

For a
wide range of
fungal infections...

Broad-spectrum antifungal

Mycelex[®]
1% Cream
1% Solution
(clotrimazole)

Indications: Mycelex Cream and Solution are indicated for the topical treatment of the following dermal infections: tinea pedis, tinea cruris, and tinea corporis due to *Trichophyton rubrum*, *Trichophyton mentagrophytes*, *Epidermophyton floccosum*, and *Microsporum canis*; candidiasis due to *Candida albicans*; and tinea versicolor due to *Malassezia furfur*.

Contraindications: Mycelex Cream and Solution are contraindicated in individuals who have shown hypersensitivity to any of their components.

Warnings: Mycelex Cream and Solution are not for ophthalmic use.

Precautions: In the first trimester of pregnancy, Mycelex should be used only when considered essential to the welfare of the patient.

If irritation or sensitivity develops with the use of Mycelex, treatment should be discontinued and appropriate therapy instituted.

Adverse Reactions: The following adverse reactions have been reported in connection with the use of this product: erythema, stinging, blistering, peeling, edema, pruritus, urticaria, and general irritation of the skin.

Dosage and Administration: Gently massage sufficient Mycelex Cream or Solution into the affected and surrounding skin areas twice a day, in the morning and evening.

Clinical improvement, with relief of pruritus, usually occurs within the first week of treatment. If a patient shows no clinical improvement after four weeks of treatment with Mycelex, the diagnosis should be reviewed.

How Supplied: Mycelex Cream 1% is supplied in 15 g and 30 g tubes, and 90 g package (2 x 45 g tube).

Mycelex Solution 1% is supplied in 10 ml and 30 ml plastic bottles.

Store between 35° and 86°F.

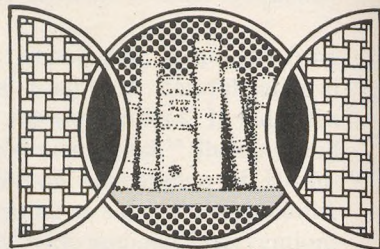
Manufactured by Schering Corporation, Kenilworth, NJ 07033, for Miles Pharmaceuticals, Division of Miles Laboratories, Inc.

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Book Reviews



Diagnosis of Skin Disease. Gerald S. Lazarus, Lowell A. Goldsmith. F. A. Davis, Philadelphia, 1980, 506 pp., \$30.00.

Drs. Lazarus and Goldsmith have organized an extremely useful dermatological textbook in *Diagnosis of Skin Disease*. Its most striking component proves to be the authors' objective to encourage the practitioner to use basic examination skills in order to describe the clinical dermatological process precisely and go on to establish a logical and complete differential diagnosis.

A preliminary section concisely reviews basic dermatological evaluation including lesion types and characteristics, the use of the color atlas, and minor diagnostic procedures. The focus is then directed to grouping and sub-grouping various skin processes (eg, sections such as "macules, brown, non-sun-exposed," and "nodules, sparse, non-tender," so that the physician concludes the diagnosis after having considered the lesion's morphology in an organized fashion.

Upon entertaining a particular differential diagnosis the physician considers summaries of typical disease entities in the sub-group with key items presented in bold type for quick reference. Additionally, graphics illustrate common surface

area distributions of the lesion and photographs lead toward the final diagnosis. Biopsy descriptions accompany each diagnostic category. The text, by using this technique, clearly promotes the concept of history, examination, and diagnostic procedure culminating in the formulation of a differential diagnosis.

From this a final diagnosis can be selected which does not rely on mere visual association.

While this book has special appeal to the family physician, those at all levels of dermatological expertise will appreciate the organization of *Diagnosis of Skin Disease* as well as the separate, exceptional, and complete index of differential diagnosis.

Weaknesses of this volume are readily apparent. There is no attempt to suggest appropriate management in dermatological disease—the authors clearly state in the preface that their intent is to develop diagnostic ability and provide an effective reference. Aside from the basic lesion color atlas, the photographs are not finished in color nor are they well labeled.

