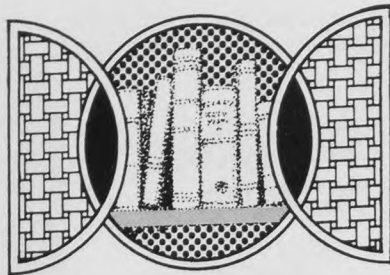


# Book Reviews



**Orthopaedics in Primary Care.** Chinni Pennathur Ramamurti; Richard Vernon Tinker (ed). Williams & Wilkins, Baltimore, 1979, 385 pp., \$36.00.

The contents of *Orthopaedics in Primary Care* is very relevant to family physicians. In the introduction the editor explains the juxtaposition of the specialties of family practice and orthopaedics, and there is also a discussion of the importance and characteristics of orthopaedics in primary care.

The text is very readable and is organized in a regional anatomical approach which is advantageous to anyone dealing with typical injuries. I appreciated the explanation of the functional anatomy in each region. The general principles of treatment of injuries in a particular region are listed helping one to understand the treatment to be undertaken. There is special emphasis on physical therapy and rehabilitation techniques, and these are very well illustrated. Photographs of x-ray films are not used, but important x-ray findings are clearly described and illustrated.

The author has clearly worked extensively with family physicians, and the editor, Dr. Richard Tinker, being a family physician, has maintained that emphasis. This book will be very useful for the family

physician, particularly in the early years of practice, the family practice resident, medical students, and allied health practitioners in primary care.

Jack H. Leversee, MD  
University of Washington  
Seattle

**Primary Care of Hand Injuries.** William L. Newmeyer. Lea & Febiger, Philadelphia, 1979, 279 pp., 215 illustrations, \$22.50.

Attributing improvement in the quality of care of hand injuries to the growth of primary care specialties, Dr. Newmeyer has based this book on the format of a continuing medical education course for family physicians and Emergency Room physicians. The author has described a number of techniques and treatment methods which he has found to be successful in his clinical experience. The book is not meant to be a reference text, but it should well serve the primary care physician for whom it is intended. Residents and medical students should also find much valuable information in the book.

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**ZARONTIN Capsules**  
(ethosuximide capsules, USP)

**ZARONTIN Syrup**

(ethosuximide)  
BRIEF SUMMARY OF PRESCRIBING  
INFORMATION AHFS Category: 28.12

**Indication:** Zarontin is indicated for the control of absence (petit mal) epilepsy.

**Contraindication:** Ethosuximide should not be used in patients with a history of hypersensitivity to succinimides.

**Warnings:** Blood dyscrasias, including some with fatal outcome, have been reported to be associated with the use of ethosuximide; therefore, periodic blood counts should be performed.

Ethosuximide is capable of producing morphological and functional changes in the animal liver. In humans, abnormal liver and renal function studies have been reported.

Ethosuximide should be administered with extreme caution to patients with known liver or renal disease. Periodic urinalysis and liver function studies are advised for all patients receiving the drug.

Cases of systemic lupus erythematosus have been reported with the use of ethosuximide. The physician should be alert to this possibility.

**Usage in Pregnancy:** The effects of Zarontin in human pregnancy and nursing infants are unknown.

Recent reports suggest an association between the use of anticonvulsant drugs by women with epilepsy and an elevated incidence of birth defects in children born to these women. Data is more extensive with respect to phenytoin and phenobarbital, but these are also the most commonly prescribed anticonvulsants; less systematic or anecdotal reports suggest a possible similar association with the use of all known anticonvulsant drugs.

