

PNEUMOVAX® (Pneumococcal Vaccine, Polyvalent) [MSD]

INDICATIONS: PNEUMOVAX is indicated for immunization against lobar pneumonia and bacteremia, caused by those types of pneumococci included in the vaccine, in all persons two years of age or older in whom there is an increased risk of age or older in whom there is an increased risk of morbidity and mortality from pneumococcal pneumonia. These include: (1) persons having chronic physical conditions such as chronic heart disease of any etiology, chronic bronchopulmonary diseases, chronic renal failure, and diabetes mellitus or other chronic metabolic disorders; (2) persons in chronic care facilities or exposed to conditions of crowding; (3) persons convalescing from severe disease; (4) persons 50 years of age or older.

CONTRAINDICATIONS: Hypersensitivity to any component of the vaccine. Epinephrine injection (1:1000) must be immediately available should an acute anaphylactoid reaction occur due to any component of the vaccine.

Do not give PNEUMOVAX to pregnant females; the possible effects of the vaccine on fetal development are unknown.

Children less than two years of age do not respond satisfactorily to the capsular types of PNEUMOVAX that are most often the cause of pneumococcal disease in this age group. Accordingly, PNEUMOVAX is not recommended in this age group.

WARNINGS: PNEUMOVAX will not immunize against capsular types of pneumococcus other than those contained in the vaccine (see table below).

14 Pneumococcal Capsular Types Included in PNEUMOVAX																											
Nomenclature	Pneumococcal Types																										
	US	1	2	3	4	6	8	9	12	14	19	23	25	51	56												
Danish	1	2	3	4	6A	8	9N	12F	14	19F	23F	25	7F	18C													

If the vaccine is used in persons receiving immunosuppressive therapy, the expected serum antibody response may not be obtained.

PRECAUTIONS: Administer subcutaneously or intramuscularly. **DO NOT GIVE INTRAVENOUSLY.** Any febrile respiratory illness or other active infection is reason for delaying use of PNEUMOVAX, except when, in the opinion of the physician, withholding the agent entails even greater risk.

Children under two years of age may not obtain a satisfactory antibody response to some pneumococcal capsular types. Therefore, the vaccine should not be used in this age group.

ADVERSE REACTIONS: Local erythema and soreness at the injection site, usually of less than 48 hours' duration, occurs commonly; local induration occurs less commonly. In a recent study of PNEUMOVAX (containing 14 capsular types) in 26 adults, 24 (92%) showed local reaction characterized principally by local soreness and/or induration at the injection site within 2 days after vaccination. There were no clinically relevant systemic reactions and oral temperatures did not exceed 99.9°F. Low-grade fever (<100.9°F) occurs occasionally and is usually confined to the 24-hour period following vaccination.

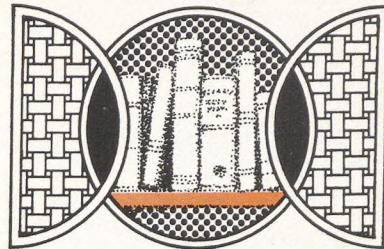
Available data suggest that revaccination before 3 years may result in more frequent and severe local reactions at the site of injection, especially in persons who have retained high antibody levels. (See Full Prescribing Information.)

STORAGE AND USE: Store unopened and opened vials at 2-8°C (35.6-46.4°F). The vaccine is used directly as supplied. No dilution or reconstitution is necessary. Phenol in 0.25% concentration is present in the vaccine as a preservative.

For Syringe Use: Withdraw 0.5 ml from vial using a sterile needle and syringe free of preservatives, antiseptics, and detergents. Use a separate heat-sterilized syringe and needle for each individual patient to prevent transmission of hepatitis B and other infectious agents from one person to another. All vaccine must be discarded by the expiration date.

HOW SUPPLIED: PNEUMOVAX is supplied in 5-dose vials of liquid vaccine, for use with syringe only.

