

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
Datsh	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.

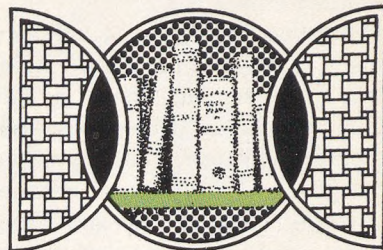
Available data suggest that revaccination before 3 years may result in more frequent and severe local reactions at the site of injection, especially in persons who have retained high antibody levels. (See Full Prescribing Information.)

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



Atlas of Pediatric Diseases. *Helmut Moll; Walter Kleindienst, translator.* W.B. Saunders, Philadelphia, 1976, 275 pp., \$39.50.

In his book, "Atlas of Pediatric Diseases," Dr. Helmut Moll sets out with the intention of showing us that "a disease with visible symptoms can often be better described by good illustrations than by long verbal elucidations." The book is intended primarily for the practitioner, the medical student, and the pediatric nurse. Its emphasis is on illustrations rather than text.

The book is broken up into sections on each organ system with some additional sections on such subjects as congenital malformations and traumatic birth injuries. Each condition described is accompanied by a brief text, color photographs, x-rays, and graphs.

The major strength of the book is undoubtedly the quality and extent of the photographs. The colors are very accurately reproduced and the quality of the prints is superb. This reviewer has never seen such good reproductions of rashes of the common infectious diseases nor such excellent photographs of some of the rarer conditions covered by this volume. In this respect it would certainly be a valuable reference book for a student, a family physician, or a pediatrician.

Some of the terminology in the text is unfamiliar to me. Such terms as "phlegmon" and "dyspepsia"

(meaning diarrhea in the newborn) seem to be terms of European origin, although they are well explained by the text.

In short, the main value of this book must be in the excellence of its photography and it is certainly the best that I have seen of its kind. As such it would be useful to the practicing physician or medical student, although its cost might preclude its ownership by some.

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Psychiatric Emergencies. *Robert A. Glick, Arthur T. Meyerson, Edwin Robbins, et al (eds).* Grune & Stratton, New York, 1976, 300 pp., \$16.00.

In this small book (300 pages) a number of authors present the subject of psychiatric emergencies in a concise and organized manner. A practical approach to many of the problems encountered by family physicians in daily practice is offered. While purporting to deal with the emergency situation, the book contains a good deal of information which is applicable and relevant to nonemergency management of psychiatric illness as well.

Following a section dealing with the assessment of psychiatric emergencies, the management of

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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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the most commonly faced and often most difficult emergency situations is presented. These include acute psychotic decompensation, suicide, violence, anxiety-based emergencies, organic and medical problems, alcoholism and drug abuse, and psychosocial crises. Each of these sections presents practical suggestions for the immediate management of the patient. A number of useful diagrams and tables are available for quick reference.

The problems encountered in each specific group, including children, adolescents, college students, the family, and the aged, are well delineated and methods of assessment and treatment outlined.

The final section, dealing with the organization of psychiatric emergency services, is well written, focusing on the structure, staffing, financing and back-up facilities necessary for emergency psychiatric services. Although this section would be of limited interest to the average family physician, this should not detract from the excellence of the publication. It is a useful text for practicing physicians, family practice residents, students, and allied health-care professionals. Many of the suggestions contained in each section can improve our management of some of the perplexing problems encountered, and enable us to deal with these problems more effectively. All-in-all, an excellent text and worthy of a place in the reference library of any family physician.

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Maternal-Infant Bonding: The Impact of Early Separation or Loss on

Family Development. Marshall H. Klaus and John H. Kennell. C.V. Mosby, St. Louis, 1976, 275 pp., \$10.95 (hardcover), \$7.50 (paper).

This book is offered to the public and the medical profession as a statement of where we have been, where we are, and where we should be going in our knowledge and management of the parent-child relationship during the perinatal period. In general, the public will accept the book as an affirmation of those practices that are designed to humanize the birthing process and return it to the family. The medical profession will find much in the book instructive in understanding the historical and contemporary approach to maternal-infant care. The publication also serves as an excellent review of the process by which the scientific community has approached the study of the maternal-infant bonding phenomenon.

