

Rogaine[®]

TOPICAL SOLUTION

minoxidil 2%

INDICATIONS AND USAGE

Male pattern baldness (alopecia androgenetica) of the vertex of the scalp. No effect has been seen on frontal baldness. At least four months of treatment are generally required before evidence of hair growth can be expected; further growth continues through one year. The new growth is not permanent; cessation of treatment will lead to its loss in a few months.

CONTRAINDICATIONS

Hypersensitivity to minoxidil, propylene glycol or ethanol.

WARNINGS

1. *Need for normal scalp:* Before starting treatment, make sure that the patient has a normal, healthy scalp. Local abrasion or dermatitis may increase absorption and hence the risk of side effects.

2. *Potential adverse effects:* Although extensive use of topical minoxidil has not revealed evidence that enough minoxidil is absorbed to have systemic effects, greater absorption due to misuse, individual variability or unusual sensitivity could, at least theoretically, produce a systemic effect.

Experience with oral minoxidil has shown the following major cardiovascular effects (Review the package insert for LONITEN[®] Tablets for details):

- salt and water retention, generalized and local edema
- pericardial effusion, pericarditis, tamponade
- tachycardia
- increased incidence of angina or new onset of angina

Patients with underlying heart disease, including coronary artery disease and congestive heart failure, would be at particular risk of these potential effects. Additive effects could also emerge in patients being treated for hypertension.

Potential patients should have a history and physical, should be advised of potential risks and a risk/benefit decision should be made. Heart patients should realize that adverse effects may be especially serious. Alert patients to the possibility of tachycardia and fluid retention, and monitor for increased heart rate, weight gain or other systemic effects.

PRECAUTIONS

General Precautions: Monitor patients one month after starting ROGAINE and at least every six months afterward. Discontinue ROGAINE if systemic effects occur. The alcohol base will burn and irritate the eye. If ROGAINE reaches sensitive surfaces (eg, eye, abraded skin and mucous membranes) bathe with copious cool water.

Avoid inhaling the spray.

Do not use in conjunction with other topical agents such as corticosteroids, retinoids and petrolatum or agents that enhance percutaneous absorption. ROGAINE is for topical use only. Each mL contains 20 mg minoxidil and accidental ingestion could cause adverse systemic effects.

Decreased integrity of the epidermal barrier caused by inflammation or disease of the skin, eg, excoriations, psoriasis or severe sunburn, may increase minoxidil absorption.

Patient Information: A patient information leaflet is included with each package and in the full product information.

Drug Interactions: No drug interactions are known. Theoretically, absorbed minoxidil may potentiate orthostatic hypotension in patients taking guanethidine.

Carcinogenesis, Mutagenesis and Impairment of Fertility: No carcinogenicity was found with topical application. Oral administration may be associated with an increased incidence of malignant lymphomas in female mice and hepatic nodules in male mice. In rats, there was a dose-dependent reduction in conception rate.

Pregnancy Category C: ROGAINE should not be used by pregnant women.

Labor and Delivery: The effects are not known.

Nursing Mothers: ROGAINE should not be administered.

Pediatric Use: Safety and effectiveness have not been established under age 18.

ADVERSE REACTIONS

ROGAINE was used by 3510 patients in placebo-controlled trials. Except for dermatologic events, no individual reaction or reactions grouped by body systems appeared to be increased in the minoxidil-treated patients.

Respiratory (bronchitis, upper respiratory infection, sinusitis) 5.95%; **Dermatologic** (irritant or allergic contact dermatitis) 5.27%; **Gastrointestinal** (diarrhea, nausea, vomiting) 3.42%; **Neurology** (headache, dizziness, faintness, light-headedness) 2.56%; **Musculoskeletal** (fractures, back pain, tendinitis) 2.17%; **Cardiovascular** (edema, chest pain, blood pressure increases/decreases, palpitation, pulse rate increases/decreases) 1.28%; **Allergy** (non-specific allergic reactions, hives, allergic rhinitis, facial swelling and sensitivity) 1.03%; **Special Senses** (conjunctivitis, ear infections, vertigo) 0.94%; **Metabolic-Nutritional** (edema, weight gain) 0.60%; **Urinary Tract** (urinary tract infections, renal calculi, urethritis) 0.46%; **Genital Tract** (prostatitis, epididymitis) 0.46%; **Psychiatric** (anxiety, depression, fatigue) 0.28%; **Hematology** (lymphadenopathy, thrombocytopenia) 0.23%; **Endocrine** 0.09%.

