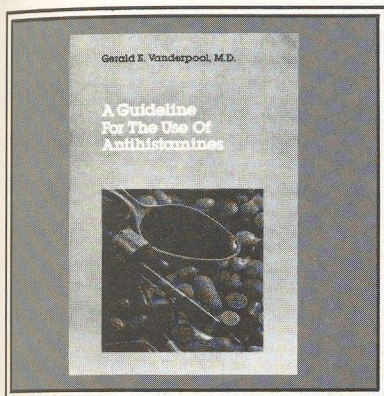


## A Special Service From Ross Laboratories

Ross Laboratories is pleased to make available the booklet, *A Guideline for the Use of Antihistamines*, by Gerald E. Vanderpool, MD. This is an excellent guide to antihistamines and their clinical application. Requests for free copies should be sent to Ross Laboratories, PO Box 1317, Columbus, OH 43216.



## RONDEC Tablet

(carbinoxamine maleate, 4 mg; pseudoephedrine HCl, 60 mg per tablet) R

### BRIEF SUMMARY:

**ADVERSE REACTIONS:** Those patients sensitive to pseudoephedrine may note mild central nervous system stimulation. Sedation has been observed with the use of carbinoxamine maleate. Patients particularly sensitive to antihistamines may experience moderate to severe drowsiness.

**PRECAUTIONS:** Use pseudoephedrine with caution in patients with hypertension. Because of carbinoxamine maleate, patients should be cautioned to exercise care in driving or operating machinery until the possibility of drowsiness is determined. If sensitivity reaction or idiosyncrasy should occur, withdraw the drug. Safety in pregnancy has not been determined. **RONDEC Tablet** should be used in pregnant women only when the benefits outweigh the risks.

**CONTRAINDICATIONS:** There are no known contraindications for the use of **RONDEC Tablet**.

**INDICATIONS:** **RONDEC Tablet** is indicated for seasonal and perennial allergic rhinitis and vasomotor rhinitis.

### USUAL DOSAGE OF RONDEC Tablet

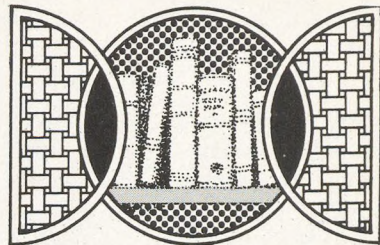
age	dose	frequency
adults and children 6 years and older	1 tablet	4 times a day

For full prescribing information, see package insert.

**ROSS LABORATORIES**  
COLUMBUS, OHIO 43216  
Division of Abbott Laboratories, USA

B159-9750

## Book Reviews



**The Making of the Modern Family.** Edward Shorter. *Basic Books, New York, 1977, 368 pp., \$5.95.*

Considerable difficulty faces both the individual family physician and the field as a whole in incorporating what is known about families into a discipline upon which to base family practice. The limited knowledge about families is dispersed into history, sociology, psychology, anthropology, and only belatedly, medicine. For those interested in exploring the interdisciplinary field of "family studies," *The Making of the Modern Family* is an excellent start. Edward Shorter, a professor of history at the University of Toronto, serves as a charming, erudite, and humorous guide over the last three centuries of the much-mythologized history of the family.

The book is a scholarly work which addresses the question of how social change transforms people's intimate, day-to-day lives. It has generated surprising controversy, undoubtedly due to its fluency, humor, and originality, all rarities in academic treatises. It is organized around an argument which concerns the changing nature of households and communities, of men's and women's roles, sexuality, romance, mother-infant relations, and the nuclear family itself in Western Europe and America over the last three centuries. Shorter's argument, bastardized here for brevity, contends that the social matrix of lineage,

community, and extended family has been loosened, and the nuclear family freed of the bonds of authority, custom, and rationality in favor of free choice, spontaneity, and sexuality. He draws much of his evidence from provincial medical doctors in 18th century France who created a genre of literature called "medical topography," imitated throughout Europe and America; local practitioners described the social lives and environmental hazards of their patients, with all the attendant prejudices of their profession, providing one of the only sources of information on the common peoples of those times. Shorter gathers an impressive assembly of ingenious and creative evidence to support his argument, all carefully and unobtrusively documented in the book's concluding notes and appendices.

The momentum for these already familiar changes came, according to Shorter, from the necessities of market capitalism—individualized consumers, large markets, increased standards of living, and the creation of an industrial labor force. While the argument remains persuasive, these "reasons why" are not documented as those which prove that the changes actually took place. This poses the unaddressed question of how economics still affects the nature of the family today.

Continued on next page

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Most useful to my own understanding of families was the concluding chapter on the "post-modern family" and the current changes in the Western family. Shorter's analysis of the "youth culture," definitively "cutting the lines from younger generation to older" and based on those characteristics that supposedly reveal a person's masculinity or femininity, gave me an original understanding of teenage pregnancy and epidemic venereal disease.

*The Making of the Modern Family*, if it is at moments repetitive, accumulating evidence, remains an enjoyable, enlightening study which begins to place the family in a documented historical context, more complicated and interesting than Norman Rockwell portraits or Grandma's embroidered epigrams. If family practice is to become a discipline with a body of knowledge, it logically begins with the nature of families. Forget your history-of-medicine-is-boring prejudice, as this history of the family delights as it provides an insight into where we have come from, where we are, and where we are going.