The reports suggesting an elevated incidence of birth defects in children of drug-treated epileptic women cannot be regarded as adequate to prove a definite cause and effect relationship. There are intrinsic methodologic problems in obtaining adequate data on drug teratogenicity in humans; the possibility also exists that other factors, eg, genetic factors or the epileptic condition itself, may be more important than drug therapy in leading to birth defects. The great majority of mothers on anticonvulsant medication deliver normal infants. It is important to note that anticonvulsant drugs should not be discontinued in patients in whom the drug is administered to prevent major seizures because of the strong possibility of precipitating status epilepticus with attendant hypoxia and threat to life. In individual cases where the severity and frequency of the seizure disorder are such that the removal of medication does not pose a serious threat to the patient, discontinuation of the drug may be considered prior to and during pregnancy, although it cannot be said with any confidence that even minor seizures do not pose some hazard to the developing embryo or fetus.

The prescribing physician will wish to weigh these considerations in treating or counseling epileptic women of childbearing potential.

**Hazardous Activities:** Ethosuximide may impair the mental and/or physical abilities required for the performance of potentially hazardous tasks, such as driving a motor vehicle or other such activity requiring alertness; therefore, the patient should be cautioned accordingly.

**Precautions:** Ethosuximide, when used alone in mixed types of epilepsy, may increase the frequency of grand mal seizures in some patients.

As with other anticonvulsants, it is important to proceed slowly when increasing or decreasing dosage, as well as when adding or eliminating other medication. Abrupt withdrawal of anticonvulsant medication may precipitate absence (petit mal) status.

**Adverse Reactions**

**Gastrointestinal System:** Gastrointestinal symptoms occur frequently and include anorexia, vague gastric upset, nausea and vomiting, cramps, epigastric and abdominal pain, weight loss, and diarrhea.

**Hemopoietic System:** Hemopoietic complications associated with the administration of ethosuximide have included leukopenia, agranulocytosis, pancytopenia, aplastic anemia, and eosinophilia.

**Nervous System:** Neurologic and sensory reactions reported during therapy with ethosuximide have included drowsiness, headache, dizziness, euphoria, hiccups, irritability, hyperactivity, lethargy, fatigue, and ataxia. Psychiatric or psychological aberrations associated with ethosuximide administration have included disturbances of sleep, night terrors, inability to concentrate, and aggressiveness. These effects may be noted particularly in patients who have previously exhibited psychological abnormalities. There have been rare reports of paranoid psychosis, increased libido, and increased state of depression with overt suicidal intentions.

**Integumentary System:** Dermatologic manifestations which have occurred with the administration of ethosuximide have included urticaria, Stevens-Johnson syndrome, systemic lupus erythematosus, and pruritic erythematous rashes.

**Miscellaneous:** Other reactions reported have included myopia, vaginal bleeding, swelling of the tongue, gum hypertrophy, and hirsutism.

**PARKE-DAVIS**

PARKE-DAVIS  
Division of Warner-Lambert Company  
PD-JA-2153-1-P-(4-77) Morris Plains, NJ 07950

# Gantrisin®

## sulfisoxazole/Roche

Before prescribing, please consult complete product information, a summary of which follows:

**Indications:** Nonobstructed urinary tract infections (mainly cystitis, pyelitis, pyelonephritis) due to susceptible organisms (usually *E. coli*, *Klebsiella-Aerobacter*, staphylococcus, *P. mirabilis*, *P. vulgaris*). Acute otitis media due to *H. influenzae* (concomitantly with adequate doses of penicillin). **IMPORTANT NOTE:** *In vitro* sensitivity tests not always reliable; must be coordinated with bacteriological and clinical response. Add aminobenzoic acid to follow-up culture media. Increasing frequency of resistant organisms limits usefulness of antibacterial agents, especially in chronic and recurrent urinary infections. Maximum safe total sulfonamide blood level, 20 mg/100 ml; measure levels as variations may occur.

**Contraindications:** Hypersensitivity to sulfonamides; infants less than 2 months of age; pregnancy at term and during the nursing period.

**Warnings:** Safety in pregnancy not established. Do not use for group A beta-hemolytic streptococcal infections, as sequelae (rheumatic fever, glomerulonephritis) are not prevented. Deaths reported from hypersensitivity reactions, agranulocytosis, aplastic anemia and other blood dyscrasias. Sore throat, fever, pallor, purpura or jaundice may be early indications of serious blood disorders. CBC and urinalysis with careful microscopic examination should be performed frequently.

