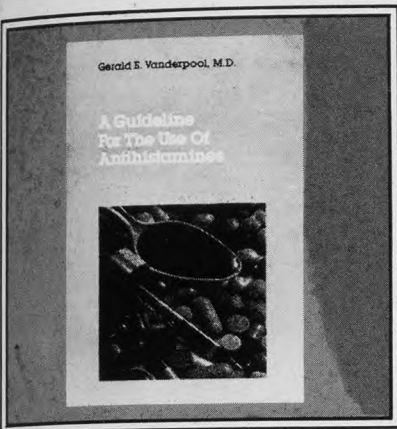


A Special Service From Ross Laboratories

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

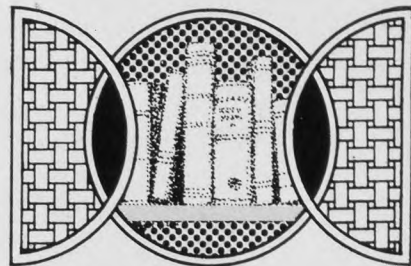
age	dose	frequency
adults and children 6 years and older	1 tablet	4 times a day

For full prescribing information, see package insert.

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

B159-9750

Book Reviews



All Our Children: The American Family Under Pressure. *Kenneth Keniston and the Carnegie Council on Children.* Harcourt Brace Jovanovich, New York, 1977, 255 pp., \$3.95 (paper).

Most family physicians are quite sensitive to the impact which employment, social services, health insurance, and the law have upon the individual families for whom they care and to whom they give counsel. Often, the physician becomes the family's advocate in dealing with these systems. However, family physicians have remained too passive in their role as public advocates for families in shaping the development of those policies which so profoundly affect the daily lives of our patients. *All Our Children* is an outline of those areas which most need attention from family advocates and begins by recognizing that traditional passivity.

The Carnegie Corporation created the Council on Children and commissioned this study in 1972, long before 1979 was declared the International Year of the Child. Kenneth Keniston, a psychologist best known for his work with social change, protest, and alienated youth, was intentionally chosen in order to bring a fresh viewpoint and deep concern about children to this study. The result is a carefully documented assessment of the pressures American families bear in trying to raise healthy, happy,

and productive children. This led the Council to address the areas of public policy it saw as most relevant to easing those pressures on the family—employment, social services, health care, and legal rights.

All Our Children, the central volume of a series by the Council, challenges many of the myths which have molded our view of childhood and our children's futures—the myths of equal opportunity, technological progress, and a laissez-faire economy, the myth of the self-sufficient family that equates needing help with inadequacy. The Council examined the changing roles of marriage, of parenting, and of the family itself in children's lives, all while seeking "the best interests of the child."

The choice of the health and well-being of children, our greatest natural resource, as the nation's first priority, over alternatives such as controlling inflation or maintaining international military supremacy, leads to an extensive critique of current economic, legal, social service, and health policies. This principle is argued with simple and lucid language that does not dull its points or criticisms. "Why should human services be most available to those well-off enough to buy them, when all families need them?" the Council asks in a recurrent theme.

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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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The Council reminds us that in 1940 1 of every 2 federal dollars spent on health care went to children, while in 1970 it was only 1 in 17! They recognize that without changes in the appropriateness and accessibility of health services, national health insurance will only be inflationary. They propose that the public schools serve as a model. A school system is responsible for all of a community's children, a medical practice only for those whose families seek care. Their model shifts the perspective from the needs of the marketplace (those who buy services) to those of the population (those who need services).

All Our Children is a provocative assessment of the state of the American family and offers realistic alternative policies that deserve wide attention and debate. The logic which follows a primary commitment to the health and well-being of all our children represents a serious critique and profound challenge to our current conduct of public and family affairs.

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Endocrinology: A Logical Approach for Clinicians. William Jubiz. McGraw-Hill, New York, 1979, 418 pp., \$20.00.

