

Williams Obstetrics, 17th Edition. Jack A. Pritchard, Paul C. MacDonald, Norman F. Gant. Appleton-Century-Crofts, Norwalk, Connecticut, 1985, 976 pp., \$70.00.

In the last five years there have been a series of major changes in our knowledge of reproductive biology. This newest edition of *Williams Obstetrics* is a timely update of one of the most widely appreciated references in reproductive medicine. An eminently readable text, this book finds equal utility with medical students, practicing obstetricians, and university faculty. Its organization permits students to establish a knowledge base and then to go on to explore more complex subjects also covered in the text.

This newest revision incorporates a number of major changes. I was disappointed to see the elimination of the color plates; however, 151 new figures have been added that significantly contribute to the clarity of the information provided. In addition, the text has been extensively revised to include recent advances in the molecular biology of human reproduction.

The appearance and structure of the book have also been changed. The page size has been enlarged, and an attractive typography with the maintenance of a two-column format preserves the legibility and attractiveness of this volume. The index has been expanded to assist in locating specific pieces of information, and the references following each chapter have been updated to provide for more extensive review by those wishing to do so.

As a medical educator, I am pleased that a new study guide for this book is available. This guide

contains several different formats of questions. It has been designed to help those who use *Williams Obstetrics* to assess their understanding of its content. I feel it is a positive step in making continuing medical education an experience of relevance to student and practicing physician alike.

Among those few texts that I feel should be included in the library of every practicing primary care physician, this newest edition of *Williams Obstetrics* is a must. Almost immediately following receipt of the book for review, I found myself using it in my day-to-day encounters with both the students and resident physicians in our program. Clearly, one of our "old standbys" is now even better.

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Ambulatory Gynecology. David H. Nichols, John R. Evrard (eds). Harper & Row, Philadelphia, 1985, 550 pp., \$35.00.

Books in the field of obstetrics and gynecology frequently come in two varieties: the classic standard texts, with new editions printed every five years or so, and the topical handbooks that stress current therapies and new advances. *Ambulatory Gynecology* is a successful hybrid of both approaches. The editors have assembled an outstanding group of gynecologists, who address a wide spectrum of ambulatory gynecologic problems. Despite the large number of contributing authors, the subjects are well integrated. Each chapter includes up-to-date information regarding prevention, diagnosis, and therapy. This book is clearly much

more than a collection of essays, but rather a comprehensive and timely reference book.

Ambulatory Gynecology begins with a practical chapter on the fundamentals of history and physical examination. As do most other chapters, this chapter includes helpful figures and graphics to aid the reader in understanding the material. The text goes on to discuss the management of menstrual abnormalities, pelvic pain, gynecologic urology, vulvovaginal infections, and sexually transmitted disease. In addition to these more traditional topics, chapters are included on breast disease, infertility, and preconceptional genetic counseling, which are well written and very useful. The chapters detailing diagnostic laboratory, ultrasonography, endoscopy, and colposcopy are also excellent. They include photographs of the equipment itself as well as illustrations of various findings.

The book concludes with a chapter on medicolegal issues. The editors have invited a practicing attorney to share his thoughts on the legal problems and responsibilities of physicians. He states that patients sue their treating physician for one of two reasons: lack of civility and catastrophic results. Although this approach seems rather simplistic, the discussion of such complex concepts as a standard of care, negligence, injury and legal causation, and informed consent is detailed and valuable for all practicing physicians.

Ambulatory Gynecology is a noteworthy addition to the library of family practice physicians, residents, and medical students. It will

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Norgesic[®]

Forte TABLETS

(orphenadrine citrate, 50 mg; aspirin, 770 mg; caffeine, 60 mg)

Stops the pain, not the patient.

Brief Summary

Indications:

1. Symptomatic relief of mild to moderate pain of acute musculo-skeletal disorders.
2. The orphenadrine component is indicated as an adjunct to rest, physical therapy, and other measures for the relief of discomfort associated with acute painful musculo-skeletal conditions.

The mode of action of orphenadrine has not been clearly identified, but may be related to its analgesic properties. Norgesic and Norgesic Forte do not directly relax tense skeletal muscles in man.

