

ANNOTATED BIBLIOGRAPHY ON VARIOUS NEUROLOGIC DISORDERS

V. PAUL BERTRAND, D.O.
Associate Professor of Medicine
Director, Section of Neurology
Chicago College of Osteopathic Medicine
Chicago, Illinois

The following bibliography centers on the subjects of neurologic disorders. Hopefully, this information will prove useful to physicians who wish to study these subjects in greater detail.

The neurologic examination

1. Blacker, H.M.: Starting the neurologic exam. Checking cranial nerve function. Evaluating sensory and motor systems. *Patient Care* 17:75-84, 30 Sep 83

An excellent, practical approach to the neurologic examination for the non-neurologist.

Epilepsy

2. Penry, J.K., and Porter, R.J.: Epilepsy. Mechanisms and therapy. *Med Clin North Am* 63:801-2, Jul 79

An excellent, practical review of clinical assessment of epilepsy therapeutic choices, and respective mechanisms.

3. Delgado-Escueta, A.V., et al.: The treatable epilepsies. *N Engl J Med* 308:1508-14, 1576-84, Jul 79

A comprehensive, two-part presentation of forms of epilepsy and therapeutic considerations.

4. Delgado-Escueta, A.V., et al.: Current concepts in neurology. Management of status epilepticus. *N Engl J Med* 306:1337-40, Jun 82

An excellent article on the definition and treatment of status epilepticus.

5. Engel, J., et al.: UCLA conference. Recent developments in the diagnosis and therapy of epilepsy. *Ann Intern Med* 97:584-98, Oct 82

A comprehensive review of treatment, diagnosis, and interaction of various agents.

6. Desai, B.T., et al.: Psychogenic seizures (a study of 42 attacks in six patients, with intensive monitoring). *Arch Neurol* 39:202-9, Apr 82

An excellent review and description of psychogenic seizures and how to differentiate them from genuine seizures.

7. Dreifuss, F.E., et al.: Using the history to classify epilepsy. *Patient Care* 17:21-66, Jul 83

A practical approach to epilepsy emphasizing history and clinical observations.

8. Rosenbloom, D., and Upton, A.R.M.: Drug treatment of epilepsy. A review. *Can Med Assoc J* 128:261-70, Feb 83

A good review of drugs employed in treatment of epilepsy; correct dosage, side effects, and indications.

9. Annegers, J.F., et al.: Remission of seizures and relapse in patients with epilepsy. *Epilepsia* 20:729-37, Dec 79

A review of remission and drug discontinuance criteria.

10. Dikmen, S., and Morgan, S.F.: Neuropsychological factors related to employability and occupational status in persons with epilepsy. *J Nerv Ment Dis* 168:236-40, 80

An article addressing employability and occupational status in seizure patients.

Headache

11. Ahlskog, J.E., and O'Neill, B.P.: Pseudotumor cerebri. *Ann Intern Med* 97:249-56, Aug 82

A very pertinent and meaningful approach to diagnosis and management of pseudotumor cerebri.

12. Zeigler, D.K.: An overview of the classification, causes, and treatment of headache. *Hosp Comm Psych* 35:263-7, Mar 84

A concise clinical approach to common types of headaches.

13. Freidman, A.P.: Overview of migraine. *Adv Neurol* 33:1-17, 1982

An excellent and comprehensive review of the various forms of migraine headache; differential diagnosis and therapy.

14. Scheife, R.T., and Hills, J.R.: Migraine headache. Signs and symptoms, biochemistry, and current therapy. *Am J Hosp Pharm* 37:365-74, Mar 80

A practical review of differential diagnosis as well as approaches to therapy.

15. Adams, H.E., et al.: Migraine headache. Review of parameters, etiology, and intervention. *Psych Bull* 87:217-37, Mar 80

A very comprehensive review of migraine including hysterical aspects and non-medical therapy.

16. Crowell, G.F., and Carlin, L.:

Neurologic complications of migraine. *Am Fam Physician* 26:139-48, Oct 82

A practical discussion of some of the rarer neurologic presentations associated with migraine.

17. Meyer, J.S.: Diagnosis. Headache. *Hosp Med* 19:34, Aug 81

A practical, pictorial review of common headache disorders.

18. Raskin, N.H.: Chemical headaches. *Ann Rev Med* 32:63-71, 1981

A good, detailed review of chemical and drug causes of headaches.

19. Caviness, V.S., and O'Brien, P.: Current concepts. Headache. *N Engl J Med* 302:446-9, 21 Feb 80

A good, short review of pathophysiology, differential diagnosis, and headache therapy.

20. Goldstein, M., and Chen, T.C.: The epidemiology of disabling headache. *Adv Neurol* 33:377-90, 1982

An epidemiologic point of view of some interesting considerations of headache causing disability.

Cerebrovascular disease

21. Downey, J.W., et al.: A primary care focus on stroke. *Patient Care* 16:15-69, 15 Apr 82

A practical, meaningful discussion of stroke and diagnosis and treatment of transient ischemic attack.

22. Downey, J.W., et al.: Stroke. Individualizing its management. *Patient Care* 16:129-65, 15 Jul 82

A common sense approach to the stroke patient, highlighting differential diagnosis and treatment.

23. Quan, M., Puffer, J.C., and Johnson, R.A.: Transient ischemic attacks. *J Fam Prac* 17:883-904, Nov 83

A good, practical review of transient ischemic attacks; clinical presentation, diagnosis, and benefits and drawbacks of various forms of medical and surgical therapy.

24. Kosik, K.S., and Munsat, T.I.: The natural history of transient ischemic attacks. Non-invasive evaluation of the transient ischemic attacks. The role of antiplatelet drugs for transient ischemic attacks. Medical vs. surgery management of

continued on page 468/108

A Restoril[®] night

(temazepam)



can make her day

**Following a full, refreshing
night's sleep, she can get
up and go—and keep
going—all day long**

- virtually no residual medication effects (“hangover”)
- no active metabolites to accumulate
- significantly reduces nocturnal and early-morning awakenings
- 15 mg capsule well suited to the needs of the geriatric patient

Restful Sleep, Alert Awakening

RESTORIL[®]
(temazepam) ^{IV}

CAPSULES
15 mg and
30 mg



Patients receiving RESTORIL (temazepam)
should be cautioned about possible combined
effects with alcohol and other CNS depressants.

