

Tussionex[®]

(resin complexes of hydrocodone and phenyltoloxamine)

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.

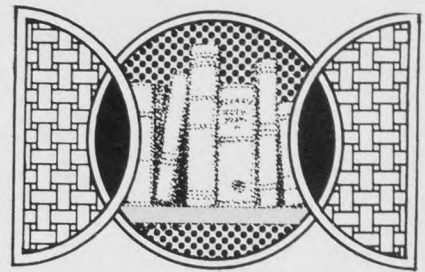
Overdosage: Immediately evacuate the stomach. Respiratory depression, if any, can be counteracted by respiratory stimulants. Convulsions, sometimes seen in children, can be controlled by intravenous administration of short-acting barbiturates.

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.

Book Reviews



Cope's Early Diagnosis of the Acute Abdomen (15th Edition). William Silen. Oxford University Press, New York, 1979, 280 pp., \$13.95 (cloth), \$6.95 (paper).

This is the first edition of this book by Dr. Silen, although it seems to have been a well-loved work in Great Britain through 14 previous editions. It has the delightfully dignified style characteristic of many British publications, and the new editor has couched his additions and modifications in language so similar that one is hard put to discover them. The text is written in a highly personal manner, with anecdotes from the experience of Dr. Cope sometimes leading to conclusions that sound rather speculative.

I would like to have had this book at hand during my surgical clerkship and Emergency Room rotations. It presents the differential diagnosis of the acute abdomen in a comprehensive and interesting manner, and should prove invaluable to students and residents. Any practicing physician who encounters patients with acute abdominal symptoms will profit from the review afforded by reading this volume, which includes excellent sections on problems encountered in pediatric and gynecological offices as well as in family practice. It reiterates—indeed, Cope may have been the first

to formulate—many of the old aphorisms concerning abdominal diagnosis.

Some clarity could have been gained by the addition of arrows to point out positive findings on the x-ray film reproductions and by translating a few terms, such as “#1 needle” and “Stirling’s gentian violet” into American usage. Perhaps this will be done if Dr. Silen continues as editor and the book becomes popular in this country, as it should.

Collin Baker, MD
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Handbook of Endocrine Tests in Adults and Children (2nd Edition). Robert N. Alsever, Ronald W. Gotlin. Year Book Medical Publishers, Chicago, 1978, 238 pp., \$17.95.

This handbook seeks to outline the proper performance (collection techniques and clinical variables, not laboratory procedure performance) of endocrine tests and their normal responses. It is aimed at clinicians at all levels of training and expertise from student to

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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. Periarteritis 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).

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endocrinologist. It specifically avoids discussion of disease states and the overall clinical approach to diagnosis and management. The authors specifically state that it is not a textbook or laboratory manual of endocrinology—and it is not. It must be used in conjunction with a textbook and sound clinical judgment.

Given its self-described limitations, this book does a very commendable job of drawing together a large amount of practical and useful information regarding the collection and interpretation of endocrinologic tests. The first chapter on endocrinologic technique is worthwhile reading, and even periodic re-reading. The book is logically constructed and well indexed. Each chapter is uniform in outline and concise. An appendix of appropriate costs provides needed and worthwhile information.

This book should be in every Family Practice Center where it would be readily accessible for frequent clinical use. Students and residents will find it helpful but should follow the pathology laboratory methodology if it is available. Any practitioner who conducts or orders endocrinologic tests should have this handbook readily available.

John L. Buckingham, MD
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Patient Education for the Family: Practical Patient Aids for Health Care Professionals. David Brunworth, Scott Rigden. Published by the authors, 1979, 109 pp., \$36.00.

Patient education is so much a matter of individual style that it is

difficult to review objectively a book such as this. The format is a loose-leaf binder containing over 100 pages of patient instructions on a wide variety of subjects, from "how to tan without burning," to "how to control your time and life." The foreword suggests that these sheets may be copied for patient use; with this purpose in mind, one wonders why tan paper stock, which does not reproduce cleanly, was used.

It is also suggested that the physician might want to use the material as a starting point for developing his/her own set of patient instructions. To this reviewer, it appears that this would be necessary for almost all of the instructions, for they are written in a style and with a vocabulary so sophisticated that many practitioners will find it of little value. Patients lacking a college education may find much of the information confusing and some of it unintelligible.

As to content, it is apparent that methods of therapy differ among physicians, and no criticism should be made on that basis. But the book does not live up to its authors' admonition that the contents should be accurate. Triaminic is described as a decongestant. Germicidal soaps are lumped together with Ivory as "mild" soaps, and some of the illustrations are anatomically inaccurate. There are numerous typographical errors, and names such as Valsalva are not capitalized. Finally, there are references to "PMA cards," "Mandino's Book," and "the 80-20 Rule," which are intelligible only to the initiated.

With more care in editing to ensure that the contents would be understandable and usable by a

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larger group of patients and their physicians, this might have been a valuable book. As it is, few family physicians will find it worth the price.

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Office Techniques for Diagnosing Skin Disease. William H. Eaglstein, David M. Pariser. Year Book Medical Publishers, Chicago, 1978, 185 pp., \$23.95.

An interesting variant of the usual dermatology book, this work deals entirely with diagnostic techniques to be used by the physician, nurse, student, or other medical personnel when a patient presents himself with a skin disease. It is highly organized, dealing with purpose, diagnostic value, and clinical indications. It also describes the materials needed, where to find them, actual techniques, and discussion of the findings.

There are over 100 pages of both high quality illustrations of techniques and actual pictures of lesions. The book should be extremely helpful to the examining physician as well as the person responsible for dealing with the specimens.

