

Librium® 5mg, 10mg, 25mg capsules

chlordiazepoxide HCl/Roche

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

Indications: Relief of anxiety and tension occurring alone or accompanying various disease states. Efficacy beyond four months not established by systematic clinical studies. Periodic reassessment of therapy recommended.

Contraindications: Patients with known hypersensitivity to the drug.

Warnings: Warn patients that mental and/or physical abilities required for tasks such as driving or operating machinery may be impaired, as may be mental alertness in children, and that concomitant use with alcohol or CNS depressants may have an additive effect. Though physical and psychological dependence have rarely been reported on recommended doses, use caution in administering to addiction-prone individuals or those who might increase dosage; withdrawal symptoms (including convulsions), following discontinuation of the drug and similar to those seen with barbiturates, have been reported.

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.

Precautions: In the elderly and debilitated, and in children over six, limit to smallest effective dosage (initially 10 mg or less per day) to preclude ataxia or oversedation, increasing gradually as needed and tolerated. Not recommended in children under six. Though generally not recommended, if combination therapy with other psychotropics seems indicated, carefully consider individual pharmacologic effects, particularly in use of potentiating drugs such as MAO inhibitors and phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions (e.g., excitement, stimulation and acute rage) have been reported in psychiatric patients and hyperactive aggressive children. Employ usual precautions in treatment of anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation have been reported very rarely in patients receiving the drug and oral anticoagulants; causal relationship has not been established clinically.

Adverse Reactions: Drowsiness, ataxia and confusion may occur, especially in the elderly and debilitated. These are reversible in most instances by proper dosage adjustment, but are also occasionally observed at the lower dosage ranges. In a few instances syncope has been reported. Also encountered are isolated instances of skin eruptions, edema, minor menstrual irregularities, nausea and constipation, extrapyramidal symptoms, increased and decreased libido—all infrequent and generally controlled with dosage reduction; changes in EEG patterns (low-voltage fast activity) may appear during and after treatment; blood dyscrasias (including agranulocytosis), jaundice and hepatic dysfunction have been reported occasionally, making periodic blood counts and liver function tests advisable during protracted therapy.

Usual Daily Dosage: Individualize for maximum beneficial effects. *Oral—Adults:* Mild and moderate anxiety and tension, 5 or 10 mg t.i.d. or q.i.d.; severe states, 20 or 25 mg t.i.d. or q.i.d. *Geriatric patients:* 5 mg b.i.d. to q.i.d. (See Precautions.)

Supplied: Librium® (chlordiazepoxide HCl) Capsules, 5 mg, 10 mg and 25 mg—bottles of 100 and 500; Tel-E-Dose® packages of 100, available in trays of 4 reverse-numbered boxes of 25, and in boxes containing 10 strips of 10; Prescription Paks of 50, available singly and in trays of 10. Libritabs® (chlordiazepoxide) Tablets, 5 mg, 10 mg and 25 mg—bottles of 100 and 500. With respect to clinical activity, capsules and tablets are indistinguishable.

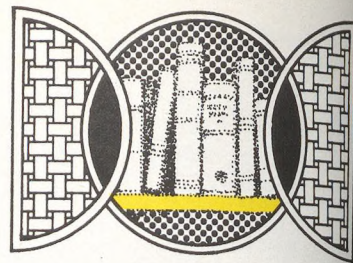
Book Reviews

Pediatric and Adolescent Gynecology. *S. Jean Herriot Emans and Donald Peter Goldstein.* Little, Brown, Boston, 1977, 195 pp., \$15.00.

This concise informative text deserves a readily accessible location in the office library of every practitioner who provides gynecologic care for problems in the pediatric and adolescent age group. The content is especially relevant to family practice in that it focuses on common gynecologic problems which are frequently encountered in family practice.

The text consists of 195 pages of quickly read, easily understood, succinctly presented, usable information. Illustrations are strategically inserted with appropriate frequency to clarify concepts requiring visualization. Organization of the text also enhances readability by presenting basic facts and concepts clearly in early chapters and using them well in later chapters.

