POLYTRIM® eradicates the most common causative pathogens of bacterial conjunctivitis, including the primary ones, *Haemophilus influenzae* and *Streptococcus pneumoniae*.1,2

Eliminating *H. influenzae* is critical, because it causes 3 to 4 times more cases of bacterial conjunctivitis in children than any other ocular pathogen.2

Yet for all its bactericidal activity, POLYTRIM® is *safe and effective for children 2 months of age and over*. Comfortable on instillation, it contains no neomycin or sulfas.

All good reasons why POLYTRIM® is an excellent solution for pinkeye. Especially for those baby blues.

**Polytrim**

Ophthalmic Solution Sterile
(trimethoprim sulfate 0.1%, polymyxin B sulfate 10,000 units/mL)

POLYTRIM® is for bacterial conjunctivitis due to susceptible strains of *Haemophilus influenzae*, *Staphylococcus aureus*, *Staphylococcus epidermidis*, *Streptococcus pneumoniae*, *Streptococcus viridans*, and *Pseudomonas aeruginosa* (Efficacy for this organism was studied in fewer than 10 infections.). The most frequent adverse reaction is local irritation consisting of increased redness, burning, stinging, or itching. Not indicated for the treatment of ophthalmia neonatorum.

Please see adjacent page for references and brief prescribing information.

*It Kills Pinkeye With Kindness*

©1997 Allergan, Inc., Irvine, CA 92612
POLYTRIM® Ophthalmic Solution Sterile
(trimethoprim sulfate 0.1% and polymyxin B sulfate 10,000 units/mL)

INDICATIONS AND USAGE: POLYTRIM® Ophthalmic Solution is indicated in the treatment of surface ocular bacterial infections, including acute bacterial conjunctivitis, and blepharocconjunctivitis, caused by susceptible strains of the following microorganisms: Staphylococcus aureus, Staphylococcus epidermidis, Streptococcus pneumoniae, Streptococcus viridans, Haemophilus influenzae and Pseudomonas aeruginosa. *Efficacy for this organism in this organ system was studied in fewer than 10 infections.

CONTRAINdications: POLYTRIM® Ophthalmic Solution is contraindicated in patients with known hypersensitivity to any of its components.

WARNINGS: NOT FOR INJECTION INTO THE EYE. If a sensitivity reaction to POLYTRIM® occurs, discontinue use. POLYTRIM® Ophthalmic Solution is not indicated for the prophylaxis or treatment of ophthalmia neonatorum.

PRECAUTIONS:
General: As with other antimicrobial preparations, prolonged use may result in overgrowth of nonsusceptible organisms, including fungi. If superinfection occurs, appropriate therapy should be initiated.
Information for Patients: Avoid contaminating the applicator tip with material from the eye, fingers, or other source. This precaution is necessary if the sterility of the drops is to be maintained. If redness, irritation, swelling or pain persists or increases, discontinue use immediately and contact your physician.

Carcinogenesis, Mutagenesis, Impairment of Fertility: Carcinogenesis: Long-term studies in animals to evaluate carcinogenic potential have not been conducted with polymyxin B sulfate or trimethoprim. Mutagenesis: Trimethoprim was demonstrated to be non-mutagenic in the Ames assay. In studies at two laboratories, no chromosomal damage was detected in cultured Chinese hamster ovary cells at concentrations approximately 300 times human plasma levels after oral administration; at concentrations approximately 1000 times human plasma levels after oral administration in these same cells a low level of chromosomal damage was induced at one of the laboratories. Studies to evaluate mutagenic potential have not been conducted with polymyxin B sulfate.

Impairment of Fertility: Polymyxin B sulfate has been reported to impair the motility of equine sperm, but its effects on male or female fertility are unknown. No adverse effects on fertility or general reproductive performance were observed in rats given trimethoprim in oral dosages as high as 70 mg/kg/day for males and 14 mg/kg/day for females.

