

**Keflex®**  
cephalexin

**Brief Summary. Consult the package literature for prescribing information.**

**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.)

**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 nonsusceptible 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.

As with other broad-spectrum antibiotics, colitis, including rare instances of pseudomembranous colitis, has been reported in conjunction with therapy with Keflex.

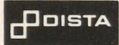
*Hypersensitivity*—Allergies (in the form of rash, urticaria, and angioedema) have been observed. These reactions usually subsided upon discontinuation of the drug. Anaphylaxis has also been reported.

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.

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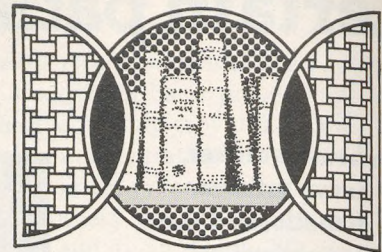
Additional information available to the profession on request from Dista Products Company, Division of Eli Lilly and Company, Indianapolis, Indiana 46285.

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Carolina, Puerto Rico 00630

## Book Reviews



**The Clinical Practice of Adolescent Medicine.** Jerome T. Y. Shen (ed). Appleton-Century-Crofts, New York, 1979, 727 pp., \$36.50.

Adolescents may be as difficult to manage for physicians as they are for their parents. In recent years physicians with an interest in this area have recognized the special needs of the teenager who is neither a pediatric patient nor an adult. This text attempts to identify these needs and differences while providing both a factual reference base and a philosophy of approach. The latter is achieved more effectively than the former.

The editor, who is a major contributing author, has intended, "a practical, clinically oriented handbook designed for day-to-day use in office or clinical practice." Clinical topics include sports injury, adolescent gynecology, substance abuse, and other areas of particular importance in this age period. More general subjects, such as allergy, dermatology, and infectious disease, are focused on the particular problems of adolescence. Most chapters are informative and readable. The organization of topics seems a bit random and there are few illustrations, charts, or tables. An exception is the appendix which contains a collection of history forms which the editor has found helpful in his practice. Some of the important topics, such as acne and obesity, are handled in a rather brief and superficial manner, while others, such as menstrual disorders and behavioral problems are covered in more depth.

While expressly for, "all those whose work in health care involves them with adolescents," I find this book best suited for those with a newly discovered interest in this area since what is conveyed best is the editor's genuine compassion for this age group which he expresses in both a philosophy of care and an effective organizational approach to daily practice.

Leland J. Davis, MD  
University of California  
San Francisco

**A Patient's Guide to Medical Testing: Professional Edition.** Marion Laffey Fox, Truman G. Schnabel. The Charles Press Publishers, Bowie, Maryland, 1979, 271 pp., price not available.

This is another in the current rash of consumerism books intended to educate patients about their illnesses and treatment. The authors state that the "purpose of this book is to provide you with a simple, easy-to-understand guide to all possible situations in contemporary diagnostic medicine." While this is a large order, they have succeeded surprisingly well.

Several sections are devoted to an explanation of medical testing, the patient's responsibility, informed consent, and choosing a physician. The remaining chapters explain, system by system, basic anatomy and physiology, and why it

Continued on page 398

**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.

Rev. 2/80



**WALLACE LABORATORIES**  
 Division of Carter-Wallace, Inc.  
 Cranbury, New Jersey 08512

Continued from page 370

is necessary to do diagnostic procedures within each system. For each section every ordinary (and in some instances, extraordinary) diagnostic test is subjected to the following examination: (1) What is the test and why was it ordered? (2) What preparation is needed? (3) How is the test performed? (4) Where is it done and by whom? (5) How much time does it take? (6) How will you feel? and (7) Is there a risk? The explanations are well written and easily understood.

This book would be useful for family physicians in explaining proposed tests to their patients. Photocopying each test will supply the patient with the answer to most of his questions concerning any procedure.

