

Tavist®
 (clemastine fumarate) tablets, USP 2.68 mg

INDICATIONS: TAVIST Tablets 2.68 mg are indicated for the relief of symptoms associated with allergic rhinitis such as sneezing, rhinorrhea, pruritus, and lacrimation. TAVIST Tablets 2.68 mg are also indicated for the relief of mild, uncomplicated allergic skin manifestations of urticaria and angioedema.

CONTRAINDICATIONS: *Use in Nursing Mothers:* Because of the higher risk of antihistamines for infants generally and for newborns and prematures in particular, antihistamine therapy is contraindicated in nursing mothers.

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

Antihistamines are also contraindicated in the following conditions:

Hypersensitivity to TAVIST (clemastine fumarate) or other antihistamines of similar chemical structure.

Monoamine oxidase inhibitor therapy (see Drug Interaction Section).

WARNINGS: Antihistamines should be used with considerable caution in patients with: narrow angle glaucoma, stenosing peptic ulcer, pyloroduodenal obstruction, symptomatic prostatic hypertrophy, and bladder neck obstruction.

Use in Children: Safety and efficacy of TAVIST have not been established in children under the age of 12.

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: TAVIST has 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 such 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.

PRECAUTIONS: TAVIST (clemastine fumarate) should be used with caution in patients with: history of bronchial asthma, increased intraocular pressure, hyperthyroidism, cardiovascular disease, and hypertension.

Drug Interactions: MAO inhibitors prolong and intensify the anticholinergic (drying) effects of antihistamines.

ADVERSE REACTIONS: Transient drowsiness, the most common adverse reaction associated with TAVIST (clemastine fumarate), occurs relatively frequently and may require discontinuation of therapy in some instances.

Antihistaminic Compounds: It should be noted that the following reactions have occurred with one or more antihistamines and, therefore, should be kept in mind when prescribing drugs belonging to this class, including TAVIST. The most frequent adverse reactions are underlined>.

- General:** Urticaria, drug rash, anaphylactic shock, photosensitivity, excessive perspiration, chills, dryness of mouth, nose, and throat.
- Cardiovascular System:** Hypertension, headache, palpitations, tachycardia, extrasystoles.
- Hematologic 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.
- 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.

DOSAGE AND ADMINISTRATION: DOSAGE SHOULD BE INDIVIDUALIZED ACCORDING TO THE NEEDS AND RESPONSE OF THE PATIENT.

TAVIST Tablets 2.68 mg: The maximum recommended dosage is one tablet three times daily. Many patients respond favorably to a single dose which may be repeated as required, but not to exceed three tablets daily.

HOW SUPPLIED: TAVIST Tablets: 2.68 mg clemastine fumarate. White, round compressed tablet, embossed "78/72" and scored on one side, "TAVIST" on the other. Packages of 100.

CAUTION: Federal law prohibits dispensing without prescription.

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BOOK REVIEWS

Dermatology in Primary Care: A Problem-Oriented Guide. *Stanford I. Lamberg. WB Saunders, Philadelphia, 1986, 411 pp., \$24.95 (paper).*

This spiral-bound handbook of common skin conditions nicely occupies the midzone between comprehensive dermatologic texts and book chapters sometimes encountered that attempt to distill all of dermatology into a few pages. Over 300 disorders are covered, and the information is well organized and succinct, making this a handy desktop (or pocket) reference. Diagnosis and treatment are emphasized, while pathophysiology and natural course are also mentioned.

A unique and appealing feature of this book is its problem orientation. It is divided into 25 common presenting problems of the skin—such as hair decrease, hand rashes, rashes with fever, rashes of pregnancy—each of which begins with a flow diagram guiding the reader through the differential diagnosis of the problem. The flow diagrams are based on symptoms and signs readily available to the clinician. For example, if confronted with a puzzling axillary rash, the reader can turn to the axillary section and, by identifying the pruritic and pain qualities of the process, be guided to two to seven subsections to consider further. Extensive cross-referencing is used to avoid duplication of text for diseases likely to present in multiple fashions. Two additional chapters on diagnostic procedures and therapy are often referenced by the remainder of the text.

Persons wanting a dermatology book to show pictures similar to the conditions they are encountering will be disappointed with this book. Photographs are sparse, small, and black and white, though reproduced well. I did not find this a major shortcoming, as conditions are well described, emphasizing the clinical setting as well

as the appearance. There is no discussion of the basics of physical examination of the skin; the reader is assumed to understand common descriptors of rashes.

I found this book an excellent office reference for common skin problems. It could easily be consulted during a busy practice day, and should appeal to both residents and practitioners of family medicine. Medical students would probably get less from the book because of the large number of conditions dealt with superficially and the lack of unified presentation of basic dermatologic principles.