RESTORIL® (temazepam)

CAPSULES
15 mg and
30 mg

One 30 mg capsule, h.s. — *usual adult dosage.*

One 15 mg capsule, h.s. — *recommended initial dosage for elderly and/or debilitated patients.*

INDICATIONS AND USAGE: Restoril® (temazepam) is indicated for the relief of insomnia associated with complaints of difficulty in falling asleep, frequent nocturnal awakenings, and/or early morning awakenings. Since insomnia is often transient and intermittent, the prolonged administration of Restoril is generally not necessary or recommended. Restoril has been employed for sleep maintenance for up to 35 consecutive nights of drug administration in sleep laboratory studies.

The possibility that the insomnia may be related to a condition for which there is more specific treatment should be considered.

CONTRAINDICATIONS: Benzodiazepines may cause fetal damage when administered during pregnancy. An increased risk of congenital malformations associated with the use of diazepam and chlorthalidopoxide during the first trimester of pregnancy has been suggested in several studies. Also, ingestion of therapeutic doses of benzodiazepine hypnotics during the last weeks of pregnancy has resulted in neonatal CNS depression. Restoril (temazepam) is contraindicated in pregnant women. Consider a possibility of pregnancy when instituting therapy or whether patient intends to become pregnant.

WARNINGS: Patients receiving Restoril (temazepam) should be cautioned about possible combined effects with alcohol and other CNS depressants.

PRECAUTIONS: In elderly and/or debilitated patients, it is recommended that initial dosage be limited to 15 mg. The usual precautions are indicated for severely depressed patients or those in whom there is any evidence of latent depression; it should be recognized that suicidal tendencies may be present and protective measures may be necessary.

If Restoril is to be combined with other drugs having known hypnotic properties or CNS-depressant effects, due consideration should be given to potential additive effects.

Information for Patients: Patients receiving Restoril should be cautioned about possible combined effects with alcohol and other CNS depressants. Patients should be cautioned not to operate machinery or drive a motor vehicle. They should be advised of the possibility of disturbed nocturnal sleep for the first or second night after discontinuing the drug.

Laboratory Tests: The usual precautions should be observed in patients with impaired renal or hepatic function. Abnormal liver function tests as well as blood dyscrasias have been reported with benzodiazepines.

Pregnancy: Pregnancy Category X. See Contraindications.

Pediatric Use: Safety and effectiveness in children below the age of 18 years have not been established.

ADVERSE REACTIONS: The most common adverse reactions were drowsiness, dizziness and lethargy. Other side effects include confusion, euphoria and relaxed feeling. Less commonly reported were weakness, anorexia and diarrhea. Rarely reported were tremor, ataxia, lack of concentration, loss of equilibrium, falling and palpitations. And rarely reported were hallucinations, horizontal nystagmus and paradoxical reactions, including excitement, stimulation and hyperactivity.

Restoril (temazepam) is a controlled substance in Schedule IV. Caution must be exercised in addiction-prone individuals or those who might increase dosage.

DOSAGE AND ADMINISTRATION: *Adults:* 30 mg usual dosage before retiring; 15 mg may suffice in some. *Elderly and/or debilitated:* 15 mg recommended initially until individual response is determined.

SUPPLIED: Restoril (temazepam) capsules—15 mg maroon and pink, imprinted "RESTORIL 15 mg"; 30 mg, maroon and blue, imprinted "RESTORIL 30 mg". Packages of 30, 100, 500 and ControlPak® packages of 25 capsules (continuous reverse-numbered roll of sealed blisters). *Sizes and strengths available to Armed Services:* Restoril (temazepam) capsules, in bottles of 500: 15 mg capsules NSN/6505-01-116-0481; 30 mg capsules NSN/6505-01-116-0482. (RES-2412/28/84)

Before prescribing, see package insert for full product information.

RES-585-5



DORSEY PHARMACEUTICALS
Division of Sandoz, Inc. • East Hanover, NJ 07936

A SANDOZ COMPANY

extra-cranial arterial stenosis. *Prac Cardiol* 7:1-31, 2 Apr 81

A four-part treatise on transient ischemic attacks; clinical presentation, diagnosis, and therapy.

25. Millikan, C.H., and McDowell, F.H.: Treatment of progressing stroke. *Stroke* 12:397-409, Jul/Aug 81

An excellent, detailed discussion of progressing stroke treatment; diagnosis, pathophysiology, and laboratory investigation.

26. Mohr, J.P.: Lacunes. *Stroke* 13:3-11, Jan-Feb 82

An excellent, comprehensive review of the pathology, symptomatology, and treatment of lacunes.

27. Fisher, C.M.: Lacunar strokes and infarcts. A review. *Neurology* 32:871-6, Aug 82

A practical, detailed review of the clinical features of a variety of lacunar strokes.

28. Crowell, R.M., and Zervas, N.T.: Management of intracranial aneurysm. *Med Clin North Am* 63:695-713, Jul 79

An excellent, detailed review of etiology, pathophysiology, and medical and surgical management.

29. Heros, R.C.: Cerebellar hemorrhage and infarction. *Stroke* 13:106-9, Jan-Feb 82

An excellent clinical description of cerebellar hemorrhages, and their diagnosis and treatment in an often missed but treatable entity.

30. Sacco, R.L., et al.: Subarachnoid and intracerebral hemorrhage. Natural history, prognosis, and precursive factors in the Framingham Study. *Neurology* 34:847-54, Jul 84

The results of a very comprehensive study of 5,184 patients over a 26-year period.

31. Hart, R.G., and Miller, V.T.: Cerebral infarction in young adults. A practical approach. *Stroke* 14:110-4, Jan-Feb 83

A significant review of differential diagnosis and a more progressive approach to strokes in young adults.

32. Chester, E.M., et al.: Hypertensive encephalopathy. A clinicopathologic study of 20 cases. *Neurology* 28:928-39, Sep 78.

An important presentation dispelling old myths about clinical presentations and pathology of hypertensive encephalopathy.

33. Ackerman, R.H.: Non-invasive diagnosis of carotid disease. Cerebrovascular Survey Report. Joint Council Subcommittee on Cerebrovascular Disease, NINCDS and NITLI (rev.). pp.143-71, Jan 80

An excellent and complete description of indications as well as the diagnostic significance of non-invasive testing of the carotid circulation.

