Official Publication

Pediatrics

Volume 42 October 1968 Number 4

COMMENTARY

Evaluating Treatment of Neonatal Hypoxemia and Acidosis . . *L. S. Prod'hom* 563

ARTICLES

Early Correction of Hypoxemia and Acidemia in Low Birth Weight . . . . . *J. C. Sinclair, K. Engel, W. A. Silverman* 565

Morbidity in First 2 Years after Low Birth Weight or Preterm Birth . . . . . *B. J. van den Berg* 590

Catechol Excretion in Infants of Diabetics . . . *L. Stern, A. Ramos, J. Leduc* 598

Intra-uterine Hyperparathyroidism: Maternal Hypoparathyroidism . . . . . *D. Bronsky, et al.* 606

Age of Attaining Bladder Control . . *W. C. Oppel, P. A. Harper, R. V. Rider* 614

Social and Other Factors in Enuresis . . . . . *W. C. Oppel, P. A. Harper, R. V. Rider* 627

Abdominal Viscera in Battered Children . . . . . *R. J. Touloukian* 642

Lung Aspirate in Diagnosis of Pulmonary Tuberculosis . . *A. Schuster, et al.* 647

Platelets in Cyanotic Heart Disease . . . . . *S. Gross, V. Keefer, J. Liebman* 651

Genital Herpesvirus Infection . . . . . *A. J. Nahmias, et al.* 659

Diagnosis and Treatment: Practical Diagnostic Virology . . . . *C. M. Wilfert* 667

EXPERIENCE AND REASON—Briefly Recorded

Effect of Fungal Glucosidase in Glycogenosis . . . . . *R. M. Lauer, et al.* 672

Gangrene After Venipuncture . . . . . *R. E. Polesky, J. P. Harvey, Jr.* 676

Neonatal Capillaries and Placental Transfusions . . . . . *G. G. Pietra, et al.* 678

Hemophilus Species in Abscesses . . . . . *D. Y. Sanders, et al.* 683

Platelets in Prematures . . . . . *A. J. Aballi, et al.* 685

Sporotrichosis in Childhood . . . . . *C. L. Carpenter, Jr., H. W. Jolly, Jr.* 689

Adrenal Insufficiency Mimicking Heart Disease . . . . *R. J. Sommerville, et al.* 691

Phosphorylase Inactivation and Glycogen Storage . . *R. O. Christiansen, et al.* 694

AMERICAN ACADEMY OF PEDIATRICS

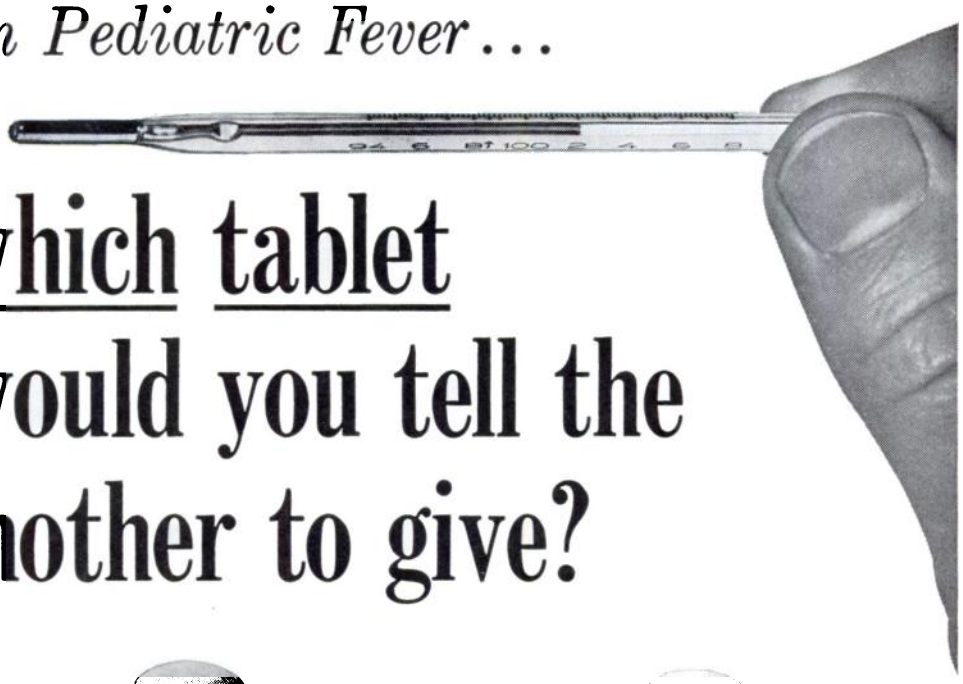
Committee Report: Sexual Problems in Children 697

Committee Report: Epilepsy and Athletics 700

Committee Report: Competitive Athletics for Children 703

AMERICAN ACADEMY OF PEDIATRICS · EVANSTON · ILLINOIS 60204

In Pediatric Fever...