Three exceptionally useful sections focus on the examination and differential diagnosis of hair and

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TUSSI-ORGANIDIN™
TUSSI-ORGANIDIN™ DM

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

INDICATIONS AND USAGE: For the symptomatic relief of irritating, nonproductive cough associated with respiratory tract conditions such as chronic bronchitis, bronchial asthma, tracheobronchitis, and the common cold; also for the symptomatic relief of cough accompanying other respiratory tract conditions such as laryngitis, pharyngitis, croup, pertussis and emphysema. Appropriate therapy should be provided for the primary disease. **CONTRAINDICATIONS:** History of marked sensitivity to inorganic iodides; hypersensitivity to any of the ingredients or related compounds; pregnancy; newborns; and nursing mothers. The human fetal thyroid begins to concentrate iodine in the 12th to 14th week of gestation and the use of inorganic iodides in pregnant women during this period and thereafter has rarely been reported to induce fetal goiter (with or without hypothyroidism) with the potential for airway obstruction. If the patient becomes pregnant while taking any of these products, the drug should be discontinued and the patient should be apprised of the potential risk to the fetus. **WARNINGS:** These products contain an antihistamine which may cause drowsiness and may have additive central nervous system (CNS) effects with alcohol or other CNS depressants (e.g., hypnotics, sedatives, tranquilizers). Discontinue use if rash or other evidence of hypersensitivity appears. Use with caution or avoid use in patients with history or evidence of thyroid disease. **PRECAUTIONS: General**—Antihistamines may produce excitation, particularly in children. Iodides have been reported to cause a flare-up of adolescent acne. Children with cystic fibrosis appear to have an exaggerated susceptibility to the goitrogenic effects of iodides. Dermatitis and other reversible manifestations of iodism have been reported with chronic use of inorganic iodides. Although these have not been a problem clinically with Organidin formulations, they should be kept in mind in patients receiving these preparations for prolonged periods. **Information for Patients**—Caution patients against drinking alcoholic beverages or engaging in potentially hazardous activities requiring alertness, such as driving a car or operating machinery, while using these products. **Drug Interactions**—Iodides may potentiate the hypothyroid effect of lithium and other antithyroid drugs. MAO inhibitors may prolong the anticholinergic effects of antihistamines. **Carcinogenesis, Mutagenesis, Impairment of Fertility**—No long-term animal studies have been performed with Tussi-Organidin or Tussi-Organidin DM. **Pregnancy**—Teratogenic effects: Pregnancy Category X (see CONTRAINDICATIONS). **Nursing Mothers**—Tussi-Organidin or Tussi-Organidin DM should not be administered to a nursing woman. **ADVERSE REACTIONS:** Side effects with Tussi-Organidin and Tussi-Organidin DM have been rare, including those which may occur with the individual ingredients and which may be modified as a result of their combination. **Organidin**—Rare side effects include gastrointestinal irritation, rash, hypersensitivity, thyroid gland enlargement, and acute parotitis. **Codeine**—(Tussi-Organidin only): Nausea, vomiting, constipation, drowsiness, dizziness, and miosis have been reported. **Dextromethorphan**—(Tussi-Organidin DM only): Rarely produces drowsiness or gastrointestinal disturbances. **Chlorpheniramine**—The most common side effects of antihistamines have been drowsiness, sedation, dryness of the mucous membranes, and gastrointestinal effects. Less commonly reported have been dizziness, headache, heartburn, dysuria, polyuria, visual disturbances, and excitation (particularly in children). Serious adverse effects are rare. **DRUG ABUSE AND DEPENDENCE** (Tussi-Organidin only): **Controlled Substance**—Schedule V. **Dependence**—Codeine may be habit-forming. **The following sections are optional: OVERDOSAGE:** There have been no reports of any serious problems from overdosage with Tussi-Organidin nor Tussi-Organidin DM. **DOSAGE AND ADMINISTRATION Adults:** 1 to 2 teaspoonfuls every 4 hours. **Children:** 1/2 to 1 teaspoonful every 4 hours. **HOW SUPPLIED: Tussi-Organidin Elixir**—clear red liquid, in bottles of one pint (NDC 0037-4811-10) and one gallon (NDC 0037-4811-20). **Tussi-Organidin DM Elixir**—clear yellow liquid, in bottles of one pint (NDC 0037-4711-10). **Storage:** Store at room temperature; avoid excessive heat. Keep bottle tightly closed.