The authors' goal of presenting a simplified approach which will enable pediatricians, family physicians, and nurse practitioners to effectively manage common gynecologic problems in the non-adult appears to be well met. Although simplified, information is presented in enough detail to precisely identify and manage the common gynecologic problems encountered by family physicians. Treatment regimens presented are specific, up to date, and are not too



complex to follow. Only the emotional and behavioral aspects seem to be oversimplified, but they are at least considered.

The text is well suited for all levels of practitioners and especially suited to those in the ambulatory setting. Medical students and residents can benefit particularly from the chapter, "Office Evaluation of the Child and Adolescent," which covers material frequently neglected in both medical schools and training programs. This group will find it an adequate practical basic text for pediatric and adolescent gynecology. The experienced family physician will find it useful as a quick update and reference which can be used in the two minutes he may have while a patient is getting dressed.

Stanley L. Erney, MD
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Johnson City, New York

Community Hospitals in Primary Care. *John H. Bryant, Allen S. Ginsberg, Seth B. Goldsmith, et al.* Ballinger Publishing Company, Cambridge, Massachusetts, 1976, 399 pp., \$15.00.

This book is a compilation of working papers based on the results of the Community Hospitals Ambulatory Care project undertaken

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Roche Products Inc.
Manati, Puerto Rico 00701

Fastin[®] IV 30 mg. (phentermine HCl)

BOOK REVIEWS

Before prescribing FASTIN[®] (phentermine HCl), please consult Complete Product Information, a summary of which follows:

INDICATION: FASTIN is indicated in the management of exogenous obesity as a short-term (a few weeks) adjunct in a regimen of weight reduction based on caloric restriction. The limited usefulness of agents of this class should be measured against possible risk factors inherent in their use such as those described below.

CONTRAINDICATIONS: Advanced arteriosclerosis, symptomatic cardiovascular disease, moderate-to-severe hypertension, hyperthyroidism, known hypersensitivity, or idiosyncrasy to the sympathomimetic amines, glaucoma.

Agitated states.
Patients with a history of drug abuse.
During or within 14 days following the administration of monoamine oxidase inhibitors (hypertensive crises may result).

WARNINGS: Tolerance to the anorectic effect usually develops within a few weeks. When this occurs, the recommended dose should not be exceeded in an attempt to increase the effect; rather, the drug should be discontinued.

FASTIN may impair the ability of the patient to engage in potentially hazardous activities such as operating machinery or driving a motor vehicle; the patient should therefore be cautioned accordingly.

Drug Dependence: FASTIN is related chemically and pharmacologically to the amphetamines. Amphetamines and related stimulant drugs have been extensively abused, and the possibility of abuse of FASTIN should be kept in mind when evaluating the desirability of including a drug as part of weight-reduction program. Abuse of amphetamines and related drugs may be associated with intense psychological dependence and severe social dysfunction. There are reports of patients who have increased the dosage to many times that recommended. Abrupt cessation following prolonged high dosage administration results in extreme fatigue and mental depression; changes are also noted on the sleep EEG. Manifestations of chronic intoxication with anorectic drugs include severe dermatoses, marked insomnia, irritability, hyperactivity, and personality changes. The most severe manifestation of chronic intoxications is psychosis, often clinically indistinguishable from schizophrenia.

Usage in Pregnancy: Safe use in pregnancy has not been established. Use of FASTIN by women who are or who may become pregnant, and those in the first trimester of pregnancy, requires that the potential benefit be weighed against the possible hazard to mother and infant.

Usage in Children: FASTIN is not recommended for use in children under 12 years of age.

PRECAUTIONS: Caution is to be exercised in prescribing FASTIN for patients with even mild hypertension.

Insulin requirements in diabetes mellitus may be altered in association with the use of FASTIN and the concomitant dietary regimen.