Fred E. Heidrich, MD, MPH
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 Seattle, Washington

Fundamentals of Skin Biopsy. *June K. Robinson. Year Book Medical Publishers, Chicago, 1986, 124 pp., \$24.95 (paper).*

This handy, little volume is directed toward the novice in skin biopsy. It leads the reader step by step from the decision-making process to the complications of skin biopsy, detailing along the way the choice of anesthesia, the techniques of the various types of biopsy, the deeper anatomical structures at risk of injury, special techniques for the various cosmetic units of the face, closure of biopsy sites, dressings, removal of skin closures, and improving the final result. It is profusely illustrated, both with photographs and excellent line illustrations of all procedures.

The volume is extremely clear and easy to read, with no useless or extraneous material, and is well referenced. There is a chapter on instruments, and a useful listing of home-care instructions for the patient. The chapter on closure is equally valuable for the management of superficial skin wounds. Even though I have been

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doing these procedures for years, I learned something from each chapter, and found reading the book from cover to cover to be an extremely rewarding experience. This book should be an asset to any family physician regardless of practice experience.

*Herbert L. Tindall, MD
Christiana, Pennsylvania*

Essentials of Sports Medicine. *Greg R. McLatchie (ed). Churchill Livingstone, New York, 1986, 223 pp., \$25.50 (paper).*

This book on sports medicine will be valuable for family physicians for many reasons. There is increasing participation in sports activities by a larger and larger segment of the population. The relationship of some form of regular exercise is widely recognized as a key to good health, including general well-being as well as prevention of heart disease and osteoporosis. This book discusses training, diet, protective equipment, prevention, specific injuries, and rehabilitation, and can serve as an excellent bridge to communication with coaches, teachers, and sports officials.

The book is concise, just over 200 pages, and is very readable. It is well organized into logical sections, and specific topics are easy to find.

The illustrations, tables, and photographs are of good quality and plentiful. I found them very helpful.

This book will be helpful for the practicing family physician and allied health professionals in the family practice setting. The family practice resident who intends to serve as a team or school physician will be well advised to obtain this book. I would also recommend it to coaches and sports officials.

*Jack H. Leversee, MD
University of Washington
Seattle*

Basic and Clinical Endocrinology. *Francis S. Greenspan, Peter H. Forsham. Lange Medical Publications, A Division of Appleton-Century-Crofts,*

Norwalk, Conn, 1986, 697 pp., \$27 (paper).

This newest edition of the widely used reference in the field of endocrinology reflects a major effort on the part of the authors to revise and update this text thoroughly without materially adding to its length.

Basic and Clinical Endocrinology is one of the well-known Lange series highly appreciated by students, house staff, and practicing physicians for their concise reviews, readable formats, and authoritative basis. As in the first edition, this text includes the basic anatomy, physiology, and biochemistry of the endocrine system so important for students' initiation to the subject and for clinicians to review their knowledge base. It also serves as a ready reference to the pathology, diagnosis, and management of clinical syndromes. Basically, this is a practical guide to the field of endocrinology, and in that role it does a superb job.

This second edition represents a revision of essentially all of the chapters from the first edition with a number of notable additions. There is an expanded section on gene expression and recombinant DNA and its relationship to endocrinology. The sections on hormones, cancer, and multiple endocrine syndromes were completely revised. Newer diagnostic tests including fine-needle biopsies are described in fresh detail, and the current recommendations for insulin therapy are reviewed in the light of new knowledge in pharmacology and adjuncts to patient care such as the insulin pump.

A noteworthy element to this book is its significant improvement in the quality of the illustrations and figures, especially evident in an entirely new section on growth charts, which I found to be remarkably easy to use.

The spectrum of content of this text is broad, indeed, and with the addition of only 50 pages to this newest edition, the authors have done a superb job of consolidating a great deal of material, reviewing a rapidly changing field of medicine into a clear and practical guide appropriate for

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students and clinicians alike. The conciseness of its presentation and the clarity of its writing, augmented by generous illustrations, makes this an appropriate addition to any physician's bookshelf.

*Perry A. Pugno, MD, MPH
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Redding, California*

A Review of Biostatistics: A Program for Self-Instruction (3rd Edition). Paul E. Leaverton. Little, Brown & Company, Boston, 1986, 101 pp., \$12.50 (paper).

The interested reader should not be fooled by the compact size and professional layout of this book. Many practicing physicians are interested in developing basic skills in biostatistics in order to assist them in either practice-based research or in the critical review of medical literature. A self-instruction format, addressing basic principles and statistical assumptions, would facilitate achievement of these goals. Unfortunately, this *Review of Biostatistics* will leave such an interested physician in a combined state of confusion and frustration.

Brief introductory comments mark the transition into statistical principles and formulas with inadequate background in between. The individual chapters reflect lofty goals that are unachieved. Probability, statistical inference, linear regression, and epidemiology are poor chapter titles, all of which fall well short of even a basic understanding to the reader who is a novice in statistics.

One redeeming factor of the book is its possible utility for someone who has had a past didactic experience in the area of biostatistics, is active in clinical practice, and wishes to review statistical principles that have been learned in the past. The target audience that fits the above description, unfortunately, is quite small.

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