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Member, Revision Committee, United States Pharmacopeia XVII;
Editor, Clinical Pharmacology and Therapeutics*

DRUGS OF CHOICE

1962-1963

Saint Louis
THE C. V. MOSBY COMPANY
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How I can make a patient vomit, and how
I can purge or sweat him, are matters which
a druggist's shopboy can tell me offhand.
When, however, I must use one sort of medicine
in preference to another, requires an
informant of a different kind—a man
who has no little practice in the
arena of his profession.

—*Sydenham* (1624-1689)

PREFACE TO 1962-1963 EDITION

The warm reception given the previous editions of *Drugs of Choice* has proved that members of the medical profession recognize the present urgent need for authoritative and unbiased information on the choice of a particular drug for a particular clinical situation. This has been most gratifying to the contributors, who give their time to make an up-to-date book of this type possible. A well-timed revision is, however, essential if the book is to remain useful by being sufficiently up to date.

Trial has shown that the two-year interval between revisions is a satisfactory one. A shorter period would be too brief for substantial experience with the drugs introduced in the interval and there would be too few new drugs to merit a new edition, whereas a longer period would allow the current edition to become badly dated before a new one was available.

In order to provide fresh insights and a forum for different points of view, it was originally planned to change the authorship of a few chapters, especially those on controversial issues, in each edition. This policy has been pursued in this edition; consequently, there are four chapters by new authors: Antidiabetic Agents, Drugs in Arterial Hypotension and Shock, Anticonvulsants, and Antiemetic Agents. The remaining chapters are revised in accordance with developments; some have been changed very little, but most of them have been changed

considerably; a few are almost entirely rewritten. Two chapters, Sedatives and Tranquilizers for Psychiatric Disorders and Agents for Metabolic Disorders, have been dropped, the former because it was too highly specialized and the latter because the subject was adequately covered in other chapters. Eight new names will be found in the list of eminent contributors; the total now stands at forty-seven.

As in the last edition, a single alphabetically arranged all-inclusive Drug Index appears at the end of the book. In this edition the Drug Index is separated from the text material by tinted paper for easy reference. Many drugs not mentioned or evaluated in the text are included in the Drug Index but do not appear in the general subject index, which includes page references for only those drugs described in the text. In this edition a list of tables is included in the preliminary matter. In addition, each chapter is now also headed by a Drug Directory, which lists, with page references, the drugs considered in the chapter.

Failure to discuss a new drug in the text may be interpreted to mean that the drug was introduced too recently to provide experience for a substantial opinion. Failure to discuss an older drug may be interpreted to mean that it is not a drug of choice and, in the author's opinion, is not of sufficient importance to merit discussion.

Walter Modell, M.D.

PREFACE TO 1958-1959 EDITION

This book is a practical guide to the selection of the best drug for a particular therapeutic problem. Due to the extremely fertile mating of the synthetic chemist and the pharmaceutical manufacturer, drugs appear on the market almost too quickly to learn the names, to say nothing of distinguishing which are the same drugs with different proprietary names. It is a Herculean job to learn enough about them to evaluate their relative therapeutic merits. Yet the choice of a drug will determine whether the patient will receive the most judicious therapy.

There are real advantages in choosing the best drug for the clinical problem at the outset of treatment. For the seriously ill patient, time may be precious, and, if the first choice is the best drug for the situation, that irretrievable commodity is not wasted. Something short of the best may provide incomplete relief, no relief at all, untoward effects, or disaster. The patient is likely to assume, and perhaps he also has the right to expect, that his physician will provide the optimum drug for his condition the first time he writes a prescription. It is understandable that, having endured a period of unsatisfactory treatment, the patient may be reluctant to continue with an obviously trial-and-error process. For his part, it is not feasible for the physician to plead that there is no other way of determining the best drug.

A bad initial impression of a drug often leads to enduring and unshakable

prejudice and causes the physician to avoid using it in situations in which it is eminently useful and safe. Nothing is more likely to lead to a bad first impression than ignorance of uses, limitations, and dangers, and, conversely, nothing is more likely to lead to appropriate first impressions of new drugs than the knowledge which enables the physician to select the best drug for the therapeutic target; that is to say, the *drug of choice*. Yet there is almost nowhere for the physician to turn for the kind of help he needs; certainly no place where unbiased, authoritative, and definitive information bearing on this problem is brought together and made easily available. This volume is designed to satisfy this need by bringing together knowledge which is presently spread through the various specialties and, if published at all, published separately.

