

TEDRAL®/TEDRAL® SUSPENSION TEDRAL® Elixir

Description. Tedral: each tablet contains 130 mg theophylline, 24 mg ephedrine hydrochloride, and 8 mg phenobarbital.

Tedral Suspension: each 5 ml teaspoonful of suspension contains 65 mg theophylline, 12 mg ephedrine hydrochloride, and 4 mg phenobarbital.

Tedral Elixir: each 5 ml teaspoonful contains 32.5 mg theophylline, 6 mg ephedrine hydrochloride, and 2 mg phenobarbital; alcohol content is 15%.

Indications. Tedral, Tedral Suspension and Tedral Elixir are indicated for the symptomatic relief of bronchial asthma, asthmatic bronchitis, and other bronchospastic disorders. They may also be used prophylactically to abort or minimize asthmatic attacks and are of value in managing occasional, seasonal and perennial asthma.

Tedral Suspension and Tedral Elixir are convenient for persons who may have difficulty in swallowing tablets.

These Tedral formulations are adjuncts in the total management of the asthmatic patient. Acute or severe asthmatic attacks may necessitate supplemental therapy with other drugs by inhalation or other parenteral routes.

Contraindications. Sensitivity to any of the ingredients; porphyria.

Warnings. Drowsiness may occur. PHENOBARBITAL MAY BE HABIT-FORMING.

Precautions. Use with caution in the presence of cardiovascular disease, severe hypertension, hyperthyroidism, prostatic hypertrophy, or glaucoma.

Adverse Reactions. Mild epigastric distress, palpitation, tremulousness, insomnia, difficulty of micturition, and CNS stimulation have been reported.

Average Dosage. Prophylactic or Therapeutic.

Tedral. Adults—One or two tablets every 4 hours. Children—(Over 60 lb) one-half the adult dose.

Tedral Suspension. Note: One teaspoonful is equivalent to one-half Tedral tablet.

Adults—Two to four teaspoonfuls every 4 hours. Children—One teaspoonful per 60 lb body weight, every 4-6 hours unless prescribed otherwise by physician. Should be given to children under 2 years of age only with extreme caution.

SHAKE BOTTLE WELL.

Tedral Elixir. Note: One teaspoonful is equivalent to one-quarter Tedral tablet. Children—One teaspoonful per 30 lb body weight, every 4-6 hours unless prescribed otherwise by physician. Should be given to children under 2 years of age only with extreme caution. Adults—One to two tablespoonfuls every four hours.

Supplied. Tedral: White, uncoated scored tablets in bottles of 24 (N 0047-0230-24) 100 (N 0047-0230-51) and 1000 (N 0047-0230-60). Also in Unit Dose—package of 10 x 10 strips (N 0047-0230-11).

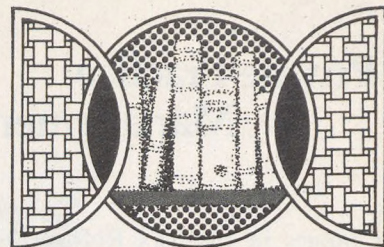
Tedral Suspension: Yellow, licorice-flavored suspension in bottles of 237 ml (8 fl oz) (N 0047-0237-08) and 474 ml (16 fl oz) (N 0047-0237-16).

Tedral Elixir: Dark red and cherry-flavored in 474 ml (16 fl oz) bottles (N 0047-0242-16).

STORE BETWEEN 59°-86° F (15°-30° C). Full information is available on request.

WC WARNER/CHILCOTT
Div. Warner-Lambert Company
Morris Plains, N.J. 07950

Book Reviews



The Family — Can It be Saved? *Victor C. Vaughan III and T. Berry Brazelton (eds).* Year Book Medical Publishers, Chicago, 1976, 315 pp., price not available.

This is a compilation of papers presented at a five-day symposium in Philadelphia, Pennsylvania, in April 1975, and sponsored by the Departments of Pediatrics of Temple University (Vaughan) and Harvard University (Brazelton). The book's form follows that of a conference which consisted of a lecture presentation followed by a question-and-answer period.

Some of the major issues addressed deal with the following problems: influence of television on the family; the single-parent family; the effect of modern obstetric care on the family; the transient society and its influence on the family; and the effect of chronic illness on the family.

Although some of its statistical data makes for dull and difficult reading, overall the book presents in a very readable fashion some of the major problems which threaten to destroy the basic unit of our society — the family. And while the title of the book may lead the reader to believe that the authors have an answer to the question, they do not. Perhaps they would have come closer to providing a solution to the family's problems if they had invited a few family physicians as guest lecturers.

Robert A. Babineau, MD
Fitchburg, Massachusetts

Management of Ocular Injuries. *David Paton and Morton F. Goldberg.* W. B. Saunders Company, Philadelphia, 1976, 381 pp., \$16.50.

These well-known authors have within the covers of a small book succeeded in presenting an overview of the entire range of ocular trauma and its management. The book is well written, easily read, and profusely illustrated in black and white. The line drawings are excellent, the photographs good to excellent, and the radiographic reproductions satisfactory. These are displayed in very close proximity to the relevant text and complement it nicely.

The organization of the material is reasonably convenient and includes numerous informative tables on topics such as differential diagnosis, antibiotic therapy, principles of management, and precautions. An initial section details the emergency evaluation of eye injuries. Subsequent chapters are arranged by anatomic area and categories of injury. Functional and surgical anatomy of each area is described along with important types of injuries and the principles of management for each. The next sections deal with infection, antibiotic therapy, concussions, and remote injuries. Malin-gering, hysteria, and surreptitious and iatrogenic problems are discussed in the concluding sections.

Continued on page 552