Book Reviews



Obstetrics and Gynecology Annual: 1977 (vol 6). *Ralph M. Wynn (ed).* Appleton-Century-Crofts, New York, 1977, 403 pp., \$27.75.

As the title implies, this book offers an update of medical knowledge in the field of obstetrics and gynecology. Dr. Wynn, the editor, has marshalled a distinguished group of academicians and leaders in the field. Their efforts can lead to many hours of fascinating reading. This book is not a dry reference text. For example, it contains a philosophical dissertation on bioethical problems by André Hellegers, followed by an understandable discourse on placental nucleic acid metabolism by T. Terry Hayashi. Ian Donald gives us a five-year update on Sonar (ultrasound), providing a clear picture of its uses and also its limitations. Most chapters are written for general coverage, but also include extensive references for readers with the need to know more.

This book serves its purpose well in describing recent developments. Michael Thiery and Jean-Jacques Amy have created a very understandable update on the use of prostaglandins in spontaneous and induced labor. Our understanding of hyaline membrane disease and its etiology and treatment is definitely increased by the review of D. Vidyasagar and Rama Bhat. They make a difficult subject easy to understand. I was particu-

larly impressed by R. J. Baker's discussion of the evaluation and management of critically ill patients. It serves as a timely review of how to approach a crisis situation on obstetrics and gynecology. Many other subjects are equally well discussed. Thus, *Obstetrics and Gynecology Annual* can be a stimulating review for the busy family physician who wants to know about the state of art in this field.

Arthur D. Nelson, MD
Scottsdale Memorial Hospital
Scottsdale, Arizona

Patient Education in the Primary Care Setting. *Bruce F. Currie, Mary Nell Currie (eds).* (Available from:) Office of Patient Education, Department of Family Medicine and Practice, University of Wisconsin Medical School, 777 South Mills Street, Madison, WI 53715, 1977, 184 pp., \$6.00 (paper).

This inexpensive volume of the proceedings of the conference on Patient Education in the Primary Care Setting held in Madison, Wisconsin, April 19-20, 1977, consists principally of short reports from practitioners on their work, along with a few contributions from academe and the national scene. I

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For more detailed information, consult your MSD representative or see full prescribing information. Merck Sharp & Dohme, Division of Merck & Co., Inc., West Point, Pa. 19486.

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found the practitioners' work particularly useful because our own recent efforts to create patient (we call them "people's") education programs in a new family practice residency prove it a subject much harder to practice than preach. These conference proceedings are particularly valuable for and well suited to the description of actual practice experience, although the theoretical papers are also helpful, especially Greene's on research and evaluation, despite its irregular classification of levels of evaluation.

The book is not a text. There is no guiding theoretical framework, no coverage of certain subjects (teaching of self-care skills), and no index. It is full of ideas: health hazard histories and treatment protocols ("Does your family use its seat belts?" with guides to car safety for infants and children); waiting-room lending libraries for patients (a useful appendix would have been a list of titles); and properly written prescription information for patients. There is some of the good detail that practitioners need and is so often omitted from formal papers ("Mark the person's name (and your phone number) on the handout to make it harder to throw it away").

There is even a new aspect of health care to be thought about, anticipatory care. As described by Karen Pridham it consists of conscious efforts using well-described strategies to anticipate and respond to ordinary and extraordinary circumstances which pose a threat to the patients' health. Some of this is old (preparation for child birth) or ordinary (encouraging dietary improvements), but the concept is well developed; pragmatic strate-

gies for implementing it are given, and its importance is enormous in this age of life-style change and preventive medicine.

Health-care workers actually engaged in patient education will find this book helpful and easy to read. I recommend it to them.

Lee Hyde, MD
Kingsport, Tennessee

Watson-Jones' Fractures and Joint Injuries (2 vols, ed 5). J. N. Wilson (ed). Churchill Livingstone, Longman, Inc., New York, 1976, 1,372 pp., \$95.00.