FASTIN may decrease the hypotensive effect of guanethidine. The least amount feasible should be prescribed or dispensed at one time in order to minimize the possibility of overdosage.

ADVERSE REACTIONS: *Cardiovascular:* Palpitation, tachycardia, elevation of blood pressure. *Central Nervous System:* Overstimulation, restlessness, dizziness, insomnia, euphoria, dysphoria, tremor, headache; rarely psychotic episodes at recommended doses. *Gastrointestinal:* Dryness of the mouth, unpleasant taste, diarrhea, constipation, other gastrointestinal disturbances. *Allergic:* Urticaria. *Endocrine:* Impotence, changes in libido.

DOSAGE AND ADMINISTRATION: *Exogenous Obesity:* One capsule at approximately 2 hours after breakfast for appetite control. Late evening medication should be avoided because of the possibility of resulting insomnia.

Administration of one capsule (30 mg) daily has been found to be adequate in depression of the appetite for twelve to fourteen hours. FASTIN is not recommended for use in children under 12 years of age.

OVERDOSAGE: Manifestations of acute overdosage with phentermine include restlessness, tremor, hyperreflexia, rapid respiration, confusion, assaultiveness, hallucinations, panic states. Fatigue and depression usually follow the central stimulation. Cardiovascular effects include arrhythmias, hypertension or hypotension, and circulatory collapse. Gastrointestinal symptoms include nausea, vomiting, diarrhea, and abdominal cramps. Fatal poisoning usually terminates in convulsions and coma.

Management of acute phentermine intoxication is largely symptomatic and includes lavage and sedation with a barbiturate. Experience with hemodialysis or peritoneal dialysis is inadequate to permit recommendations in this regard. Acidification of the urine increases phentermine excretion. Intravenous phentolamine (REGITINE) has been suggested for possible acute, severe hypertension, if this complicates phentermine overdose.

CAUTION: Federal law prohibits dispensing without prescription.

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en by Columbia University. There were 5,520 community hospitals surveyed. The methodology and results of this survey are discussed in detail. The survey documented the present role of the community hospital in ambulatory primary care and provided the focus for the discussion of current potential roles of community hospitals in providing primary care. Individual chapters are devoted to a discussion of such topics as reorganization of outpatient departments to serve ambulatory patient needs, hospital-sponsored primary care group practice, and health manpower issues.

The stated purpose of the book is "to provide a perspective that will assist those considering initiatives in primary care and [those] understanding the complexities of such undertakings, [and will] help delineate the full range of options open to them; and to provide guidance in the practical steps of developing one of those options—hospital-related primary care group practice." The authors emphasize that the book is not meant to be a blueprint for establishing hospital-oriented group practice, but to set forth the present trends in that direction and to provide some suggestions as to what hospitals can do to contribute to improved delivery of primary care in their communities. Thus, this book presents and examines one option for health-care delivery: hospital-centered primary care.

The book is relevant to family practice and other primary care specialties. It was intended to serve as a reference to hospital trustees, administrators, and staff to aid in their planning for expanded hospital involvement in ambulatory care,

and as a textbook for students, scholars, and health planners. I recommend it to anyone interested in knowing about health-care delivery in the United States.

The book is devoid of jargon and intelligibly written. It is printed on recycled paper, and other than graphs and tables, there are no illustrations.

In summary, I think the objectives outlined by the authors are well met. One option for primary health-care delivery in this country is presented, and although I do not particularly think that this option is the best system, I think it is well presented.

Jim L. Wilson, MD
University of Iowa
Iowa City

The Genetic Approach to Human Disease. Vincent M. Riccardi. Oxford University Press, New York, 1977, 288 pp., \$13.95 (hardcover), \$7.95 (paper).

The Genetic Approach to Human Disease is essentially a primer in clinical genetics for the generalist. The author reviews genetic mechanisms and their implications for the practicing physician rather than providing a text which is all inclusive in various areas of genetic disease. The first half of the book discusses traditional Mendelian chromosomal and polygenic disorders as well as the more complex area of environmental teratogenicity. While well written and straightforward, this content is available in most genetic texts in more comprehensive detail.