Patients have been followed for up to 5 years and there has been no change in incidence or severity of reported reactions. Additional events reported since marketing include: eczema, hypertrichosis, local erythema, pruritus, dry skin/scalp flaking, sexual dysfunction, visual disturbances including decreased visual acuity, exacerbation of hair loss, alopecia.

DOSAGE AND ADMINISTRATION

Hair and scalp should be dry before application. 1 mL should be applied to the total affected areas twice daily. Total daily dose should not exceed 2 mL. If the fingertips are used to facilitate drug application, wash the hands afterwards.

HOW SUPPLIED

60 mL bottle with multiple applicators NDC 0009-3367-05

Caution: Federal law prohibits dispensing without a prescription.

B-1-S

BOOK REVIEWS

Ethics and Regulation of Clinical Research (2nd Edition). Robert J. Levine. Yale University Press, New Haven, 1988, 452 pp., \$16.95. ISBN 0-300-04288-4.

This book is written in a field in which few others compete; after reading it, it is difficult to imagine any other book that could. We are fortunate that such a constricted field of choice has produced a book outstanding in all respects.

The audience is broad, including "all persons having a serious interest in the ethics and regulation of clinical research." The author wryly adds, "This, of course, is not a particularly exclusive class of persons." I would think, for example, that it includes not only family practice faculty and clinicians engaged in research, but practitioners who serve on hospital ethics committees and institutional review boards.

The book surveys the ethical and legal duties of clinical researchers in 14 chapters and four appendices. The first three chapters cover basic concepts, ethical norms, and a discussion of balancing harms and benefits. These chapters, in themselves, would serve as a decent introduction to many current issues in medical ethics.

Six chapters follow that discuss recognized ethical problems associated with clinical research: subject selection, informed consent, compensation for injury, privacy and confidentiality, randomized trials, and deception. In each of these, relevant historical material is presented along with recent cases and examples. The extensive bibliography provides ample depth for further exploration of specific issues.

The next four chapters consider the special cases of research on children, on the institutionalized mentally ill, on prisoners, and on the fetus and embryo. Although in some areas (eg, research on prisoners) recommendations and regulations are well developed, the discussion of others (eg, research on the fetus and embryos) reflects the rapidly evolving debate on issues on which there is little consensus.

A final chapter covers institutional review boards (IRBs). I found this chapter especially informative in its

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coverage of historical roots, and how one such committee at Yale University actually functions on a day-to-day basis. This chapter should be required reading for anyone, layman or professional, who is asked to serve on an IRB.

The book concludes with five useful appendices: the DHHS and FDA rules and regulations, the Nuremberg Code, the Helsinki declaration, and "Leo Szilard's Ten Commandments." Readers who, like myself, were not familiar with the last item, will find Szilard's laconic wisdom a fitting end to a useful book.

Levine's book has served well since first published in 1981, and it is symptomatic of the field's expansion that a new edition would be needed just five years later. Reprinting of the second edition now in paperback should increase its availability and dissemination to the larger audience it well deserves. The ethical conduct of research in our discipline will be greatly enhanced if more of us read it—highly recommended.

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Family Medicine: Principles and Practice (3rd Edition). *Robert B. Taylor (ed), John L. Buckingham, E.P. Donatelle, Thomas A. Johnson, Jr., Joseph E. Scherger (assoc eds).* Springer-Verlag, New York, 1988, 880 pp., \$99.95. ISBN 0-387-96580-7.

This book is intended to present information needed by the family physician in day-by-day practice. The format of presentation and practically all of the material in the book is new. With a few exceptions, all of the contributors are family physicians. Unlike previous editions that were intended primarily for the family practice resident reader, this edition is intended for the residency-trained, practicing family physician.

Part I of the text presents the now familiar principles of family medicine. Part 2 covers the practice of family medicine and is divided into

two sections, the first concerned with the problems best presented from an organ and system standpoint, and the second concerned with the problems related to the person, family, and community. This latter section includes, among others, chapters on obstetrics, pediatrics, geriatrics, and critical care medicine. The core problems and procedures for particular areas of family practice are emphasized in every chapter of Part 2. These core problems and procedures along with the chapter in which they are discussed are listed in the front of the book. This feature is nice for quick reference but would be greatly improved by listing the page number or numbers of the referenced chapters. In addition to the core problems, many other common problems are discussed throughout the chapters of Part 2. In general, all parts of the book are easy to read, and information is presented in a clear, succinct manner. Most chapters contain rather extensive and current bibliographies. Tables and lists are numerous throughout the book. The few illustrations are adequate.