The book may be divided into two parts. The first three chapters deal with the subject of maternal-infant bonding. Both human and animal studies are cited from an extensive review of the literature that is dated through 1975. The last three chapters provide valuable information for the practitioner on understanding and caring for parents of: (1) premature and sick infants, (2) infants with congenital malformations, and (3) infants who die. In the area of parental caring, the authors demonstrate a sensitivity for the needs of the father and mother that is clearly based on long clinical experience.

There will be some disappointment on the part of those who favor medical literature that offers clean lines between the art and science of medicine, for there are instances

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SINGLE-ENTITY CHOLEDYL® (OXTRIPHYLLINE)

CAUTION: Federal law prohibits dispensing without prescription.

Description. Each partially enteric coated tablet contains 200 mg or 100 mg oxtriphylline. NOTE: 100 mg oxtriphylline is equivalent to 64 mg anhydrous theophylline.

Indications. Cholelyl (oxtriphylline) is indicated for relief of acute bronchial asthma and for reversible bronchospasm associated with chronic bronchitis and emphysema.

Warning. Use in pregnancy—animal studies revealed no evidence of teratogenic potential. Safety in human pregnancy has not been established; use during lactation or in patients who are or who may become pregnant requires that the potential benefits of the drug be weighed against its possible hazards to the mother and child.

Precautions. Concurrent use of other xanthine-containing preparations may lead to adverse reactions, particularly CNS stimulation in children.

Adverse Reactions. Gastric distress and, occasionally, palpitation and CNS stimulation have been reported.

Dosage. Average adult dosage: Tablets—200 mg, 4 times a day. Dosage should be individualized.

Supplied. 200 mg, yellow, partially enteric coated tablets in bottles of 100 (N 0047-0211-51) and 1000 (N 0047-0211-60); Unit Dose—10 x 10 strips (N 0047-0211-11); 100 mg red, partially enteric coated tablets in bottles of 100 (N 0047-0210-51). STORE BETWEEN 59° and 86°F (15° and 30°C).

Toxicity. Oxtriphylline, aminophylline and caffeine appear to be more toxic to newborn than to adult rats. No teratogenic effects have been seen.

Full information is available on request.



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when the authors' enthusiasm for the subject seems to encourage statements that are clearly not based on sound research.

For example, there are times when the authors claim too much, "throughout his [the infant's] lifetime the strength and character of this attachment [maternal-infant] will influence the quality of all future bonds to other individuals." There are also instances when the book's material is out of tune with that which might be expected of a scientific publication, eg, "playing house, an activity that dominates the waking hours of girls during the preschool years, appearing to be a preparatory rehearsal for mothering. . . ." Perhaps the weakest aspect of the book is manifested in the attempt to support the concept that paternal-infant bonding has been validated. Felton Earls' excellent paper* on the father's influence on infants and young children states that the literature is, in general, methodologically poor and unreplicated and that, "There is currently no information available on whether paternal attachment influences behavioral adjustment in the child."

The book, which is easily read and well illustrated, should be a reference text for all students and practitioners in child-related health care. The authors are preeminent in their field and they have shared with the readers a literature that is international and crosscultural in its dimensions. As to the weaknesses noted above, related to research quality and writing style, I can only echo the line from the book's foreword by Julius B. Richmond, MD, "We can hope that the authors will accept the challenge to revise and update this volume frequently."

*Earls F: The fathers (not the mothers): Their importance and influence with infants and young children. *Psychiatry* 39:209, 1976

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1977 Year Book of Dermatology. Frederick D. Malkinson and Roger W. Pearson (eds). *Year Book Medical Publishers, Chicago, 1977, 412 pp., \$23.50.*

This 1977 *Year Book of Dermatology* provides in detailed abstract form the essence of the best of the recent international medical literature in this field. Assuming that this is the primary objective of the Year Book series, this objective seems to have been achieved.

Editorial comments on many of the abstracts by the authors seem to provide a modicum of clinical applicability to this otherwise research-oriented compendium of abstracts. The reference lists provided in most sections of this book are exhaustive, if not applicable to the practice of clinical dermatology.

This book offers little of relevance to the content of family practice. Its content seems most appropriate for those working in the academic discipline of dermatology. It may well be used as a literature review source by practicing dermatologists. However, it cannot be recommended to the practicing family physician, either for continuing education needs or as a reference text.

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[magnesium
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