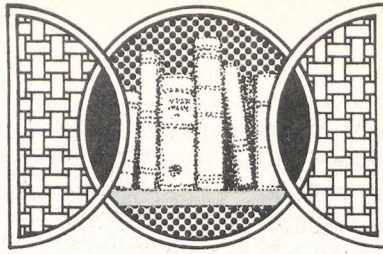


# Book Reviews



**The Practical Management of the Developmentally Disabled Child.** *Albert P. Scheiner, Israel F. Abrams (eds).* CV Mosby Company, St. Louis, 1980, 461 pp., \$37.50.

The stated purpose of this text is to provide primary care physicians and allied health care providers with a guide to the practical skills necessary to screen, diagnose, evaluate, and treat developmentally disabled children. To that end, the editors have compiled a multiauthored text addressing such general topics as mental retardation, cerebral palsy, and myelodysplasia, as well as the more specific problem areas of hearing and vision deficits, seizures, learning disability, and speech and language problems. In addition, there are specific chapters devoted to "the role of the primary physician," "neurodevelopmental assessment," "behavioral aspects. . .," and "practical problems and their management."

The choice of topics in terms of relevance and comprehensive coverage of the field is quite good. The strong points are the detailed charts, lists, and tabulations of normal developmental processes and milestones in the various areas that serve as reference points for identifying specific delays and deviations. These same features, on the other hand, impart a formal quality that detracts from overall readability. While striving to address the total care picture, most chapters are more heavily weighted in favor of diagnosis and assessment as opposed to management. This may be an inherent problem related to this field of medicine, but the final

chapter attempts to deal specifically with this question by addressing the "practical problems" of the child, the family, and the primary care physician by providing actual suggestions for dealing with the day-to-day aspects of chronic illness.

This text will be most useful as a reference source for identifying the child at risk for various types of developmental disability. In addition, the philosophy of the various authors, as expressed in their attitude to these problems, will better enable the primary care physician to become more involved in this challenging aspect of his practice.

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**Management of Endocrine Disorders.** *Jerome M. Hershman (ed).* Lea & Febiger, Philadelphia, 1980, 259 pp., \$13.50 (paper), \$16.25 (Canada).

This short paperback is a direct, no-nonsense guide to common and uncommon endocrine problems encountered in primary care. In addition to the usual chapters on pituitary, adrenal, and gonadal pathology, there are sharply focused descriptions of obesity, hyperlipidemia, calcium, bone, and water metabolism. The majority of the chapters are written clearly enough for the resident on his first endocrine rotation but with sufficient detail for the experienced clinician in the pri-

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## ACTIFED-C<sup>®</sup> EXPECTORANT

**INDICATIONS:** Based on a review of this drug by the National Academy of Sciences—National Research Council and/or other information, FDA has classified the indications as follows:

"Lacking substantial evidence of effectiveness as a fixed combination." For the symptomatic relief of cough in conditions such as: the common cold, acute bronchitis, allergic asthma, bronchitis, croup, emphysema, tracheobronchitis. Final classification of the less-than-effective indications requires further investigation.

### CONTRAINDICATIONS:

**Use in Newborn or Premature Infants:** This drug should not be used in newborn or premature infants.

**Use in Nursing Mothers:** Because of the higher risk of antihistamines, codeine and sympathomimetic amines for infants generally, and for newborn and premature in particular, Actifed-C Expectorant therapy is contraindicated in nursing mothers.

**Use in Lower Respiratory Disease:** Antihistamines should NOT be used to treat lower respiratory tract symptoms including asthma.

Actifed-C Expectorant is also contraindicated in the following conditions:

Hypersensitivity to: 1) Triprolidine Hydrochloride and other antihistamines of similar chemical structure; 2) sympathomimetic amines including pseudoephedrine; and/or 3) any of the other ingredients.

Monamine oxidase inhibitor therapy (see Drug Interaction Section).