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Pediatrics

OFFICIAL PUBLICATION OF THE AMERICAN ACADEMY OF PEDIATRICS, INC.

Volume 42 OCTOBER 1968 Number 4

CONTENTS

COMMENTARY

Rules of Evidence Applied to Treatments of Neonatal Hypoxemia and Acidosis—*L. S. Prod'hom* 563

ARTICLES

Early Correction of Hypoxemia and Acidemia in Infants of Low Birth Weight: A Controlled Trial of Oxygen Breathing, Rapid Alkali Infusion, and Assisted Ventilation—*John C. Sinclair, Knud Engel, and William A. Silverman* 565

Morbidity of Low Birth Weight and/or Preterm Children Compared to that of the 'Mature:" I. Methodological Considerations and Findings for the First 2 Years of Life—*Bea J. van den Berg* 590

Urinary Catecholamine Excretion in Infants of Diabetic Mothers—*Leo Stern, Angeles Ramos, and Jean Leduc* 598

Intra-uterine Hyperparathyroidism Secondary to Maternal Hypoparathyroidism—*David Bronsky, Rosario T. Kiamko, Rogelio Moncada, and Ira M. Rosenthal* ... 606

The Age of Attaining Bladder Control—*Wallace C. Oppel, Paul A. Harper, and Rowland V. Rider* 614

Social, Psychological, and Neurological Factors Associated with Nocturnal Enuresis—*Wallace C. Oppel, Paul A. Harper, and Rowland V. Rider* 627

Abdominal Visceral Injuries in Battered Children—*Robert J. Touloukian* 642

Lung Aspirate Puncture as a Diagnostic Aid in Pulmonary Tuberculosis in Childhood: A Preliminary Study—*Augusto Schuster C., Gaston Duffau T., Eric Nicholls R., and Mario Pino C.* 647

The Platelets in Cyanotic Congenital Heart Disease—*Samuel Gross, Vicki Keefer, and Jerome Liebman* ... 651

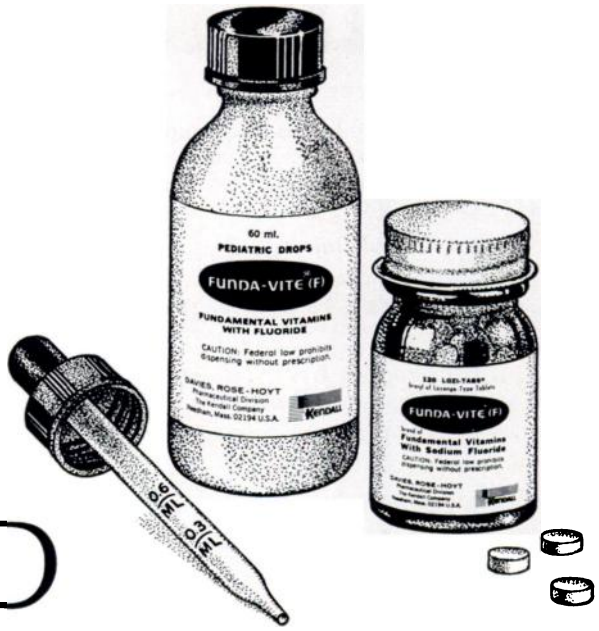
Genital Infection with *Herpesvirus hominis* Types 1 and 2 in Children—*André J. Nahmias, Walter R. Dowdle, Zuher M. Naib, William E. Josey, and Carolyn F. Luce* 659

(Continued on next page)

FORTHCOMING MEETING
AMERICAN ACADEMY OF PEDIATRICS

Thirty-seventh Annual Meeting, October 19 to 24, 1968
Palmer House, Chicago

THE FIRST AND LAST WORD



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1.) Council on Foods and Nutrition: J.A.M.A. 169:110, 1959. 2.) Accepted Dental Remedies, American Dental Association, Chicago, 32nd Ed., 1967, p. 161. 3.) Report of Joint Committee of American Academy of Pediatrics and American Society of Dentistry for Children: Dental caries and a consideration of the role of diet in prevention, Pediatrics, 23:400-407, 1959.