34. Cebul, R.D., and Ginsberg, M.D.: Noninvasive neurovascular tests for carotid artery disease. *Ann Intern Med* 97:867-72, Dec 82

A good, practical discussion of the advantages and disadvantages of noninvasive neurovascular testing techniques.

35. Durward, Q.J., Ferguson, G.G., and Barr, H.W.: The natural history of asymptomatic carotid bifurcation plaques. *Stroke* 13:459-64, Jul-Aug 82

A very good discussion of a less aggressive approach to asymptomatic carotid bifurcation plaques.

36. Quan, M., Johnson, R.A., and Rodney, W.M.: Asymptomatic carotid bruit. *J Fam Prac* 15:521-32, Sep 82

A review of the prevalence and incidence of asymptomatic carotid bruit in relation to potential stroke, as well as the controversy in workup and treatment.

37. Faught, E., Trader, S.D., and Hanna, G.R.: Cerebral complications of angiography for transient ischemia and stroke. Prediction of risk. *Neurology* 29:4-15, Jan 79

A good discussion of risks, morbidity and mortality of cerebral angiography.

38. Allen, G.S., and Preziosi, T.J.: Carotid endarterectomy. A prospective study of its efficacy and safety. *Medicine* 60:298-309, Jul 81

An excellent and practical protocol approach to the endarterectomy candidate.

39. Bernstein, E.F., et al.: Life expectancy and late stroke following carotid endarterectomy. *Ann Surg* 198:80-6, Jul 83

A good review of the outcome of 456 consecutive endarterectomies of 370 patients over a period of 10 years at one institution.

40. Downey, J.A., et al.: After stroke—marshaling rehabilitation. *Patient Care* 16:257-94, 15 Aug 82

A good clinical approach to rehabilitation of the stroke patient.

41. Howard, G., et al.: Factors influencing return to work following cerebral infarction. *JAMA* 253:226-32, Feb 85

A meaningful guide for work rehabilitation in the stroke victim.

42. Fitzharris, J.W.: Office diagnosis. A syncope work-up without hospitalization. *Modern Medicine* 13:103-14, Apr 83

A brief, practical presentation of the office diagnosis of common causes of syncope.

43. Kapoor, W.N., et al.: A prospective evaluation and follow-up of patients with syncope. *N Engl J Med* 309:198-204, 28 Jul 83

An excellent review of etiology and diagnosis of syncope and significance of diagnostic studies.

44. Thomas, J.E., et al.: Orthostatic hypotension. *Mayo Clin Proc* 56:117-25, Feb 81

A comprehensive, practical approach to the hypotension patient with diagnostic and therapeutic modalities.

45. Shy, G.M., and Drager, G.A.: A neurological syndrome associated with orthostatic hypotension. *Arch Neurol* 2:511-29, May 60

Shy and Drager discuss an often missed, but uncommon diagnosis in the syndrome named after them.

Movement disorders

46. Samuels, M.A., et al.: Sorting out movement disorders. *Patient Care* 16:16-56, 30 May 82

A practical review of presentation, pathophysiology, and treatment.

47. Yahr, M.D.: Early recognition of Parkinson's disease. *Hosp Prac* 16:65-80, Jul 81

An excellent review of Parkinson's disease, its early diagnosis and therapeutic considerations.

48. Duvoisin, R.C.: Is it Parkinson's disease? How to detect the early signs. *Diagnosis* 2:74-84, Jun 83

A very good, practical review of Parkinson's disease with the author's clinical pearls and observations.

49. Boshes, B.: Sinemet and the treatment of parkinsonism. *Ann Intern Med* 94:364-70, May 81

A good review of treatment with Sinemet and potential solutions.

50. Teychenne, P.F., et al.: Bromocriptine. Low-dose therapy in Parkinson disease. *Neurology* 32:577-83, Jan 82

A good description plus therapy suggestions when L-dopa fails.

51. Jankovic, J., and Fahn, S.: Physiologic and pathologic tremors. Diagnosis, mechanism, and management. *Ann Intern Med* 93:460-5, Sep 80

A good review of tremors, origin, pathophysiology, and treatment.

52. Martin, J.B.: Huntington's disease. New approaches to an old problem. *Neurology* 34:1059-72, Aug 84

An excellent and detailed article on Huntington's disease.

53. Koch-Weser, J.: Drug therapy of tardive dyskinesia. *N Engl J Med* 296:257-9, 3 Feb 77

A review of dopaminergic and cholinergic theories in successful treatment of tardive dyskinesia.

54. Klawans, H.L., Goetz, C.G., and Perlik, S.: Tardive dyskinesia. Review and update. *Am J Psychia-*

try 137:900-7, Aug 80

A good, practical review of tardive dyskinesia; therapy, clinical manifestation, and pathogenesis.

Neuropathy

55. Dyck, P.J.: The causes, classification, and treatment of peripheral neuropathy. *N Engl J Med* 307:283-6, Jul 82

A concise review of the causes of various common neuropathies highlighting diagnosis and enigma encountered in treatment.

56. Brown, M.J., and Asbury, A.K.: Diabetic neuropathy. *Ann Neurol* 15:2-11, Jan 84

An excellent, practical review of the different varieties of diabetic neuropathy; pathogenesis, and therapy.

57. Argov, Z., and Mastaglia, F.L.: Drug-induced peripheral neuropathies. *Brit Med J* 1:663-6, 23 Mar 79

An impressive list of commonly used drugs for neuropathy.

58. Horwich, M.S., et al.: Subacute sensory neuropathy. A remote effect of carcinoma. *Ann Neurol* 2:7-19, Feb 77

A presentation of subacute sensory neuropathy, a remote effect of carcinoma.

59. Sandzen, S.C.: Carpal tunnel syndrome. *Am Fam Physician* 24:190-204, Nov 81

A concise review of pathology, symptomatology, and diagnosis in treatment.

60. Williams, I.R., and Mayer, R.F.: Subacute proximal diabetic neuropathy. *Neurology* 26:108-16, Feb 76

A separate clinical and pathologic entity is described as a complication of diabetes.

61. Hilsted, J.: Testing for autonomic neuropathy. *Ann Clin Res* 16:128-35, 84

A practical approach in diagnosing autonomic neuropathies by combining clinical and laboratory methods.

62. Adour, K.K.: Diagnosis and management of facial paralysis. *N Engl J Med* 307:348-51, 5 Aug 82

A concise review of the common causes of facial paralysis; diagnosis, and treatment.