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The second half of the book is devoted to the process of obtaining a genetic history, getting information to the family about the hereditary nature of the problem in question, and helping them work through the various options that are available. The chapter on components of a genetic evaluation is very helpful in giving the family physician a structure to collect information and formulate the problem for him/herself, the family, and the genetic consultant. Riccardi's chapters on genetic counseling—which are the conceptual heart of the book—are excellent. He states that "genetic counseling per se is part of a broader clinical involvement with the family." He pursues this emphasis by discussing various team approaches to genetic counseling, providing support—emotional and financial—to the family, and he does a good job discussing primary prevention and the legal and ethical issues involved. In general he touches areas and ideas which are important and which cannot be explored too often.

The role of the family physician in problems of clinical genetics continues to be one of observation and recognition of relationships between generations and family members. The family physician provides a continuing forum for talking out feelings and concerns once the diagnosis of a genetic disorder is made. And, while the geneticist and genetic counseling team have a limited and well-circumscribed connection with the family, the family physician remains to help the family deal with its grief, its anger, and its deliberations about the future. Riccardi is sensitive to these issues and re-

minds us of them throughout his book.

Overall, the book is clearly written and well referenced with an up-to-date and useful bibliography. It is worth reading to help one put genetic disorders and genetic counseling into a reasonable and practical perspective. It is the type of book which provides a review of what is current and diagnostic in evaluative genetics. In a field which changes so rapidly, these are the first areas to become out of date. But the discussion of the basics of genetic evaluation and the process of counseling families about genetic disorders makes this book a valuable one for all of us.

John J. Frey, MD

University of Massachusetts
Worcester

Cardiac Arrhythmias in the Neonate, Infant, and Child. Nigel K. Roberts and Henry Gelband. *Appleton-Century-Crofts, New York, 1977, 533 pp., \$32.50.*

In the 17 chapters of this nicely printed and clearly illustrated work with over a thousand references, the editors have brought together the expertise of 30 writers in the field of pediatric cardiology, primarily from American and Dutch institutions. For most family physicians this book will be "more than you ever wanted to know or were afraid to ask" about cardiac arrhythmias in the young patient. While the field of pediatric cardiology in general is broadly surveyed, the stated purpose of the editors "is to gather information related to cardiac arrhythmias in the neonate, infant, and child and to present it as a 'state of the art'." The first five chapters concern anatomy and

physiology, then a chapter on the electrocardiology of the child, five chapters on specific arrhythmias, three chapters on situational arrhythmias and, finally, two chapters on treatment.

The book is for the subspecialist and it is doubtful that many pediatric generalists will wish to own it. Medical school libraries and the better hospital libraries will purchase copies where the occasional physician may want to read about a specific topic or learn more about a problem patient. The book is interestingly written but for the most part quite technical.

Edward H. Kolner, MD
Madison, Wisconsin

Pediatrics (ed 16). Abraham M. Rudolph (ed), Henry L. Barnett and Arnold H. Einhorn (co-editors). *Appleton-Century-Crofts, New York, 1977, 2,198 pp., \$38.95.*

This 16th Edition of *Pediatrics* is the latest revision of one of the standard pediatric textbooks and will prove to be an excellent reference for the family physician, resident, and medical student. The 16th edition has expanded to 2,198 pages as compared to 1,395 pages in my old 13th edition, quite a commentary on the information explosion.

The medical student or resident physician will find the expanded chapters on assessment and care of the child and psychosocial development and growth, as well as the new chapter on the health-care system, particularly informative. As a practicing family physician, I have found the new chapters on prenatal care and diagnosis, genetics, and immunology very enlightening.

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MYCOSTATIN[®] Vaginal Tablets

Nystatin Vaginal Tablets U.S.P.