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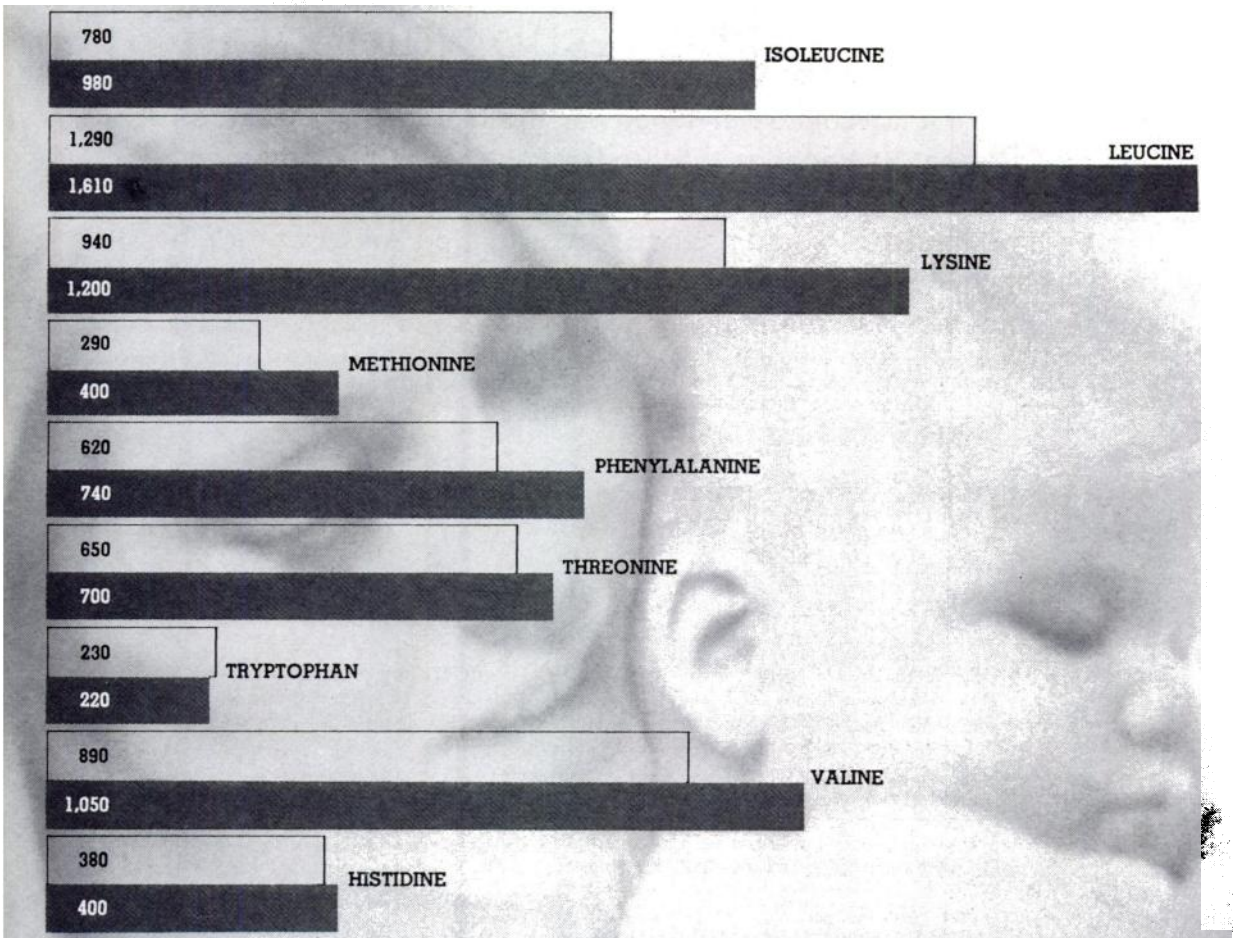

*By calculation from average data given in United States Department of Agriculture Home Economics Research Report, No. 4, 1957.