Pregnancy: Teratogenic Effects: Pregnancy Category C. Animal reproduction studies have not been conducted with polymyxin B sulfate. It is not known whether polymyxin B sulfate can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity. Trimethoprim has been shown to be teratogenic in the rat when given in oral doses 40 times the human dose. In some rabbit studies, the overall increase in fetal loss (dead and resorbed and malformed concepts) was associated with oral doses 6 times the human therapeutic dose. While there are no large well-controlled studies on the use of trimethoprim in pregnant women, Brumfitt and Pursell, in a retrospective study, reported the outcome of 186 pregnancies during which the mother received either placebo or oral trimethoprim in combination with sulfamethoxazole. The incidence of congenital abnormalities was 4.5% (3 of 66) in those who received placebo and 3.3% (4 of 120) in those receiving trimethoprim and sulfamethoxazole. There were no abnormalities in the 10 children whose mothers received the drug during the first trimester. In a separate survey, Brumfitt and Pursell also found no congenital abnormalities in 35 children whose mothers had received oral trimethoprim and sulfamethoxazole at the time of conception or shortly thereafter. Because trimethoprim may interfere with folic acid metabolism, trimethoprim should not be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Nonteratogenic Effects: The oral administration of trimethoprim to rats at a dose of 70 mg/kg/day commencing with the last third of gestation and continuing through parturition and lactation caused no deleterious effects on gestation or pup growth and survival. Nursing Mothers: It is not known whether this drug is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when POLYTRIM® Ophthalmic Solution is administered to a nursing woman.

Pediatric Use: Safety and effectiveness in children below the age of 2 months have not been established (see WARNINGS).

ADVERSE REACTIONS: The most frequent adverse reaction to POLYTRIM® Ophthalmic Solution is local irritation consisting of increased redness, burning, stinging, and/or itching. This may occur on instillation, within 48 hours, or at any time with extended use. There are also multiple reports of hypersensitivity reactions consisting of lid edema, itching, increased redness, tearing, and/or circumocular rash. Photosensitivity has been reported in patients taking oral trimethoprim.


1997 Allergan, Inc., Irvine, CA 92612

To earn and display with pride

American Medical Association
Physicians dedicated to the health of America

American Medical Association
Physicians dedicated to the health of America

To earn and display with pride

American Medical Association
Physicians dedicated to the health of America

Physician's Recognition Award
John Smith, MD

The AMA Physician's Recognition Award lets your patients, your hospital, and your colleagues know that you are continually expanding your knowledge and improving your skills. One hour of CME each week, 50 hours a year, and you can be eligible to receive this prestigious proof of your voluntary achievements in programs of Continuing Medical Education.

Facts about the Physician's Recognition Award
You need just 50 hours of CME - about 1 hour per week. Twenty hours must be AMA PRA education hours, the remainder may be either Category 1 or Category 2.

- One, two or three year certificates are provided, based on your needs.
- Your CME can be reported at any time.
- You can fax or mail your application. Applications are provided on the AMA home page (http://www.ama-assn.org) under the Medical Science and Education button.
- PRA staff will review hospital CME transcripts in place of the application form.
- A certificate with Commendation for Self-Directed Learning is available.
- The PRA certificate is accepted by many specialty societies as satisfying CME requirements and it is reciprocal with 4 state medical society certificate programs - CA, NJ, VA and PA.

The PRA certificate is listed on Physician Select (AMA home page) and will be a component of AMAP.

Call today to receive information and your application for the Physician's Recognition Award. Materials are available by fax or mail. Call 800 621-8335, and press 2 for a fax application.
The ARCHIVES OF FAMILY MEDICINE is a member of the consortium of AMA journals listed below. The complete text of all AMA journals is available online from Dialog Information Services and Information Access Company.

The Journal of the American Medical Association (JAMA)
Archives of Dermatology
Archives of Family Medicine
Archives of General Psychiatry
Archives of Internal Medicine
Archives of Neurology
Archives of Ophthalmology
Archives of Otolaryngology—Head & Neck Surgery
Archives of Pathology & Laboratory Medicine
Archives of Pediatrics & Adolescent Medicine
Archives of Surgery

The ARCHIVES OF FAMILY MEDICINE (ISSN 1063-3987) is published bi-monthly, by the American Medical Association, 515 N State St, Chicago, IL 60610, and is an official publication of the Association. The ARCHIVES OF FAMILY MEDICINE reaches more than 40,000 readers in over 40 countries. Periodicals postage paid at Chicago and at additional mailing offices. GST registration number 12622 5596 RT. Canada Post International Publications Mail (Canadian Distribution) Sales Agreement No. 319860. Printed in the USA.

SUBSCRIPTION RATES—The personal subscription rates for the ARCHIVES OF FAMILY MEDICINE are $100 for 1 year (6 issues) in the United States and US possessions; $120 in the Americas; £60 outside the Americas. The institutional rates for 1 year are £120 in the United States; £60 in the Americas; £110 outside the Americas. Special rates for residents and medical students are available. Address all subscription communications to: Subscriber Services Center, American Medical Association, PO Box 10946, Chicago, IL 60610-0946. Phone: (800) 262-2300. Fax: (312) 464-3981. E-mail: ama-subs@ama-assn.org. For mailing addresses outside the United States and US possessions, see International Subscription Information.