**Precautions:** Use cautiously in patients with impaired renal or hepatic function, severe allergy or bronchial asthma. Hemolysis, frequently dose-related, may occur in glucose-6-phosphate dehydrogenase-deficient patients. Maintain adequate fluid intake to prevent crystalluria and stone formation.

**Adverse Reactions:** *Blood dyscrasias:* Agranulocytosis, aplastic anemia, thrombocytopenia, leukopenia, hemolytic anemia, purpura, hypoprothrombinemia and methemoglobinemia. *Allergic reactions:* Erythema multiforme (Stevens-Johnson syndrome), generalized skin eruptions, epidermal necrolysis, urticaria, serum sickness, pruritus, exfoliative dermatitis, anaphylactoid reactions, periorbital edema, conjunctival and scleral injection, photosensitization, arthralgia and allergic myocarditis. *Gastrointestinal reactions:* Nausea, emesis, abdominal pains, hepatitis, diarrhea, anorexia, pancreatitis and stomatitis. *C.N.S. reactions:* Headache, peripheral neuritis, mental depression, convulsions, ataxia, hallucinations, tinnitus, vertigo and insomnia. *Miscellaneous reactions:* Drug fever, chills and toxic nephrosis with oliguria and anuria. Periarthritis nodosa and L.E. phenomenon have occurred. Due to certain chemical similarities with some goitrogens, diuretics (acetazolamide, thiazides) and oral hypoglycemic agents, sulfonamides have caused rare instances of goiter production, diuresis and hypoglycemia as well as thyroid malignancies in rats following long-term administration. Cross-sensitivity with these agents may exist.

**Dosage: Contraindicated in infants under 2 months** except in the treatment of congenital toxoplasmosis as adjunctive therapy with pyrimethamine. *Usual adult dosage*—2 to 4 Gm initially, then 4 to 8 Gm/24 hrs, in 4 to 6 doses. *Usual dosage for infants over 2 months and children*—½ 24-hr dose initially, then 150 mg/kg/24 hrs in 4 to 6 doses; not over 6 Gm/24 hrs.

**How Supplied:** Tablets containing 0.5 Gm sulfisoxazole, white, scored—bottles of 100, 500 and 1000; drums of 5000; Tel-E-Dose® packages of 100; Prescription Paks of 100, available singly and in trays of 10. Pediatric Suspension, containing, in each teaspoonful (5 ml), the equivalent of approximately 0.5 Gm sulfisoxazole in the form of acetyl sulfisoxazole; raspberry flavored—bottles of 4 oz and 16 oz (1 pint). Syrup, containing, in each teaspoonful (5 ml), the equivalent of approximately 0.5 Gm sulfisoxazole in the form of acetyl sulfisoxazole; chocolate flavored—bottles of 16 oz (1 pint).

## BOOK REVIEWS

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The first five chapters of the book are devoted to a discussion of the basic elements of hand care with which the physician must be familiar in order to properly treat specific hand problems. This section includes a review of the functional anatomy of the hand, important steps leading to correct diagnosis and management of hand injuries, appropriate tools and equipment, dressing the injured hand and, in a short chapter, a potpourri of topics including principles of anesthesia, antibiotics, and hand incisions.

The application of these basic elements to specific problems is discussed in the second section and major portion of the book. Included are chapters on lacerations, injuries to finger pads and nail bed, infections, tendon injuries, bone and joint injuries, burns, complex injuries (defined as serious injury to one tissue system in addition to the skin or extensive loss of skin), nerve injuries, and amputations.

One of the author's objectives is to assist the primary care physician in distinguishing between those problems which can be treated and those which should be referred. Realizing that the criteria for making this decision may vary according to one's practice location, the author is successful in providing the physician useful information.