MYCOSTATIN[®] VAGINAL TABLETS Nystatin Vaginal Tablets USP

DESCRIPTION: Mycostatin Vaginal Tablets (Nystatin Vaginal Tablets USP) are provided as diamond-shaped compressed tablets containing 100,000 units of nystatin dispersed in lactose with ethyl cellulose, stearic acid, and starch.

INDICATIONS AND USAGE: This product is effective for the local treatment of vulvovaginal candidiasis. Confirm diagnosis by KOH smears and/or cultures prior to therapy. Rule out *Trichomonas* and *H. vaginalis* by appropriate laboratory methods since these pathogens do not respond to nystatin.

CONTRAINDICATIONS: Contraindicated in patients with a history of hypersensitivity to any of the components of the tablets.

PRECAUTIONS: General—Discontinue therapy if sensitization or irritation is reported during use.

Laboratory Tests—Repeat microbiological studies to confirm diagnosis and rule out other pathogens before instituting another course of antimycotic therapy if there is a lack of response to nystatin vaginal tablets.

Usage in Pregnancy—No adverse effects or complications have been attributed to nystatin in infants born to women treated with nystatin vaginal tablets.

ADVERSE REACTIONS: Nystatin is virtually nontoxic and nonsensitizing and is well tolerated by all age groups, even on prolonged administration. Rarely, irritation or sensitization may occur (see Precautions).

For full prescribing information, consult package insert.

HOW SUPPLIED: Available in packages of 15 and 30 individually foil wrapped tablets with applicator and in Unimatic[®] cartons of 50 single-dose packs per carton—each cello-protected single-dose pack consists of one individually foil wrapped tablet, one applicator, and one "Instructions for the Patient" leaflet.



SQUIBB

'The Priceless Ingredient of every product is the honor and integrity of its maker.'™

BOOK REVIEWS

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The text is presented in a clinically useful format with a majority of the chapters organized by organ systems. A description of the disease process, pathology, symptoms, diagnosis, and therapy is presented for each disease process as is information about other problems which must be considered in one's differential diagnosis.

I have had the opportunity to use *Pediatrics* as a reference in clinical situations on a number of occasions and find no significant grounds for criticism. When more depth is required, the references have generally been readily available and include both "classics" as well as pertinent recent literature. The illustrations are generally of excellent quality and complement the text. My only criticism would be that more color plates would improve the volume, particularly in the hematology section.

George Hess, MD
Carson City, Nevada

Child Abuse: Intervention and Treatment. Nancy B. Ebeling and Deborah A. Hill (eds). Publishing Sciences Group, Inc, Littleton, Massachusetts, 1975, 182 pp., \$15.00.

Child Abuse: Intervention and Treatment is a contribution to an evolving area of interest for physicians and other health-care professionals, as well as the community at large. It is a collection of papers presented at the 1972 and 1974 Children's Advocates, Inc, New England Child Abuse Symposia. The papers were presented by persons of varied disciplines involved

in child abuse work, particularly from the discipline of social work. Many of the papers explicate the nature of the child abuse problems and the social work with involved families and children. The point is brought home that child abuse occurs as a symptom of a disturbed family.

One of the most valuable aspects of the book for physicians is the look "beyond the referral" that is given through the experience of obviously capable social workers. Too often physicians who make referrals of patients do not understand the work of those in behavioral sciences to whom they refer. The result is unrealistic attitudes by physicians, both overly optimistic and overly pessimistic. This book offers physician readers an opportunity to appreciate the problems and some of the solutions that are possible with difficult families. We are also treated to a description of experimental approaches in the Boston area to abused children and abusing parents.

This book is divided into eight parts, each part dealing with an aspect of the child abuse phenomenon. The topics range from casefinding to diagnosis, treatment, to considerations of community resources, and the law. Although the book ranges far on the subject, it is by no means comprehensive. Important areas of interest in this field have apparently fallen into the crevices between the presentations. It cannot qualify as a scholarly work on this account and the absence of a bibliography is disappointing. It is however easy reading with much usable information for the family physician on the child abuse problem.

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