CHANGE OF ADDRESS—POSTMASTER, send all address changes to ARCHIVES OF FAMILY MEDICINE, c/o Subscriber Services Center, American Medical Association, 515 N State St, Chicago, IL 60610. Please notify us of address change at least 6 weeks in advance to ensure uninterrupted service. Include both old and new addresses, a recent mailing label, and new ZIP code. For mailing addresses outside the United States and US possessions, see International Subscription Information.

SUBSCRIBER SERVICES—For information about subscribing to any of the AMA publications, change of address, missing issues, or purchasing back issues, please contact Subscriber Services Center, American Medical Association, PO Box 10946, Chicago, IL 60610-0946, or call (312) 670-SUBS (670-7827) between 8:30 AM and 4:30 PM CST. Fax: (312) 464-5831. E-mail: ama-subs@ama-assn.org. For mailing addresses outside the United States and US possessions, see International Subscription Information.

INTERNATIONAL SUBSCRIPTION INFORMATION—Subscriptions outside the United States and US possessions are served according to geographic region. Please address correspondence to the following 2 offices based on delivery address: (1) For delivery in North America, Central America, and South America, contact Subscriber Services Center, AMA, PO Box 10946, Chicago, IL 60610-0946. Phone: (312) 670-7827. Fax: (312) 464-5831. E-mail: ama-subs@ama-assn.org. (2) For delivery outside the Americas, contact JAMA & Archives Journals, Reader Services Center, PO Box 299, London WC1H 9TD, England. Phone: +44(0)171-383-6270. Fax: +44(0)171-383-6402. E-mail: bnp@ndslip.pipeex.com.

REPRINTS—Authors place their reprint order at the time the edited typescript is reviewed and should allow 4 to 6 weeks for delivery following publication. Requests for individual reprints should be sent directly to the author at the address shown in the article.

For bulk reprint orders for distribution by commercial organizations, please contact Wanda Bartolotta, 500 Fifth Ave, #2210, New York, NY 10010. Phone: (212) 354-0050. Fax: (212) 354-1169. E-mail: QGZRO6A@Prodigy.com. For reprints ordered in limited quantities for distribution by educational organizations, please contact Joseph R. Rekash, 515 N State St, Chicago, IL 60610. Phone: (312) 464-2512. Fax: (312) 464-3835.


PERMISSIONS—Contact Ada Jimenez-Walker, Permissions Assistant, 515 N State St, Chicago, IL 60610. Phone: (312) 464-2513.

ADVERTISING PRINCIPLES—Each advertisement in this issue has been reviewed and complies with the principles governing advertising in AMA scientific publications. A copy of these principles is available on request. The appearance of advertising in AMA publications is not an AMA guarantee or endorsement of the product or the claims made for the product by the manufacturer.

Database & New Media
Electronic Coordinator: Mary Ellen Johnston
Database Assistant: Melanie Parenti

Specialty Journal Division Office
Assistant to the Associate Publisher: Christine Hearme

Circulation Processing Department
Director: Beverly Martin

Circulation Development Department
Director: Ann Westerbeke

Licensing & Permissions Department
Director: Norman Frankel

Indexing: Kathy Gaydar
Permissions: Ada Jimenez-Walker

Reprints
Reprint Coordinator: Joseph Rekash
### SPECIAL SELECTIONS

**Nodular Lesions on Fingertips**  
Anna Di Landro, MD; Luigi Naldi, MD; Francesco Locati, MD; Lorenzo Marchesi, MD; Tullio Cainelli, MD

**Thrombolysis for Stroke**  
Thomas Brott, MD

**Tissue-Type Plasminogen Activator Should Not Be Used in Acute Ischemic Stroke**  
Jack E. Riggs, MD

**Thrombolysis in Acute Stroke**  
Vladimir Hachinski, MD, DScMed

### ORIGINAL CONTRIBUTIONS

**Evaluation and Treatment of Urinary Incontinence: Report of a Physician Survey**  
Stephanie McFall, PhD; Adeline M. Yerkes, RN, MPH; Marie Bernard, MD; Terry LeRud, MPH, CHES

**Practice Commentary**  
Anonymous Patient

**Trial of Labor or Repeated Cesarean Section: The Woman’s Choice**  
Richard G. Roberts, MD, JD; Hanan S. Bell, PhD; Eric M. Wall, MD, MPH; Julie Graves Moy, MD, MPH; George H. Hess, MD; Hugh P. H. Bower, MD

### EDITORIAL

**Anticoagulant Therapy in Patients Aged 80 Years or More With Atrial Fibrillation: More Caution Is Needed**  
Richard J. Ackermann, MD

### LIVING IN MEDICINE

**A Debt to Society**  
Joseph Herman, MD

**Personal Statement**  
Thomas M. Wilkinson, MD

**Effectiveness of a Nurse-Based Intervention in a Community Practice on Patients’ Dietary Fat Intake and Total Serum Cholesterol Level**  
Donald A. Pine, MD; Diane J. Madlon-Kay, MD; Mary Sauser, RN
Liberating patients from arthritis pain.

