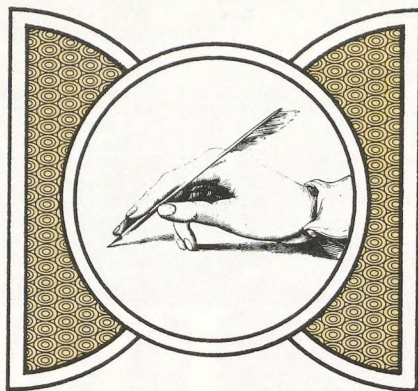


Letters to the Editor

The Journal welcomes Letters to the Editor; if found suitable, they will be published as space allows. Letters should be typed double-spaced, should not exceed 400 words, and are subject to abridgment and other editorial changes in accordance with journal style.



Selfhood and The Family Physician

To the Editor:

We applaud the guest editorial, "MD—No Substitute for Selfhood," by Dr. Hiram Curry, in the June issue of *The Journal of Family Practice* (6:1167, 1978). The editorial is a very precise statement of a life-style philosophy which we feel is essential to the general well-being of family physicians, as well as to that of their own families and patients. We would hope that Dr. Curry's family practice department at the Medical University of South Carolina practices what Dr. Curry so eloquently preaches. Does Dr. Curry's residency program provide ample time for the individual resident to pursue his own personal growth? And, in general, are the numerous family practice residency programs throughout the country any different from other specialty residency programs which

impart a sense of guilt to the resident physician who attempts to "develop his potential and enrich his personal life" during residency time? Since Dr. Curry states that behavior which sabotages personal growth is spawned during the training years, we would like to think that family practice residencies will "train" their residents to guard their personal time, which is so important to the development of personal growth.

It is essential that a physician learn to reserve time for personal and family activities during his residency, for once in practice, professional demands which take time away from personal activities become even more intense. In our private group practice, we control personal and professional time with

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Contraindications: Known hypersensitivity. Do not use with monoamine oxidase (MAO) inhibitors or within at least 14 days following discontinuation of MAO inhibitors since hyperpyretic crises, severe convulsions and deaths have occurred with concomitant use; then initiate cautiously, gradually increasing dosage until optimal response is achieved. Use not recommended during acute recovery phase after myocardial infarction.

Warnings: May block action of guanethidine or similar antihypertensives. Use with caution in patients with history of seizures, urinary retention, angle-closure glaucoma, increased intraocular pressure. Closely supervise cardiovascular patients, hyperthyroid patients and those receiving thyroid medications. (Arrhythmias, sinus tachycardia and prolongation of conduction time reported with use of tricyclic antidepressants, including amitriptyline HCl, especially in high doses. Myocardial infarction and stroke reported with use of this class of drugs.) May impair alertness; warn against hazardous occupations or driving a motor vehicle during therapy. Weigh possible benefits against hazards during pregnancy, the nursing period and in women of child-bearing potential. Not recommended in children under 12.

Precautions: May exaggerate symptoms in schizophrenic and paranoid patients, or shift manic-depressives to manic stage; reduce dose or administer major tranquilizer concomitantly. Close supervision and careful dose adjustments required when given with anticholinergic or sympathomimetic agents. Exercise care in patients receiving large doses of ethchlorvynol; transient delirium reported with concomitant administration. May enhance effects of alcohol, barbiturates and other CNS depressants. Because of the possibility of suicide in depressed patients, do not permit easy access to large drug quantities in these patients. Because it may increase hazards of electroshock therapy, limit concomitant use to essential treatment. If possible, discontinue drug several days before elective surgery. Both elevation and lowering of blood sugar levels have been reported.

Adverse Reactions: Note: This list includes a few adverse reactions not reported with this specific drug but requiring consideration because of similarities of tricyclic antidepressants. **Cardiovascular:** Hypotension, hypertension, tachycardia, palpitation, myocardial infarction, arrhythmias, heart block, stroke. **CNS and Neuromuscular:** Confusional states; disturbed concentration; disorientation; delusions; hallucinations; excitement; anxiety; restlessness; insomnia; nightmares; numbness, tingling and paresthesias of the extremities; peripheral neuropathy; incoordination; ataxia; tremors; seizures; alteration in EEG patterns; extrapyramidal symptoms; tinnitus. **Anticholinergic:** Dry mouth, blurred vision, disturbance of accommodation, constipation, paralytic ileus, urinary retention, dilatation of urinary tract. **Allergic:** Skin rash, urticaria, photosensitization, edema of face and tongue. **Hematologic:** Bone marrow depression including agranulocytosis, eosinophilia, purpura, thrombocytopenia. **Gastrointestinal:** Nausea, epigastric distress, vomiting, anorexia, stomatitis, peculiar taste, diarrhea, parotid swelling, black tongue. **Endocrine:** Testicular swelling and gynecomastia in the male, breast enlargement and galactorrhea in the female, increased or decreased libido, elevation and lowering of blood sugar levels. **Other:** Dizziness, weakness, fatigue, headache, weight gain or loss, increased perspiration, urinary frequency, mydriasis, drowsiness, jaundice, alopecia. **Withdrawal Symptoms:** Abrupt cessation of treatment after prolonged administration may produce nausea, headache and malaise. These are not indicative of addiction.

Supplied: Scored Tablets: 10, 25, 50, 75, 100, 150 mg.

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a few simple rules which we feel are applicable to the day-to-day schedule of family practice residents. First, a 4 to 4½-day work week leaves ample time for personal and family activities during the week. Secondly, free time from 12 noon to 1:30 PM each day is reserved for time out of the office pursuing such activities as running, cross-country skiing, attending to personal affairs, or having lunch with our spouses. Thirdly, hospital rounds begin at 8:30 AM and this leaves the hour from 7:30 to 8:30 AM as a personal block of time conveniently spent with family at home. Fourthly, evening rounds, if necessary, are made between 5 and 6 PM with the rest of the evening being spent for personal and family activities. Lastly, we feel that a group practice should provide an on-call schedule which is compatible with one's personal life.

Doug J. Pitman, MD
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Columbia Falls Clinic
Columbia Falls, Montana

To the Editor:

I would very much like to respond to Dr. Hiram Curry's guest editorial in the June issue of *The Journal of Family Practice* (MD—No substitute for selfhood. 6:1167, 1978). It is indeed encouraging to see well-known and respected physicians encouraging other physicians to be involved in their communities and personal growth and development outside of

medicine. Very recently the president of our county medical society here in Wichita, Kansas, wrote a very similar article for the members of the society. Having been involved in an extremely worthwhile community organization for the last six years while doing family practice in a small community, I, too, strongly urge all physicians to be involved in community service and personal growth opportunities. I especially encourage young physicians up to age 36 to become involved in their local Jaycee organization. The Jaycee organization is gradually expanding to almost every community, no matter how large or small, in the United States, and it is by far the greatest young man's organization in the world. It offers a whole world of opportunities in community involvement, individual development, and leadership training that can be matched by no other organization. It promotes fellowship for young men and gives young men of all walks of life an opportunity to share ideas and concerns at levels that are common to all. While many will say they don't have the time, Jaycees teach us time management as well as stress family involvement in and out of Jaycee activities. I think most of all, Jaycees espouse the philosophy that singer Mac Davis sings about in his song, "Stop and Smell the Roses." If nothing else, it is worth your time to listen to this song every day. I encourage you all to contact your local Jaycee office for more information.

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Side Effects: May include mild constipation, nausea, facial pruritus, or drowsiness, which disappear with adjustment of dose or discontinuance of treatment.

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