It is a volume of expert *opinion* designed to provide the American physician with a comprehensive source of clear, concise, authoritative, and practical answers to the continually recurring question of which drug in a rapidly changing scene is, at the critical moment, the drug of choice for an actual therapeutic problem. Many experts and educators in medicine have participated in the preparation of this book. Each was requested to express his own *opinion* of the drugs in current use in his field, based on his specialized knowledge and experience. Controversy was avoided because, to be fairly explored,

controversy must be considered in great detail. Such discussions in the usual format of the review article often leave the reader still seeking the clear and definitive answer. This we wish to avoid. Although the existence of controversy may be indicated, the issues will not be argued here since such argument would defeat our purpose.

Each day the drug manufacturer bombards his target through the mails with a barrage of attractive and eminently readable but far from disinterested literature which he regularly follows up with the attack direct by his detail man. Here, the physician has his troubles, for although he may know that the drug house is perhaps the least likely source of disinterested opinion on the choice of drugs, it is understandably difficult for him, without authoritative support, to stand firm against this well-organized campaign.

The physician who reads the literature will find that the early reports on new drugs tend to be sanguine, the possibilities for utility emphasized, and the limitations minimized, for otherwise there would seem to be no reason to write about or to introduce a new drug. Too often, the first hopes are not borne out by later experience and, at best, require considerable revision and modification. Most drugs need time and experience for final evaluation; it is the very rare exception to this rule which, like penicillin, from the very beginning can be established as both eminently useful and safe.

Most chapters are divided into several major sections; each section contains a concise discussion of clinical conditions in which the drugs under consideration are used, a consideration of the several drugs, and the nature of the available data which make one or another the more desirable. Each section also contains a view of what the future holds and what is lacking in drug therapy in the particular area. Each section has a list of

selected references which provided the data on which the opinions expressed are based.

Many drugs have more than one action and more than one sphere of clinical application. In each of these the same drug may be relatively more or less effective, more or less dangerous, more or less important. Since relative utility may vary with the clinical application, the same drug may be discussed in several sections of the book. While this also reduces cross-reference to an endurable minimum, at the same time it provides a satisfactory compromise between repetition and convenience. Drug mixtures are not often considered, not only because their number, with variations on the same theme, is so great as to be overwhelming, but also because their unique virtues are elusive, difficult to evaluate. There are very few mixtures indeed whose effects cannot be duplicated by the separate use of the constituents; where a special function is performed by a mixture, it is here considered. Biologicals are not considered since they do not fall within the scope of this book.

Finally, following each chapter there is an extensive but not necessarily complete alphabetically arranged Drug Index of the drugs commonly used for the disturbances under consideration, including a capsule account of the drug, the dosage forms in which it is available, and, as far as practical, their proprietary names and fabricators.

The Drug Indexes have been compiled by the editorial staff; therefore, the Drug Index *will not help the reader make his choice*. Recommendations of authors are to be found only in the text itself. The Drug Index is an up-to-date and representative list of drugs in common use, limited in size by practical considerations. Many obsolete and obviously irrational medicaments have been excluded, but many drugs with limited utility are in-

cluded simply because they are still being used. When the number of proprietary names for a single drug was so large as to make their complete listing a stupendous as well as an entirely unrewarding undertaking, many of the proprietary names were omitted. Even so, the Drug Index for some chapters may seem overwhelmingly long. Where this is so, it is merely a reflection of the situation which confronts the practicing physician every time he is faced with the problem of choosing a drug in that area.

There are instances in which the drugs listed in the Drug Index are not mentioned in the text. It should be assumed that the use of these drugs is not recommended, that they are either of insufficient merit to warrant space and effort required for a statement, or, as in the case of new and untried drugs, that at the time of the writing there were insufficient clinical data available for a definite opinion on their utility.

There is no indication that the present birth rate of new drugs will diminish, no likelihood that a moratorium will be called. Complicating matters still further is the fact that many new drugs are still being explored for yet more suggestive actions and, as in the case of the pheno-

thiazine compounds which were recently introduced only for their antihistamine action, new therapeutic uses are being continually proposed. It is to be expected, therefore, that the appearance of drugs and reports yet to come regarding accumulating experience with those already introduced will provide ample material for revision on a regular basis.

The editor of any collaborative book, for the most part, exploits the authority, the knowledge, and the talents of others. His only justification is the purpose and the value of the end product. I would, therefore, like to thank the eminent collaborators of *Drugs of Choice*. None of them had the time to spare; they found the time because they agreed with me that such a book was needed. I am grateful to Dr. Margaret Garrett for her assistance in proofreading.

I wish to thank Dr. David P. Barr for his encouragement when my part in the undertaking seemed beyond me. I also wish to express my gratitude to the late Frank A. Volk, of The C. V. Mosby Company, whose enthusiasm for the project was both gratifying and helpful. I owe the Sydenham statement which opens the book to the kindness of Dr. William B. Bean.

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