Section 1, "Real People and the Muddle," consists of four case histories which depict physicians and other health care personnel as insensitive, non-caring, and at times incompetent individuals with no concern for patients' feelings. Admittedly included "as a jolt for medical personnel," this chapter could well have been omitted without compromising the purpose of the book. Many physicians, especially family physicians, will find this section superfluous, inflammatory, and in poor taste.

*Herbert L. Tindall, MD*  
*Quarryville, Pennsylvania*

**Patient Management Problems: Exercises in Decision Making and Problem Solving.** *Bruce S. Chertow, Rameshe Chingra, Verrasamy K.G. Pillay, Rene L. Merenberg. Appleton-Century-Crofts, New York, 1979, 318 pp., \$28.95 (paper).*

Patient management problems are becoming a popular way for

physicians to study. They are relevant to the practice of medicine, requiring the reader to gather, interpret, and evaluate data and take action based on clinical problem solving. In addition, they are capable of providing immediate feedback. The best of them truly gives the feeling of managing an actual patient together with a well-informed teacher.

This book contains 15 problems in the area of internal medicine. A latent image process is used so that the reader gets immediate feedback regarding the results of the decisions made and can learn whether the authors considered the decision correct, neutral, or incorrect. At times, the information discovered by the latent image refers the reader to the appendix where roentgenograms, scans, and electrocardiograms are reproduced so that the reader may test his/her ability to interpret these. At the end of each problem the diagnoses are given and the reader is referred to a section in the appendix which discusses the management of the problem.

Good patient management problems are extremely difficult to write and these are well done. One generally has the feeling that a patient is actually being cared for. Sometimes the reader might disagree with the authors but since the rationale for their decisions is presented, this does not detract from the quality of the book. However, many physicians would find it useful to be able to discuss the authors' solutions with a peer colleague.

Although some of the problems deal with children and some with complications of pregnancy, these problems are strictly managed the way an internist would manage them. Indeed, three of the authors

Continued on page 400

# Valium<sup>®</sup> diazepam/Roche

## BOOK REVIEWS

Continued from page 398

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

**Indications:** Management of anxiety disorders, or short-term relief of symptoms of anxiety; symptomatic relief of acute agitation, tremor, delirium tremens and hallucinosis due to acute alcohol withdrawal; adjunctively in skeletal muscle spasm due to reflex spasm to local pathology; spasticity caused by upper motor neuron disorders; athetosis; stiff-man syndrome; convulsive disorders (not for sole therapy).

The effectiveness of Valium (diazepam/Roche) in long-term use, that is, more than 4 months, has not been assessed by systematic clinical studies. The physician should periodically reassess the usefulness of the drug for the individual patient.

**Contraindicated:** Known hypersensitivity to the drug. Children under 6 months of age. Acute narrow angle glaucoma; may be used in patients with open angle glaucoma who are receiving appropriate therapy.

**Warnings:** Not of value in psychotic patients. Caution against hazardous occupations requiring complete mental alertness. When used adjunctively in convulsive disorders, possibility of increase in frequency and/or severity of grand mal seizures may require increased dosage of standard anticonvulsant medication; abrupt withdrawal may be associated with temporary increase in frequency and/or severity of seizures. Advise against simultaneous ingestion of alcohol and other CNS depressants. Withdrawal symptoms similar to those with barbiturates and alcohol have been observed with abrupt discontinuation, usually limited to extended use and excessive doses. Infrequently, milder withdrawal symptoms have been reported following abrupt discontinuation of benzodiazepines after continuous use, generally at higher therapeutic levels, for at least several months. After extended therapy, gradually taper dosage. Keep addiction-prone individuals under careful surveillance because of their predisposition to habituation and dependence.

**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:** If combined with other psychotropics or anticonvulsants, consider carefully pharmacology of agents employed; drugs such as phenothiazines, narcotics, barbiturates, MAO inhibitors and other antidepressants may potentiate its action. Usual precautions indicated in patients severely depressed, or with latent depression, or with suicidal tendencies. Observe usual precautions in impaired renal or hepatic function. Limit dosage to smallest effective amount in elderly and debilitated to preclude ataxia or oversedation.