All in pursuit of the freedom of movement.

Two caplets, once a day*

DAYPRO® (oxaprozin) 600-mg caplets

Daylong Confidence. Proactive Control.

DAYPRO is indicated for the treatment of the signs and symptoms of OA and RA.

*Usual adult dosage is 1200 mg (two 600-mg caplets) once a day. For osteoarthritis patients of low body weight or with milder disease, an initial dosage of one 600-mg caplet once a day, or an optional one-time loading dose of 1200 mg, may be appropriate. Dosage should be individualized to the lowest effective dose; the maximum recommended total daily dosage is 1800 mg or 26 mg/kg, whichever is lower, in divided doses.

Contraindicated in patients with hypersensitivity to DAYPRO or in individuals with nasal polyps, angioedema, or bronchospastic reactivity to aspirin or other NSAIDs. Severe and occasionally fatal asthmatic and anaphylactic reactions to NSAIDs have been reported; there have been rare reports of anaphylaxis with DAYPRO. As with other NSAIDs, the most frequently reported adverse reactions were related to the GI tract. In patients treated chronically with NSAID therapy, serious GI toxicity, such as bleeding, ulceration, and perforation, can occur. Severe renal and hepatic reactions have been reported. There may be a risk of fatal hepatitis with oxaprozin, such as has been seen with other NSAIDs.

Please see brief summary of prescribing information on adjacent page.
metabolite bid exhibited statistically significant but transient increases in sitting and standing blood pressures after 14 days. Therefore, as with all NSAIDs, routine blood pressure monitoring should be performed while taking Daypro therapy. Other drugs: The coadministration of oxaprozin and antacids, aminophen, or conjugated estrogen replacement therapy in patients with gynecological disorders is not statistically significant but changes in pharmacokinetic parameters in single- and/multiple-dose studies. The interaction of oxaprozin with lithium and cardiac glycosides has not been studied. Carcinogenesis, mutagenesis, impairment of fertility: In mice, mutagenicity studies, oxaprozin was not carcinogenic. No increase in the incidence of anaphylactic or anaphylactoid reactions was observed with the use of oxaprozin during late pregnancy should be avoided. Nursing mothers: Studies of concentration, and patients who are participating in clinical trials (see Drug effects, including these factors in the elderly. NSAIDs administration was not associated with impairment of fertility in male and female rats at oral doses up to 200 mg/kg/day (1180 mg/l); the usual human dose is 1000 mg/day. This indicates that the risk of fetal damage is very low. OXAPROZIN should be used during pregnancy only if the potential benefic...

SUMMARY-

Before prescribing please see full prescribing information.

INSTRUCTIONS- DAYPRO® (oxaprozin) 600-mg caplets

Daypro is indicated for the treatment of the signs and symptoms of OA.

CONTRAINDICATIONS: Hypersensitivity to oxaprozin or any of its components or in individuals with the complete or partial syndrome of nasal polyps, angioedema, and bronchospasm, or any other sensitivities to other nonsteroidal anti-inflammatory drugs. Severe and occasionally fatal asthmatic and anaphylactic reactions have been reported in patients receiving NSAIDs, and there have been rare reports of anaphylaxis in patients taking oxaprozin.

WARNINGS: RISK OF GASTROINTESTINAL (GI) ULCERATION, BLEEDING, AND PERFORATION WITH NONSTEROIDAL ANTI-INFLAMMATORY DRUG THERAPY: Serious gastrointestinal (GI) tract bleeding, perforation, and ulceration have been reported with, or without warning symptoms, in patients treated with NSAIDs. Bleeding, perforation, and ulceration can occur with or without other symptoms, at any time during treatment with NSAIDs. Patients with a history of peptic ulcer disease and those with active ulcer disease are at an increased risk of developing ulcers. Patients treated with NSAIDs are at a greater risk of having a clinically significant event than patients treated with acetaminophen, and the risk of having a clinically significant event is increased in patients with a history of ulcer disease.