The long-awaited revision of the Watson-Jones classic work is now out in a fifth edition. Sir Reginald Watson-Jones, now dead, participated for five years in the revision, and the hand of the master orthopedist-teacher-writer is definitely in this edition. The necessary updating has been done by J. N. Wilson, ChM, FRCS.

The conservative wisdom of Watson-Jones has been maintained. There is emphasis upon the assistance of natural methods of healing rather than the sacrifice of these in the interest of more rapid procedures. Even though the approach is very scholarly and includes subjects from plastering to Poiseuille's law, this edition is nonetheless practical and readable. It is logically organized so that one can easily look up needed material. There is perhaps more emphasis on operative orthopedics than is suitable for the family physician. The photographs and illustrations are of excellent quality and very helpful. New chapters have been added on

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Ascodeen-30®

Each tablet contains: codeine phosphate, 30 mg (gr ½), (Warning—may be habit-forming); and aspirin, 325 mg.



- additive potency of aspirin and codeine
- anti-inflammatory/analgesic
- effective relief of moderate pain

CONTRAINDICATIONS: Hypersensitivity to aspirin or codeine.

WARNINGS: Drug dependence: Codeine can produce drug dependence of the morphine type and, therefore, has the potential for being abused. Psychic dependence, physical dependence and tolerance may develop upon repeated administration of this drug and it should be prescribed and administered with the same degree of caution appropriate to the use of other oral, narcotic-containing medications. Like other narcotic-containing medications, the drug is subject to the Federal Controlled Substances Act.

Use in ambulatory patients: These products 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 using these drugs should be cautioned accordingly.

Interaction with other central nervous system depressants: Patients receiving other narcotic analgesics, general anesthetics, phenothiazines, other tranquilizers, sedative-hypnotics, or other CNS depressants (including alcohol) concomitantly with these products may exhibit an additive CNS depression. When such combined therapy is contemplated, the dose of one or both agents should be reduced.

Use in pregnancy: Safe use in pregnancy has not been established relative to possible adverse effects on fetal development. Therefore, these products should not be used in pregnant women unless, in the judgment of the physician, the potential benefits outweigh the possible hazards.

PRECAUTIONS: Allergic: Precautions should be taken in administering salicylates to persons with known allergies; patients with nasal polyps are especially likely to be hypersensitive to the medication. Salicylates should be used with caution in patients with active peptic ulcers.

Head injury and increased intracranial pressure: The respiratory depressant effects of narcotics and their capacity to elevate cerebrospinal fluid pressure may be markedly exaggerated in the presence of head injury, other intracranial lesions or a pre-existing increase in intracranial pressure. Furthermore, narcotics produce adverse reactions which may obscure the clinical course of patients with head injuries.

Acute abdominal conditions: The administration of these products or other narcotics may obscure the diagnosis or clinical course in patients with acute abdominal conditions.

Special risk patients: These products should be given with caution to certain patients such as the elderly or debilitated, and those with severe impairment of hepatic or renal function, hypothyroidism, Addison's disease, and prostatic hypertrophy or urethral stricture.

ADVERSE REACTIONS: Some patients are unable to take salicylates without developing nausea and vomiting. Hypersensitivity may be manifested by a skin rash or even an anaphylactic reaction. With these exceptions, most of the side effects occur after repeated administration of large doses. They include headache, vertigo, ringing in the ears, mental confusion, drowsiness, sweating, thirst, nausea, and vomiting. Occasional patients experience gastric irritation and bleeding with aspirin. The most frequently observed adverse reactions include lightheadedness, dizziness, sedation, nausea and vomiting. These effects seem to be more prominent in ambulatory than in nonambulatory patients, and some of these adverse reactions may be alleviated if the patient lies down.

Other adverse reactions include euphoria, dysphoria, constipation and pruritus.

DRUG INTERACTIONS: The CNS depressant effects of these products may be additive with that of other CNS depressants.

HOW SUPPLIED: Bottles of 100, 1000, and Dispenserpak® of 25.



