):85-99, 1983.

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cian. It has the clarity and evenness possible only in a single-authored text; moreover, the author happens to be a dermatologist who has extensive experience teaching and relating to family practice residents and practicing primary care physicians. The lucidity of his writing reveals an honest appreciation of those dermatologic problems frequently encountered by the nonspecialist.

The author avoids the internal medicine bias of many dermatology texts. It was a pleasure to note the integration of pediatric and obstetric and gynecological considerations into the various topics. Patient instruction sheets are available for acne, atopic dermatitis, and chronic hand eczema. The continued advocacy for comedo extraction (despite little or no acceptance by most physicians and their patients) does not reflect the reality of primary care. However, reasonable management options have been presented in all cases.

The text is palatable and easily digestible. The organization is by clinical group with a special chapter devoted to regional dermatology. Pathogenesis is emphasized in all chapters. Treatment recommendations are generic with occasional omission of dosage ranges, frequency of dosing, and treatment durations. This information would be helpful in providing realistic expectations in terms of treatment response. Perhaps, Kenneth Arndt's *Handbook of Dermatologic Therapy* (Little, Brown) would serve as the perfect companion volume.

The photographs are black-and-white but very representative and effective. The line drawings, which are generously employed, are also outstanding.

We would recommend this text to all practicing family physicians and to residents who desire a dermatologic text that fills the void between the major tomes and the pocket atlases. This volume will not gather dust but will become a frequently used reference book.

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Diagnosis and Management of Obstetrical Emergencies. *Hossam Fadel (ed). Addison-Wesley Publishing Company, Menlo Park, California, 1982, 324 pp., $26.95.*

A volume devoted to the complications of pregnancy is extremely useful to the practicing physician, particularly the family physician who may need a quick review of the subject and a checklist to make sure that the latest thinking and treatment are incorporated in his management of his own patient. The goal of this book is to give the primary obstetrical caregiver an opportunity to recognize the early signs of developing problems. The book also indicates which problems will lead to more potential morbidity and mortality and thus allows consultation and referral should it become necessary. All obstetrical emergencies are not covered, but many significant obstetrical emergencies are, with stress on the diagnosis and management of those conditions. The book is divided into five parts, including early pregnancy complications, late pregnancy complications, intrapartum, postpartum, and associated medical and surgical problems. There is an attempt to begin each chapter

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with an overview. The use of marginal notes to allow for skimming the material is innovative. There are significant attempts to make the book not only readable but also accessible to rapid review of the specific problem.

Each chapter has listed associated references that touch on the areas mentioned in the chapters. There is a sparing use of illustrations. These are for the most part line drawings with occasional photographs that give emphasis to the text. There is judicious use of nomograms and algorithms. As previously mentioned, there is a deliberate limitation on the scope of the text, but there is coverage of quite a wide number of complications, including a section on emergency anesthesia for obstetric complications, management of the unexpected cesarean section, and an excellent chapter on resuscitation of the newborn. Complications of the acute abdomen in pregnancy, diabetes, cardiac emergencies, and embolic disease are covered in the section on associated complications. An appendix lists frequently used drugs in obstetric emergencies. The class of agent and the appropriate medications under each class are listed.

Designed for the primary care physician in the active practice of obstetrics, this compact reference would serve well as a text for residents and students in family practice or obstetrics. Easily readable, it can be skimmed for the essentials of each chapter. It would also be a useful review text for allied health professionals and nurse midwives.

Any attempt to produce a book on complications must be frustrating because of the strenuous selectivity necessary. Common complications are included here in detail with a specific format to allow easy review in those emergency situations where such knowledge may not be readily available to the practicing physician. No brief is made for extensive in-depth presentation, but sufficient direction to obtain more information is given with each chapter. All in all, the family physician who, in the middle of the night, finds himself presented with an obstetrical complication he has not seen in the past five years would appreciate the ability to pick up a small volume and review the latest information on that complication, and this book fulfills that need in an exemplary fashion.

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Clinical Epidemiology—The Essentials. *Robert H. Fletcher, Suzanne W. Fletcher, Edward H. Wagner. Williams & Wilkins, Baltimore, 1982, 223 pp., $16.00 (paper).*

This excellent work is suitable reading material for anyone needing information about clinical epidemiology, research design, or interpretation of clinical scientific literature. The text is written in an understandable manner using appropriate clinical examples to illustrate the issues under discussion. The book would be appropriate for beginning students taking an orientation course in epidemiology or would be useful review for any clinician committed to scholarly work.

Explanations of such concepts as normality, outcome measures, bias, validity, reliability, normal distribution, sensitivity, specific-

ity, predictive value, medicine, prevalence, risk, and chance are well done. The book goes beyond some works in epidemiology in addressing such issues as diagnostic strategies, prognoses, and treatments.

Some of the tables and figures are difficult to understand largely because of complexity and failure to define symbols. Most, however, are well done and appropriate to the task at hand. The authors are at times iconoclastic. For instance, it is refreshing to see a concept such as the "normal distribution curve" placed in its real historical perspective as an accident that seems to fit many clinical situations.

The final chapter sums up using the oft-maligned University Group Diabetes Program study to illustrate many of the points previously discussed. The book does its job well and will impart to the reader the essentials of epidemiology.