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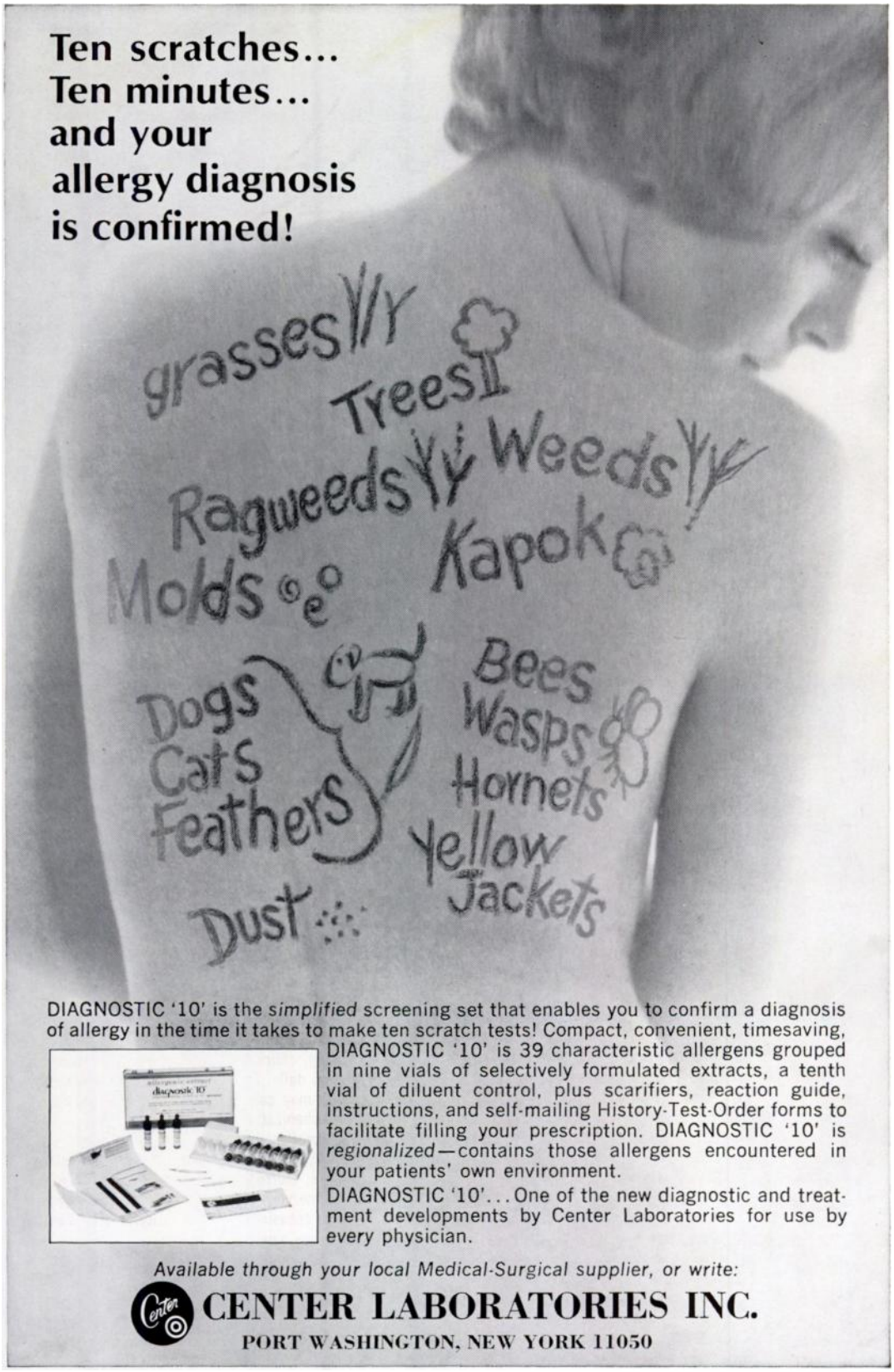

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Warnings: Use only after appraisal in patients with liver or renal damage, urinary obstruction or blood dyscrasias. Deaths have been reported from hypersensitivity reactions, agranulocytosis, aplastic anemia and other blood dyscrasias associated with administration of sulfonamides. When used repeatedly at close intervals, or for prolonged therapy, blood counts and liver and kidney function tests should be performed.

Precautions: Observe usual sulfonamide therapy precautions, including maintenance of adequate fluid intake. Use with caution in patients with histories of significant allergies and/or asthma. Patients with impaired renal function should be followed closely since renal impairment may cause excessive drug accumulation. Occasional failures may be due to resistant microorganisms. Not effective in virus or rickettsial infections.

Adverse Reactions: As in all sulfonamide therapy, headache, nausea, vomiting, urticaria, diarrhea, hepatitis, pancreatitis, blood dyscrasias, neuropathy, drug fever, Stevens-Johnson syndrome, skin rash, injection of the conjunctiva and sclera, petechiae, purpura, hematuria or crystalluria may occur, in which case the dosage should be decreased or the drug withdrawn.