PRECAUTIONS: General: Hepatic effects: As with other NSAIDs, baseline elevations of one or more liver tests may occur in up to 15% of patients. These abnormalities may progress, remain essentially unchanged, or resolve with continued therapy. The SGPT (ALT) test is useful in monitoring elevations in liver enzymes. When the enzyme levels return to normal, the test should be repeated at 6 months or whenever changes occur.

Oxaprozin, with or without concomitant use of drugs that affect platelet function or that may affect the coagulation mechanism, may increase the risk of bleeding, hemorrhage, and/or thrombosis. It is recommended that patients be monitored for symptoms of bleeding while taking oxaprozin. The coadministration of oxaprozin and antacids, aminophen, or conjugated estrogen replacement therapy in patients with gynecological disorders is not statistically significant. No increase in the incidence of anaphylactic or anaphylactoid reactions was observed with the use of oxaprozin during late pregnancy should be avoided. Nursing mothers: Studies of concentration, and patients who are participating in clinical trials (see Drug effects, including these factors in the elderly. NSAIDs administration was not associated with impairment of fertility in male and female rats at oral doses up to 200 mg/kg/day (1180 mg/l); the usual human dose is 1000 mg/day. This indicates that the risk of fetal damage is very low. OXAPROZIN should be used during pregnancy only if the potentialbenefic...

OVERDOSAGE- No specific antidote is available but supportive therapy and management of the symptoms should be administered. There are no published reports of the use of oxaprozin overdosage in humans.

ADVERSE REACTIONS: The most frequently reported adverse reactions that are related to the gastrointestinal tract. They were nausea (83%) and dyspepsia (8%). Incidence greater than 1% and are probably related to treatment. Reactions occurring in 3% to 9% are reported to be simultaneous with Daypro therapy. They were epigastric discomfort or distention, and/or diarrhea, constipation, abdominal pain, and flatulence. These symptoms may be more common in patients treated with NSAIDs than in non-users. In a large-scale, double-blind study of oxaprozin therapy in patients with osteoarthritis, the incidence of diarrhea was greater than 2%. A small number of reports of anaphylactic reactions were also reported. As with other systemic anti-inflammatory drugs, a variety of systemic adverse reactions have been reported with the use of oxaprozin. These reactions include the following:

Drug Abuse and Dependence: Daypro is a non-narcotic drug. Usually reliable animal studies have indicated that Daypro has no known addiction potential in humans. OVERDOSAGE: No patient experienced either an accidental or intentional overdose of Daypro in the clinical trials of the drug. Symptoms following acute overdose with Daypro are usually limited to lethargy, drowsiness, nausea, vomiting, and epigastric pain and are generally reversible with supportive care. Gastrointestinal bleeding and coma have occurred following NSAID overdose. Hypersensitivity, acute renal failure, and respiratory depression are rare. Patients should be managed by symptomatic and supportive care following an NSAID overdose. There are no specific antidotes. Gut decontamination techniques might be used in severely toxic patients with symptoms or following a large dose (10 to 15 times the usual dose). This should be accompanied by careful monitoring of the patient's condition. The use of pressors (2 g/kg) in the presence of an anaphylactic or anaphylactoid reaction with an osmotic cathartic. Forced diuresis, alkalization of the urine, or hemo-perfusion would probably not be useful at the high degree of protein binding of oxaprozin.
Now get the article you need within 24 hours!

Information fast . . . information complete

Now there's a convenient way to get the article you need — when you need it. Document delivery puts any article from the American Medical Association (AMA) clinical journals at your fingertips, complete with charts, figures and graphics. Articles from any issue of JAMA and the Archives journals are available, whether they were published last week or even decades ago.

Order by phone, fax or computer

It's quick and convenient to arrange delivery of an article using the sources below. A black and white copy of the article will be sent within 24 hours of your order. Articles can be delivered by fax, or you can choose from other delivery options, including overnight service.

When you need an article that was published in JAMA or the Archives journals, and time is important, contact these sources for fast document delivery:

The Genuine Article
Institute for Scientific Information
3501 Market Street
Philadelphia, PA 19104
Phone: 215-386-0100, ext. 1536
Fax: 215-386-4343 and 215-222-0840
e-mail: tga@isinet.com

The Uncover Company
3801 E. Florida Avenue, Suite 200
Denver, CO 80210
Phone: 800-787-7979 or 303-758-3030, ext. 235
Fax: 303-758-5946
e-mail: sos@carf.org

UMI InfoStore
500 Sansome Street, Suite 400
San Francisco, CA 94111
Phone: 800-248-0360 or 415-433-5500, ext. 282
Fax: 415-433-0100
e-mail: orders@infostore.com