Contraindications:

Because of the mild anticholinergic effect of orphenadrine, Norgesic or Norgesic Forte should not be used in patients with glaucoma, pyloric or duodenal obstruction, achalasia, prostatic hypertrophy or obstructions at the bladder neck. Norgesic or Norgesic Forte is also contraindicated in patients with myasthenia gravis and in patients known to be sensitive to aspirin or caffeine.

The drug is contraindicated in patients who have demonstrated a previous hypersensitivity to the drug.

Warnings:

Norgesic Forte may impair the ability of the patient to engage in potentially hazardous activities such as operating machinery or driving a motor vehicle; ambulatory patients should therefore be cautioned accordingly.

Aspirin should be used with extreme caution in the presence of peptic ulcers and coagulation abnormalities.

Usage in Pregnancy:

Since safety of the use of this preparation in pregnancy, during lactation, or in the childbearing age has not been established, use of the drug in such patients requires that the potential benefits of the drug be weighed against its possible hazard to the mother and child.

Usage in Children:

The safe and effective use of this drug in children has not been established. Usage of this drug in children under 12 years of age is not recommended.

Precautions:

Confusion, anxiety and tremors have been reported in few patients receiving propoxyphene and orphenadrine concomitantly. As these symptoms may be simply due to an additive effect, reduction of dosage and/or discontinuation of one or both agents is recommended in such cases.

Safety of continuous long term therapy with Norgesic Forte has not been established; therefore, if Norgesic Forte is prescribed for prolonged use, periodic monitoring of blood, urine and liver function values is recommended.

Adverse Reactions:

Side effects of Norgesic or Norgesic Forte are those seen with aspirin and caffeine or those usually associated with mild anticholinergic agents. These may include tachycardia, palpitation, urinary hesitancy or retention, dry mouth, blurred vision, dilatation of the pupil, increased intraocular tension, weakness, nausea, vomiting, headache, dizziness, constipation, drowsiness and rarely, urticaria and other dermatoses. Infrequently an elderly patient may experience some degree of confusion. Mild central excitation and occasional hallucinations may be observed. These mild side effects can usually be eliminated by reduction in dosage. One case of aplastic anemia associated with the use of Norgesic has been reported. No causal relationship has been established. Rare G.I. hemorrhage due to aspirin content may be associated with the administration of Norgesic or Norgesic Forte. Some patients may experience transient episodes of light-headedness, dizziness or syncope.

Caution:

Federal law prohibits dispensing without prescription. NG-7

References: 1. Colket T, Mann LB: Electromyographic data presented at the following scientific meetings: American Academy of General Practice, Atlantic City, NJ, Apr 1964; American Academy for Cerebral Palsy, Dallas, Tex, Nov 1963; Loma Linda University School of Medicine, Scientific Assembly, Los Angeles, Calif, Alumni Postgraduate Convention, Mar 1964. 2. Masterson JH, White AE: Electromyographic validation of pain relief: Pilot study in orthopedic patients. *Am J Orthop* 1966;8:36-40. 3. Perkins JC: Orphenadrine citrate: Clinical and electromyographic controlled study in patients with low back pain. Data on file, Medical Department, Riker Laboratories, Inc. 4. Gold RH: Treatment of low back syndrome with oral orphenadrine citrate. *Curr Ther Res* 1978;23:271-276.

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BOOK REVIEWS

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certainly provide clinically relevant information for several years to come.

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Neurologic Emergencies: A Symptom Oriented Approach. *Gregory L. Henry, Neal Little. McGraw-Hill Book Company, New York, 1985, 335 pp., \$25.00.*

Neurologic emergencies constitute a significant part of family practice. As in the case with most medical problems, establishing a diagnosis is the first and most important aspect to resolving the problem. In dealing with unselected patient populations, physicians use the presenting symptom approach to arrive at the diagnosis; however, most medical texts are organized from the standpoint of disease. *Neurologic Emergencies* is organized in the way the illness presents. After the initial review of basic neuroanatomy and the neurologic examination, the chapters are organized by the presenting symptoms, including the topics of altered states of consciousness, acute focal neurologic deficit, acute weakness, headache, visual disturbances, trauma, seizures, syncope, dizziness, and neck and back pain. An excellent glossary of neurologic terms is included at the end.

