



toons as well as numerous charts and graphs detailing tobacco production and consumption trends. It is extensively researched, with 650 references. It will appeal to anyone interested in public health, including physicians, health educators, public health officials, politicians and officials. Internationally, this book will appeal to those involved in tobacco control movements in other countries who wish to learn from the Canadian experience.

The book is divided into 7 parts. Part 1 consists of case histories of illnesses caused by tobacco, a summary of the health consequences of tobacco use and an outline of the major players in the Canadian tobacco industry. Part 2 looks at the early history of tobacco control. Part 3 contains a brief summary of the scientific evidence supporting a ban on advertising and sponsorship. There is detailed information on the campaign that resulted in the passage of the Tobacco Products Control Act and the legal battle that killed it. The tactics of the tobacco industry, including its marketing efforts directed at young people and women, are explored in Part 4. The history of tobacco growing in Canada is also outlined.

The efforts of the tobacco industry to export the epidemic to the rest of the world are examined in Part 5, along with the tragic consequences of this trend. The last 2 parts catalogue what actions should be taken, mainly by government, to reduce the incidence of diseases caused by tobacco. Cunningham's predictions are not always rosy, but they are usually realistic.

My only criticism of the book is that it lacks a more thorough discussion of the fact that it took almost 3 decades for the tobacco issue to be taken seriously. If we had started committing resources to eliminating tobacco in 1965, where would we be today? This is an unanswerable question, but it must be asked if we are to prevent similar public health catas-

trophes as we move into a new millennium.

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Neonatal Formulary 1996

9th ed. The Northern Neonatal Network. Edited by Edmund Hey. 199 pp. Illust. BMJ Publishing Group, London. 1996. Distributed in Canada by the Canadian Medical Association, Ottawa. \$51.95 (\$42.95 CMA members). ISBN 0-7279-1030-2

Overall rating:	Fair
Strengths:	Concise, uniform format; wide range of drugs listed
Weaknesses:	Inadequate supporting references for therapeutic advice; lack of uniform information about drug interactions
Audience:	Midwives, nurses, physicians and pharmacists

The *Neonatal Formulary* is a compendium of 156 drugs, vaccines and blood products used in perinatal units throughout the Northern Regional Health Authority in the United Kingdom. It is intended as a pocket guide for midwives, nurses, physicians and pharmacists involved in perinatal care.

The book is organized into 3 parts: the first contains generic advice about drug handling and administration, the second contains the 156 drug monographs and the third is a set of 1-paragraph summaries about the use of 53 drugs during breast-feeding. The strengths of this book are the uniform, concise structure of the monographs and the number of drugs covered.

However, there are some important weaknesses that limit the formulary's usefulness in Canada. Therapeutic advice is offered along with the basic information about each drug. However, with only 2 or 3 references

per monograph, the reader cannot distinguish between local and generally accepted practices. Also, the organization of the book by drug does not allow it to be used as a treatment guide. SI units for drug dosages are not consistently provided.

The most common questions asked in our pharmacy involve potential drug interactions and compatibility with intravenous solutions. I was disappointed, therefore, that these issues were not presented more clearly. For example, the erythromycin monograph contains a warning about its effect on theophylline metabolism, but the theophylline monograph does not contain a corresponding warning about erythromycin. The information provided about drug therapy during breast-feeding is limited.

Each perinatal unit should have a formulary that reflects local therapeutic and administrative practices. Additional resources are useful if they add value through critical reviews of the best available practices or through easy-to-use guides to drug use for patients who are exposed to multiple drugs. Although the *Neonatal Formulary* is very useful for the community in which it was created, it has important limitations in other countries.

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AUDIO CASSETTE

Meditations on Grief

Ann Silversides, 10 Dearbourne Ave., Toronto, ON M4K 1M7. 1996. \$22.60. ISBN 0-9681410-0-5

Overall rating:	Very good
Strengths:	Vivid portrayal of the experience of normal bereavement and the process of healing
Weaknesses:	Abnormal patterns of be-