Articles available from these AMA journals:
JAMA: The Journal of the American Medical Association
Archives of Dermatology • Archives of Family Medicine
Archives of General Psychiatry • Archives of Internal Medicine
Archives of Neurology • Archives of Ophthalmology
Archives of Otolaryngology-Head & Neck Surgery
Archives of Pediatrics & Adolescent Medicine • Archives of Surgery

The Diagnosis & Treatment of ADD/ADHD:
A No-Nonsense Guide for Primary Care Physicians

Michael Gordon, Ph.D. & Martin Irwin, M.D.
SUNY Health Science Center at Syracuse

- Sensible strategies designed for a busy practice
- Clear diagnostic algorithms
- Medication protocols & patient instruction sheets
- A complete 'how to' kit of forms, letters, and rating scales
- A companion computer disk containing all relevant documents
- Practical and cost-effective advice for managing preschoolers to adults
- Only $89.95 (N.Y.S. + 7% tax) plus $9 shipping within the continental U.S.

"Required reading. Pragmatic, informative, and engaging."
Michael Coates, M.D.
Department of Family Medicine,
Univ. of Virginia Medical Center

Order today from
GSI Publications, Inc.
P.O.Box 746, DeWitt, N.Y. 13214
1-800-550-ADHD  Fax: (315) 446-2012
http://www.gsi-add.com

INDEX TO ADVERTISERS

Allergan, Inc.
Polytrim ...................................... Cover 2-93

GSI Publications
Publication .................................. 113

Hoechst Marion Roussel, Inc.
Cardizem CD .............................. Cover 3-Cover 4

PHYSICIAN RECRUITMENT ............ 198-204

Searle & Co.
Daypro ...................................... 97-98

While every precaution is taken to ensure accuracy, we cannot guarantee against the possibility of an occasional change or omission in the preparation of this index.
Physician practice management companies are becoming an appealing option for a growing number of practitioners.

But there are both advantages and challenges you should be aware of before you sign with a practice management company.

Get the expert view from the American Medical Association.

Physician Practice Management Companies: What You Need to Know helps explain all facets of this burgeoning new practice management environment alternative.

Written by experts with experience working with both physicians and management groups, Physician Practice Management Companies gives you unbiased, up-to-date, and essential information:

- how to evaluate whether affiliation is right for your practice
- a historical view of the practice management company industry, and a look to the future
- a close look at the pros and cons of affiliation
- how to identify candidates for affiliation
- a step-by-step guide of the transaction process
- insight into how Wall Street views these firms

Physician Practice Management Companies gives you the information you need to make an informed decision.

Order today—without risk!
Call 800 621-8335.

Priority Code ADT
Order #: OP316696ADT
AMA member price: $29.95
Nonmember price: $39.95

Mastercard, VISA, American Express, and Optima accepted. State sales taxes and shipping/handling charges apply.

If for any reason you are not pleased with your purchase after 30 days, simply return the book for a prompt and courteous refund.


American Medical Association
Physicians dedicated to the health of America

150 Years of Caring for the Country
1847 - 1997
bidity or mortality, but a strong cultural preference for a sonographic “view of the baby,” shared by clinicians and laypeople, perpetuates this practice. It is the pain, effort, and uncertainty of going through labor and still needing an emergency CS that may deter many patients and clinicians from choosing TOL.

Given the strong negative value placed by childbearing women on a “failed” TOL (ie, one that ends with an emergency CS) and the higher risks associated with emergency rather than elective CS, clinical decision making requires better information about the predictors of a successful TOL. The policy team identified previous vaginal delivery and CS for breech presentation as favorable predictors and previous CS for cephalopelvic disproportion and no previous vaginal delivery as unfavorable predictors, but the variability in success rate for TOL was wide. What aspects of care during labor contribute to successful VBAC? Additional data to quantify the differences in morbidity associated with emergency CS vs ERCS would also greatly facilitate the woman’s choice.

Neal V. Dawson, MD
Louise S. Acheson, MD, MS
Case Western Reserve University
Cleveland, Ohio

REFERENCES

Gain a Universal Perspective on Essential Medical Information.

Reach for the tools essential to your profession—stethoscope, microscope or computer—and they must be within reach. The same holds true for timely and authoritative information: the single most important asset in medical science.

Subscribe to JAMA for consistent access to a breadth and depth of coverage unparalleled in any one medical journal. With important research by the world’s most prominent names in medicine; clinical reviews; and regular features such as Clinical Crossroads, health policy debates, Quick Uptakes, A Piece of My Mind, Medical News & Perspectives, government agency reports, and thought-provoking editorials, JAMA offers a universal perspective encompassing every aspect and specialty of medicine.