Office Techniques is well organized and has excellent readability. It contains material relevant to family practice and should help one improve his/her diagnostic techniques. If properly used, this book should take much of the guess work out of diagnosing common skin diseases and should eliminate the need for therapeutic trials in many cases. All of the procedures can be easily done in the physician's office and

the book is written in enough detail to allow the physician to reach an endpoint in diagnostic efforts.

The book should serve well in a residency training program, in the practicing physician's office, and as a textbook for medical students and allied health professionals.

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Health, Stress and Coping. Aaron Antonovsky. Jossey-Bass, San Francisco, 1979, 255 pp., \$13.95.

As one of the most experienced workers in the field of stress, Antonovsky should have something important to contribute in a new book, and he does: the latest findings from international interdisciplinary studies and a balanced view of the state of the art.

Unfortunately, "stress" has become a catchword, a cliché, a salespitch for vitamins, paperbacks, and whatnot. If the mind-body link were not, in fact, so powerful, stress could be dismissed as a passing fad; but increasingly, scientists are finding bio-amine pathways between emotions, nervous networks, endocrine glands, and target organs. Meanwhile, waiting rooms and emergency rooms are filled with casualties of stress related illnesses, ranging from disabling headaches to life threatening disease.

To what extent is a unifying concept of stress useful to a family physician? How skilled must he/she be in understanding stress: its variants; its pathophysiology; its demographic, cultural, and environmental features? Should he know what is fact and what is theory? The animal work and the human studies? The difference be-

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SYNEMOL®
(FLUOCINOLONE ACETONIDE)
CREAM 0.025%

Description SYNEMOL (fluocinolone acetonide) has the chemical name $\delta\alpha, 9\alpha$ -difluoro- 16α -hydroxyprednisolone- $16, 17$ -acetonide.

The cream contains fluocinolone acetonide 0.25 mg./g. in a water-washable aqueous emollient base of stearyl alcohol, cetyl alcohol, mineral oil, propylene glycol, sorbitan monostearate, polysorbate 60, purified water and citric acid.

Indications Inflammatory manifestations of corticosteroid-responsive dermatoses.

Contraindications Topical steroids are contraindicated in those patients with a history of hypersensitivity to any of the components of the preparation.

Precautions If irritation develops, discontinue the product and institute appropriate therapy.

In the presence of an infection institute the use of an appropriate antifungal or antibacterial agent. If a favorable response does not occur promptly, discontinue the corticosteroid until the infection has been adequately controlled.

If extensive areas are treated or if occlusive technique is used, there will be increased systemic absorption of the corticosteroid and suitable precautions should be taken, particularly in children and infants.

The safety of topical steroids in pregnant women has not absolutely been established. In laboratory animals, increases in incidences of fetal abnormalities have been associated with exposure of gestating females to topical corticosteroids, in some cases at rather low dosage levels. Therefore, drugs of this class should not be used extensively on pregnant patients, in large amounts or for prolonged periods of time.

SYNEMOL® (fluocinolone acetonide) cream is not for ophthalmic use.

Adverse Reactions Local adverse reactions reported with topical corticosteroids: burning, itching, irritation, dryness, folliculitis, hypertrichosis, acneiform eruptions, hypopigmentation, perioral dermatitis, allergic contact dermatitis, maceration of the skin, secondary infection, skin atrophy, striae, miliaria.

How Supplied
SYNEMOL® (fluocinolone acetonide)
Cream 0.025% — 15, 30 and 60 g. tubes.



Syntex Laboratories, Inc.
Palo Alto, California 94304

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tween objective and subjective stress, the use and abuse of life event scores, the concept of person-environment fit? How to differentiate predisposing, precipitating, and perpetuating factors? These are, in my opinion, basic working tools as useful to the physician as to the social scientist.

In this book, Antonovsky sharpens our perceptions by delineating "social networks," "generalized resistance resources," "breakdown points," "state of tension," and "tension managements." He expands Parson's categories of doctor-patient relationship to include the "sacred" model. His linkage of societal expectations of health and the organization of health services has international relevance.

Most importantly, Antonovsky focuses on a key question puzzling all serious students of stress: "Why do some persons cave in and give up under stress, while others emerge stronger and more confident than ever?" The answer is something he calls "a strong sense of coherence," a concept triggered by an indepth study of 77 Central European survivors of concentration camps, now settled in Jerusalem. Despite experiencing the Holocaust and displaced person camps, struggle and uncertainty, and three wars, some of these women were functioning at levels higher than anyone would expect (from 14 psychosocial measures of adaptation). Why? Because, the author concluded, such individuals possess "a pervasive, enduring though dynamic feeling of confidence that one's internal and external environments

are predictable, and that there is a high probability that things will work out as well as can reasonably be expected."

To detect such a vital *sense of coherence* in patients is to begin to understand the dynamics of health in one's practice. (Health, as defined by Dubos: "a modus vivendi enabling imperfect men to achieve a rewarding and not too painful experience while they cope with an imperfect world.")

In an imperfect world of ambulatory care, Antonovsky's insights can help one recognize and differentiate the range of response to stress, from disabling disease to resilient and vigorous health.

Stanley H. Schuman, MD
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Since 1960... LOMOTIL®

Each tablet and each 5 ml. of liquid contain:
diphenoxylate hydrochloride, 2.5 mg. (Warning:
May be habit-forming); atropine sulfate, 0.025 mg.

Available at your pharmacy
in bulk bottles for filling any
prescription quantity, in
convenient 30-Pack tablet
dispensers, and as liquid in
2-oz. bottles with calibrated
droppers.



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