

**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 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													
U.S.	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.

## Letters to the Editor

The Journal welcomes Letters to the Editor; if found suitable, they will be published as space allows. Letters should be typed double-spaced, should not exceed 400 words, and are subject to abridgment and other editorial changes in accordance with journal style.



### Early Clinical Experience for Medical Students

To the Editor:

It was with great interest that I read the recent article, "Early Ambulatory Experience in Undergraduate Education of Family Physicians" by Smith et al (*J Fam Pract* 5:227, 1977). As a medical student in 1969, I participated in the Medical Education in Community Orientation (MECO) project sponsored by the Student American Medical Association (SAMA) now AMSA. This project was started by Bruce Fagel, MD and me, as a means of getting preclinical students out of the university medical center and into local communities for ten weeks. The idea of the program was to center the student around the community hospital. He would rotate through various departments of the hospital, as well as spend time with local area physicians. SAMA received a planning grant from the Sears Roebuck Foundation and was able to expand the project into numerous states. I attended the an-

nual AMSA Convention this past March and was pleased to see that the project continues. There are about 500 medical students involved in approximately 30 states across the country at the present time.

As a participant, as well as a director of the program, I can vouch for its effectiveness. I am presently in family practice. The decision to enter family practice was made early in my medical school career. The MECO project was perhaps the most valuable part of my medical school training in relation to setting my goals for future practice. I am glad to see that the feelings we had as students are being reflected in research projects and are being published in widely read medical journals.

Lee A. Fischer, MD  
West Palm Beach, Florida

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**MSD**  
**MERCK**  
**SHARP**  
**DOHME**

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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## Insulin Therapy of Diabetes

To the Editor:

The article concerning initial insulin therapy in the outpatient center was most complete (*Dye BJ, Blainey CA, Brye PL, et al: Starting the person with diabetes on insulin in the outpatient setting: A teaching guide for physicians and nurses. J Fam Pract 5:341, 1977*). Many of us have used this method and the nurse practitioner as the primary instructor in our family medicine center for several months.

To date among our group of patients I know of no failures or major complications to them from initiating insulin therapy as outpatients. Our patients have been most pleased, since hospitalization and, in some cases, excessive financial burden has been avoided.

Francis G. Belardi, MD  
Ohio State University  
Department of Family Medicine  
Columbus, Ohio

## International Communication in Family Practice

To the Editor:

The dangers of narrow regional thinking at WONCA are real, and Dr. Style expressed them well (*Style A: WONCA: World or western organization? J Fam Pract 5:473, 1977*). However, it would be a serious error if either that well-travelled humanitarian or his readers were to think that the Classification Committee of WONCA is blinkered in its basic outlook.

Our committee has frequently discussed the classification needs of developing nations, and on many occasions we have appealed for representatives from the Third World. This we have done both by spoken invitations at international meetings, and by personal letters to prominent physicians and GP organizations. We have sent complimentary copies of the classification all over the world, and have arranged for translations to be made. Our committee does most of its work by mail, so that expense or time away from practice are not critical limiting factors. Despite all this, the sad truth is that we have only one representative from the Afro-Asian bloc in our group of thirteen.

I believe that we really have learned to listen to each other, but no one speaks for the Third World. Why? Because our Third World colleagues are so extended by the day-to-day care of their patients that they have little time, energy, or money to devote to international discourse, no matter how valuable that might prove to be.

This situation will not be changed by self-flagellation on the part of Western family physicians: our clear duty is to develop the best possible mechanisms for the international exchange of views, knowledge, and practical acceptable help. (I must point out that ICHPPC is *most* explicit in its instructions for expansion to accommodate *any* local classification needs.)

We should love mankind, but let's, in the best traditions of our calling, be workmanlike about it.

Robert Westbury, MD  
Chairman,  
Classification Committee of  
WONCA  
Calgary, Alberta

## Tussend® Antitussive-Decongestant Liquid and Tablets

## Tussend Expectorant Antitussive-Decongestant Liquid

See package literature for full prescribing information. A brief summary follows.

**CONTRAINDICATIONS:** Patients with severe hypertension, severe coronary artery disease, patients on MAO inhibitor therapy, mothers, and patients with hypersensitivity to idiosyncrasy to sympathomimetic amines, phenanthrene derivatives.

**WARNINGS:** If used in patients with hypertension, diabetes mellitus, ischemic heart disease, thyroidism, increased intraocular pressure, prostatic hypertrophy, judicious caution should be exercised. Sympathomimetics may produce CNS stimulation. The safety of pseudoephedrine for use during pregnancy has not been established. Overdosage of sympathomimetics in elderly (60 years and older) may cause hallucinations, convulsions, CNS depression and delirium.

**PRECAUTIONS:** Concomitant use of other CNS depressants, including alcohol, may have an additive CNS depressant effect. Hydrocodone may produce drowsiness: patients should be cautioned accordingly.

**ADVERSE REACTIONS:** Gastrointestinal upset, nausea, dizziness, drowsiness, and constipation. A slight elevation in serum transaminase has been noted.

Hyperreactive individuals may display epinephrine-like reactions such as tachycardia, palpitations, headache, dizziness or nausea. Sympathomimetic drugs have been associated with certain untoward reactions including fear, anxiety, tenseness, restlessness, tremor, weakness, pallor, respiratory difficulty, dysuria, insomnia, hallucinations, convulsions, depression, arrhythmias, and cardiovascular collapse with hypotension.

**DRUG INTERACTIONS:** Hydrocodone may potentiate the effects of other narcotics, general anesthetics, tranquilizers, sedatives and hypnotics, tricyclic antidepressants, MAO inhibitors, and other CNS depressants. Beta adrenergic blockers and MAO inhibitors potentiate sympathomimetic effects of pseudoephedrine. Sympathomimetics may reduce the antihypertensive effects of methyldopa, mecamylamine, reserpine and veratrum alkaloids.

**DOSAGE AND ADMINISTRATION:** Tussend Liquid and Tussend Expectorant: Adults, and children over 90 lbs., 1 teaspoonful; children 50 to 90 lbs., ½ teaspoonful; children 25 to 50 lbs., ¼ teaspoonful. May be given four times a day as needed.

Tussend Tablets: Adults, and children over 90 lbs., 1 tablet. May be given four times a day as needed.

May be taken with meals.

**CAUTION:** Federal law prohibits dispensing without a prescription.