

TUSSI-ORGANIDIN™
TUSSI-ORGANIDIN™ DM

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

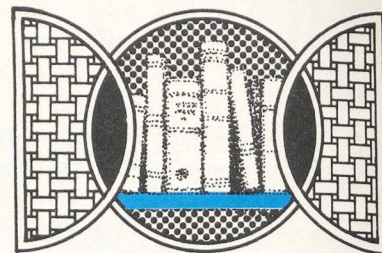
INDICATIONS AND USAGE: For the symptomatic relief of irritating, nonproductive cough associated with respiratory tract conditions such as chronic bronchitis, bronchial asthma, tracheobronchitis, and the common cold; also for the symptomatic relief of cough accompanying other respiratory tract conditions 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.

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

Book Reviews



Handbook of Emergency Toxicology: A Guide for the Identification, Diagnosis, and Treatment of Poisoning (4th Edition). Sidney Kaye. Charles C. Thomas, Springfield, Illinois, 1980, 565 pp., \$54.75.

The *Handbook of Emergency Toxicology*, now in its fourth edition, is intended for use by the laboratory technician and physician in the identification and treatment of poisonings and drug overdoses. The book is well organized and easy to read. Chemicals and drugs are thoughtfully indexed by both their trade and generic names. The book is divided into two major sections. The first section contains a chapter that gives a sign or symptom and then follows with a list of drugs or chemicals known to cause the described symptom. This is followed by a chapter on general supportive measures. About 100 pages are devoted to a review of laboratory analytical methods, evaluations, and interpretations. There are discussions on chromatography, spectrophotometric analysis, and diffusion techniques. Almost 400 pages are committed to the laboratory diagnosis and clinical management of individual poisons and drugs.

As a whole the book emphasizes

laboratory analysis and diagnosis. Many of the treatments for acute poisonings that are presented are incomplete and in some cases do not reflect optimal or current therapy. For example, acetylcysteine is not mentioned for the treatment of acetaminophen overdose, and no dosages are given for methionine or cysteamine; for the treatment of tricyclic antidepressant overdosage, no dose or description of the use of physostigmine is given; phenytoin is not mentioned in the treatment of digitalis intoxication. Narcan is accurately described as an antidote to methadone intoxication, but no precaution is given regarding the differential in half-lives between the two drugs.

In short, the book contains much useful information, but I would not feel confident in relying on this text as a primary source of information in the treatment of toxicities due to drugs or poisons. This book is not a substitute for a call to a poison information center.

Steven H. Erickson, PharmD
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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.

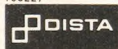
Hypersensitivity—Allergies (in the form of rash, urticaria, and angioedema) have been observed. These reactions usually subsided upon discontinuation of the drug. Anaphylaxis has also been reported.

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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Mfd. by Eli Lilly Industries, Inc.
Carolina, Puerto Rico 00630

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Drugs of Choice 1980-1981. *Walter Modell (ed). The C. V. Mosby Company, St. Louis, Missouri, 1980, 773 pp., \$39.50.*

This latest edition of *Drugs of Choice* is the 12th in the series, which is updated at two-year intervals. It is intended as "a practical guide to the selection of the best drug for a particular therapeutic problem." Following the format of previous editions, a number of prominent educators and clinicians have provided information on the drugs currently used in their area of expertise. It is clearly understood that these experts were asked to state their own opinions based on their experience, and discussions concerning controversial aspects of the drugs and their uses are avoided.

The book is filled with useful, clinically practical information but is not so detailed or so complete as a pharmacology or physiology textbook. It is not intended to be. The first four chapters deal with general principles concerning choice of drugs, drugs and age, adverse reactions, and agents affecting internal homeostasis. In the subsequent 34 chapters are discussed numerous commonly used drugs in relation to specific clinical problems, such as drugs for treating affective disorders, nutritional disorders, and diseases of the heart.

The information is presented concisely and in a well-organized fashion. Each chapter begins with a short index giving the page numbers of the headings and subheadings found in that chapter. This aids the reader in locating specific items of interest more quickly. Selected references are provided for each chapter. There are no pictures, but the book does contain several useful

tables that summarize considerable information on specific drugs.

The authors have successfully accomplished their task outlined for this book. The material is clearly relevant to family practice because of its everyday clinical application. While the book is too large to be carried in one's coat pocket, it certainly would be a useful reference text for the office, ward, or library. Physicians, residents, and students, as well as other health professionals, could expect to consult it often.

*Jim L. Wilson, MD
Mobile, Alabama*

Williams' Obstetrics (16th Edition). *Jack A. Pritchard, Paul C. MacDonald. Appleton-Century-Crofts, New York, 1980, 1179 pp., \$48.50.*

The 16th edition of a popular textbook in obstetrics will be familiar to any physician, medical student, nurse, or student of the reproductive process who has in the past had occasion to use the pages of the textbook for reference. This latest edition, however, has an advantage to family physicians who are interested in obstetrical care in that the discussion is arranged in a very logical sequence, allowing for easy retrieval of pertinent and incisive information. The opening remarks are on the practice of obstetrics, but the book then moves quickly into a cohesive and thorough discussion of the female reproductive tract, the physiology of the ovary and uterus, the development of the implanted ovum, and descriptions of anatomy. There is a thorough review of placental hormones, plus a descriptive and au-

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thoritative discussion of the mother and adaption to pregnancy, both normal and complicated. There is an adequate section on obstetrical

anesthesia as well as considerations of ectopic pregnancies, abortion, and multiple pregnancy. The diagnosis and management of complicating illness during pregnancy is also covered in the book. There is a

similar chapter on diseases of the fetus and newborn infant. A thorough review of operative delivery, cesarean section, and hysterectomy concludes the 43 chapters that make up this complete and comprehensive text.

The authors observe correctly that the book should really have been titled *Maternal-Fetal Medicine*, rather than obstetrics. There is considerable ancillary information that represents areas not always included in obstetrics, such as a chapter on family planning and one on hypertension during pregnancy. Family physicians who deliver babies, and the student who is interested in reviewing all aspects of the birthing process will be delighted to have a text that can be read chapter by chapter from cover to cover. The chapters are written in well-proportioned segments, and are adequately illustrated. For a source book for checking facts and a book that can be read to explain and to teach, virtues seldom found in the same volume, the text is written with style. The chapters are carefully referenced with up-to-date supplementary material. Areas of controversy such as conduct of breech delivery are discussed, but no mention of midwives, place of delivery, or persons in attendance could be found.

The general appeal of this textbook should guarantee its acceptance. This textbook is recommended without qualification to physicians in training and in practice and allied health personnel interested in the latest information on human reproduction and care of mother and baby prior to, during, and after the obstetrical process.

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