The author of this valuable, manageable, brief reference book has detected and very adequately filled a need for a book containing basic principles and a physiologic approach to endocrine problems as they occur in practice. This book is intended to benefit medical students, residents, and practicing physicians,

and to assemble for them useful information which will assist them in understanding the intricate but logical aspects of the endocrine system. Increasingly, the impact of endocrinology on general medicine is being realized, and this is demonstrated with clarity in this text. Practicing family physicians will certainly find it a useful reference, with clear explanations of recent advances in biochemistry and physiology.

The book is clearly presented and readable. The text is amply illustrated with figures and tables, but minor irritations are caused by the fact that some of the figures do not occur on the pages to which reference is made to them in the text. Perhaps the weakest thing about the book is the paucity of illustrations of patients with endocrine conditions. Apart from reproductions of radiographs which appear in the text itself, there are only 20 other illustrations which are not representative of endocrinologic conditions as they occur in practice.

Apart from these few minor criticisms, which could possibly be dealt with in future editions, the book will be a valuable addition to the library of any family physician.

Robin J.O. Catlin, MD
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Worcester

Exercise Electrocardiography: Practical Approach. Edward K. Chung (ed). Williams & Wilkins, Baltimore, 1979, 354 pp., \$30.00.

Family physicians are experiencing a growing interest in the use of exercise electrocardiography. Among reasons for this appeal are its success in helping to clarify the na-

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Keflex* (cephalexin)

Indications: Keflex is indicated for the treatment of the following infections when caused by susceptible strains of the designated microorganisms:

Respiratory tract infections caused by *Streptococcus (Diplococcus) pneumoniae* and group A beta-hemolytic streptococci (Penicillin is the usual drug of choice in the treatment and prevention of streptococcal infections, including the prophylaxis of rheumatic fever. Keflex is generally effective in the eradication of streptococci from the nasopharynx; however, substantial data establishing the efficacy of Keflex in the subsequent prevention of rheumatic fever are not available at present.)

Otitis media due to *S. pneumoniae*, *Haemophilus influenzae*, staphylococci, streptococci, and *Neisseria catarrhalis*

Skin and skin-structure infections caused by staphylococci and/or streptococci

Bone infections caused by staphylococci and/or *Proteus mirabilis*

Genitourinary tract infections, including acute prostatitis, caused by *Escherichia coli*, *P. mirabilis*, and *Klebsiella* sp.

Note—Culture and susceptibility tests should be initiated prior to and during therapy. Renal function studies should be performed when indicated.

Contraindication: Keflex is contraindicated in patients with known allergy to the cephalosporin group of antibiotics.

Warnings: BEFORE CEPHALEXIN THERAPY IS INSTITUTED, CAREFUL INQUIRY SHOULD BE MADE CONCERNING PREVIOUS HYPERSENSITIVITY REACTIONS TO CEPHALOSPORINS AND PENICILLIN. CEPHALOSPORIN C DERIVATIVES SHOULD BE GIVEN CAUTIOUSLY TO PENICILLIN-SENSITIVE PATIENTS. SERIOUS ACUTE HYPERSENSITIVITY REACTIONS MAY REQUIRE EPINEPHRINE AND OTHER EMERGENCY MEASURES.

There is some clinical and laboratory evidence of partial cross-allergenicity of the penicillins and the cephalosporins. Patients have been reported to have had severe reactions (including anaphylaxis) to both drugs.

Any patient who has demonstrated some form of allergy, particularly to drugs, should receive antibiotics cautiously. No exception should be made with regard to Keflex.

Usage in Pregnancy—Safety of this product for use during pregnancy has not been established.

Precautions: Patients should be followed carefully so that any side effects or unusual manifestations of drug idiosyncrasy may be detected. If an allergic reaction to Keflex occurs, the drug should be discontinued and the patient treated with the usual agents (e.g., epinephrine or other pressor amines, antihistamines, or corticosteroids).

Prolonged use of Keflex may result in the overgrowth of non-susceptible organisms. Careful observation of the patient is essential. If superinfection occurs during therapy, appropriate measures should be taken.