63. Kent, J.M.: When neuropathy underlies facial pain. *Patient Care* 18:104-35, 15 Feb 84

A clinical look at various causes of facial pain.

Myasthenia gravis

64. Drachman, D.B.: The biology of myasthenia gravis. *Ann Rev Neurosci* 4:195-225, 81

An excellent, but lengthy discourse on

myasthenia gravis; pathology, clinical presentation, treatment modalities and prognosis, and related disorders.

65. Lisak, R.P.: Myasthenia gravis. Mechanisms and management. *Hosp Prac* 18:101-9, Mar 83

A pertinent, easy to understand, description of myasthenia gravis, its pathophysiology and treatment.

Back pain

66. Simons, D.G., and Travell, J.G.: Myofascial origins of low back pain. 1. Principles of diagnosis. 2. Torso muscles. 3. Pelvic and lower extremity muscles. *Postgrad Med* 73:66-105, Feb 83

A clinically oriented, three-part update of a 1954 classic discussing diagnosis and management of back pain with myofascial origin.

67. Deyo, R.A.: Conservative therapy for low back pain. Distinguishing useful from useless therapy. *JAMA* 250:1057-62, 24/31 Aug 83

A very practical description of the various treatment modalities employed in low back pain.

68. Lehmann, T.R., and Brand R.A.: Disability in the patient with low back pain. *Orthop Clin North Amer* 13:559-68, Jul 82

Some pertinent information on the disability system; physician's responsibility, and a philosophical approach to management of the workmen's compensation patient.

69. Javid, M.J., et al.: Safety and efficacy of chymopapain (Chymodiactin) in herniated nucleus pulposus with sciatica. Results of a randomized, double-blind study. *JAMA* 249:2489-94, 13 May 83

An excellent comparison of treatment of herniated nucleus pulposus describing chymopapain therapy with success and failure of placebo.

Sleep disorders

70. Kramer, M.: When the patterns of sleep go askew. *Patient Care* 14:122-74, 15 Aug 80

A good, practical approach to sleep disorders; discussing pathophysiology, and treatment.

71. Dement, W.C., et al.: "White paper" on sleep and aging. *J Am Geriatr Soc* 30:25-50, Jan 82

A very lengthy and comprehensive description on pathophysiology, and therapy of sleep disorders in the elderly.

72. Kales, A., et al.: Narcolepsy-Cataplexy. I. Clinical and electrophysiologic characteristics. II. Psychosocial consequences and associated psychopathology. *Arch*

Neurol 39:164-71, Mar 82

An excellent two article review discussing clinical, electrophysiologic, and psychopathologic characteristics.

Pediatric neurology

73. Gascon, G.G.: Chronic and recurrent headaches in children and adolescents. *Pediatr Clin North Am* 31:1027-51, Oct 84

An excellent, comprehensive treatise on various types of headaches with rational approaches to therapy.

74. Jay, G.W.: Epilepsy, migraine, and EEG abnormalities in children. A review and hypothesis. *Headache* 22:110-4, May 82

A review of the clinical significance of various frequent electroencephalographic abnormalities.

75. Rosman, N.P., and Herskowitz, J.: Acute head trauma in infancy and childhood. *Pediatr Clin North Am* 26:707-36, Nov 79

A detailed, lengthy, excellent review of acute head trauma in infancy and childhood discussing treatment, prognosis, and complications.

76. Hirtz, D.G., Ellenberg, J.H., and Nelson, K.B.: The risk of recurrence of nonfebrile seizures in children. *Neurology* 34:637-41, May 84

A good, brief report of recurrence rates in nonfebrile seizures in children in contrast to adults, including family encounter considerations.

Diagnostic tests in neurology

77. Gibbs, F.A.: Electroencephalography. When to consider it and what to expect from it. *Medical Times* 109:1s-18s, Feb 81

A very good, practical description of electroencephalography, when to order and what to expect.

78. Chiappa, K.H., and Ropper, A.H.: Evoked potentials in clinical medicine. (Two Parts) *N Engl J Med* Part I 306:1140-50, 13 May 82, Part II 306:1205-11, 22 May 82

An excellent and very comprehensive presentation of evoked potentials; significance, performance, and indications.

79. Bernat, J.L.: When and how to do the lumbar puncture. *Diagnosis* 5:111-23, Sep 83

A good, practical article of lumbar puncture indications and cerebrospinal fluid profile evaluation.

80. Lee, B.C.P.: Computed tomography scans of the head. Basic interpretation. *Hosp Med* 21:42, Jan 82

A basic description of computed tomography, its indications and what to expect.

81. Oldendorf, W.H.: Nuclear medicine in clinical neurology. An

update. *Ann Neurol* 10:207-13, Sep 81

A good basic background of the clinical significance of brain positron-emission transaxial tomography, and nuclear magnetic resonance scanning.

82. Lammertsma, A.A.: Positron emission tomography of the brain. Measurement of regional cerebral function in man. *Clin Neurol Neurosurg* 86:1-11, 1983

A slightly complex, but comprehensive description of positron-emission transaxial tomography mechanisms and their clinical indications.

83. Crummy, A.B. ed., et al.: Using digital subtraction angiography. *Patient Care* 17:16-37, 25 Sep 83

A good, practical description of digital subtraction angiography capabilities and limitations.

84. Bydder, G.M., et al.: Clinical NMR imaging of the brain. 140 cases. *AJR* 139:215-34, Aug 82

An excellent, comprehensive review of theory, application, and clinical indications of findings.

85. Rowland, L.P.: Guidelines for the determination of death. Report of the medical consultants on the diagnosis of death to the President's commission for the study of ethical problems in medicine and biomedical and behavioral research. *Neurology* 32:395-9, Apr 82

A discussion of guidelines for determination of basic death.

86. Wanzer, S.H., et al.: The physician's responsibility toward hopelessly ill patients. *N Engl J Med* 310:955-9, 12 Apr 84

A practical and provocative look at the doctor's responsibility to the terminally ill patient and family.

87. Ropper, A.H.: Unusual spontaneous movements in brain-dead patients. *Neurology* 34:1089-92, May 84

A discussion of some unusual spontaneous movements in brain-dead patients that are seen periodically and how to deal with families when disconnecting ventilator.

Dementia

88. Beck, J.C.: UCLA conference: Dementia in the elderly. The silent epidemic. *Ann Intern Med* 97:231-41, Aug 82

An excellent discussion of dementia, neuropathology, epidemiology, and reversible and irreversible causes.