Usual Dosage: *Adults:* 8 teasp. initially, followed by 2 to 4 teasp. every 4 to 6 hours. *Children:* 1 teasp. per 20 lbs body weight initially, followed by ½ the initial dose every 4 hours. Continue treatment until temperature has been normal or urine cultures sterile for at least 48 hours.

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Full information is available on request.

References: 1. Nelson, W. E. (Ed.): Textbook of Pediatrics, ed. 8, Philadelphia, Saunders, 1964, p. 1472. 2. Gellis, S. S., and Kagan, B. M. (Eds.): Current Pediatric Therapy 1966-1967, Philadelphia, Saunders, 1966, p. 764.

For children 2 to 12

Tedral® Pediatric Suspension

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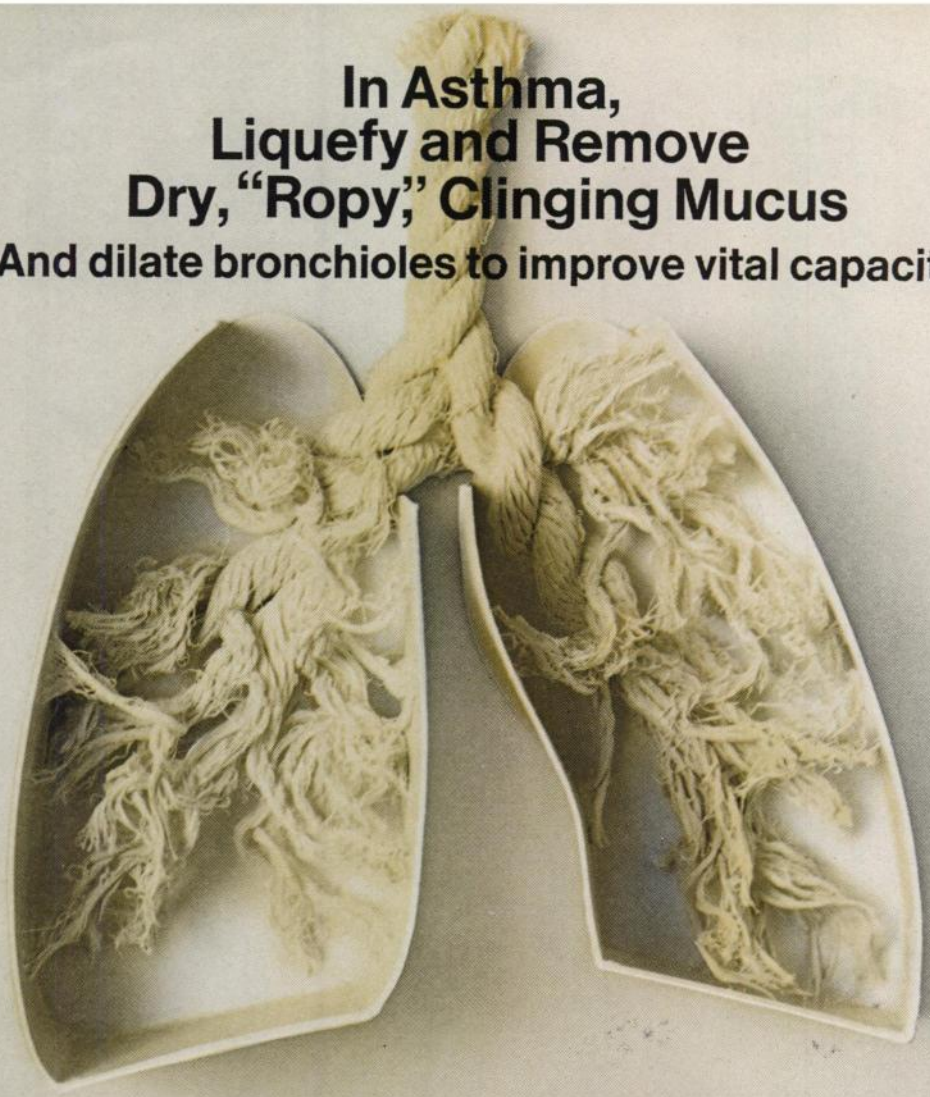

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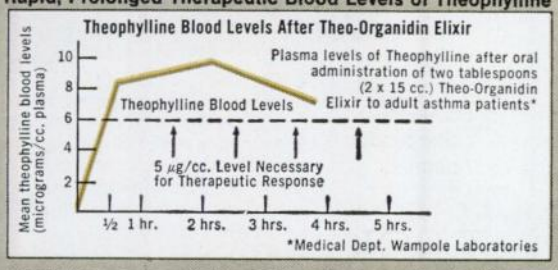