The book has a wealth of tables that organize the information included in each chapter, and would be of value to medical students, residents, and those who teach them. The book would also serve as an excellent reference for physicians to expand the differential diagnosis list and to initiate the diagnostic workup and therapy. As with most differential diagnosis type books, the concept of probability is lacking, with the extremely

rare being treated with the same emphasis as the more common. This leads physicians to the frequently seen practice of developing diagnostic protocols that are inappropriate and not cost effective.

I enjoyed reading *Neurologic Emergencies*. It is a concise, well-organized, and refreshing review.

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The 1985 Year Book of Family Practice (7th Edition). *Robert J. Rakel (ed). Robert F. Avant, Phillip G. Couchman, Charles E. Driscoll (assoc eds). Year Book Publishers, Chicago, 1985, 656 pp., \$42.95.*

With the information explosion of the 1970s and 1980s, "the year-book style of publication" has become essential for the practicing physician's library. It is ideal to have a group of experts in family medicine peruse nearly 150 journals for relevant, important, and sound studies that will update and improve our current practice of medicine.

To assess the quality of the 1985 *Year Book*, each of the 400 articles abstracted under 18 chapters was reviewed for (1) relevance (Was it one of the problems involving 95 percent of the work in an average practice?), (2) importance (Would the conclusions change current practice, or would the conclusions be useful in current practice?), and (3) soundness (Does the study withstand editorial critique as to its quality?). With a proliferation of studies based on flawed methodology of questionable quality applied to highly selected patient populations, it is essential to have editorial comment on the quality of each study or, if it is a review paper, comment on the strength of the conclusions.

Approximately 80 percent of the abstracts in the *1985 Year Book* deal with the common or important problems of family practice, 6 percent of the abstracts were found to deal with very important topics in family medicine, 44 percent were considered important, 34 percent were relevant, and 16 percent were not relevant to the average family physician.

There was marked inconsistency in the quality of paper selection and editorial comment among the 18 chapters. The chapter on neoplasms was the least relevant and demonstrated minimal editorial assistance, while chapters on the circulatory and respiratory systems demonstrated the full potential that the book holds. The reader was kept off-balance with the contrast between one chapter, with 30 percent irrelevant studies and minimal editorial comment, and another chapter of high relevance and with excellent critique about the quality of the study. A yearbook with consistently high standards would be a major contribution to our discipline.

It would be most helpful if the editors stated the criteria for article selection and for editorial critique in the preface of the book. One can only hope that the 1986 edition will solve some of these problems. In spite of the blemishes of the 1985 book, it provides the practicing physician with useful information and should be part of the family physician's library.

Walter W. Rosser, MD, CCFP
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Diagnostic Procedures in Cardiology: A Clinician's Guide. James V. Warren, Richard P. Lewis (eds). *Year Book Publishers, Chicago, 1985, 494 pp., \$39.95.*

In these paradoxical days of

rapidly escalating high technology and increasing pressure for cost containment, there is an urgent need for a shift of emphasis from what we, as practicing physicians, can do to what we should do. In the summary of this book, the editors state that "the clinician caring for patients with suspected or established cardiovascular illness must comprehend modern cardiovascular testing to know when to apply such tests and which tests are the most appropriate for the problem at hand. If this goal is achieved, then an optimally cost-effective approach will result."

To achieve this goal, the multiple authors from the College of Medicine of the Ohio State University have divided their presentation into two sections. Part I, "Basic Procedures," is a detailed description of the diagnostic modalities available at this time, from the history and physical examination to cardiac catheterization and nuclear cardiology. Part II, "Clinical Application," proposes schema for studying specific cardiac problems and includes postintervention evaluation of the postpacemaker patient and those with prosthetic valves.