Burroughs Wellcome Co.
Research Triangle Park
North Carolina 27709

Gantanol[®] DS

sulfamethoxazole/Roche
Double Strength Tablets

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

Indications: Acute, recurrent or chronic urinary tract infections (primarily pyelonephritis, pyelitis and cystitis) due to susceptible organisms (usually *E. coli*, *Klebsiella-Aerobacter*, staphylococcus, *Proteus mirabilis* and, less frequently, *Proteus vulgaris*), in the absence of obstructive uropathy or foreign bodies. Note: Carefully coordinate *in vitro* sulfonamide sensitivity tests with bacteriologic and clinical response; add aminobenzoic acid to follow-up culture media. The increasing frequency of resistant organisms limits the usefulness of antibacterials including sulfonamides, especially in chronic or recurrent urinary tract infections. Measure sulfonamide blood levels as variations may occur; 20 mg/100 ml should be maximum total level.

Contraindications: Sulfonamide hypersensitivity; pregnancy at term and during nursing period; infants less than two months of age.

Warnings: Safety during pregnancy has not been established. Sulfonamides should not be used for group A beta-hemolytic streptococcal infections and will not eradicate or prevent sequelae (rheumatic fever, glomerulonephritis) of such infections. Deaths from hypersensitivity reactions, agranulocytosis, aplastic anemia and other blood dyscrasias have been reported and early clinical signs (sore throat, fever, pallor, purpura or jaundice) may indicate serious blood disorders. Frequent CBC and urinalysis with microscopic examination are recommended during sulfonamide therapy. Insufficient data on children under six with chronic renal disease.

Precautions: Use cautiously in patients with impaired renal or hepatic function, severe allergy, bronchial asthma; in glucose-6-phosphate dehydrogenase-deficient individuals in whom dose-related hemolysis may occur. Maintain adequate fluid intake to prevent crystalluria and stone formation.

Adverse Reactions: *Blood dyscrasias* (agranulocytosis, aplastic anemia, thrombocytopenia, leukopenia, hemolytic anemia, purpura, hypoprothrombinemia and methemoglobinemia); *allergic reactions* (erythema multiforme, skin eruptions, epidermal necrolysis, urticaria, serum sickness, pruritus, exfoliative dermatitis, anaphylactoid reactions, periorbital edema, conjunctival and scleral injection, photosensitization, arthralgia and allergic myocarditis); *gastrointestinal reactions* (nausea, emesis, abdominal pains, hepatitis, diarrhea, anorexia, pancreatitis and stomatitis); *CNS reactions* (headache, peripheral neuritis, mental depression, convulsions, ataxia, hallucinations, tinnitus, vertigo and insomnia); *miscellaneous reactions* (drug fever, chills, toxic nephrosis with oliguria and anuria, periarthritis nodosa and L.E. phenomenon). Due to certain chemical similarities with some oral hypoglycemic agents, sulfonamides have caused rare instances of goiter production, diuresis and hypoglycemia as well as thyroid malignancies in rats following long-term administration. Cross-sensitivity with these agents may exist.

Dosage: Systemic sulfonamides are contraindicated in infants under 2 months of age (except adjunctively with pyrimethamine in congenital toxoplasmosis). *Usual adult dosage:* 2 Gm (2 DS tabs or 4 tabs or 4 teasp.) initially, then 1 Gm b.i.d. or t.i.d. depending on severity of infection.

Usual child's dosage: 0.5 Gm (1 tab or teasp.) /20 lbs of body weight initially, than 0.25 Gm/20 lbs b.i.d. Maximum dose should not exceed 75 mg/kg/24 hrs.

Supplied: DS (double strength) Tablets, 1 Gm sulfamethoxazole; Tablets, 0.5 Gm sulfamethoxazole; Suspension, 0.5 Gm sulfamethoxazole/teaspoonful.

BOOK REVIEWS

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systemic effect of injury, on early management of the injured, on head injuries, on visceral injuries of the chest and abdomen, on fractures in children, and on spinal injuries.