INDICATIONS: For use in the symptomatic treatment of asthma and other bronchospastic conditions. **USUAL DOSAGE:** ADULTS: 1-2 tablespoons 3 times a day. CHILDREN: 1 teaspoon (5 cc.) per 20 lb. body weight; 2-3 times daily. (Children weighing over 100 lbs. may require adult doses). When initiating therapy and in severe attacks, the usual dose may be increased by one-half for first day. **SIDE EFFECTS:** Theophylline may irritate the stomach and cause nausea and vomiting. Theo-Organidin elixir is best taken after meals. **CAUTIONS:** Theo-Organidin elixir should not be taken more than every 6 hours or within 12 hours after rectal administration of any preparation containing theophylline or aminophylline. Other formulations containing xanthine derivatives should not be given concurrently with Theo-Organidin elixir. **CONTRAINDICATION:** Theo-Organidin elixir is contraindicated in cases of marked sensitivity to iodides. If skin rash appears discontinue use. **Caution:** Federal law prohibits dispensing without a prescription. Literature available to physicians on request. **AVAILABILITY:** Theo-Organidin elixir, bottles of 1 pint.

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1. Seltzer, A.: Ann. Allergy 19:381, 1961.

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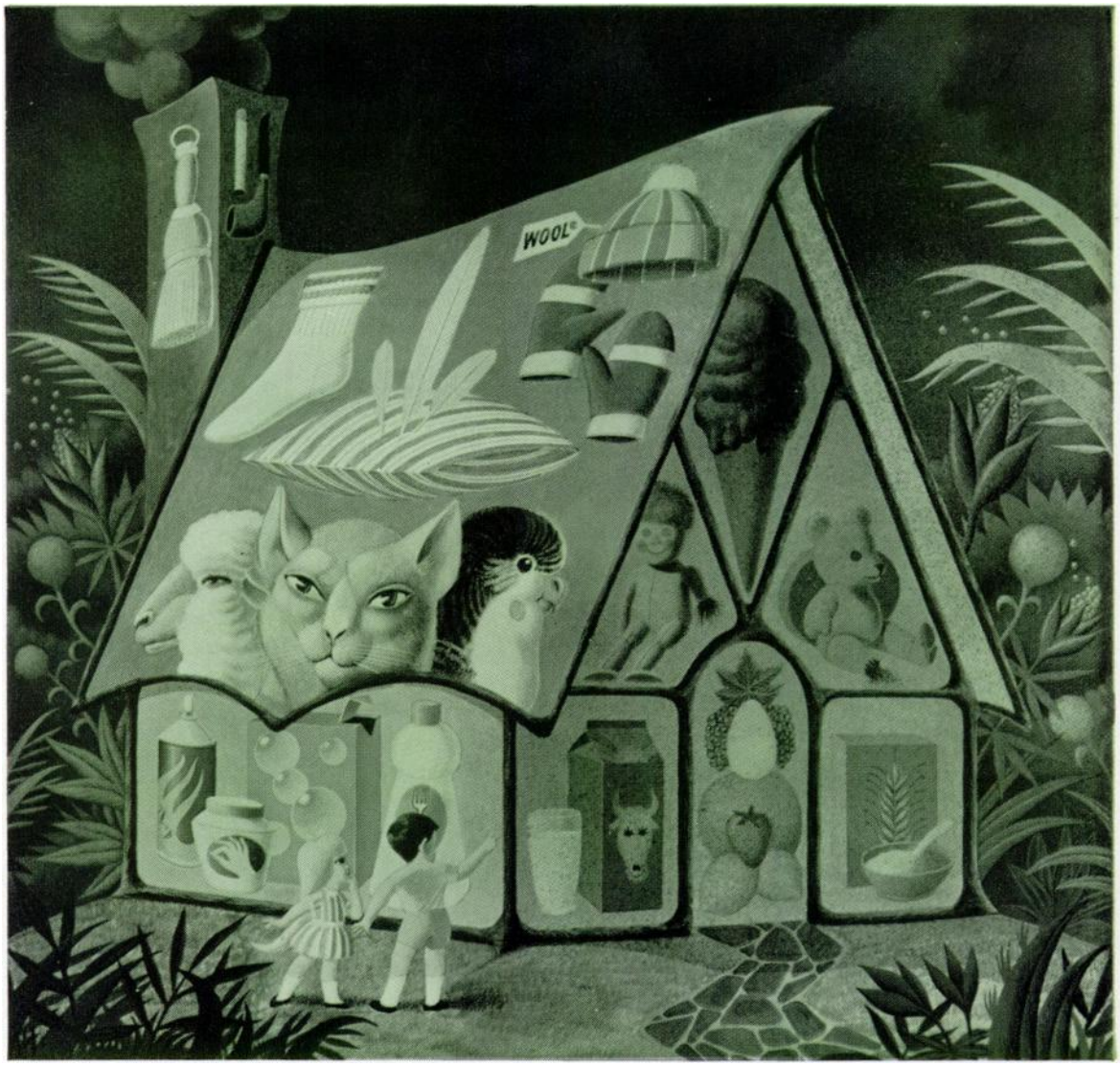
TAD-1