This book fulfills its stated purpose. Students and family practice residents should find the book every bit as useful as the busy practitioner. The editors, associate editors, and contributors are to be commended for producing a much more useful and shorter (by 1277 pages) text than the previous edition.

Kenneth E. Holtzapple, MD
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Handbook of Medical Problems During Pregnancy. *Richard S. Abrams.* Appleton & Lange, Norwalk, Connecticut, 1988, 360 pp., \$22.95 (paper). ISBN 0-8385-3623-9.

This book is intended to provide concise information "to assist the busy resident or clinician in 'getting started' with these complicated patients." This book accomplishes its mission well in some areas, but there are a few important omissions.

The good points have to do with the organization and readability of the

book's various sections. Each chapter would make an excellent and concise conference if presented orally using the tables as slides. The information contained in each chapter is referenced with recent literature. In the preface the author states that this work was not intended to be a "cook-book," but its strongest point, in my opinion, is the concise presentation of the management of such conditions as diabetes, asthma, hypertension, and thyroid disorders during pregnancy.

Its major drawback is omission of discussions of spontaneous abortion and trophoblastic disease. These conditions represent medical complications of pregnancy along with the other conditions that are included in other chapters.

This book would best serve the resident or student as a helpful pocket manual while on an obstetrics rotation, especially during rotations in the high-risk clinic. It would also serve as a useful refresher for the practicing physician caring for obstetrical patients.

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and Medical Center
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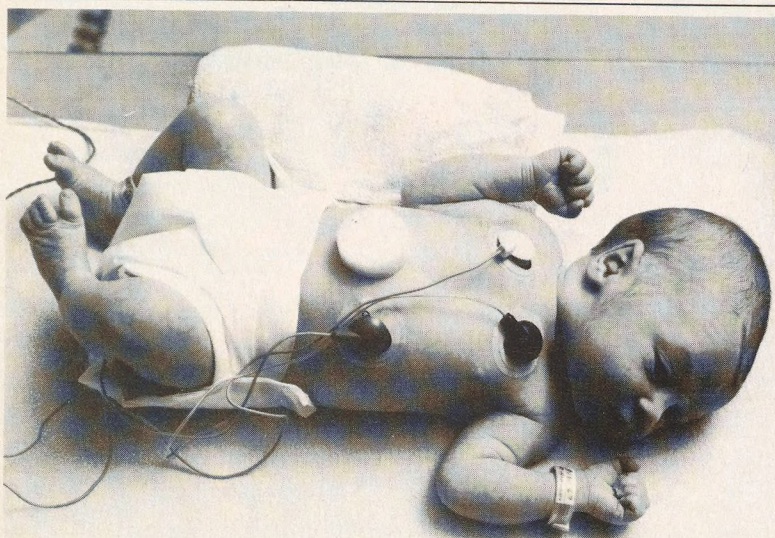
Neurologic Disorders of Ambulatory Patients: Diagnosis and Management. *John H. Wagner, Jr., Lea & Febiger, Philadelphia, 1989, 282 pp., \$29.50 (paper). ISBN 0-8121-1223-7.*

The author of this book partially succeeds in his goal of writing "a practical detailed guide for managing the ambulatory patient" with a neurologic complaint. Some portions of the book are very informative, while others are overwhelming in detail and neuroanatomy.

Examples of some of the truly practical topics are headache related to eyestrain; hypertension as a cause of headache; single seizure and whether to treat; and driving and epilepsy. The controversies surrounding the evaluation and management of transient ischemic attacks and asymptomatic carotid stenosis are thoughtfully discussed. Names and addresses of vari-

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We want to take heart defects out of the nursery.



It almost breaks your heart to see it. She's two days old and there's a question about a hole in her heart. She's fortunate. Something can be done about it. Each year 25,000 infants are born with heart defects which can disable them for life.

The American Heart Association is fighting to reduce this form of early death and disability with research, professional and public education, and community service programs.

But more needs to be done.

You can help us save young lives by sending your dollars today to your local Heart Association, listed in your telephone directory.



**American Heart
Association**

WE'RE FIGHTING FOR YOUR LIFE

BOOK REVIEWS

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ous support organizations for patients and families are included. The references are recent.

