

MONISTAT* Dual-Pak*

Suppositories/Cream

MONISTAT* 3 Vaginal Suppositories

(miconazole nitrate 200 mg)

MONISTAT-DERM* Cream

(miconazole nitrate 2%)

INDICATIONS AND USAGE: MONISTAT 3 Vaginal Suppositories are indicated for the local treatment of vulvovaginal candidiasis (moniliasis). Effectiveness in pregnancy or in diabetic patients has not been established.

MONISTAT-DERM Cream—For topical application in the treatment of cutaneous candidiasis (moniliasis).

CONTRAINDICATIONS: MONISTAT 3 Vaginal Suppositories—Patients known to be hypersensitive to the drug.

MONISTAT-DERM Cream has no known contraindications.

PRECAUTIONS: MONISTAT 3 Vaginal Suppositories—General: Discontinue drug if sensitization or irritation is reported during use. The base contained in the suppository formulation may interact with certain latex products, such as that used in vaginal contraceptive diaphragms. Concurrent use is not recommended.

Laboratory Tests: If there is a lack of response to MONISTAT 3 Vaginal Suppositories, appropriate microbiological studies (standard KOH smear and/or cultures) should be repeated to confirm the diagnosis and rule out other pathogens.

Carcinogenesis, Mutagenesis, Impairment of Fertility: Long-term animal studies to determine carcinogenic potential have not been performed.

Fertility (Reproduction): Oral administration of miconazole nitrate in rats has been reported to produce prolonged gestation. However, this effect was not observed in oral rabbit studies. In addition, signs of fetal and embryo toxicity were reported in rat and rabbit studies, and dystocia was reported in rat studies after oral doses at and above 80 mg/kg. Intravaginal administration did not produce these effects in rats.

Pregnancy: Since imidazoles are absorbed in small amounts from the human vagina, they should not be used in the first trimester of pregnancy unless the physician considers it essential to the welfare of the patient.

Clinical studies, during which miconazole nitrate vaginal cream and suppositories were used for up to 14 days, were reported to include 514 pregnant patients. Follow-up reports available in 471 of these patients reveal no adverse effects or complications attributable to miconazole nitrate therapy in infants born to these women.

Nursing Mothers: It is not known whether miconazole nitrate is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when miconazole nitrate is administered to a nursing woman.

MONISTAT-DERM Cream—If a reaction suggesting sensitivity or chemical irritation should occur, use of the medication should be discontinued. For external use only. Avoid introduction of MONISTAT-DERM Cream into the eyes.

ADVERSE REACTIONS: MONISTAT 3 Vaginal Suppositories—During clinical studies with the MONISTAT 3 Vaginal Suppository (miconazole nitrate, 200 mg) 301 patients were treated. The incidence of vulvovaginal burning, itching or irritation was 2%. Complaints of cramping (2%) and headaches (1.3%) were also reported. Other complaints (hives, skin rash) occurred with less than a 0.5% incidence. The therapy-related dropout rate was 0.3%.

MONISTAT-DERM Cream—There have been isolated reports of irritation, burning, maceration, and allergic contact dermatitis associated with application of MONISTAT-DERM.

The Family in Medical Practice: A Family Systems Primer. Michael A. Crouch, Leonard Roberts (eds). Springer-Verlag, New York, 1987, 256 pp., \$24.95 (paper).

What is the family in medical practice? Is it a fundamental unit of health and illness in family practice? Is it the subject of research by medical sociologists and academic family physicians? Is it the "patient" in family therapy, a source of diagnostic data, a medium for prevention and rehabilitation? Fortunately, this book, edited by a family physician and psychiatrist, does not attempt to answer these questions. This book is a basic science textbook, the first, perhaps, to present information about the family critical for excellent patient care by all physicians regardless of specialty.

This book, the work of ten authors—five medical doctors and five doctors of philosophy—is liberally sprinkled with case illustrations (which are helpful), graphs and charts (which are not), and cartoons (which are helpful and entertaining). The basic sciences of a family-based medical practice include family systems theory, the family life cycle, the relationship between families and medical illness, the genogram as a basic diagnostic tool, and fundamental techniques in systems-oriented counseling. Some chapters are particularly useful, such as "A Systems View of the Clinical Relationship" (Howard Stein), "Systems Oriented Counseling" (Karen Weihs and Karen King-solver), and "Using the Genogram Clinically" (Michael A. Crouch and Terry Davis).

