

SPECIAL ARTICLES

What About Socialized Medicine in Sweden?

Bo Hjern, MD, Stockholm

Expensive, but not all bad.

(Editorial comment by Viking O. Bjork, MD, Stockholm)

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How to Control the Blood Glucose Level in the Surgical Diabetic Patient

Aldo A. Rossini, MD, John W. Hare, MD, Boston

Hazards of controlling diabetes with the "sliding scale" using urine testing.

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The Excluded Small-Bowel Segment: A Source of Complications After Small-Bowel Bypass

John W. Harmon, MD; Menelaos Aliopoulos, MD;

John W. Braasch, MD, Boston

Internal herniation and volvulus in blind loop dangerous, and diagnosis difficult.

(Editorial comment by E. R. Woodward, MD, Gainesville, Fla)

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Duodenojejunostomy in Gastric Operations for Postbulbar Duodenal Ulcer

Raphael S. K. Chung, MD, Lawrence DenBesten, MD, Iowa City, Iowa

Two cases: Ampulla of Vater visualized during construction of anastomoses.

(Editorial comment by George L. Nardi, MD, Boston)

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Perfusion Therapy for Extremity Melanoma

Arthur S. Brown, MD; Marc K. Wallack, MD;

Joseph T. Horstmann, MD; Ralph W. Hamilton, MD;

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Francis E. Rosato, MD, Norfolk, Va

Continues to play an important role.

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Adolf Singer, MD, FRCS, Elmhurst, NY

Removal of metatarsal head caused no dysfunction of retained toe.

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Urologic Complications Following Abdominoperineal Resection of the Rectum

Åke Andersson, MD, Leif Bergdahl, MD, Kristianstad, Sweden

Simultaneous prostatectomy for benign prostrate hyperplasia not usually necessary.

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Left Colon Gangrene After Acute Inferior Mesenteric Artery Occlusion

Allastair M. Karmody, MD, ChM, FRCS (Engl & Ed);

F. Robert Jordan, MD; Syed N. Zaman, MD, Albany, NY

Acute ischemia of left colon easily missed because good collaterals make it uncommon.

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Ramon Berguer, MD; Lourdes V. Andaya, MD;

Raymond B. Bauer, MD, Detroit

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

INDICATIONS: Tigan is indicated for the control of nausea and vomiting.

CONTRAINDICATIONS: The injectable form of Tigan in children, the suppositories in premature or newborn infants, and use in patients with known hypersensitivity to trimethobenzamide are contraindicated. Since the suppositories contain benzocaine they should not be used in patients known to be sensitive to this or similar local anesthetics.

WARNINGS: Tigan may produce drowsiness. Patients should not operate motor vehicles or other dangerous machinery until their individual responses have been determined. Reye's Syndrome has been associated with the use of Tigan and other drugs, including antiemetics, although their contribution, if any, to the cause and course of the disease hasn't been established. This syndrome is characterized by an abrupt onset shortly following a nonspecific febrile illness, with persistent, severe vomiting, lethargy, irrational behavior, progressive encephalopathy leading to coma, convulsions and death.

Usage in Pregnancy: Trimethobenzamide hydrochloride was studied in reproduction experiments in rats and rabbits and no teratogenicity was suggested. The only effects observed were an increased percentage of embryonic resorptions or stillborn pups in rats administered 20 mg and 100 mg/kg and increased resorptions in rabbits receiving 100 mg/kg. In each study these adverse effects were attributed to one or two dams. The relevance to humans is not known. Since there is no adequate experience in pregnant or lactating women who have received this drug, safety in pregnancy or in nursing mothers has not been established.

PRECAUTIONS: During the course of acute febrile illness, encephalitis, gastroenteritis, dehydration and electrolyte imbalance, especially in children and the elderly or debilitated, CNS reactions such as opisthotonos, convulsions, coma and extrapyramidal symptoms have been reported with and without use of Tigan or other antiemetic agents. In such disorders caution should be exercised in administering Tigan, particularly to patients who have recently received other CNS-acting agents (phenothiazines, barbiturates, belladonna derivatives). It is recommended that severe emesis should not be treated with an antiemetic drug alone; where possible the cause of vomiting should be established. Primary emphasis should be directed toward the restoration of body fluids and electrolyte balance, the relief of fever and relief of the causative disease process. Overhydration should be avoided since it may result in cerebral edema.

The antiemetic effects of Tigan may render diagnosis more difficult in such conditions as appendicitis and obscure signs of toxicity due to overdosage of other drugs.

ADVERSE REACTIONS: There have been reports of hypersensitivity reactions and Parkinson-like symptoms. There have been instances of hypotension reported following parenteral administration to surgical patients. There have been reports of blood dyscrasias, blurring of vision, coma, convulsions, depression of mood, diarrhea, disorientation, dizziness, drowsiness, headache, jaundice, muscle cramps and opisthotonos. If these occur, the administration of the drug should be discontinued. Allergic-type skin reactions have been observed; therefore, the drug should be discontinued at the first sign of sensitization. While these symptoms will usually disappear spontaneously, symptomatic treatment may be indicated in some cases.

NOTE: The injectable form is intended for intramuscular use only; it is not recommended for intravenous use.

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