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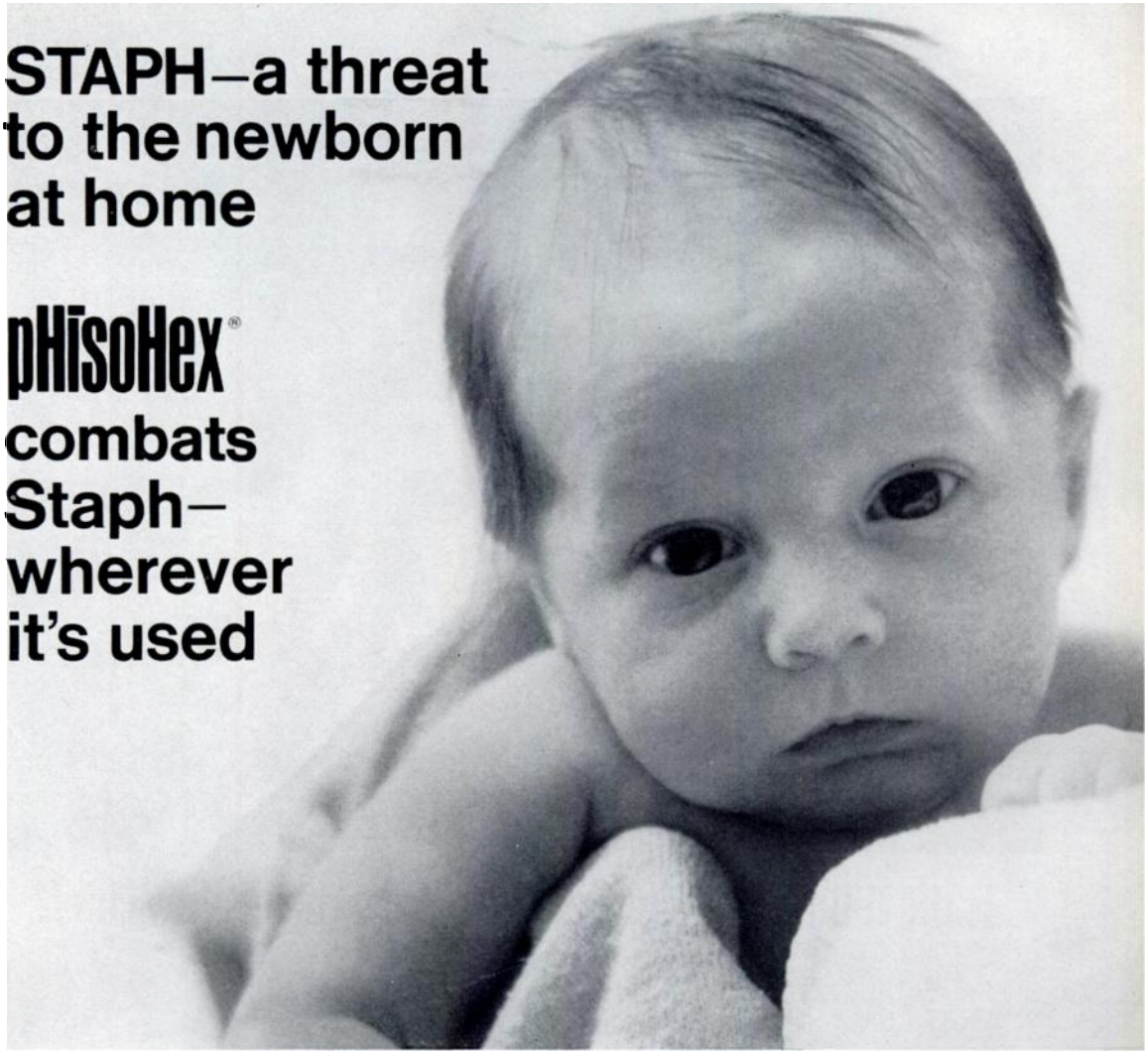

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References: 1. Payne, Margaret C.; Wood, H. F.; Karakawa, Walter, and Gluck, Louis: *Am. J. Epidemiol.* 82:305, Nov., 1965. **2.** Gluck, Louis, and Wood, H. F.: *New England J. Med.* 268:1265, June 6, 1963. **3.** Gluck, Louis; Wood, H. F., and Fousek, Mildred D.: *Pediat. Clin. North America* 13:1131, Nov., 1966. **4.** Gluck, Louis: *Hosp. Pract.* 3:33, Jan., 1968 (Author's correction).