This is a comprehensive working textbook that will be useful both in the office and in the Emergency Department. I feel it will be valuable for all levels of health-care professionals, including allied health-care team members, medical students, family practice residents, practicing family physicians, and orthopedists.

Jack H. Leversee, MD
University of Washington
Seattle

Moral Problems in Medicine.
Samuel Gorovitz, Andrew L. Jameston, Ruth Macklin, John M. O'Connor, Eugene V. Perrin, Beverly Page St. Clair, and Susan Sherwin (eds). Prentice-Hall, Englewood Cliffs, NJ, 1976, 540 pp., \$11.50.

I received this book with excitement and read it with an anticipation that some of the questions of ethical concern and confusion might be answered.

I found instead a very interesting book that was better at asking questions than in giving answers. The book has 540 pages of excerpts or entire passages from famous philosophers, from editorials, from letters to editors, from debates, from treatises.

The book begins with portions from Immanuel Kant's *Fundamen-*

tal Principles of the Metaphysics of Morals, John Stuart Mill's *Utilitarianism*, and Jean-Paul Sartre's *Existentialism* as examples of major ethical theories.

It then proceeds to chapters on "Moral Problems in the Physician-Patient Relationship." These include the physician-patient relationship, confidentiality, truth telling, informed consent and coercion, and paternalism. The next division of the book is entitled "Moral Problems Concerning Life and Death," which includes discussion of killing and letting die, abortion, birth defects, and death and dignity. The last chapter, "Moral Problems on a Social Scale," includes sections on the nature of social justice, the right to health care, medical resources as commodities, and allocation of scarce medical resources.

The entire book is thought provoking, with presentations of both sides of almost every ethical decision we as physicians have had to make. It is somewhat comforting to know that the authors of the quoted material and the editors of the book have had as much difficulty in their decisions as we physicians have had in ours, even when theirs were made in the relative quiet and security of philosophical discussion.

Paul L. Bower, MD
Rolling Hills, California

Growth and Its Disorders (vol 15).
David W. Smith. W.B. Saunders, Philadelphia, 1977, 155 pp., \$13.50.

Another superb volume has been added to Saunders' series, "Major

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Roche Laboratories
Division of Hoffmann-La Roche Inc.
Nutley, New Jersey 07110

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Problems in Clinical Pediatrics." Dr. David W. Smith, the famous author of *Recognizable Patterns of Human Malformation*, has put together another classic volume, this time dealing with growth disorders in children. This book is a necessity for every family physician's reference shelf.

In a thorough and organized manner, Smith covers in detail the many problems of growth in children. As a foundation, he reviews in the first chapter the basic mechanisms and factors in growth from conception and intrauterine life to adulthood. In the second chapter he discusses the standards and methods of measurement of children and their growth. This discussion is followed by 35 pages of charts and graphs displaying these standards, ranging from fetal head growth to subscapular skin thickness. The third and eighth chapters provide the framework for classification and diagnosis of growth deficiency and growth excess, and in the remaining chapters each cause of abnormal growth is described in Smith's typically thorough and detailed style.

Even though this book is exhaustive in its content and is intended as a reference book on disorders of growth, the basic material and classification framework presented in the first, third, and eighth chapters would be excellent reading for any family physician or pediatrician desiring to review this topic. This volume is highly recommended.

William J. Geiger, MD
Mansfield, Ohio

One Child By Choice. Sharryl Hawke and David Knox. Prentice-Hall, Englewood Cliffs, NJ, 1977, 233 pp., \$8.95 (hardcover), \$3.95 (paper).


"The time for the one-child family has come," or so say the authors, both parents of single children. Seventy-one percent of Americans, according to a Gallup poll, think that being an only child is a disadvantage; so Ms. Hawke and Dr. Knox proceed, not without a hint of paranoia, to try to counter that opinion. They provide their own data based on a questionnaire given to 750 nonrandomly selected individuals, disproportionately white and professional. As an example of how not to conduct a questionnaire, their study is outstanding, and if the book has any contribution to make to medical education it could be in a class on research techniques. They do discuss some aspects of childrearing which may be of interest to some parents.