While the book suffers from slight unevenness resulting from multiple authorship, this does not detract from its general usefulness. Primary care physicians should find the volume extremely useful; it is readable, understandable, and pertinent. It is well illustrated, and has many useful graphs and tables as well as a good bibliography for each chapter. The division of the book is such that the family physician can go directly to the specific test or clinical condition with which he is involved for a clearly stated discussion. It should prove helpful to students, residents, and practicing physicians.

Herbert L. Tindall, MD
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Urinary Sediment and Urinalysis: A Practical Guide for the Health Science Professional. Thomas A. Stamey, Robert W. Kindrachuk. *W. B. Saunders Company, Philadelphia, 1985, 112 pp., \$19.95.*

This handbook would be useful to the medical student, family practice resident, and the family physician. It is a concise summary of the proper collection and evaluation of urinary supernate and sediment, prostatic secretions, and vaginal smears. The photomicrographs are of good quality, and the text is descriptive and well written. The handbook is well organized and indexed, and would be an especially helpful teaching aide for any ambulatory clinic or office where evaluation of urine, prostatic, and vaginal secretions takes place. The size of the handbook allows for easy access by the medical student or resident who is inclined to carry such peripheral material, as it fits quite well into most jacket pockets.

I agree with the authors who think that the careful and intelligent examination of the centrifuged urinary sediment is the most important investigative technique for assessing the diagnostic status of the urinary tract from the urethral meatus to the glomerulus. They think it is a technique that, unfortunately, seems to be a lost skill in modern medicine.

This book offers a practical guide to improve any primary care physician's skills in this area.

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Computer Applications in Clinical Practice: An Overview. David Levinson (ed). *Macmillan Publishing Company, 1985, 331 pp., \$29.95 (paper).*

This book is intended as an

overview for both novice and expert users of computers in clinical practice. Indeed, the 48 chapters cover a remarkable range from an introduction to computer structure and function, which is lucid and well written, to specific applications in a broad range of medical disciplines—pharmacy, nursing, and medical education. Because this is an overview, the text does not provide detailed, system-specific information, and anyone looking for this will be disappointed. On the other hand, the chapters are comprehensive, and this book would be an excellent reference source for information about terminology, available applications at the present time, references in the literature, and other sources for information about computers and computer-related conferences. The latter is a major strength, and it would be sufficient to recommend the book for this alone. The chapter on information sources, which deals with on-line medical literature databases, is detailed and comprehensive. I, for one, was surprised that a similar chapter dealing with the selection of a computer for office practice was not similarly included.

Recognizing these limitations, I can recommend this book to those who are interested in a useful reference text that provides an overview of the state-of-the-art of computers in clinical practice today and furnishes useful references and resources for further reading.

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Endocrinology: A Logical Approach for Clinicians (2nd Edition). William Jubiz. McGraw-Hill Book Company, New York, 1985, 550 pp., \$22.00 (paper).

This book is designed as an in-

troductory text for students and residents as well as clinicians who want to review their general knowledge of endocrinology. To try the book for teaching purposes, I used several different chapters in a problem-solving course for second-year students and found that it was practical even at this level. I believe it would be useful during a third- or fourth-year family medicine clerkship as well. The format of the book is logical and practical. Chapters first emphasize basic science, including disease mechanisms, and then focus on more clinical aspects of disease including treatment. This is followed by several patient problems. The problems are practical and could serve as an excellent basis for discussion.

The format is readable and the book is generally up to date. It is clearly written, has useful tables, and excellent illustrations. The chapter on the pancreas and alternatives of carbohydrate metabolism is particularly good. The book is not meant to be an exhaustive work and is written with an appropriate number of references. The question remains whether there is a place for a book of this scope. This book would fall between one of the standard textbooks of internal medicine (eg., *Harrison's Principles of Internal Medicine*) and *William's Textbook of Endocrinology*, the definitive endocrine text. I think there is place for such a book; the author has done a good job of putting together a practical, usable, clinically oriented book. It is a book that could well be used in teaching students from the late second year through the fourth year and, as the author intended, as a useful review for residents and clinicians.

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Orthopaedic Problems at Work. M. Laurens Rowe. Perinton Press, Fairport, New York, 1985, 175 pp., \$24.95 (paper).