Significant portions of the book are much less helpful, however. For example, most of the chapter on muscle weakness and sensory abnormalities, as well as the chapter on visual symptoms, was difficult to read and understand. The differential diagnoses, neuroanatomy descriptions, and overall detail were too extensive to make these chapters at all practical. An overview or general approach to these topics is needed but lacking.

Because of the uneven quality and usefulness of this book, I cannot recommend it to most family physicians. The neurology section of one of the comprehensive ambulatory medicine textbooks should serve as well for most primary care physicians.

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Essentials of Family Medicine. *Philip D. Sloane, Lisa M. Slatt, Richard M. Baker (eds). Williams & Wilkins, Baltimore, 1988, 285 pp., \$25.95 (paper). ISBN 0-683-07744-9.*

One indicator of the evolution of family medicine as an academic discipline is the increasing number of books published that include the word "fundamentals" or "essentials" in the title. This is one such book, written specifically for medical students serving on clinical clerkships in family medicine. Fortunately for clerkship directors, directors of undergraduate education, and the intended student audience, this book achieves just what its title would suggest.

The book is edited by members of the faculty of the Department of Family Medicine at the University of North Carolina at Chapel Hill, and a majority of contributors have affiliations with the same department. This department has a long and distinguished history of undergraduate teaching in family medicine, and the book is an outgrowth of their experience in developing a clerkship syllabus of core material.

As a book designed to provide a

common database for students serving in a variety of offices and clerkship sites, it is very successful. The book is well organized and comprehensive and reflects a knowledgeable approach to the needs of students. Occasional illustrations are confusing, but the visual and graphic support is quite good. The book is organized according to principles of patient care, several aspects of preventive and health promotion care, and a major section on 23 different common problems in family practice.

Some faculty may not find their "favorite" common morbidity or office procedure in this book, but the authors have done an excellent job in keeping the overall length of the book (and its corresponding price) to a reasonable, yet effective, level. The book is easily supplemented with additional reading materials relevant to specific clerkship goals and objectives, but this book fills a notable gap in well-conceived and executed clinical textbooks for clerkship students. We recommend it highly to clerkship directors and their students.

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Solving Common Pediatric Problems: An Algorithm Approach. Carmi Z. Margolis. *The Solomon Press, Jamaica, New York, 1988, 206 pp., price not available. ISBN 0-93423-26-0.*

This book is an algorithmic approach to 28 relatively common pediatric problems that may occur in family practice. Each problem is discussed in a short one- or two-page summary at the end of each algorithm.

Although the problems discussed are extremely relevant to the practice of family medicine, the algorithms are sometimes complicated, pragmatic, and difficult to read. The algorithms, although in depth, oftentimes do not discuss clinically important problems that may occur in a given illness. Also,

in the discussion of certain therapeutic regimens such as antibiotics for meningitis, the authors fail to discuss some of the newer third-generation cephalosporins.

The problems are certainly well organized and are easily found in an alphabetical table of contents. These topics are also supplemented by occasional tables and diagrams that help in the understanding of the various algorithms.

This book attempts to deal with the very difficult problem of an algorithmic approach to medicine. It would certainly best serve those physicians who enjoy an algorithmic approach to medicine, or those students of care systems that may employ allied health professionals. I do not, however, believe that it is a textbook that will be used by the majority of family physicians.

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The Surgeon General's Report on Nutrition and Health. Department of Health and Human Services, Public Health Service, DHHS (PHS) Publication No. 88-50210. Government Printing Office, Washington, DC, 1988, 750 pp., \$22 (paper).

When I received this book for review, I was somewhat dismayed. How could I write a reasonable review of a government report? To one who is used to reading government reports that are turgid, tangled, polysyllabic bureaucratic prose, this book came as a pleasant surprise. It is carefully organized, is well written in clear, straightforward language, and presents an immense amount of useful, up-to-date information. The Surgeon General states that it was prepared primarily for nutritional policy-makers, but he sells its usefulness short—the report is an excellent source of information for anyone needing reliable information about relationships between nutrition and specific physiologic disorders and states.

After an introductory summary and

recommendations section (20 pages long and should be read by every primary care physician), the book is divided into chapters on various broad conditions and disease categories (coronary heart disease, high blood pressure, cancer, diabetes, obesity, aging, etc). Each chapter follows a basic outline: introduction, historical perspective, significance for public health, key scientific issues, and implications for public policy. There are synopses of significant reputable studies, useful graphs and tables, and good bibliographies following each chapter. The index is detailed enough to allow quick location of desired information.