Practical advice, such as that found in the discussion of foreign bodies quoted below, is liberally sprinkled throughout the text. The biggest error made in searching for foreign bodies is unrealistic persistence. Before commencing the search . . . the patient should be warned that a limited search will be conducted and if no foreign body is found, the search will be terminated. The search should last ten minutes.

Discussion pertaining to the exam-

ination of the hand is particularly well done and informative. The section describing techniques used in testing for nerve damage is also excellent.

The 215 illustrations are of good quality and contribute significantly to the narrative. Photographs are well used to illustrate techniques and to demonstrate abnormal vs normal physical findings.

The author made one statement with which I take minor exception, to the effect that warts should be referred to a dermatologist. Most family physicians, I am sure, would disagree.

For the most part I think this is an excellent book and achieves the purposes intended by the author. I think physicians, residents, or students who would like to learn more about the primary care of hand injuries would find it worthwhile reading.

Jim L. Wilson, MD  
University of South Alabama  
Mobile

**Managing Health Care Delivery: A Training Program for Primary Care Physicians.** Mark S. Plovnick, Ronald E. Fry, Irwin M. Rubin. Ballinger Publishing Company, Cambridge, Massachusetts, 1978, 130 pp., \$15.00 (paper).

This is a manual of teaching materials for helping physicians in both primary care or family practice residency programs, and practice situations, acquire management skills. It is designed to provide physicians with the skills necessary for day-to-day management of health workers delivering care.

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Roche Laboratories  
Division of Hoffmann-La Roche Inc.  
Nutley, New Jersey 07110

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This book is quite readable and is organized into six teaching sessions: factors influencing the coordination of care; managing goal conflicts; managing role conflicts; allocating decision making responsibility; organization structure and design; and managing the change process. Each session is accompanied by a set of instructions and guidelines that should enable the session leader to "stage manage" the session. Each of the six sessions is divided into objectives, session description, suggested reading, a session activities outline which divides up each two-hour session, options for conducting the session, and a four- to six-page introductory reading section. Sample problems are given for members of the group to solve. Finally, each session concludes with a small group task and a total group discussion guide. The session leader should either be familiar or become familiar with this technique to facilitate the sessions. The aforementioned contents are advantages of this type of manual, but they become disadvantages if one chooses to use the manual primarily as a textbook.

Despite the fact that the manual was field tested at three residency programs, it was the reviewer's opinion that it would take a fairly sophisticated resident to appreciate it and to be willing to invest the several hours required for the workshops. Yet the manual is of substantial relevance to family practice residents, family physicians, and program directors. In addition to its applicability for residency programs, other health care provider organizations and departments of family practice could use one or more sessions as a focus

for faculty retreats. The manual is not intended as a reference for individual residents or physicians but would be a worthwhile addition to the libraries of residency programs and other health care organizations. Although this book is organized as a work manual, this reader found it informative and enjoyable reading without actually implementing the study sessions.

Robert H. Seller, MD  
State University of New York  
Buffalo

**Stress.** Tom Cox. University Park Press, Baltimore, 1978, 200 pp., \$12.95 (paper).

The notion that stress has an impact on human physical well being is by no means new, and there is a great deal of current "pop psychology" about that relationship. A spate of paperbacks on stress and its management have flooded the bookstores, and they typically offer little to the professional reader. This book is an outstanding exception to this general rule. A work of sophisticated scholarship, this brief volume brings together the current medical and psychological knowledge about stress and draws out a consistent theoretical point of view about the nature of the phenomenon and its relationship to health.

Many of the authors in this area have tended to grossly oversimplify the complex physiology and psychology of stress. Cox, a psychologist, addresses these issues in their complexity, with a well-organized and highly readable style. Few of us are expert in all areas, and Cox presents difficult concepts

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For UTI in their sexually active years...