This book has particular relevance to family practice. It very nicely covers the common orthopedic injuries occurring in the workplace. The author draws from 1,000 consecutive orthopedic cases reported to a workers compensation board. The types of cases commonly seen by the family physician are presented, and the rare "zebras" are omitted.

The material is presented clearly and concisely. The information is easy to understand and practical. This book is eminently readable.

The various orthopedic problems are arranged by anatomic location, and then each region is broken down into its different parts. The incidence of each problem is indicated with the condition. Practical diagnostic and treatment information is given that should produce optimum recovery rates.

The line drawings and x-ray photographs are of excellent quality and appropriate to the condition being presented.

This book will be very useful for family physicians, industrial physicians, industrial nurses, emergency room physicians and nurses, physicians' assistants, and nurse practitioners.

The author met his objectives with this book. It is small, but it is a gem. I am most pleased to have it in my library.

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The Skin and Systemic Disease in Children. Sidney Hurwitz. Yearbook Medical Publishers, Chicago, 1985, 416 pp., \$39.95.

Dr. Hurwitz's goal concerns the
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promotion of increased physician comprehension of systemic diseases in children, given their respective dermatologic manifestations. He readily exceeds this goal to the point where the text could well be entitled, *Systemic Disease in Children—and the Skin*, the detail of the discussion goes to such depth. This comprehensive, yet concise volume elaborates on both the relatively common areas of pediatric dermatology as well as many of the more rarely encountered entities. Individuals interested in pediatric dermatology and internal medicine will find this reading a review across the intersection of the two disciplines.

The highlight appears to be in the author's construction of tables, as each one presents an overview—with considerable detail—of a particular entity. Cutaneous features are addressed, as are symptoms, other physical findings, and hereditary features. References are current and extensive. Diagnostic and treatment considerations appear appropriately specific, while the author clearly suggests differential possibilities.

The text is organized much as one would expect in a traditional dermatologic approach: vasculitis, hypersensitivity, connective tissue, infectious disease, errors of metabolism, endocrine disorders, neurocutaneous disease, and reticuloendothelial diseases.

The only major negative feature surfaces in the dermatologic plates. Black and white photographs, and too few of these illustrations, render this aspect of the presentation weak.

Family physicians and pediatricians whose clinical interests include major internal medicine problems will realize this selection as both an informative adjunct to basic texts as well as a satisfying review of this particular clinical area. The pediatric house officer

should find the text invaluable.

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Current Surgical Diagnosis & Treatment (7th Edition). Lawrence W. Way (ed). Lange Medical Publications, Los Altos, California, 1985, 1226 pp., \$31.50 (paper).

Current Surgical Diagnosis and Treatment, first published in 1973, has been revised and updated every two years since then. The most recent edition, published in late 1985, continues to serve as a basic surgical textbook for students and as a quick, practical reference for residents and practicing physicians.

The book's format is similar to other medical texts in the Lange Publications series—an outline of fundamental information, providing one to several paragraphs about each subject. Useful illustrations and tables supplement the text. Some subjects may have been covered too briefly for some readers, but the book's multiple authors have achieved the editor's stated purpose: "... to provide concise information for the understanding, diagnosis, and treatment of diseases managed by surgeons." Family physicians who manage surgical disease will appreciate the book.

Several new chapters written for this edition cover surgical intensive care, amputation, anesthesia, the acute abdomen, and the peritoneal cavity. Other chapters have been substantially rewritten. Many of the references are to articles that have appeared in the medical-surgical literature within the last two years.

This textbook, a well-used volume in the library in our Family Health Center, is, as the editor designed it to be, "... up to date, readable, and to the point."

Robert Drickey, MD
San Francisco, California

NIX FOR LICE®

CREME RINSE

permethrin 1%

PEDICULICIDAL/OVICIDAL ACTIVITIES: *In vitro* data indicate that permethrin has pediculicidal and ovicidal activity against *Pediculus humanus var. capitis*. The high cure rate (97-99%) of Nix in patients with head lice demonstrated at 14 days following a single application is attributable to a combination of its pediculicidal and ovicidal activities and its residual persistence on the hair which may also prevent reinfestation.