Dr. Koop states in his introduction that dietary factors play a prominent part in five of the leading 10 causes of death in Americans. This book deals with those factors in some detail. Its relevance to daily medical practice is therefore considerable, especially as a credible, authoritative information source for counseling patients and answering their questions. At \$22, it's a bargain.

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Menopause: Clinical Concepts. Steve London, H. Jane Chihal. *Essential Medical Information Systems, Amityville, New York, 1989, 142 pp., \$12.95 (paper). ISBN 0-929240-04-9.*

The authors of this pocket-sized manual have designed this book to describe the medical problems of menopause as well as to enlighten physicians about their role in counseling women regarding associated physiologic and lifestyle changes. Information is accessed either by a table of contents or a listing, halfway through the work, of the 28 major topics numerically labeled for easy reference. The chief areas covered include general medical management, hormone replacement therapy, osteoporosis, pathophysiology of symptoms, and specific hormone therapy problems. Each chapter typically includes several tables and several references to journal articles, the majority of which were published before 1986. The lone

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INDAPAMIDE 25mg

Brief Summary

DESCRIPTION: Lozol® (indapamide) is an oral antihypertensive/diuretic.

INDICATIONS AND USAGE: Lozol is indicated for the treatment of hypertension, alone or in combination with other antihypertensive drugs.

Lozol is also indicated for the treatment of salt and fluid retention associated with congestive heart failure.

Usage in Pregnancy: (See PRECAUTIONS).

CONTRAINDICATIONS: Anuria. Known hypersensitivity to indapamide or to other thiazide-derived drugs.

WARNINGS: Hypokalemia occurs commonly with diuretics, and electrolyte monitoring is essential, particularly in patients who would be at increased risk from hypokalemia, such as those with cardiac arrhythmias, or patients receiving concurrent cardiac glycosides.

In general, diuretics should not be given concomitantly with lithium because they reduce its renal clearance and add a high risk of lithium toxicity. Read prescribing information for lithium preparations before use of such concomitant therapy.

PRECAUTIONS: General
Hypokalemia and Other Fluid and Electrolyte Imbalances: Periodic determinations of serum electrolytes should be performed at appropriate intervals. In addition, patients should be observed for clinical signs of fluid or electrolyte imbalance, such as hypotension, hypochloremic alkalosis, or hypokalemia. Warning signs include dry mouth, thirst, weakness, fatigue, lethargy, drowsiness, restlessness, muscle pains or cramps, hypotension, oliguria, tachycardia, and gastrointestinal disturbance. Electrolyte determinations are particularly important in patients who are vomiting excessively or receiving parenteral fluids, in patients subject to electrolyte imbalance (including those with heart failure, kidney disease, and cirrhosis), and in patients on a salt-restricted diet.

The risk of hypokalemia secondary to diuresis and natriuresis is increased when larger doses are used, when the diuresis is brisk, when severe cirrhosis is present, and during concomitant use of corticosteroids or ACTH. Interference with adequate oral intake of electrolytes will also contribute to hypokalemia. Hypokalemia can sensitize or exaggerate the response of the heart to the toxic effects of digitalis, such as increased ventricular irritability.

Dilutional hyponatremia may occur in edematous patients; the appropriate treatment is restriction of water rather than administration of salt, except in rare instances when the hyponatremia is life threatening. However, in actual salt depletion, appropriate replacement is the treatment of choice. Any chloride deficit that may occur during treatment is generally mild and usually does not require specific treatment except in extraordinary circumstances as in liver or renal disease.

Hyperuricemia and Gout: Serum concentrations of uric acid increased by an average of 1.0 mg/100 mL in patients treated with indapamide, and frank gout may be precipitated in some patients receiving antihypertensive therapy. Serum uric acid should be monitored periodically during treatment.

Renal Impairment: Indapamide, like the thiazides, should be used with caution in patients with severe renal disease, as reduced plasma volume may exacerbate or precipitate azotemia. If progressive renal impairment is observed in a patient receiving indapamide (or thiaziding) or discontinuing diuretic therapy, renal function should be considered. Renal function tests should be performed periodically during treatment with indapamide.

Impaired Hepatic Function: Indapamide, like the thiazides, should be used with caution in patients with impaired hepatic function or progressive liver disease, since minor alterations of fluid and electrolyte balance may precipitate hepatic coma.

Glucose Tolerance: Latent diabetes may become manifest and insulin requirements in diabetes mellitus may be altered during thiazide administration. Serum concentrations of glucose should be monitored routinely during treatment with Lozol.