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scalp disease, nail disease, and entities affecting the oral cavity.

In summary, here is a practical textbook which increases the physician's diagnostic skill in dermatology by catalyzing the systematic arrival of a differential diagnosis of a lesion and then placing the physician in a position to consider effective therapy. The text as a successful educational tool makes use of ample cross references to a given lesion from a variety of clinical presentations.

James J. Bergman, MD
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 Seattle

Manual of Otolaryngology: A Symptom-Oriented Text. Raymond P. Wood, II, Jerry L. Nothorn (eds). Williams & Wilkins, Baltimore, 1979, 240 pp., \$15.95 (paper).

Feeling that family physicians and other primary care specialists receive inadequate training for otolaryngology in both medical school and residencies the authors have written this book to provide supplementary instructions on common otolaryngologic complaints. The text is organized with the problem oriented approach to assure a more orderly process for arriving at the diagnosis and treatment of specific disorders.

The book broadly covers the field of otolaryngology, dealing with anatomy, physiology, neurology, specific disease entities, abnormalities of speech, and trauma about the head and neck.

There are 17 contributing authors who present a broad range of knowledge in a well-organized fashion. Most of the information lends itself exceedingly well to the problem oriented approach but there is some

inconsistency in the use of the approach by different authors. In general, this book's style is very helpful for either quick reference or a comprehensive review. An in-depth study of the topics is not the object of the book.

While pictures in the section on facial skin disorders would be helpful, the anatomic sketches, graphics, charts, and algorithms are very effectively used. Moreover, fine descriptions of the many tests related to otolaryngology are an important part of this book.

I find the *Manual of Otolaryngology* to be one of the most useful otolaryngology references I have seen.

R. Neil Chisholm, MD
 University of Colorado
 Denver

Cardiac Emergency Care (2nd Edition). Edward K. Chung (ed). Lea & Febiger, Philadelphia, 1980, 475 pp., \$25.00.

The editor and his co-workers have produced an excellent book which should be of immediate interest and use to all who work with cardiac patients. For the non-cardiologist, it provides an up-to-date, but concise, consideration of several clinical conditions which require urgent decisions. Family physicians should find it a handy, quick guide to difficult problems. It is replete with well-devised tables. A new chapter related to nursing aspects of this topic should be a useful guide to cardiac nurses and their units. Another new chapter reviews proper use of x-ray study in cardiopulmonary emergencies. Overall, this is a most useful, smoothly edited, well-constructed book which I plan to recommend to

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all family practice and other residents at this hospital.

*T. Eugene Temple, Jr, MD
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A System of Newborn Physical Examination. John W. Scanlon, Thomas Nelson, Lawrence J. Grylack, Yolande F. Smith. University Park Press, Baltimore, 1979, 96 pp., \$8.95 (paper).

This small book aims to help beginners learn the authors' particular approach to physical examination of the newborn. It meets that modest goal but offers little to help the reader reach further.

Using a systems oriented approach, the book outlines the organization and technique of the authors' method of examination. In passing, they comment upon common or interesting diagnostic implications of physical findings but generally do not provide guidance on differential diagnosis. Additional sections cover the assessment of gestational age and the examination of the newborn in the delivery room. A chapter devoted to behavioral evaluation details the senior author's own abbreviated assessment scheme, but does not define normal scores. A final brief review of case histories and diagnostic considerations fails to fill the gap between technique of examination and process of diagnosis. The book's single illustration leaves the reader needing thousands of additional words to make clear the techniques and manipulations described by the authors. There are several helpful tables summarizing normal findings, including quantitative data that would be difficult to locate elsewhere. References are

well selected but few.

Physical examination, like most skills, is usually not best learned from a book. Nothing about this book overcomes that problem. It could be a helpful part of a medical student's initial orientation to newborn examination. Most family

physicians in training and practice will, however, probably find little in it that is new, useful, or better presented than may be found elsewhere.

*William R. Phillips, MD, MPH
University of Washington
Seattle*

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