## Macrochantin® (nitrofurantoin macrocrystals)

Capsules: 25 mg, 50 mg, 100 mg

**INDICATIONS:** Macrochantin is indicated for the treatment of urinary tract infections when due to susceptible strains of *Escherichia coli*, enterococci, *Staphylococcus aureus* (it is not indicated for the treatment of associated renal cortical or perinephric abscesses), and certain susceptible strains of *Klebsiella* species, *Enterobacter* species, and *Proteus* species.

**NOTE:** Specimens for culture and susceptibility testing should be obtained prior to and during drug administration.

**CONTRAINDICATIONS:** Anuria, oliguria, or significant impairment of renal function (creatinine clearance under 40 ml per minute) are contraindications to therapy with this drug. Treatment of this type of patient carries an increased risk of toxicity because of impaired excretion of the drug. For the same reason, this drug is much less effective under these circumstances.

The drug is contraindicated in pregnant patients at term as well as in infants under one month of age because of the possibility of hemolytic anemia due to immature enzyme systems (glutathione instability).

The drug is also contraindicated in those patients with known hypersensitivity to Macrochantin, Furadantin® (nitrofurantoin), and other nitrofurantoin preparations.

**WARNINGS:** Acute, subacute and chronic pulmonary reactions have been observed in patients treated with nitrofurantoin products. If these reactions occur, the drug should be withdrawn and appropriate measures should be taken.

An insidious onset of pulmonary reactions (diffuse interstitial pneumonitis or pulmonary fibrosis, or both) in patients on long-term therapy warrants close monitoring of these patients.

There have been isolated reports giving pulmonary reactions as a contributing cause of death. (See Hypersensitivity reactions.)

Cases of hemolytic anemia of the primaquine sensitivity type have been induced by Macrochantin. The hemolysis appears to be linked to a glucose-6-phosphate dehydrogenase deficiency in the red blood cells of the affected patients. This deficiency is found in 10 percent of Negroes and a small percentage of ethnic groups of Mediterranean and Near-Eastern origin. Any sign of hemolysis is an indication to discontinue the drug. Hemolysis ceases when the drug is withdrawn.

*Pseudomonas* is the organism most commonly implicated in superinfections in patients treated with Macrochantin.

**PRECAUTIONS:** Peripheral neuropathy may occur with Macrochantin therapy; this may become severe or irreversible. Fatalities have been reported. Predisposing conditions such as renal impairment (creatinine clearance under 40 ml per minute), anemia, diabetes, electrolyte imbalance, vitamin B deficiency, and debilitating disease may enhance such occurrence.

**Usage in Pregnancy:** The safety of Macrochantin during pregnancy and lactation has not been established. Use of this drug in women of childbearing potential requires that the anticipated benefit be weighed against the possible risks.

**ADVERSE REACTIONS: Gastrointestinal reactions:** Anorexia, nausea and emesis are the most frequent reactions; abdominal pain and diarrhea occur less frequently. These dose-related toxicity reactions can be minimized by reduction of dosage, especially in the female patient. Hepatitis occurs rarely.

**Hypersensitivity reactions:** Pulmonary sensitivity reactions may occur, which can be acute, subacute, or chronic.

Acute reactions are commonly manifested by fever, chills, cough, chest pain, dyspnea, pulmonary infiltration with consolidation or pleural effusion on x-ray, and eosinophilia. The acute reactions usually occur within the first week of treatment and are reversible with cessation of therapy. Resolution may be dramatic.

In subacute reactions, fever and eosinophilia are observed less often. Recovery is somewhat slower, perhaps as long as several months. If the symptoms are not recognized as being drug related and nitrofurantoin is not withdrawn, symptoms may become more severe.

Chronic pulmonary reactions are more likely to occur in patients who have been on continuous nitrofurantoin therapy for six months or longer. The insidious onset of malaise, dyspnea on exertion, cough, and altered pulmonary function are common manifestations. Roentgenographic and histologic findings of diffuse interstitial pneumonitis or fibrosis, or both, are also common manifestations. Fever is rarely prominent.