Calcium Excretion: Calcium excretion is decreased by diuretics pharmacologically related to indapamide. In long-term studies of rats and mice, increased serum concentrations of calcium increased only slightly with indapamide. Prolonged treatment with drugs pharmacologically related to indapamide may in rare instances be associated with hypocalcemia and hypophosphatemia secondary to physiologic changes in the parathyroid gland; however, the common complications of hyperparathyroidism, such as renal lithiasis, bone resorption, and peptic ulcer, have not been seen. Treatment should be discontinued before tests for parathyroid function are performed. Like the thiazides, indapamide may decrease serum PBI levels without signs of thyroid disturbance.

Interaction With Systemic Lupus Erythematosus: Thiazides have exacerbated or activated systemic lupus erythematosus and this possibility should be considered with indapamide as well.

DRUG INTERACTIONS: 1. Other Antihypertensives: Lozol (indapamide) may add to or potentiate the action of other antihypertensive drugs. In limited controlled trials that compared the effect of indapamide combined with other antihypertensive drugs with the effect of the other drugs administered alone, there was no notable change in the nature or degree of adverse reactions associated with the combined therapy.

2. Lithium: See WARNINGS.

3. Post-Sympathectomy Patient: The antihypertensive effect of the drug may be enhanced in the post-sympathectomized patient.

4. Norepinephrine: Indapamide, like the thiazides, may decrease arterial responsiveness to norepinephrine, but this diminution is not sufficient to preclude effectiveness of the pressor agent for therapeutic use.

CARCINOGENESIS, MUTAGENESIS, IMPAIRMENT OF FERTILITY: Both mouse and rat life-time carcinogenicity studies were conducted. There was no significant difference in the incidence of tumors between the indapamide-treated animals and the control groups.

Pregnancy Teratogenic Effects: Pregnancy Category B. Reproduction studies have been performed in rats, mice and rabbits at doses up to 6.250 times the therapeutic human dose and have revealed no evidence of impaired fertility or harm to the fetus due to Lozol. No developmental delay in rats or mice was indicated by pretreatment of parent animals during gestation. There are, however, no adequate and well-controlled studies in pregnant women. Moreover, diuretics are known to cross the placental barrier and appear in cord blood. Because animal reproduction studies are not always predictive of human response, this drug should be used during pregnancy only if clearly needed. There may be hazards associated with this use such as fetal or neonatal jaundice, thrombocytopenia, and possibly other adverse reactions that have occurred in the adult.

Nursing Mothers: It is not known whether this drug is excreted in human milk. Because most drugs are excreted in human milk, if use of this drug is deemed essential, the patient should stop nursing.

ADVERSE REACTIONS: Most adverse effects have been mild and transient. In long-term controlled clinical studies, cumulative adverse reactions: 5% are headache, dizziness, weakness, loss of energy, lethargy, tiredness, or malaise; muscle cramps or spasms; or numbness of the extremities, nervousness, tension, anxiety, irritability or agitation. Cumulative adverse reactions: 5% are: lightheadedness, drowsiness, vertigo, insomnia, depression, blurred vision, constipation, nausea, vomiting, diarrhea, gastric irritation, abdominal pain or cramps, anorexia, orthostatic hypotension, premature ventricular contractions, irregular heart beat, palpitations, frequency of urination, nocturia, rash, hives, pruritus, vasculitis, impotence or reduced libido, rhinorrhea, flushing, hyperuricemia, hyperglycemia, hyponatremia, hypochloremia, increase in serum urea nitrogen (BUN) or creatinine, glycosuria, weight loss, dry mouth, tingling of extremities.

Clinical hypokalemia (i.e., lowered serum potassium concentration with concomitant clinical signs or symptoms) occurred in 3% and 4% of the rats given indapamide 2.5 mg and 5 mg, respectively in a long-term study of both doses (157 patients given indapamide), potassium supplementation was given to 12% of patients on indapamide 2.5 mg and 27% of patients on indapamide 5 mg.

Other adverse reactions reported with antihypertensive/diuretics are jaundice (intrahepatic cholestatic jaundice), sialadenitis, xanthopsia, photosensitivity, purpura, necrotizing angitis, fever, respiratory distress (including pneumonitis), and anaphylactic reactions, also, agranulocytosis, leukopenia, thrombocytopenia, and aplastic anemia. These reactions should be considered as possible occurrences with clinical usage of Lozol.