A.H. Strelnick, MD  
Dr. Martin Luther King  
Health Center  
Montefiore Hospital and  
Medical Center  
Bronx, New York

**Basic Surgery: A Symptom-Oriented Approach.** Bernard Gardner, Hiram C. Polk, Jr, H. Harlan Stone, Winfred L. Sugg (eds). Appleton-Century-Crofts, New York, 1978, 627 pp., \$18.75 (paper).

This softcover book, certainly too large and heavy for the medical student and house officer's white

jacket pocket, presents an excellent approach to basic surgical principles.

The organization of this book, mainly a symptom oriented approach, renders it quite readable. The chapter references seem appropriate and the review questions and answers highlighted at the end of each chapter are excellent.

Chapters which seem especially good are those dealing with parenteral fluids/nutrition, acute abdominal pain, burns, low back pain, and a postlogue which gives a good review of basic surgical techniques.

In summary, this book has applicability to clinical year medical students, house officers, practicing physicians; certainly could be recommended for inclusion on the ER bookshelf; and could be recommended for a basic review of surgical principles and techniques.

Loren H. Amundson, MD  
University of South Dakota  
Sioux Falls

**Practical Antimicrobial Therapy.** Herbert L. Dupont. Appleton-Century-Crofts, New York, 1978, 172 pp., \$8.75 (paper).

The purpose of this book (manual), as clearly stated by the author in the preface, is to give the clinician general and specific guidelines in the selection of an antibiotic. The author accomplishes this in a very complete, concise, and easily assimilated fashion without wasting space on trivia.

The beginning prepares the clinician for following sections by a discussion of general considerations of chemotherapeutic agents. This includes mechanisms of action, cidal and static drugs, information concerning their actions and their use, and the effects of protein bind-

Continued on page 356

For UTI in their sexually active years...

## Macrodantin® (nitrofurantoin macrocrystals)

Capsules: 25 mg, 50 mg, 100 mg

**INDICATIONS:** Macrodantin 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 Macrodantin, 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 Macrodantin. 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 Macrodantin.

**PRECAUTIONS:** Peripheral neuropathy may occur with Macrodantin 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 Macrodantin 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, myalgia, and drowsiness.

**Miscellaneous reactions:** Transient alopecia. As with other antimicrobial agents, superinfections by resistant organisms may occur. With Macro-dantin, 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 Infections Study Report, Annual Summary 1976*, issued August 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.

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Manati, Puerto Rico 00701

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

# Fastin® 30 mg. (V) (phentermine HCl)

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 a 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 overdosage.

**CAUTION:** Federal law prohibits dispensing without prescription.

**Beecham**  
laboratories  
Bristol, Tennessee 37620

## BOOK REVIEWS

Continued from page 352

ing on drug activity and effectiveness.

This is followed by a section on factors which influence outcome in bacterial infection, such as delay in instituting therapy, extent of infection and nature of organism, appropriateness of antibiotic, site of infection, and surgical intervention.

The proper approach to the infected patient is presented. Although correct bacterial identification and drug sensitivity are not neglected, a great deal of emphasis is placed on empiric antimicrobial therapy because, as the author states, "it is in this setting that most antibiotic orders are written."

The predominant portion of the book is then devoted to infection at various sites of the body and in the various organ systems. This is dealt with in an excellent manner in each instance and includes diagnosis, etiology, antimicrobial of first choice, and an alternative.

The manual concludes with a brief discussion of incomplete clinical response to therapy and, finally, a very good list of references for further reading.

This is a fine manual for the family physician to have at his elbow for instant reference. Every active clinician should possess this information on antimicrobial therapy.

George E. Burket, Jr, MD  
Leawood, Kansas

**Drug Information for Patients. H. Winter Griffith. W. B. Saunders Company, Philadelphia, 1978, 511 pp., \$31.00.**

*Drug Information for Patients* is a comprehensive, clearly written, loose-leaf, hardcover text concerning information that the average patient can understand without dif-

ficulty. The format contains concise information on each page concerning most of the drugs prescribed in a primary care setting.

Each drug is discussed on one page. The format is well organized and the information is given as follows:

1. The name of the pharmaceutical company;
2. *Warning* (concerning potential for drug abuse, addiction, or habit formation);
3. *Instructions* (written in a simple, concise style);
4. *Precautions*;
5. *Possible side effects*;
6. *Patients' activities of daily living* (subject matter instructing the patient about necessary precautions in their everyday performance and responsibilities);
7. *Storage*;
8. *Refill information*;
9. *Overdosage* (pertinent information for the layman in treating overdosage of the drug described).

Since each drug is detailed on one page, it can be removed (loose-leaf binder text). The patient could post the page of information in a conspicuous place near where the medication is kept or stored. The page can be put back into the binder after treatment is completed. All drugs are listed alphabetically.

This text could also be used as a quick reference for the busy practicing family physician. I would recommend "Drug Information for Patients" as a very practical vehicle for the patients' comprehensive understanding of all aspects of the drugs they are exposed to.

Irving M. Rasgon, MD  
University of Southern California  
Southern California Permanente  
Medical Group  
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