Over 700,000 caregivers, researchers, and professionals worldwide now receive JAMA. This subscription offer makes it easy to join them and stay abreast of the matters that affect you most.

JAMA Yes, I want to take advantage of this subscription offer for JAMA!

☐ 1 Year Subscription – 48 issues for $130

☐ Check enclosed payable to AMA.

☐ VISA ☐ MasterCard ☐ AmEx ☐ Optima

Card No. ____________________________
Exp. Date __________________________

Signature ____________________________

Mail to: AMA, Subscriber Services,
PO Box 10946, Chicago, IL 60610, USA
Phone: 800-AMA-2350 / 312-670-7827
Fax: 312-464-5831
E-mail: ama-subs@ama-assn.org

Washington, DC residents add 5.75% sales tax.
Canada residents add 7% GST to airmail rate. Airmail rate outside the US is $179. Institution subscription rate is $175. Rates subject to change.
"We weren't quite sure what American Medical News was all about. But now we get it. Every week... along with the latest news and analysis regarding health care."

With more than 325,000 subscribers, including thousands of nonphysicians, American Medical News is the world’s most widely read medical newspaper. And the only publication of its kind that objectively analyzes health care trends, the marketplace, legal issues, management concerns and more, with the authority, accuracy and integrity you require. Enhance your professional and financial performance by taking advantage of this subscription offer today. Once you discover how helpful American Medical News can be to your work, we're sure you'll get it too. Every week.

Yes, I want to receive American Medical News and get the latest news and analysis every week.

☐ 1 Year Subscription – 48 issues for $105!

Name (Please Print) __________________________

☐ MD/DO Other (Please Specify) __________________________

Address _____________________________________________

City __________________________ State ______ Zip/Postal Code ______

Phone __________________________ Fax __________________________

☐ Check enclosed payable to AMA.

☐ VISA ☐ MasterCard ☐ AmEx ☐ Optima

Card No. __________________________

Exp. Date __________________________

Signature _____________________________________________

Mail to: AMA, Subscriber Services, PO Box 10946, Chicago, IL 60610-0946

Phone: 800-AMA-2350 / 312-670-7827

Fax: 312-464-5831

E-mail: ama-sub@ama-assn.org

Washington, DC residents add 5.75% sales tax.

Institution subscription rate is $150. Rates subject to change.
of the seizures, and the preceding aura on subsequent events in our patients are supportive of the diagnosis of partial epilepsy with secondary generalization.

The neurologic examination is most often normal in patients with epilepsy and no obvious brain disease. Occasionally, a mild facial weakness, reflex asymmetry, or a subtle difference in the size of the nail beds or the extremities can be seen. This was the case in our second patient who had asymmetric tendon reflexes. The normal results of the electroencephalograms do not exclude the diagnosis of epilepsy since the yield of a single electroencephalogram for epileptiform abnormalities in patients with focal epilepsy is only about 50%. The yield reaches a maximum of 80 to 90% with the fourth to fifth study with no further increase in yield on subsequent recording.16

In conclusion, nocturnal convulsions in epileptic patients may produce vertebral fractures that may be the presenting feature. Epileptic seizures should be considered in the differential diagnosis of what may appear to be an idiopathic vertebral compression fracture.

Accepted for publication February 20, 1996.

Reprints: Amer G. Aboukasm, MD, Department of Neurology, K-11, Henry Ford Hospital and Health Sciences Center, 2799 W Grand Blvd, Detroit, MI 48202.

REFERENCES

American Medical Association’s
17th Annual Medical Communications & Health Reporting Conference

Smart Medicine: Breakthroughs and Lifestyles

An expansion of the AMA’s popular Health Reporting Conference

Sharpen your medical communicating skills at the AMA’s 17th Annual Medical Communications and Health Reporting Conference, Thursday, April 3 through Sunday, April 6, 1997 at The Beverly Hilton Hotel, Beverly Hills, California.

This is a unique conference designed for medical reporters, physician broadcasters, medical spokespeople and medical communications pros. The conference features skills development in broadcast and speechwriting, interviewing, editing and production, plus opportunities to be critiqued by experts. Network with the pros, get valuable tips on breaking into the business, new technology and dealing with the issues confronting medical communicators today.

Faculty includes experienced physician broadcasters, network producers, broadcast consultants, writers, editors, media trainers and professional speakers’ trainers.