The book's flow and transitions are rough, as is true for most edited books, and the book's closing chapter on future directions seems weak or at least unnecessary. The next-to-the-last chapter should be the last—it is a powerful personal statement by the lead editor (Michael A. Crouch) on the value, or even necessity, of working through one's own family issues

as a prelude to more powerful therapeutic interventions in family systems. The book is promoted as a "clear, readable and jargon-free approach to basic family systems theory for medical students and residents." It is this and more, the first textbook presenting the basic sciences of family systems theory necessary to care for the family for the benefit of the patient.

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Managing Chronic Disease. C. Stewart Rogers, Jack D. McCue (co-editors), Peter Gal (contributing editor). Medical Economics Company, Oradell, New Jersey, 1987, 439 pp., paper (price not available).

This book would best be described as either a lengthy handbook or an abbreviated textbook. Although readable and well organized, it falls short of the depth of information often desired by the thoughtful clinician. On the other hand, as a "source" reference, it is packed with useful information that would prove useful on a day-to-day basis. Overall the topics and perspectives are highly relevant to the primary care physician. The authors have selected common problems and suggested practical management approaches for those problems. The approach to pharmacologic treatment is practical and understandable. A particular strength of the authors' approach is that they often include relative drug prices for given diagnostic entities. Although wholesale prices are used, the relative wholesale costs give the physician some basis of choice based on cost. That the authors often integrate social and psychological issues into the management of selected diagnoses is another strength of this book.

The overall weakness of this book is its lack of depth. The individual chapters could be better referenced. Medical screening in disease prevent-

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tion is frequently alluded to, but scientific backup and rationale for the authors' selection of tests and procedures are inadequate. Lack of depth is further reflected in several of the chapters, particularly the four chapters on problems of aging, where the author has covered a voluminous topic in a limited space. The sequence of chapters on aging would have been best left out.

In general, I would advise this book as a quick desk reference for the physician who sees a preponderance of patients with chronic disease as long as an in-depth medical textbook is used as its supplement.

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Clinical Pocket Guide to Ear Disease. Michael Hawke. Gower Medical Publishing, New York, and Lee & Febiger, Philadelphia, 1987, 136 pp., \$17.50.

This pocket pictorial guide to ear diseases contains a large number of excellent photographs that accurately demonstrate the appearance of the ear in a variety of clinical conditions ranging from hematomas, keratoses, otitis externa, benign and malignant tumors, and traumatic perforation to otitis media, both acute and serous, cholesteatomas, and chronic otitis media. The text is well organized, including a review of the normal anatomy and then the appropriate, careful organization of diseases into the external canal and middle ear and then into the variety of conditions listed above.

It is quite a readable guide, its emphasis upon illustrations with minimal text; that which is included is accurate and easily digested. The organization is well done, and the quality and extent of the pictures are excellent.

This text would be an appropriate addition to a family practice residency or medical student program library. It is entirely too detailed to be relevant to a typical family practice office. However, for a student first learning about the care and diagnosis of ear problems, this book would allow

quick comparison of various conditions and facilitate understanding the differences among them.

Although I am not recommending this text for practicing physicians, it would be a useful guide for a library in a training setting. It is too detailed and esoteric for individual students or residents to purchase.

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Encounters With Children: Pediatric Behavior and Development. Suzanne D. Dixon, Martin T. Stein. Year Book Medical Publishers, 1987, 448 pp., \$34.95 (paper).

This long-awaited textbook integrates the science of pediatric development with the psychosocial aspects of the growing child. The overall theme seems to be that the pediatric encounter is indeed an art form. The colorful cover and multiple illustrations reinforce this idea.

It is written in a form that is relevant to the family physician, who must take into account the family and surrounding environment of the growing child. It is well organized, coinciding with the age of the growing child, and readable. The sentence structure flows more like a novel than an actual textbook of medicine. However, there are many "clinical pearls" available throughout for the careful reader.

Certainly the illustrations, which were drawn by children, add a unique approach to understanding the normal growth and development of children.

The primary care provider, whether a family physician, pediatrician, or other allied health professional caring for children, will benefit from this textbook.

The only disadvantage of this book is that it is not a handy clinical reference. The 448 pages make it more of a textbook. Nevertheless, the easy readability and flow of thought make it enjoyable to read. I would heartily recommend this book.

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