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Quick Reference to Clinical Neurology. *Carl H. Gunderson. J.B. Lippincott, Philadelphia, 1982, 451 pp., price not available.*

The author of this text on clinical neurology has skillfully succeeded in developing a concise and readable text on this topic. He avoided the pitfall of focusing undue attention on the rare and the exotic. The only major shortcoming is the unfortunate avoidance of a not-so-rare group of problems—those involving the autonomic nervous system.

Although the author states that the book is intended for use by medical students and house officers, it also seems useful as a quick office reference for any practicing physician not specializing in the field of neurology. The book is highly recommended for practitioners and students alike, and especially for those practitioners who are involved in teaching either medical students or residents.

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Foot and Ankle Pain (2nd Edition). *Rene Cailliet. F. A. Davis Company, Philadelphia, 1983, 200 pp., $11.95 (paper).*

Dr. Cailliet's book, *Foot and Ankle Pain,* provides valuable information for the physician in general and family practice as well as the resident training in family practice. This well-organized book allows the practicing physician to approach multiple foot problems in a systematic way. The book's excellent illustrations help explain the functional anatomy associated with many foot problems and also help clarify many of the recommended therapeutic regimens.

Over the years, I have found that I was inadequately prepared to approach the full spectrum of foot and ankle problems that present to the primary care physician. I have found this volume to be quite helpful as a reference in evaluating and treating these patients.

My only criticism of the book is that in some controversial areas the controversy is not acknowledged, such as in the aggressive treatment of congenital flat feet and metatarsus varus in the newborn infant. Also, I would consider the use of injectable steroids in achilles tendonitis to be somewhat controversial. All in all, however, the book is a helpful and interesting addition to the physician's library.

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Pediatric Emergencies: A Practical Guide to Acute Pediatrics. *Tom Lissauer. Appleton-Century-Crofts, East Norwalk, Connecticut, 1982, 328 pp., $22.50.*

In this book, Dr. Lissauer aims to provide a practical guide to help junior physicians manage the important acute pediatric problems they are likely to encounter. The author achieves his aim, but to a limited degree.

The chapters are well organized with succinct discussions of etiology, clinical examination, investigations, and management for each problem. The text is written in a very readable style that facilitates quick review of the pertinent points with very little extraneous material. Illustrations and tables are used liberally to provide details not covered in the text, such as laboratory investigations warranted, calculations of fluid deficits, and abbreviated treatment algorithms. Photographs of x-ray films and patients are also included as complements to the written descriptions.

One of the major strengths of the book is the section on practical procedures. This section provides practical guidelines, illustrations, and photographs for obtaining arterial and venous blood samples, starting and maintaining intravenous infusions, and performing lumbar punctures and suprapubic aspirations of urine. Also included is an extensive table of drug dosages for children of different ages.

This book is appropriate for third- and perhaps fourth-year med-

ical students, but is of limited value for house officers. Despite its length, the volume does not provide the details that senior students or residents may require. In addition, hurried house officers may be frustrated by the absence of clearly outlined steps for evaluating and managing the emergencies. In this regard, the *Manual of Pediatric Therapeutics* published by Little, Brown ($14.95) is far superior. Furthermore, the *Manual of Pediatric Therapeutics* covers some emergencies barely mentioned in *Pediatric Emergencies*, eg, drug abuse, drowning, heat stroke, and cold injury.

For the price difference, I would tend to recommend the *Manual of Pediatric Therapeutics* over *Pediatric Emergencies*.

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Genetic Counseling (3rd Edition). *Walter Fuhrmann, Friedrich Vogel. Springer-Verlag, New York, 1983, 188 pp., $15.95 (paper).*

A general background in genetics is necessary for the family physician, who is often asked questions regarding the chances of having a malformed child or, if one has already been born, the chances of further children manifesting the same or similar abnormality. There are also frequent questions regarding prenatal diagnosis of biochemical diseases, mutagenic problems from radiation exposure, and teratogenic effects of illnesses or medication during early pregnancy. These questions are becoming more frequent as the general public becomes more aware of the field of genetic counseling.

The third edition of *Genetic Counseling* has been revised to reflect current practice, and the authors believe that an interested and informed family physician can give fully adequate counsel in some cases.

The authors present some highly complex material in a readable fashion by first going over the basics: the family medical history or pedigree, and a description of the autosomal dominant and recessive modes of inheritance, sex-linked modes in inheritance, chromosomal aberrations, and new mutations and nonhereditary cases. There are separate chapters on prenatal diagnosis, genetic abnormalities and diseases, mental retardation and mental illness, genetic prognosis for a consanguineous marriage, exposure to mutagenic noxae, teratogenic effects during early pregnancy, and psychological and social considerations of genetic counseling.

Of special interest to the family physician are discussions of indication for chromosomal analysis and amniocentesis in a chapter on prenatal diagnoses.

There are 50 illustrations that are of excellent quality and supplement the text.

I believe this book would be of benefit to the practicing physician and to residents in family practice training programs. It will help the family physician give adequate counsel in some cases and, just as important, recognize the limits of his knowledge and consult with a genetic specialist in these instances. Even when consultation is needed, the physician will have gained information from this book that will help him understand the nature of the problem and allow him to aid the specialist in gathering relevant information.

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