The severity of these chronic pulmonary reactions and the degree of their resolution appear to be related to the duration of therapy after the first clinical signs appear. Pulmonary function may be permanently impaired even after cessation of nitrofurantoin therapy. This risk is greater when pulmonary reactions are not recognized early.

**Dermatologic reactions:** Maculopapular, erythematous, or eczematous eruption, pruritus, urticaria, and angioedema.

**Other sensitivity reactions:** Anaphylaxis, asthmatic attack in patients with history of asthma, cholestatic jaundice, drug fever, and arthralgia.

**Hematologic reactions:** Hemolytic anemia, granulocytopenia, leukopenia, eosinophilia, and megaloblastic anemia. Return of the blood picture to normal has followed cessation of therapy.

**Neurological reactions:** Peripheral neuropathy, headache, dizziness, nystagmus, and drowsiness.

**Miscellaneous reactions:** Transient alopecia. As with other antimicrobial agents, superinfections by resistant organisms may occur. With Macrochantin, however, these are limited to the genitourinary tract because suppression of normal bacterial flora elsewhere in the body does not occur.

**References:** 1. Center for Disease Control: *National Nosocomial Infection Study Report*, Annual Summary 1976, issued February 1978. Washington, DC, U.S. Department of Health, Education, and Welfare, p. 8. 2. Cooper J, et al: Diagnostic and chemoprophylactic importance of perineal microbial carriage, in Siegenthaler W, Luthy R (eds): *Current Chemotherapy*, Washington, DC, American Society for Microbiology, 1978, vol 1, pp 198-200. 3. Buckley RM, McGuckin M, MacGregor RR: Urine bacterial counts after sexual intercourse. *N Engl J Med* 298:321-324, 1978. 4. PMR Bacteriologic Report, Summer Series, 1978; a national bacteriologic monitoring service for 200 acute-care hospitals of 100 beds or more.

### Eaton Laboratories Inc.

A subsidiary of Morton-Norwich Products, Inc.  
Manati, Puerto Rico 00701

Address medical inquiries to:  
Norwich-Eaton Pharmaceuticals  
Medical Department  
Norwich, New York 13815

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in a manner which permits the non-expert reader to follow the author's line of discourse with relative ease. The book is not for the unsophisticated reader, and is probably beyond most lay audiences, but seems appropriate for medical students, physicians, and allied health professionals. The work draws upon the resources of many disciplines, and hence permits a broad overview. In this way it is likely to be a useful text, both for the students and for professionals seeking to expand their general knowledge in this area.

The weakest area in the book is its brief and rather superficial treatment of the various interventions available for dealing with stress related problems. The author clearly acknowledges this shortcoming. Nonetheless, the framework provided for considering the possible interventions is excellent, and is likely to be of much use to the practicing physician, who typically has other resources available for details on implementing specific treatment strategies.

*Christopher Carstens, PhD  
Clinical Psychologist  
Kaiser Permanente  
Medical Care Program  
San Diego, California*

**Manual of Clinical Problems in Pediatrics.** *Kenneth B. Roberts (ed).* Little, Brown & Company, Boston, 1979, 416 pp., \$10.95 (paper).

Dr. Kenneth Roberts and his colleagues at Johns Hopkins have written a manual designed mainly for medical students and others who want a brief overview of 100 clinical problems in pediatrics (from respiratory failure and status

asthmaticus to child abuse). It does not deal with the specifics of treatment, but it does have an extended and current bibliography for each clinical problem. This bibliography is well annotated and guides the readers to specific questions they might have about any aspect of each clinical problem.

For details of any specific problem in pediatrics most family physicians would find a standard textbook of pediatrics more useful. However, if they want a highly readable, practical, brief overview of a clinical problem with an extended and excellent bibliography, this manual would be an appropriate addition to their library.

*Thomas S. Nighswander, MD, MPH  
Anchorage, Alaska*

**Joint Disease: All the Arthropies (3rd Edition).** *E. C. Huskisson, F. Dudley Hart.* Year Book Medical Publishers, Chicago, 1978, 158 pp., \$14.95.