Registration Fees:

<table>
<thead>
<tr>
<th></th>
<th>Until March 1</th>
<th>March 1 &amp; beyond*</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMA member</td>
<td>$700</td>
<td>$850</td>
</tr>
<tr>
<td>Nonmember</td>
<td>$850</td>
<td>$975</td>
</tr>
<tr>
<td>Students/Residents</td>
<td>$300</td>
<td>$400</td>
</tr>
</tbody>
</table>

Individual Coaching Sessions:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>AMA Member</td>
<td>$125</td>
</tr>
<tr>
<td>Nonmember</td>
<td>$150</td>
</tr>
</tbody>
</table>

Registration will be accepted on a space available basis after March 1, 1997 cut-off date.

Course tracks are offered in Speakers Training, Broadcasting (Introductory and Advanced) and Medical Communications. Electives are open to all participants.

Fee includes Welcome Reception, continental breakfasts, luncheons, video and audio tapes, workshops and materials.

To obtain registration materials and/or more information, complete and return this form by fax to 312 464-5843 or mail to address below, or call 312 464-5452.

* Early bird fees have remained the same. Late registration fees have increased this year.

Diane Cohn, Conference Coordinator
Health Reporting Conference
American Medical Association
515 North State Street
Chicago, Illinois 60610

Funding provided by educational grants from Bristol-Meyers Squibb Company, GlaxoWellcome Inc., and Ortho-McNeil Pharmaceutical.

Beverly Hills, California
April 3-6, 1997

Name

Specialty

Address

City

State

Zip

Phone number

FAX

American Medical Association
Physicians dedicated to the health of America
Archives of Pediatrics & Adolescent Medicine is your best source for clinically relevant, academically sound information. The Archives brings you the latest science pertinent to everyday practice, with editorial content that covers the entire spectrum of pediatrics — from infancy all the way through young adulthood.

Keep up with your growing concerns!

Edited by Catherine D. DeAngelis, MD, MPH, of Johns Hopkins University, the Archives is an essential tool for learning and for practice. The journal’s format helps you get the information you need quickly, while its peer-reviewed articles allow you to draw your own conclusions. Editorials and the Pediatric Forum offer diverse, informative perspectives in the care of children and adolescents. And with the Radiological Case, the Pathological Case, and the Picture of the Month, you have the editor’s promise that you’ll learn at least three valuable things in every issue of the Archives.

Clinically focused. Current. Lively. Accessible. See for yourself the value that the Archives holds for anyone who provides health care to children and adolescents.

American Medical Association
Physicians dedicated to the health of America

Subscribe today

☐ Yes! Please enter my one-year subscription to Archives of Pediatrics & Adolescent Medicine.
☐ Personal rate*: $110 ($150/$102 outside US) ☐ Institution rate: $150 ($185/$127 outside US)

☐ Check enclosed payable to AMA.
☐ Visa ☐ MasterCard ☐ American Express ☐ Optima

Card No. Exp. Date

Signature

Mail to: AMA, Subscriber Service Dept., PO Box 10946, Chicago, IL 60610, USA
Phone: 800-AMA-2350 / 312-670-7827
Fax: 312-464-5831
E-mail: ama-subs@ama-assn.org

*Personal rate does not apply for payment made through an institution. Washington, DC residents add 5.75% sales tax. Canada residents add 7% GST to airmail rate. Rates subject to change.
No other diltiazem is therapeutically equivalent.

References:
A UNIQUE HEMODYNAMIC AND SAFETY PROFILE DIFFERENT FROM DIHYDROPYRIDINES

Effective 24-hour control of hypertension or angina
- Reduces blood pressure with no reflex tachycardia
- Increases exercise tolerance, reduces vasospasm, and decreases heart rate in angina

Well-tolerated control regardless of age or gender
- A side-effect discontinuation rate comparable to placebo
- Most commonly reported side effects are headache (5.4%), bradycardia (3.3%), first-degree AV block (3.3%), dizziness (3.0%), edema (2.6%), ECG abnormality (1.6%), and asthenia (1.8%)†

True 24-hour control from a unique patented delivery system
- No other diltiazem is therapeutically equivalent to Cardizem CD

*Cardizem CD is a benzothiazepine calcium channel blocker.
† In clinical trials with Cardizem CD.
‡ FDA does not, at this time, consider other diltiazems to be therapeutically equivalent because bioequivalence has not been demonstrated through appropriate studies.

Please see brief summary of prescribing information on adjacent page.

FOR HYPERTENSION OR ANGINA

ONCE-A-DAY CARDIZEM® CD
(diltiazem HCl) 120-, 180-, 240-, 300-mg Capsules

No other diltiazem is therapeutically equivalent

©1997, Hoechst Marion Roussel, Inc.