Positive direct Coombs tests have been reported during treatment with the cephalosporin antibiotics. In hematologic studies or in transfusion cross-matching procedures when antiglobulin tests are performed on the minor side or in Coombs testing of newborns whose mothers have received cephalosporin antibiotics before parturition, it should be recognized that a positive Coombs test may be due to the drug.

Keflex should be administered with caution in the presence of markedly impaired renal function. Under such conditions, careful clinical observation and laboratory studies should be made because safe dosage may be lower than that usually recommended.

Indicated surgical procedures should be performed in conjunction with antibiotic therapy.

As a result of administration of Keflex, a false-positive reaction for glucose in the urine may occur. This has been observed with Benedict's and Fehling's solutions and also with Clinitest® tablets but not with Tes-Tape® (Glucose Enzymatic Test Strip, USP, Lilly).

Adverse Reactions: Gastrointestinal—The most frequent side effect has been diarrhea. It was very rarely severe enough to warrant cessation of therapy. Nausea, vomiting, dyspepsia, and abdominal pain have also occurred.

Hypersensitivity—Allergies (in the form of rash, urticaria, and angioedema) have been observed. These reactions usually subsided upon discontinuation of the drug. Anaphylaxis has also been reported.

Other reactions have included genital and anal pruritus, genital moniliasis, vaginitis and vaginal discharge, dizziness, fatigue, and headache. Eosinophilia, neutropenia, and slight elevations in SGOT and SGPT have been reported. [121279]

Additional information available to the profession on request.



Dista Products Company
Division of Eli Lilly and Company
Indianapolis, Indiana 46285

BOOK REVIEWS

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ture and etiology of chest pain, its augmentation to the diagnosis of coronary artery disease, and its value in assessing the functional capacity both of the patient with cardiac disease and of the well patient desiring a specific exercise prescription. All of these categories fall into the realm of responsibility of the family physician.

Dr. Edward Chung has assembled 14 experts in cardiology, exercise physiology, and rehabilitation, and has produced a refreshingly readable work, written with the primary goal of describing every pertinent aspect of exercise electrocardiography related to the care of the patient.

Dr. Chung first reviews fascinating historical considerations including shortcomings of early attempts to quantitate exercise tolerance with respect to the human cardiovascular system. He then precisely outlines the basic principles of exercise physiology, the fundamentals of exercise testing, and the roles of the staff and patient with respect to the mechanics of the test. The technical aspects of Chung's exercise testing protocol are discussed, including a review of other successful protocols used in this country. Further chapters delineate the indications, contraindications, complications, and the documented specificity and sensitivity of exercise evaluation. A major chapter thoroughly covers interpretation of the test. Beyond the general presentation are interesting chapters on the testing of children, exercise physiology, the pathophysiology of exercise, exercise induced arrhythmias, and potential complicating medicolegal problems.

One notices immediately that Chung has a style which promotes rapid assimilation of the material,

building one's knowledge from chapter to chapter based on the preceding chapter's content. Summaries are written in outline form and provide quick material review. Other significant features include the excellent literature documentation in each section and the detailed use of approximately 150 figures, mainly pertinent illustrative electrocardiograms. A broad category index successfully expedites the location of key material. Another strong feature in the text is that it is written on several levels of sophistication, establishing it as both an adequate reference text in addition to its primary function as a basic introduction to the field. Easy readability and concise summaries at the end of each chapter round out the striking, positive aspects of this work.

There are some shortcomings. One is the lack of discussion of the equipment, its cost, and how to obtain, install, and afford the exercise electrocardiography test in the office. Another is that many electrocardiogram illustrations are not on the same page as the reference to them; this may be somewhat annoying to the reader.

In summary, *Exercise Electrocardiography: Practical Approach*, is a technically well-written, well-organized book which possesses exceptional teaching power in addition to its service as a complete reference for the primary care physician. It is, therefore, a highly relevant and practical text for the family physician and clearly serves effectively an audience caring for patients having chest pain, possible coronary artery disease, or in need of cardiac rehabilitation and exercise prescription.

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