**WARNINGS:** Actifed-C Expectorant should be used with considerable caution in patients with:

Increased intraocular pressure (Narrow angle glaucoma)	Hypertension
Stenosing peptic ulcer	Diabetes mellitus
Pyloroduodenal obstruction	Ischemic heart disease
Symptomatic prostatic hypertrophy	Hyperthyroidism
Bladder neck obstruction	

Sympathomimetics may produce central nervous stimulation with convulsions or cardiovascular collapse with accompanying hypotension.

Codeine can produce drug dependence of the morphine type, and therefore has the potential of being abused.

**Use in Children:** As in adults, the combination of an antihistamine and sympathomimetic amine can elicit either mild stimulation or mild sedation in children.

While it is difficult to predict the result of an overdose of a combination of triprolidine, pseudoephedrine, and codeine the following is known about the individual components:

In infants and children especially, antihistamine in overdose may cause hallucination, convulsion or death. Large doses of pseudoephedrine are known to cause weakness, lightheadedness, nausea and/or vomiting. An overdose of codeine may cause CNS depression with muscular twitching and convulsion, weakness, disturbed vision, dyspnea, respiratory depression, collapse, and coma.

**Use in Pregnancy:** Experience with this drug in pregnant women is inadequate to determine whether there exists a potential for harm to the developing fetus.

**Use with CNS Depressants:** Triprolidine and codeine phosphate have additive effects with alcohol and other CNS depressants (hypnotics, sedatives, tranquilizers, etc.).

**Use in Activities Requiring Mental Alertness:** Patients should be warned about engaging in activities requiring mental alertness as driving a car or operating appliances, machinery, etc.

**Use in the Elderly (approximately 60 years or older):** Antihistamines are more likely to cause dizziness, sedation and hypotension in elderly patients. Overdoses of sympathomimetics in this age group may cause hallucinations, convulsions, CNS depression, and death.

**PRECAUTIONS:** Actifed-C Expectorant should be used with caution in patients with: history of bronchial asthma, increased intraocular pressure, hyperthyroidism, cardiovascular disease, hypertension.

**DRUG INTERACTIONS:** MAO inhibitors prolong and intensify the anticholinergic (drying) effects of antihistamines and overall effects of sympathomimetics. Sympathomimetics may reduce the antihypertensive effects of methyldopa, decamylamine, reserpine, and veratrum alkaloids.

The CNS depressant effect of triprolidine hydrochloride and codeine phosphate may be additive with that of other CNS depressants.

### ADVERSE REACTIONS:

- General:** Urticaria, drug rash, anaphylactic shock, photosensitivity, excessive perspiration, chills, dryness of mouth, nose and throat.
- Cardiovascular System:** Hypotension, headache, palpitations, tachycardia, extrasystoles.
- Haematologic System:** Hemolytic anemia, thrombocytopenia, agranulocytosis.
- Nervous System:** Sedation, sleepiness, dizziness, disturbed coordination, fatigue, confusion, restlessness, excitation, nervousness, tremor, irritability, insomnia, euphoria, paresthesias, blurred vision, diplopia, vertigo, tinnitus, acute labyrinthitis, hysteria, neuritis, convulsions, CNS depression, hallucination.
- GI System:** Epigastric distress, anorexia, nausea, vomiting, diarrhea, constipation.
- GU System:** Urinary frequency, difficult urination, urinary retention, early menses.
- Respiratory System:** Thickening of bronchial secretions, tightness of chest and wheezing, nasal stuffiness.

**NOTE:** Guaifenesin has been shown to produce a color interference with certain clinical laboratory determinations of 5-hydroxyindoleacetic acid (5-HIAA) and vanillylmandelic acid (VMA).

**HOW SUPPLIED:** Bottles of 1 pint, 1 gallon and 4 oz Unit of Use Bottle with Child Resistant Cap.



Burroughs Wellcome Co.  
Research Triangle Park  
North Carolina 27709



# MINOCIN® MINOCYCLINE HCl

## Oral and Intravenous Brief Summary

**Indications:** For the treatment of susceptible gram-positive and gram-negative organisms. For full list of approved indications consult labeling.