INDICATIONS AND USAGE: Nix is indicated for the single-application treatment of infestation with *Pediculus humanus var. capitis* (the head louse) and its nits (eggs). Retreatment for recurrences is required in less than 1% of patients since the ovicidal activity may be supplemented by residual persistence in the hair. If live lice are observed after at least seven days following the initial application, a second application can be given.

CONTRAINDICATIONS: Nix is contraindicated in patients with known hypersensitivity to any of its components, to any synthetic pyrethroid or pyrethrin, or to chrysanthemum.

WARNING: If hypersensitivity to Nix occurs, discontinue use.

PRECAUTIONS:

General: Head lice infestation is often accompanied by pruritus, erythema, and edema. Treatment with Nix may temporarily exacerbate these conditions.

Information for Patients: Patients with head lice should be advised that itching, redness, or swelling of the scalp may occur after application of Nix. If irritation persists, they should consult their physician. Nix is not irritating to the eyes; however, patients should be advised to avoid contact with eyes during application and to flush with water immediately if Nix gets in the eyes. In order to prevent accidental ingestion by children, the remaining contents of Nix should be discarded after use.

Combing of nits following treatment with Nix is not necessary for effective treatment. However, patients may do so for cosmetic or other reasons. The nits are easily combed from the hair treated with Nix after drying.

Carcinogenesis, Mutagenesis, Impairment of Fertility: Six carcinogenicity bioassays were evaluated with permethrin, three each in rats and mice. No tumorigenicity was seen in the rat studies. However, species-specific increases in pulmonary adenomas, a common benign tumor of mice of high spontaneous background incidence, were seen in the three mouse studies. In one of these studies there was an increased incidence of pulmonary alveolar-cell carcinomas and benign liver adenomas only in female mice when permethrin was given in their food at a concentration of 5000 ppm. Mutagenicity assays, which give useful correlative data for interpreting results from carcinogenicity bioassays in rodents, were negative. Permethrin showed no evidence of mutagenic potential in a battery of *in vitro* and *in vivo* genetic toxicity studies.

Permethrin did not have any adverse effect on reproductive function at a dose of 180 mg/kg/day orally in a three-generation rat study.

Pregnancy: Teratogenic Effects: Pregnancy Category B: Reproduction studies have been performed in mice, rats, and rabbits (200-400 mg/kg/day orally) and have revealed no evidence of impaired fertility or harm to the fetus due to permethrin. There are, however, no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, this drug should be used during pregnancy only if clearly needed.

Nursing Mothers: It is not known whether this drug is excreted in human milk. Because many drugs are excreted in human milk and because of the evidence for tumorigenic potential of permethrin in animal studies, consideration should be given to discontinuing nursing temporarily or withholding the drug while the mother is nursing.

Pediatric Use: Nix is safe and effective in children two years of age and older. Safety and effectiveness in children less than two years of age have not been established.

ADVERSE REACTIONS: The most frequent adverse reaction to Nix is pruritus. This is usually a consequence of head lice infestation itself, but may be temporarily aggravated following treatment with Nix. 5.9% of patients in clinical studies experienced mild temporary itching; 3.4% experienced mild transient burning/stinging, tingling, numbness, or scalp discomfort; and 2.1% experienced mild transient erythema, edema, or rash of the scalp.

DOSAGE AND ADMINISTRATION:

Adults and Children: Nix is intended for use after the hair has been washed with shampoo, rinsed with water and towel dried. Apply a sufficient volume of Nix to saturate the hair and scalp. Nix should remain on the hair for 10 minutes before being rinsed off with water. A single treatment is sufficient to eliminate head lice infestation. Combing of nits is not required for therapeutic efficacy, but may be done for cosmetic or other reasons.

SHAKE WELL BEFORE USING.

HOW SUPPLIED: Nix (Permethrin) 1% (wt./wt.) Creme Rinse is supplied in plastic squeeze bottles that contain 2 fl. oz. weighing 56 g. (NDC-0081-0780-81)

Store at 15°-25°C (59°-77°F).

Reference: 1. Data on file, Burroughs Wellcome Co.

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