89. McKhann, G., et al.: Clinical diagnosis of Alzheimer's disease. Report of the NINCSD-ADRDA work group under the auspices of Department of Health and Human

Services Task Force on Alzheimer's Disease. *Neurology* 34:939-48, Jul 84

A presentation of clinical criteria for diagnosis of definite, probable, and possible, Alzheimer's disease.

90. Wilson, R.S., et al.: Computed tomography in dementia. *Neurology* 32:1054-7, Sep 82

A discussion of the significance of CT in dementia stressing the importance of degree of atrophy.

Central nervous system infections

91. Nielsen, H., Cyldensten, C., and Harmsen, A.: Cerebral abscess. Aetiology and pathogenesis, symptoms, diagnosis and treatment. A review of 200 cases from 1935-1976. *Acta Neurol Scand* 65:609-22, Jan 82

A comprehensive presentation of 200 cases of brain abscess; etiology, symptoms, diagnosis, and treatment.

92. Whitley, R.J., et al.: Herpes simplex encephalitis. Vidarabine therapy and diagnostic problems. *N Engl J Med* 304:313-8, Feb 81

A discussion of the diagnosis, therapy, and morbidity and mortality aspects of herpes simplex encephalitis.

Multiple sclerosis

93. McFarlin, D.E., and McFarland, H.F.: Medical progress. Multiple sclerosis. *N Engl J Med* 307:1183-6, 4 Nov, 20:1246-54, 11 Nov 82

An excellent review (two part series) of multiple sclerosis diagnosis; pathophysiology and therapeutic choices.

94. Bartel, D.R., Markand, O.N., and Kolar, O.J.: The diagnosis and classification of multiple sclerosis. Evoked responses and spinal electrophoresis. *Neurology* 33:611-7, May 83

A suggestion to reclassify the staging of multiple sclerosis including cerebrospinal fluid, evoked responses, and clinical findings.

Metabolic disorders

85. Nakada, T., and Knight, R.T.: Alcohol and the central nervous system. *Med Clin North Am* 68:121-31, Jan 84

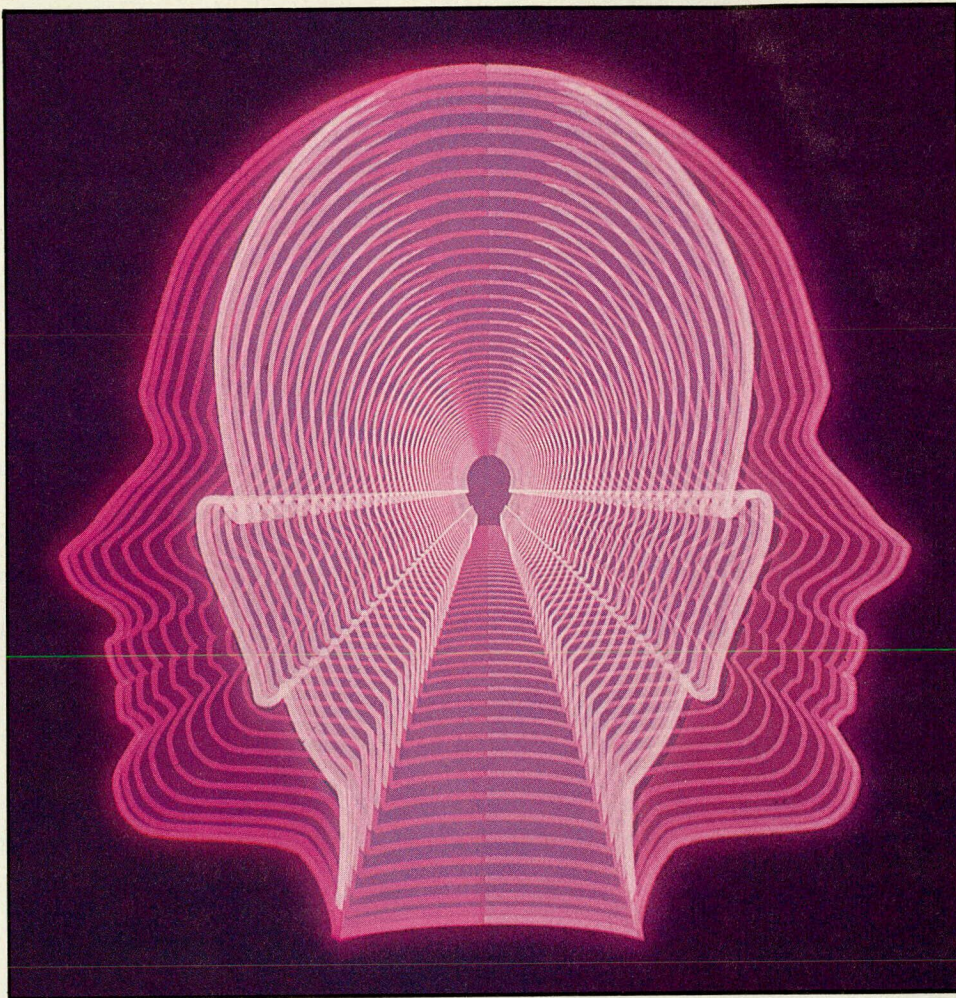
An excellent, concise review of alcohol and related neurologic disorders emphasizing clinical findings.

96. Raskin, N.H. and Fishman, R.A.: Neurologic disorders in renal failure. (First of two parts.) *N Engl J Med* 294:143-8, 15 Jan 76

An excellent discussion of the various neurologic disorders in renal failure; pathophysiology, and treatment.

97. Schenker, S. and Hoyumpa, A.M.: Pathophysiology of hepatic

In Tension Headache:



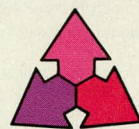
EFFECTIVE ANALGESIC ACTION WITHOUT CAFFEINE

The Axotal formulation contains the added strength of 650 mg aspirin combined with 50 mg butalbital (Warning: may be habit forming). The analgesic properties of aspirin together with the anxiolytic and muscle relaxant properties of butalbital constitute the most widely used combination for the treatment of tension headache. Axotal works without the side effects associated with caffeine.

Convenient to Prescribe

Axotal is not on the controlled drug schedule.

AXOTAL[®]



aspirin 650 mg, butalbital 50 mg (Warning: May be habit forming)

For brief summary, see following page.