**Contraindications:** Hypersensitivity to any tetracycline.

**Warnings:** In the presence of renal dysfunction, intravenous use, particularly in pregnancy, in daily doses exceeding 2 grams has been associated with deaths through liver failure. When need for intensive treatment outweighs potential dangers, perform renal and liver function tests before and during therapy; also follow serum concentrations. In renal impairment, usual doses may lead to excessive accumulation and liver toxicity. Under such conditions, use lower total doses, and, in prolonged therapy, determine serum levels.

This hazard is of particular importance in parenteral use in pregnant or postpartum patients with pyelonephritis. In such cases, the blood level should not exceed 15 mcgm/ml and liver function tests should be made at frequent intervals. Do not prescribe other potentially hepatotoxic drugs concomitantly. THE USE OF TETRACYCLINES DURING TOOTH DEVELOPMENT (LAST HALF OF PREGNANCY, INFANCY AND CHILDHOOD TO THE AGE OF 8 YEARS) MAY CAUSE PERMANENT DISCOLORATION OF THE TEETH (YELLOW-GRAY-BROWN). This is more common during long-term use but has been observed following repeated short-term courses. Enamel hypoplasia has also been reported. TETRACYCLINES, THEREFORE, SHOULD NOT BE USED IN THIS AGE GROUP UNLESS OTHER DRUGS ARE NOT LIKELY TO BE EFFECTIVE OR ARE CONTRAINDICATED. Photosensitivity, manifested by an exaggerated sunburn reaction, has been observed in some individuals taking tetracyclines. Advise patients apt to be exposed to direct sunlight or ultraviolet light that such reaction can occur, and discontinue treatment at first evidence of skin erythema. Studies to date indicate that photosensitivity is rarely reported with MINOCIN *Minocycline HCl*. The antianabolic action of tetracycline may cause an increase in BUN. In patients with significantly impaired renal function, higher serum levels of tetracycline may lead to azotemia, hyperphosphatemia and acidosis. CNS side effects (lightheadedness, dizziness, vertigo) have been reported, may disappear during therapy, and always disappear rapidly when drug is discontinued. Caution patients who experience these symptoms about driving vehicles or using hazardous machinery while taking this drug.

**Pregnancy:** In animal studies, tetracyclines cross the placenta, are found in fetal tissues, and can have toxic effects on the developing fetus (often related to retardation of skeletal development). Embryotoxicity has been noted in animals treated early in pregnancy. **Newborns, infants and children:** All tetracyclines form a stable calcium complex in any bone-forming tissue. Prematures, given oral doses of 25 mg/kg every 6 hours, demonstrated a decrease in fibula growth rate, reversible when drug was discontinued. Tetracyclines are present in the milk of lactating women who are taking a drug of this class.

**Precautions:** Use may result in overgrowth of nonsusceptible organisms, including fungi. If superinfection occurs, discontinue and institute appropriate therapy. In venereal diseases, when coexistent syphilis is suspected, darkfield examination should be done before treatment is started and blood serology repeated monthly for at least four months. Patients on anticoagulant therapy may require downward adjustment of such dosage. Test for organ system dysfunction (e.g., renal, hepatic and hemopoietic) in long-term use. Treat all Group A beta-hemolytic streptococcal infections for at least 10 days. Avoid giving tetracycline in conjunction with penicillin.

**Adverse Reactions: GI:** (with both oral and parenteral use): anorexia, nausea, vomiting, diarrhea, glossitis, dysphagia, enterocolitis, inflammatory lesions (with monilial overgrowth) in anogenital region. **Skin:** maculopapular and erythematous rashes. Exfoliative dermatitis (uncommon). Photosensitivity is discussed above ("Warnings"). Pigmentation of the skin and mucous membranes has been reported. **Renal toxicity:** rise in BUN, dose-related (see "Warnings"). **Hypersensitivity reactions:** urticaria, angioneurotic edema, anaphylaxis, anaphylactoid purpura, pericarditis, exacerbation of systemic lupus erythematosus. In young infants, bulging fontanels have been reported following full therapeutic dosage, disappearing rapidly when drug was discontinued. **Blood:** hemolytic anemia, thrombocytopenia, neutropenia, eosinophilia. **CNS:** (see "Warnings"). When given in high doses, tetracyclines may produce brown-black microscopic discoloration of thyroid glands; no abnormalities of thyroid function studies are known to occur.