The book is readable, although devoid of humor. There are no illustrations, but 39 pages of tables covering the questionnaire data. Less than 25 percent of the people they interviewed "chose" to have a single child, while most of the others had only one because of medical reasons, marital problems, or relative infertility. The majority seem to have had the decision made for them.

The book may be of interest to a few parents, particularly those who feel guilty about being parents of an only child. It doesn't have much to contribute to medical education.

James Cox, MD
Southern Illinois University
Springfield

Tablets

Percodan® 

DESCRIPTION Each yellow, scored tablet contains 4.50 mg. oxycodone HCl (WARNING: May be habit forming), 0.38 mg. oxycodone terephthalate (WARNING: May be habit forming), 224 mg. aspirin, 160 mg. phenacetin, and 32 mg. caffeine.

INDICATIONS For the relief of moderate to moderate/severe pain.

CONTRAINDICATIONS Hypersensitivity to oxycodone, aspirin, phenacetin or caffeine.

WARNINGS **Drug Dependence** Oxycodone can produce drug dependence of the morphine type and, therefore, has the potential for being abused. Psychic dependence, physical dependence and tolerance may develop upon repeated administration of PERCODAN®, and it should be prescribed and administered with the same degree of caution appropriate to the use of other oral narcotic-containing medications. Like other narcotic-containing medications, PERCODAN® is subject to the Federal Controlled Substances Act.

Usage in ambulatory patients Oxycodone 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 using PERCODAN® should be cautioned accordingly.

Interaction with other central nervous system depressants Patients receiving other narcotic analgesics, general anesthetics, phenothiazines, other tranquilizers, sedative-hypnotics or other CNS depressants (including alcohol) concomitantly with PERCODAN® may exhibit an additive CNS depression. When such combined therapy is contemplated, the dose of one or both agents should be reduced.

Usage in pregnancy Safe use in pregnancy has not been established relative to possible adverse effects on fetal development. Therefore, PERCODAN® should not be used in pregnant women unless, in the judgment of the physician, the potential benefits outweigh the possible hazards.

Usage in children PERCODAN® should not be administered to children.

Salicylates should be used with caution in the presence of peptic ulcer or coagulation abnormalities.

PRECAUTIONS **Head injury and increased intracranial pressure** The respiratory depressant effects of narcotics and their capacity to elevate cerebrospinal fluid pressure may be markedly exaggerated in the presence of head injury, other intracranial lesions or a pre-existing increase in intracranial pressure. Furthermore, narcotics produce adverse reactions which may obscure the clinical course of patients with head injuries.

Acute abdominal conditions The administration of PERCODAN® or other narcotics may obscure the diagnosis or clinical course in patients with acute abdominal conditions.

Special risk patients PERCODAN® should be given with caution to certain patients such as the elderly or debilitated, and those with severe impairment of hepatic or renal function, hypothyroidism, Addison's disease, and prostatic hypertrophy or urethral stricture.

Phenacetin has been reported to damage the kidneys when taken in excessive amounts for a long time.

ADVERSE REACTIONS The most frequently observed adverse reactions include light-headedness, dizziness, sedation, nausea and vomiting. These effects seem to be more prominent in ambulatory than in nonambulatory patients, and some of these adverse reactions may be alleviated if the patient lies down.

Other adverse reactions include euphoria, dysphoria, constipation and pruritus.

DOSAGE AND ADMINISTRATION Dosage should be adjusted according to the severity of the pain and the response of the patient. The usual adult dose is one tablet every 6 hours as needed for pain.

DRUG INTERACTIONS The CNS depressant effects of PERCODAN® may be additive with that of other CNS depressants. See WARNINGS.

DEA Order Form Required.

Endo Inc.

Manati, Puerto Rico 00701
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