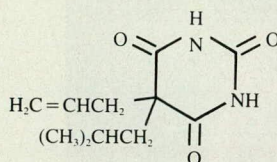
AXOTAL®

Aspirin 650 mg, butalbital 50 mg (Warning: May be habit forming)

WARNING: May be habit forming.

DESCRIPTION: Each AXOTAL tablet for oral administration contains: butalbital, USP 50 mg (Warning: May be habit forming) and aspirin, USP, 650 mg.

Butalbital, 5-allyl-5-isobutyl barbituric acid, a white odorless crystalline powder, is a short to intermediate-acting barbiturate. Its molecular formula is $C_{17}H_{16}N_2O_3$ and molecular weight 224.26. The chemical structure of butalbital is:



Indications: AXOTAL is indicated for the relief of the symptom complex of tension (or muscle contraction) headaches.

Contraindications: Hypersensitivity to aspirin or barbiturates. Patients with porphyria.

Precautions: *General* — AXOTAL should be used with caution in patients with certain medical problems, including those with a history of asthma, allergies and nasal polyps. Also, the drug must be prescribed carefully for patients with hemophilia or other bleeding problems, peptic ulcer, renal impairment, or a history of drug abuse or dependence.

Information for Patients — AXOTAL may impair the mental and/or physical abilities required for the performance of potentially hazardous tasks, such as driving a car or operating machinery. The patient should be cautioned accordingly.

Drug Interactions — Patients receiving narcotic analgesics, antipsychotics, anti-anxiety agents, or other CNS depressants (including alcohol) concomitantly with AXOTAL may exhibit additive CNS depressant effects. When combined therapy is contemplated, the dose of one or both agents should be reduced.

Drugs

Aspirin with anti-inflammatory agents

Butalbital with coumarin anticoagulants

Butalbital with tricyclic anti-depressants

Effect

Increased ulcerogenic effects

Decreased effect of anticoagulant because of increased metabolism resulting from enzyme induction

Decreased blood levels of anti-depressant

Usage in Pregnancy — Adequate studies have not been performed in animals to determine whether this drug affects fertility in males or females, has teratogenic potential or has other adverse effects on the fetus. Although there is no clearly defined risk, experience cannot exclude the possibility of infrequent or subtle damage to the human fetus. AXOTAL should be used in pregnant women only when clearly needed.

Nursing Mothers — The effects of AXOTAL on infants of nursing mothers are not known. Salicylates and barbiturates are excreted in the breast milk of nursing mothers. The serum levels in infants are believed to be insignificant with therapeutic doses.

Pediatric Use — Safety and effectiveness in children below the age of 12 have not been established.

Adverse Reactions: The most frequent adverse reactions are drowsiness and dizziness. Less frequent adverse reactions are lightheadedness and gastrointestinal disturbances including nausea, vomiting and flatulence. Mental confusion or depression can occur due to intolerance or overdosage of butalbital.

Drug Abuse and Dependence: Prolonged use of barbiturates can produce drug dependence, characterized by psychic dependence, and less frequently, physical dependence and tolerance. The abuse liability of AXOTAL is similar to that of other barbiturate-containing drug combinations. Caution should be exercised when prescribing medication for patients with a known propensity for taking excessive quantities of drugs, which is not uncommon in patients with chronic tension headaches.

Overdosage: The toxic effects of acute overdosage of AXOTAL are attributable mainly to its barbiturate component and, to a lesser extent, aspirin. Symptoms attributable to acute barbiturate poisoning include drowsiness, confusion and coma, respiratory depression, hypertension and shock. Symptoms of salicylate overdosage include central nausea and vomiting, tinnitus and deafness, vertigo and headaches, mental dullness and confusion, diaphoresis, rapid pulse and increased respiration leading to respiratory alkalosis. Treatment consists primarily of management of barbiturate intoxication and the correction of acid-base imbalance due to salicylism. Vomiting should be induced mechanically or with emetics, such as ipecac syrup, in the conscious patient. Gastric lavage may be used if the pharyngeal and laryngeal reflexes are present and if less than 4 hours have elapsed since ingestion. A cuffed endotracheal tube should be inserted before gastric lavage of the unconscious patient and when necessary to provide assisted respiration. Gastric lavage followed by activated charcoal is recommended regardless of time since ingestion. Diuresis, alkalization of the urine, and correction of electrolyte disturbances should be accomplished through administration of intravenous fluids such as 1% sodium bicarbonate in 5% dextrose in water. Meticulous attention should be given to maintaining adequate pulmonary ventilation. Exchange transfusion is most feasible for a small infant while intermittent peritoneal dialysis is useful for cases of moderate severity in adults. Hemodialysis with the artificial kidney is the most effective means of removing salicylate and is indicated for the very severe cases of salicylate intoxication. Hypoprothrombinemia should be treated with intravenous Vitamin K (phytonadione). Methemoglobinemia over 30% should be treated with methylene blue administered slowly intravenously.

Dosage and Administration: One tablet every four hours as needed. Do not exceed 6 tablets per day.

Medication should be taken with food or a full glass of water or milk to lessen gastric irritation caused by aspirin.

How Supplied: Each AXOTAL tablet contains butalbital, USP 50 mg and aspirin 650 mg.

AXOTAL is available for oral administration as uncoated, white, capsule-shaped tablets coded ADRIA, 130.



Adria Laboratories Inc.
Columbus, OH 43215

encephalopathy. Hosp Prac 19:99-121, Sep 84

A good review and presentation of principles of pathophysiologic mechanisms in the production of neurologic symptoms in hepatic disease.

Miscellaneous

98. Braun, I.F., et al.: Brain stem infarction due to chiropractic manipulation of the cervical spine. So Med J 76:199-201, Sep 83

Some reports and pathogenesis of neurologic complications following cervical manipulation.

99. Fisher, C.M.: Some neuro-ophthalmologic observations. J Neurol Neurosurg Psychiat 30:383-92, Oct 67

Some unusual neuro-ophthalmological observations descriptions of the author's personal case observations.

100. Johnson, R.T., and Richardson, E.P.: The neurologic manifestations of systemic lupus erythematosus. A clinical-pathological study of 24 cases and review of the literature. Medicine 47:337-69, 68

A classic, detailed review of the neurological manifestations of lupus erythematosus.

