

Atromid-S*

(clofibrate)

to lower blood lipids safely and effectively

Indications ATROMID-S is indicated where reduction of blood lipids is desirable; e.g., patients with hypercholesterolemia and/or hypertriglyceridemia. **Contraindications** While teratogenic studies have not demonstrated any effect attributable to ATROMID-S, its use in nonpregnant women of childbearing age should only be undertaken in patients using strict birth control measures. If these patients then plan to become pregnant, the drug should be withdrawn several months before conception. The drug should not be given to lactating women. ATROMID-S is not recommended in children since, to date, an insufficient number of cases have been treated. ATROMID-S is not recommended for patients with impaired renal or hepatic function. **Warning** Caution should be exercised when anticoagulants are given in conjunction with ATROMID-S. The dosage of the anticoagulant should be reduced by one-third to one-half (depending on the individual case) to maintain the prothrombin time at the desired level to prevent bleeding complications. Frequent prothrombin determinations are advisable until it has been definitely determined that the levels have been stabilized. For PRECAUTIONS and ADVERSE REACTIONS, see scientific brochure. **Dosage and Administration** For adults only: One capsule (500 mg) four times daily. **Availability** No. 3243 — Each capsule contains 500 mg clofibrate N.F. in bottles of 100 and 360. Further information, references, and scientific brochure available on request.



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*Reg'd.

diography and serum enzyme studies were normal, as were the physical findings. The patient left hospital before echocardiography could be done.

A discharge summary from the University of Virginia Hospital revealed that this man had been admitted 1 month previously to their medical service with similar complaints. The patient's behaviour in hospital was bizarre and he left against advice in the middle of the first hospital night; their impression was that he had a paranoid personality. A letter from the Medical College of Virginia stated that he had been followed up in their cardiology clinic, and had had no evidence of disease on physical examination or echocardiography.

Whether this patient had true disease of either heart or psyche, or whether he was merely attempting to obtain morphine, we cannot tell. Nevertheless, we wish to caution all local hospitals about this patient.

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Geriatric medicine

To the editor: It is gratifying to find three articles on geriatric medicine in the July 3, 1976 issue of the Journal.

The involvement of physicians in geriatric medicine requires an early commitment, probably at the earliest stages of medical training. It has been said that today's medical students are very sympathetic to the elderly when they start training, but most of this sympathy has been knocked out of them by the time they've graduated.

At present the Canadian Association on Gerontology is the only national Canadian organization encompassing all professional fields involved in this area. Concerned physicians are strongly urged to join this organization, both to increase their own knowledge and to lend support.

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Smoking restrictions in hospitals

To the editor: In reply to the letter from Roz Paris on smoking restrictions in hospitals (*Can Med Assoc J* 115: 17, 1976), the Canadian Medical Association in 1971 approved a resolution recommending "to the Canadian Hospital Association and its members that the sale of tobacco be prohibited in hospitals and that they devise a programme to discourage smoking in hospitals".

Over the past 5 years we have been made aware of hospitals that have taken steps to create special areas

where smoking is permitted and to restrict smoking in wards, nursing stations, corridors, etc. One of the largest of our metropolitan hospitals, the Vancouver General, instituted such a policy in 1975; this policy was approved by the medical board and the board of trustees.

The CMA will continue to draw the attention of physicians and the lay public to the health hazards of smoking. Nonsmokers that go to doctors' offices and to hospitals with health problems should not be exposed to the well researched and well documented health hazards produced by tobacco smoke.

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Rupture of plantaris tendon

To the editor: On two occasions the plantaris tendon in one of my legs has ruptured while I was wearing the low-heeled, thick-soled shoes sold under the name of Roots, and similar to Earth Shoes.

Two years ago I put on a pair of these shoes to tar my garage roof. Later in the day while I was playing squash the plantaris tendon in my right leg ruptured. I surmised that the shoes might be the cause and put them away. Since then I have played at least 100 games of squash without mishap. In mid-July this year I tarred the roof again and, not wanting to tar another pair of shoes, took out the Roots with some misgivings; I had not worn them in 2 years and they aroused a memory of my injury. Two hours later the tendon in my left leg ruptured.

I have not read that these shoes are a health hazard and would like to know if other physicians have had a similar experience themselves or have treated patients for such an injury.

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Allergy to chocolate

To the editor: I am interested in determining the incidence of allergic reactions to chocolate because of a recent query I received from a chocolate manufacturer.

I would appreciate learning from physicians the estimated proportion of their patients allergic to chocolate, and the symptoms produced. I would also appreciate receiving case reports, results of laboratory tests and any other comments on the subject.

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