HOW SUPPLIED: Lozol (indapamide). White, round film-coated tablets of 2.5 mg in bottles of 100 (NDC 0075-0082-00), 1,000 (NDC 0075-0082-99), and in unit-dose blister packs, boxes of 100 (10, 10, 10) (NDC 0075-0082-82).

CAUTION: Federal (U.S.A.) law prohibits dispensing without prescription.

Keep tightly closed. Store at room temperature; avoid excessive heat. Dispense in tight containers as defined in USP.

See product circular for full prescribing information. Revised: November 1988 (AS).

References: 1. Weidmann P, Gerber A: Effects of treatment with diuretics on serum lipoproteins. *J Cardiovasc Pharmacol* 1984;6(suppl):260-268. 2. Meyer-Sabellek W, Gotzen R, Heitz J, et al: Serum lipoprotein levels during long-term treatment of hypertension with indapamide. *Hypertension* 1985;7(suppl 2):170-174. 3. Beling S, Vukovich RA, Neiss ES, et al: Long-term experience with indapamide. *Am Heart J* 1983;106:258-262. 4. Scalabrino A, Galeone F, Giuntoli F, et al: Clinical investigation on long-term effects of indapamide in patients with essential hypertension. *Curr Ther Res* 1984;35:17-22.

See product circular for full prescribing information.

Product of Servier Research Institute

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BOOK REVIEWS

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illustration is one of race walking.

For the practicing physician who manages patients in the perimenopausal and postmenopausal years, this volume presents several deficiencies. At the expense of attempting to provide a quick reference, the text is often too simplistic and fails to satisfactorily represent several issues and controversies in the literature. For example, the authors fail to comment on very commonly used dosing regimens for estrogen and progesterone or to address the pros and cons of variations in regimens. Another puzzling omission from the chapter on cancer screening is a specific section on breast cancer. The manual contains no specific information on such topics as techniques of endometrial tissue sampling or issues pertinent to hysterectomy or oophorectomy that are clinically relevant to the practicing family physician.

This book would have been much more valuable in an expanded, well-indexed form with current references detailing controversies and practical issues of the menopause. Given the deficiencies as mentioned above, there are probably other texts or journal articles on the subject that would be better additions to the family physician's medical library.

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 Orange, California

Residents Handbook of Pediatrics (7th Edition). William H. Abelson, Garth R. Smith. B.C. Decker, Toronto & Philadelphia, 1987, 909 pp., price not available (paper).

This pocket-sized (although thick and heavy) handbook is a pediatric house officer's manual, authored by the faculty and resident staff at the Hospital for Sick Children in Toronto. Like other books of this kind, it is intended to serve primarily as a ready reference for the majority of conditions that a pediatric house officer is likely to encounter. This format provides a wealth of information in a relatively small space by restricting most

sections to treatment and management, through extensive use of charts, graphs, and tables, and by inclusion of supplementary color-edged sections on emergencies, procedures, laboratory reference values, and medication dosages.

The body of this manual consists of 28 chapters covering all of the subspecialized areas from adolescent care to surgery (alphabetically arranged). The emphasis in each section is focused on management with a brief outline of the clinical features of the various entities. The authors acknowledge that the book is not intended to be a "miniature pediatric text book nor a cookbook," but rather a condensed reference source. Major revisions have been made since the previous edition 8 years ago. A few selected color plates illustrate some important dermatological conditions. Newer therapies have been added (eg, ribavirin for bronchiolitis), and newer diseases are described (eg, AIDS), although no mention was made of Lyme disease.

The formulary is particularly well done. There is a table of synonyms of trade names and generic names, maximum dosages highlighted in red, a column on "comments," and special subsections on neonatal drug dosages, drug interactions, and on therapeutic drug monitoring.

The quick reference management features and procedures sections are most suited to medical students and house officers who deal with children and to emergency care personnel as well. The excellent charts, normograms, laboratory values, and drug dosages are of use to all physicians who provide pediatric care. The book is bulky and a bit heavy to carry in the pocket; the wide margins on many pages could be reduced, and smaller print in certain places would be a worthy consideration in trade for a more compact volume. The overall organization is excellent, very complete, and quite current with inclusion of selected recent references.

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 University of California
 San Francisco

Synopsis of Cardiac Physical Diagnosis. Jonathan Abrams. Lea & Febiger, Philadelphia, 1989, 250 pp., \$18.50 (paper). ISBN 0-8121-1182-6.