**Side Effects:** Drowsiness, confusion, diplopia, hypotension, changes in libido, nausea, fatigue, depression, dysarthria, jaundice, skin rash, ataxia, constipation, headache, incontinence, changes in salivation, slurred speech, tremor, vertigo, urinary retention, blurred vision. Paradoxical reactions such as acute hyperexcited states, anxiety, hallucinations, increased muscle spasticity, insomnia, rage, sleep disturbances, stimulation have been reported; should these occur, discontinue drug. Isolated reports of neutropenia, jaundice, periodic blood counts and liver function tests advisable during long-term therapy.

**Dosage:** Individualize for maximum beneficial effect. **Adults:** Anxiety disorders, symptoms of anxiety, 2 to 10 mg b.i.d. to q.i.d.; alcoholism, 10 mg t.i.d. or q.i.d. in first 24 hours, then 5 mg t.i.d. or q.i.d. as needed; adjunctively in skeletal muscle spasm, 2 to 10 mg t.i.d. or q.i.d.; adjunctively in convulsive disorders, 2 to 10 mg b.i.d. to q.i.d. **Geriatric or debilitated patients:** 2 to 2½ mg, 1 or 2 times daily initially, increasing as needed and tolerated. (See Precautions.) **Children:** 1 to 2½ mg t.i.d. or q.i.d. initially, increasing as needed and tolerated (not for use under 6 months).

**Supplied:** Valium<sup>®</sup> (diazepam/Roche) Tablets, 2 mg, 5 mg and 10 mg—bottles of 100 and 500; Tel-E-Dose<sup>®</sup> 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 in trays of 10.

are internists and the fourth is an educator. Although family physicians might choose consultation or referral earlier, this is a valuable book for the family physician who manages difficult internal medicine problems as well as for internists. It is an excellent self-assessment tool.

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**Hand Injuries and Infections: An Illustrated Guide (1st Edition) (Volume 1).** W. Bruce Conolly, Eugene S. Kilgore, Jr. Year Book Medical Publishers, Chicago, 1979, 167 pp., \$34.95.

All too frequently, the review of a medical textbook which is stated to have been designed to aid the physician in clinical practice by assisting in the care of patients with specific problems is disappointing because the book fails to achieve the promise originally stated. I would like to make a clear distinction between the book presently being reviewed and any others that have been designed along similar lines. This book delivers!

The preface of this book is only two short paragraphs and states that a hand infection or injury should never be taken lightly or considered a minor problem. In addition, for a physician who has the responsibility for primary evaluation and treatment of hand injuries this text covers guidelines for initial treatment plus a listing of those patients who should be referred to a specialist.

The book is clear, concise, incisive, and loaded with practical suggestions for the proper care of patients with hand injuries. It is an absolute necessity for all physicians who treat hand injuries or infec-

tions. It is as stated in the forward, by the distinguished surgeon, J. Englebert Dunphy, "required reading for individuals in training, and . . . a source of reference material for any physician who is desirous of properly evaluating hand injuries and infections." Copious tables and line drawings as well as illustrations give maximum information in the least possible space. The printing and illustration are of extremely high quality and without distraction to allow the reader to move rapidly through the book and to locate specific areas of interest. The organization of the book, starting with basic general principles in the care of all hand injuries, is logical and easily followed. Specific hand injuries and infections are treated in detail. There is a chapter on general principles, a chapter on management of both hand injuries and infections, and extensive appendices dealing with the anatomy of the hand, finger compartments, and illustrations of the positions of the fingers in treatment as well as instructions to patients who have had injuries and infections. A two-page section is included on what not to do, as well as a section on the commonly used dressing materials and the companies from which to obtain them. Suggestions for further reading are given which cover the classic literature in surgery of the hand.

This small book is a landmark as an instructive text designed for practical use. As such, it should be owned and referred to frequently by family physicians. It will undoubtedly take first place in the literature which serves to amplify, illuminate, and make easier the care of our patients with hand problems.

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