**NOTE:** Rapid administration is to be avoided. Parenteral therapy is indicated only when oral therapy is not adequate or tolerated. Oral therapy should be instituted as soon as possible. If intravenous therapy is given over prolonged periods of time, thrombophlebitis may result.

**Concomitant therapy:** Antacids containing aluminum, calcium, or magnesium impair absorption; do not give to patients taking oral minocycline. Studies to date indicate that absorption of MINOCIN is not notably influenced by foods and dairy products.

CNS side effects including lightheadedness, dizziness, or vertigo have been reported with MINOCIN. Patients who experience these symptoms should be cautioned about driving vehicles or using hazardous machinery while on minocycline therapy. Enamel hypoplasia/tooth staining may occur in children under eight years of age.

**References:** 1. MacCulloch D, Richardson RA, Allwood GK: The penetration of doxycycline, oxytetracycline and minocycline into sputum. *N Z Med J* 80: 300-302, 1974. 2. Data on file. Lederle Laboratories, Pearl River, New York. 3. Iwasawa T, Kido T: Clinical and experimental studies on minocycline. *Jpn J Antibiot* 22: 511-521, 1969.

LEDERLE LABORATORIES

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## BOOK REVIEWS

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mary care fields. The difficult concepts are clearly diagramed by flow charts and other black-on-white illustrations.

My only criticism of the book is a problem that is common to edited volumes—some chapters are much more readable than others. Since basic endocrine physiology is kept to a bare minimum, some of the more complex chapters (eg, those on pituitary or adrenal diseases) demand more background knowledge from the reader; fortunately, these deal with infrequent problems in primary care. The discussions on common problems, such as thyroid diseases or female reproduction pathology, are exceptionally clear and useful.

On the whole, this book appeals to the clinician. Its reasonable price combined with clear, concise handling of a potentially confusing subspecialty yields a considerable amount of information per dollar invested.

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**Common Skin Disorders: A Manual for Physicians and Patients.** Ernest Epstein. *Medical Economics Books, Oradell, New Jersey, 1979, 272 pp., \$16.50 (paper).*

*Common Skin Disorders* is a soft-cover dermatology manual written for the generalist physician who needs practical, everyday information about common skin problems. It is not a textbook that discusses detailed etiologies or vast arrays of treatment regimens. Instead, the author focuses on some 30 common skin conditions and offers "some specific, detailed treatment direc-

tions," the choices reflecting his own experience and biases.

A unique feature of the manual is the collection of patient information sheets found in the back of the book. These are meant to be copied and distributed to patients to provide them with a better understanding of their skin problems and the recommended treatment. Several introductory pages are devoted to a discussion of the use of the information sheets and reasons why physicians and patients will like them. The information sheets are written in lay terminology and would probably be useful to many physicians and their patients. Instructions on how to write patient information sheets are provided so that a physician so desiring could begin to use them for a variety of purposes.

The author's style is clear and very readable. The material is well organized and clearly presented. The information provided is basic, practical, and useful. Chapters are short, averaging about five pages each. The longest chapter (14 pages) discusses rational use of topical steroids, and is one of the most informative discussions of this topic that I have read. Other topics included are acne, atopic dermatitis, hand dermatitis, pruritus ani, and many other common problems. There are only two photographs and no diagrams. This does not necessarily detract from the book, as it is not intended to be an all-inclusive text.

Family physicians, residents, and students would find this book useful for the purpose for which it was intended. I would recommend it to anyone who needs a good resource for practical therapy of common skin problems.

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