Synopsis of Cardiac Physical Diagnosis, in paperback cover, was designed to update and abbreviate the textbook *Essentials of Cardiac Physical Diagnosis*, published two years earlier. This revision has been completed with the specific goal of presenting in an accessible fashion clinical cardiac diagnosis and an "enlightened understanding of the genesis of cardiac sounds and murmurs," due much to the achievements and revelations of the echocardiogram, the cardiac Doppler study, and cardiac angiography. A further and equally stated goal of this text is to prepare the clinician for extracting a maximum amount of information from the patient's physical examination prior to the ordering of multiple and expensive cardiac tests.

The general cardiac examination is presented in Part I. Extremely detailed chapters isolate every component of the examination: the arterial pulse, the jugular pulse, the precordial impulse, each heart sound, the pathologic murmurs, and their differentiation from their physiologic counterparts. Photographs, pulse waves, and diagrams adequately illustrate key points.

Part II focuses on specific syndromes and their physical evaluation: aortic stenosis, hypertrophic disease, aortic regurgitation, mitral regurgitation, and mitral valve prolapse, among others.

In this edition, Doppler examinations, echocardiogram images, and pathology specimen photographs are used by the authors to demonstrate correlations between them and the physical examination findings.

While brief, this volume boasts generous detail in presentation, to the point where the student must allocate specific time to concentrate on and study the material carefully. Albeit intended for the general span of those studying and practicing in medicine, the medical student would perhaps benefit most given the book's academic flavor and thoroughness in ba-

sic science. As a reference for the clinician, however, this revision offers an unmatched, complete review of the clinical evaluation of every major cardiac lesion. The family physician who has a special interest in cardiovascular evaluation (especially auscultation) will find this text nothing less than comprehensive.

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Adolescent Medicine (2nd Edition). Adele D. Hofmann, Donald E. Greydanus. Appleton & Lange, Norwalk, Connecticut, 1989, 631 pp., \$75. ISBN 0-8385-0075-7.

This outstanding medical text has been well designed to meet the current needs of every primary care physician, health care provider and student who either is preparing to be or is involved in the care of the adolescent. The authors have divided the book into five sections, each dealing with a special aspect of adolescence.

The first section is a broad orientation to the adolescent patient, including contemporary comments, growth and development, endocrinology, and general approach to the patient. The chapters contain comprehensive charts and tables, summarizing specific points, with special emphasis on the adolescent years. Part 2 covers general medical disorders from a regional or organ-specific standpoint. Part 3 includes sexuality issues and the management of specific gynecologic disorders. Part 4 addresses special areas such as sports medicine, eating disorders, chemical abuse, and legal issues. Part 5 is an excellent overview of psychosocial issues dealing specifically with the adolescent in today's society.

The reading of the text flows well and is designed to be a practical approach to diagnosis and management of the adolescent in everyday medical practice. Each chapter provides excellent current references to complement the text. Finally, selected tables in the appendix contain specific measurements and laboratory values for the adolescent period.

The authors and their contributors have succeeded in providing an informative and practical text in this most important area of health care.

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Practicing Prevention for the Elderly. Lisa Lavizzo-Mourey, Susan C. Day, Deborah Diserens, Jeane Ann Grisso. Hanley & Belfus, Philadelphia, 1989, 252 pp., price not available. ISBN 0-932883-17-6.

This small, crowded geriatric handbook is a gem. It is intended for practitioners who require both a critical review of the rationale for various preventive measures and a succinct set of specific recommendations. Each chapter concludes with a list of practice recommendations distilled from the preceding discussion. When there is a dearth of evidence about the application of a preventive technique to the elderly, the contributors do not avoid taking a stand (generally in favor of its use), but existing evidence is well-summarized and current.

The format includes many useful tables and an appendix reproducing a dozen assessment instruments. The topics covered include cancer screening, immunization, drug reactions, exercise, nutrition, alcohol, tobacco, other cardiovascular risk factors, osteoporosis, functional and mental status, abuse and neglect, incontinence, accidents, and sensory changes. As a physician, I especially appreciated the practical suggestions in their approach to sensory changes, representing a wealth of clinical experience not taught in (my) medical school.

The specific topics are bracketed by thought-provoking chapters on the philosophy and economics of secondary and tertiary prevention in the elderly; most of the preventive measures described in the rest of the book are superfluous unless preserved quality-of-life (rather than longer life or cost savings) is accepted as the main goal.

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