Books

continued from page 422/49

Buerger, Ph.D., Philip E. Greenman, D.O., William Johnston, D.O., and Robert Soutas-Little, Ph.D., with foreword by Myron S. Magen, D.O.) Edited by A.A. Buerger, Ph.D., and Philip E. Greenman, D.O.; pp. 288, with illus.; Charles C Thomas, Publisher, 2600 S. First Street, Springfield, IL 62717, 1985, \$34.75.

Cardiac arrhythmias: Electrophysiologic techniques and management. Edited by Leonard S. Dreifus; pp. 370, with illus.; F.A. Davis Company, 1915 Arch Street, Philadelphia, 19103-9954, 1985, \$50.00.

Rheumatoid arthritis: Etiology, diagnosis, management. (Scholarly book on basic and applied knowledge relevant to clinicians.) Edited by Peter D. Utsinger, Nathan J. Zvaifler, and George E. Ehrlich; pp. 934, with illus.; J.B. Lippincott Company, East Washington Square, Philadelphia, 19105, 1985, \$67.50.

Current therapy in endocrinology and metabolism, 1985-1986. (Specialized therapeutic approaches to endocrine and metabolic problems.) By Dorothy T. Krieger and C. Wayne Bardin; pp. 415, with illus.; The C.V. Mosby Company, 11830 Westline Industrial Drive, Saint Louis, MO 63141, 1985, \$58.00.

Sexually transmitted diseases: A clinical syndrome approach. (Emphasis on differential diagnosis for physicians and students.) Edited by Vincent A. Spagna and Richard B. Prior; pp. 498, with illus.; Marcel Dekker, Inc., 270 Madison Avenue, New York, 10016, 1985, \$85.00.

Current emergency diagnosis & treatment. (For emergency care physicians, residents, and students.) Edited by John Mills, et al.; ed. 2; pp. 864, with illus.; Lange Medical Publications, Drawer L, Los Altos, CA 94022, 1985, \$28.00 (paper).

1985 Year Book of obstetrics and gynecology.® (Contains recent international literature reviewed up to August 1984.) Edited by Roy M. Pitkin and Frank J. Zlatnik; Year Book series, pp. 544, with illus.; Year Book Medical Publishers, Inc., 35 East Wacker Drive, Chicago, 60601, 1985, \$39.95.

Correlative neuroanatomy and functional neurology. (Clinical neurology introduction for students and practitioners.) By Joseph G. Chusid; ed. 19, pp. 513, with illus.; Lange Medical Publications, Drawer L, Los Altos, CA 94022, 1985, \$19.50, (paper).

Textbook of pain. (Presents international and national articles in three sections:

Basic aspects, clinical aspects of diseases in which pain predominates, and therapeutic aspects.) Edited by Patrick D. Wall and Ronald Melzack; pp. 866, with illus.; Longman Inc., 95 Church Street, White Plains, NY 10601, 1985, \$105.00.

Rob & Smith's Operative surgery: Vascular surgery. Edited by James A. DeWeese, Hugh Dudley, and David Carter, ed. 4, pp. 459, with illus.; C.V. Mosby Company, 11830 Westline Industrial Drive, St. Louis, MO 63146, 1985, \$110.00.

Alternatives to conventional ileostomy. (For surgeons.) By Roger R. Dozois; pp. 454, with illus.; Year Book Medical Publishers, 35 East Wacker Drive, Chicago, IL 60601, 1985, \$49.95.

Rapid interpretation of heart sounds and murmurs. (Workbook manual and tape cassette.) By Emanuel Stein and Abner J. Delman, ed. 2, pp. 64, with illus.; Lea & Febiger, 600 Washington Square, Philadelphia, PA 19106-4198, 1985, \$18.50 (paper).

Diagnostic procedures in cardiology: A clinician's guide. (For the non-cardiologist.) By James V. Warren and Richard P. Lewis; pp. 494, with illus.; Year Book Medical Publishers, Inc., 35 East Wacker Drive, Chicago, IL 60601, 1985, \$39.95.

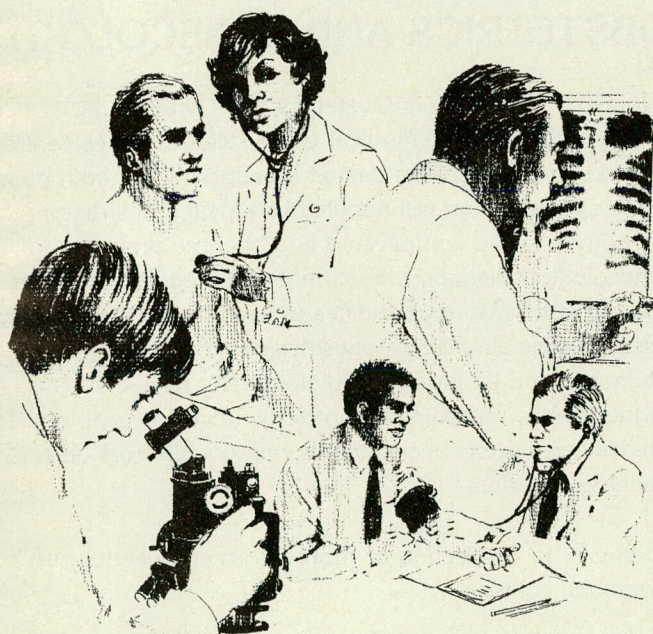
Your Residency in Internal Medicine

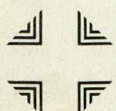
Our three-year residency program in Internal Medicine provides a wide variety of cases and broad clinical experience in general Internal Medicine in a progressive, modern inner city hospital. The program consists of bedside clinical teaching, ICU and Step Down units; there also are daily lectures and conferences in the Department of Medicine.

Residents are trained in critical care and invasive hemodynamic monitoring; endoscopy, noninvasive cardiac evaluation and all subspecialties. Elective rotations include: radiology, cardiology, neurology, oncology, radioisotopes, gastroenterology, infectious diseases, psychiatry, hematology, nephrology, and others. The program is structured to fit your needs and interests with liberal elective time.

To obtain an application or more information about our programs, contact:

Director Medical Education
Michigan Osteopathic Medical Center
2700 Martin Luther King Jr. Blvd.
Detroit, Michigan 48208
(313) 361-8000



 **Michigan Osteopathic
Medical Center**

Manipulative therapy in the rehabilitation of the motor system. (For students and clinicians.) By Karel Lewit; pp. 388, with illus.; Butterworth Publishers, 80 Montvale Avenue, Stoneham, MA 02180, 1985, \$79.95.