As stated precisely by the authors in the introduction, this is not a textbook and is not intended for casual reading. It is prepared for consultation and is to assist the physician in making the correct diagnosis of an arthropathy. It also offers suggestions concerning the most recent forms and types of therapy. Every conceivable joint disease and joint disorder is presented in this book, for it is the contention of the authors that to make a correct diagnosis the rarest as well as the commonest must be considered.

The first 17 pages are devoted to preparing the reader for full and ef-

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# Librax®

Each capsule contains 5 mg. chlordiazepoxide HCl and 2.5 mg clidinium Br.

Please consult complete prescribing information, a summary of which follows:

**Indications:** Based on a review of this drug by the National Academy of Sciences—National Research Council and/or other information, FDA has classified the indications as follows:

"Possibly" effective: as adjunctive therapy in the treatment of peptic ulcer and in the treatment of the irritable bowel syndrome (irritable colon, spastic colon, mucous colitis) and acute enterocolitis. Final classification of the less-than-effective indications requires further investigation.

**Contraindications:** Glaucoma; prostatic hypertrophy, benign bladder neck obstruction; hypersensitivity to chlordiazepoxide HCl and/or clidinium Br.

**Warnings:** Caution patients about possible combined effects with alcohol and other CNS depressants, and against hazardous occupations requiring complete mental alertness (e.g., operating machinery, driving). Physical and psychological dependence rarely reported on recommended doses, but use caution in administering Librium® (chlordiazepoxide HCl/Roche) to known addiction-prone individuals or those who might increase dosage; withdrawal symptoms (including convulsions) reported following discontinuation of the drug.

**Usage in Pregnancy:** Use of minor tranquilizers during first trimester should almost always be avoided because of increased risk of congenital malformations as suggested in several studies. Consider possibility of pregnancy when instituting therapy. Advise patients to discuss therapy if they intend to or do become pregnant.

As with all anticholinergics, inhibition of lactation may occur.

**Precautions:** In elderly and debilitated, limit dosage to smallest effective amount to preclude ataxia, oversedation, confusion (no more than 2 capsules/day initially; increase gradually as needed and tolerated). Though generally not recommended, if combination therapy with other psychotropics seems indicated, carefully consider pharmacology of agents, particularly potentiating drugs such as MAO inhibitors, phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions reported in psychiatric patients. Employ usual precautions in treating anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation reported very rarely in patients receiving the drug and oral anticoagulants; causal relationship not established.

**Adverse Reactions:** No side effects or manifestations not seen with either compound alone reported with Librax. When chlordiazepoxide HCl is used alone, drowsiness, ataxia, confusion may occur, especially in elderly and debilitated; avoidable in most cases by proper dosage adjustment, but also occasionally observed at lower dosage ranges. Syncope reported in a few instances. Also encountered: isolated instances of skin eruptions, edema, minor menstrual irregularities, nausea and constipation, extrapyramidal symptoms, increased and decreased libido—all infrequent, generally controlled with dosage reduction. Changes in EEG patterns may appear during and after treatment; blood dyscrasias (including agranulocytosis), jaundice, hepatic dysfunction reported occasionally with chlordiazepoxide HCl, making periodic blood counts and liver function tests advisable during protracted therapy. Adverse effects reported with Librax typical of anticholinergic agents, i.e., dryness of mouth, blurring of vision, urinary hesitancy, constipation. Constipation has occurred most often when Librax therapy is combined with other spasmolytics and/or low residue diets.



Roche Products Inc.  
Manati, Puerto Rico 00701

## The antitussive that goes further.

**Composition:** Each capsule, teaspoonful (5 ml.) or tablet contains 5 mg. hydrocodone (Warning: may be habit-forming), and 10 mg. phenyltoloxamine as cationic resin complexes.

**Effects:** An effective antitussive which acts for approximately 12 hours.

**Dosage:** Adults: 1 teaspoonful (5 ml.), capsule or tablet every 8-12 hours. May be adjusted to individual requirements. Children: From 1-5 years: ½ teaspoonful every 12 hours. Over 5 years: 1 teaspoonful every 12 hours.

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

**Precaution:** In young children the respiratory center is especially susceptible to the depressant action of narcotic cough suppressants. Benefit to risk ratio should be carefully considered especially in children with respiratory embarrassment. Estimation of dosage relative to the age and weight of the child is of great importance.

**Overdosage:** Immediately evacuate the stomach. Respiratory depression, if any, can be counteracted by respiratory stimulants. Convulsions, sometimes seen in children, can be controlled by intravenous administration of short-acting barbiturates.

**How Supplied:** Tussionex Capsules, green and white. Bottles of 50. Tussionex Suspension, neutral in taste, golden color; 16 oz. and 900 ml. bottles. Tussionex Tablets, light brown, scored; bottles of 100. A prescription for 2 oz. of the Suspension, or 12 Tablets or Capsules, constitutes a 6-day supply in the average case.

### References:

1. Cass LJ, Frederik WS: The prolonged use of a sustained release antitussive. Cambridge, Mass, University Health Services, Harvard University, 1959.
2. Cass LJ: The clinical evaluation of a new sustained-release antitussive of low narcotic content. *Curr Ther Res* 3:355-359, 1961.
3. Chan YT, Hays EE: A resin complex for prolonged antitussive effects. *Am J Med Sci* 234:207-212, 1957.

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efficient use of the book. Here one finds a Classification of the Arthropies, Causes of Joint Pain, the Incidence of Arthropies, Joint Puncture and Examination of Synovial Fluid, Drugs Used for Rheumatic Diseases, Abbreviations and Rheumatological Jargon, and a brief general discussion of Back Pain.

Each of the arthropies is then presented in an organized and exact fashion that makes this a valuable quick reference book. Incidence, Joints Affected, Symptoms, Signs, Course, Associated Features, X-Ray Findings, Laboratory Findings, and Treatment are given in that order for each disease or ailment. Information presented is clear and concise. No redundant material is included to reduce the value of this book as a quick reference or consultation source. References for further reading are provided should the physician find this necessary.

This is a most useful book for the family physician and general internist who see many patients with joint complaints. For the more complicated and involved cases, a more detailed text would be necessary.

George E. Burket, Jr, MD  
Leawood, Kansas

**Aging: Its Complex Management.** Ronald Cape. Harper & Row, Medical Publishers, Hagerstown, Maryland, 1978, 229 pp., \$14.50.

This small book is divided into two major sections. I found the first section interesting and informative but the second difficult and less helpful. The first section is an extensive discussion of the anatomic

and physiologic changes of aging. For example, lean body mass consists of muscle, liver, brain, and kidneys. This total weight diminishes 20 to 30 percent by the age of 70 to 80. This tissue is replaced with less actively metabolic tissue: fat. The result of these changes is, of necessity, decreased physiologic function of all the organ systems. This may be measured in decreased kidney function, decreased gastrointestinal function, decreased glucose tolerance, and other physiologic parameters. This first section leads into a short discussion of biologic gerontology, or the study of aging. One theorist on aging, F. M. Burnett, is quoted as proposing three major factors in aging:

1. There are genetic limitations to the number of generations of somatic cell proliferation.
2. Somatic mutations occur and increase with age, resulting in altered and less effective cell function.
3. The older the organism, the less effective its immune responses.

The second general section of the book deals with the five major problems of the aging patient: (1) confusion; (2) falling; (3) incontinence; (4) homeostatic impairment; and (5) iatrogenic disorders.

This section contains case histories of aging patients with the various problems described. It is somewhat anecdotal and filled with personal case histories. The treatment methods suggested are not especially novel or helpful.

In summary, I found this book useful in understanding the physiology of aging but not particularly helpful in the management of the problems of the aged.

Paul L. Bower, MD  
Rolling Hills, California