The intertrochanteric osteotomy. (For orthopedic surgeons.) Edited by J. Schatzker; pp. 205, with illus.; Springer-Verlag New York, Inc., 44 Hartz Way, Secaucus, NJ 07094, 1985, \$49.00.

Research methodology for family practitioners. (A special edition of *Family Practice Research Journal*.) Edited by Leif I. Solberg; pp. 66, with illus.; Human Sciences Press, 72 Fifth Avenue, New York, 10011, 1985, \$12.95 (paper).

Aspects of manipulative therapy. (Presentations from the Lincoln Institute of Health Sciences Conference on 'Manipulative therapy in the management of musculo-skeletal disorders'.) Edited by E.F. Glasgow, et al.; pp. 194, with illus.; Churchill Livingstone, Inc., 1560 Broadway, New York, NY 10036, 1985, \$27.00 (paper).

Hypertension in blacks: Epidemiology, pathophysiology, and treatment. (For clinicians and researchers.) By W. Dallas Hall, Elijah Saunders, and Neil B. Shulman; pp. 263, with illus.; Year Book Medical Publishers, 35 East Wacker Drive, Chicago IL 60601, 1985, \$39.95.

1985 Year book of emergency medicine.® (Represents literature reviewed up to April 1984.) Edited by David K. Wagner, et al.; pp. 408, with illus.; Year Book Medical Publishers, Inc., 35 East Wacker Drive, Chicago, IL 60601, 1985, \$42.95.

Anatomy as a basis for clinical medicine. (For students.) By E.C.B. Hall-Craggs; pp. 658, with illus.; Urban & Schwarzenberg Medical Publishers, 7 East Redwood Street, Baltimore, MD 21202, 1985, \$36.00.

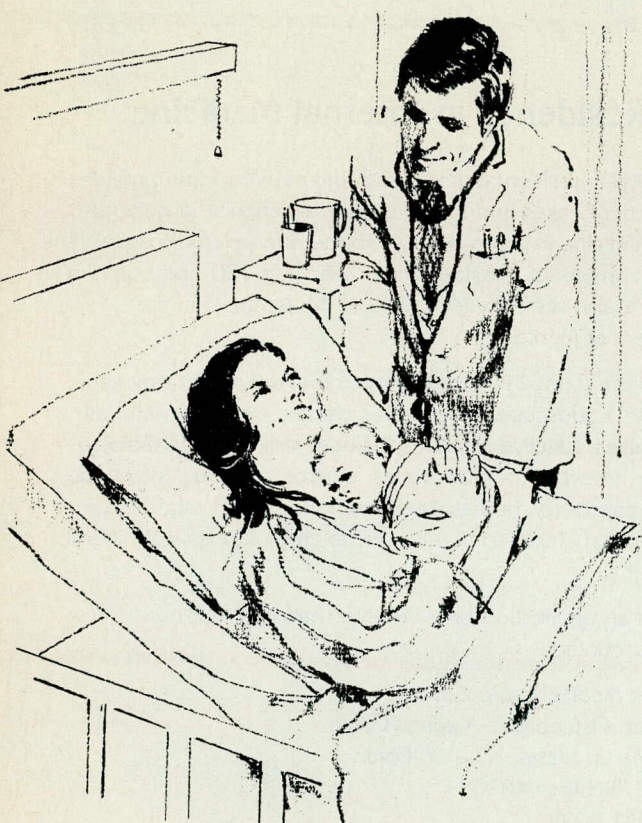
1985 Year Book of plastic and reconstructive surgery.® (Represents literature reviewed up to January 1985.) Edited by Frederick J. McCoy, et al.; Year Book series; pp. 320, with illus.; Year Book Medical Publishers, Inc., 35 East Wacker Drive, Chicago, 60601, 1985, \$45.95.

The mental status examination in neurology. (For students and practitioners.) By Richard L. Strub and F. William Black; ed. 2, pp. 232, with illus.; F. A. Davis Company, 1915 Arch Street, Philadelphia, PA 19103, 1985, \$15.95 (paper).

1985 year book of psychiatry and applied mental health.® (Representing literature reviewed up to June 1984.) Edited by Daniel X. Freedman, et al.; pp. 457; Year Book Series, Year Book Medical Publishers, Inc., 35 East Wacker Drive, Chicago IL 60601, 1985, \$42.95.

applications for membership

Chack, Joel P., PCO '81; 211 Harvest Rd., Cherry Hill, NJ 08002
Cohen, Raymond Franklin, KCOM '80; 12255 DePaul Dr., Suite 770, St. Louis, MO 63044
Cranston, R. Joseph, MSU '78; 1576 Pine Knoll Dr., Caro, MI 48723
Ehrig, Philip L., PCO '67; 2030 Tilghman Street, Allentown, PA 18104
Fasanello, Richard A., NYCOM '81; 12 West St., Massapequa Park, NY 11762
Gravino, John P., KC '76; 1919 W. 24th St., Lawrence, KS 66044
Heinberg, Patricia Gail, OCM '83; Box 300, Long Beach, NY 11561
Shore, Eric E., PCO '73; 7516 City Line Ave., Suite 8, Philadelphia, PA 19151
Simich, Robert L., Col., CCO '60; 45-934 Kam Hwy., Kaneohe, HI 96744
Turner, Donald M., KCOM '52; No. 1, 3315 S.E. Harrison, Milwaukee, OR 97222



Your Residency in OBSTETRICS AND GYNECOLOGY

A four-year residency in Obstetrics and Gynecology at Michigan Osteopathic Medical Center allows the resident to have a significant role in patient management in both phases of the specialty. You will handle obstetrical cases ranging from the normal to the complicated and become proficient in gynecological diagnosis, treatment and surgical procedures. You will also have opportunities to acquire experience in such subspecialties as urology, anesthesiology, pathology, and diagnostic and therapeutic radiology. The related subjects of endocrinology, genetics, embryology, oncology, cytology and infertility are given special attention in conferences and teaching sessions.

To obtain an application or more information about our programs, contact:

Director Medical Education
Michigan Osteopathic Medical Center
2700 Martin Luther King Jr. Blvd.
Detroit, Michigan 48208
(313) 361-8000

**Michigan Osteopathic
Medical Center**