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Children—

6 to 12—2 or 3 teaspoonfuls, 2 or 3 times daily
3 to 6 —1 to 1½ teaspoonfuls, 2 or 3 times daily
1 to 3 —½ to 1 teaspoonful, 2 or 3 times daily

Adults—

1 or 2 tablets or tablespoonfuls, 2 or 3 times daily
Administration after meals may reduce the infrequent possibility of gastric distress or CNS stimulation.

ACTION AND USES: Symptomatic relief of bronchial asthma and asthmatic bronchitis through the combined actions of two effective bronchodilators and a superior expectorant.

PRECAUTIONS: Do not administer more frequently than every 4 hours or within 12 hours after administration of, or concurrently with, other xanthine derivatives.

CAUTION: Ordinary large doses may cause hypertension, headache, tachycardia, nausea, vomiting, etc.

WARNING: Use with caution in patients suffering from hypertension, cardiovascular disease and hyperthyroidism.

HOW SUPPLIED: Asbron Inlay-Tabs, in bottles of 100.
Asbron Elixir, in pint bottles.

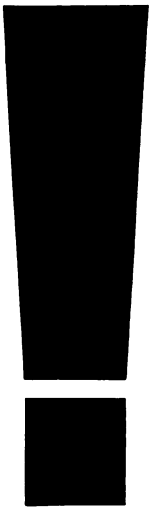
COMPOSITION: Each Asbron Inlay-Tab and each tablespoonful (15 ml.) of Asbron Elixir contains theophylline sodium glycinate 300 mg. (equivalent to 150 mg. theophylline); glyceryl guaiacolate 100 mg. and phenylpropanolamine hydrochloride 25 mg. The elixir supplies the active ingredients in a solution containing 15% alcohol.

ASBRON® [ELIXIR]

helps you put a little living back into the life of your asthmatic patient. For adults—Asbron® Inlay-Tabs®

DORSEY LABORATORIES • *a division of The Wander Company* • Lincoln, Nebraska 68501

no gag



DIA-QUEL actually tastes good

DIA-quel contains the only therapeutically active ingredient of paregoric—tincture of opium. This has been combined with homatropine methylbromide and pectin to make a sensible antidiarrheal formula.

By leaving out paregoric's outdated preservative—bitter-tasting camphor—we've produced an antidiarrheal that is good-tasting, as well as effective and prompt-acting in acute, nonspecific diarrheas and their accompanying "cramps." It is DIA-quel, a clear, red liquid with a pleasant cherry flavor.

Each teaspoonful (5 ml.) of DIA-quel Liquid contains:

Tincture of Opium... 0.03 ml.—Equivalent to 0.75 ml. of paregoric.
(Warning: May be habit forming)

To reduce hypermotility and frequency.

Homatropine Methylbromide... 0.15 mg.

A safe dose for mild spasmolysis to curb cramping and griping.

Pectin... 24. mg.

Demulcent, adsorbent. Helps form stools.

Alcohol 10% by volume.

In case you're curious, back in the 1700's paregoric was being used for diarrhea, but since the state of the pharmaceutical art was extremely primitive, fungus growth in the medication was a problem. Bitter-tasting camphor was added to prevent such growth and anise oil was added in an attempt to cover up the camphor taste. DIA-quel Liquid is a modern formulation that does not contain either of these outdated ingredients.

Caution: With use of DIA-quel Liquid observe the usual precautions associated with opium derivatives and anticholinergics.

Dosage: Usual adult dosage: 1 or 2 tablespoonfuls (15 or 30 ml.) t.i.d. or q.i.d. Usual children's dosage (Clark's rule): ½ to 2 teaspoonfuls (2.5 to 10 ml.) t.i.d. or q.i.d.

How Supplied: In 4 fl. oz. (118 ml.) band-sealed bottles.

DIA-quel is a Federally exempt narcotic (Class X) preparation. Where state law permits, no prescription is necessary.

For a complimentary sample of DIA-quel, simply mail your request to us on a signed prescription blank.

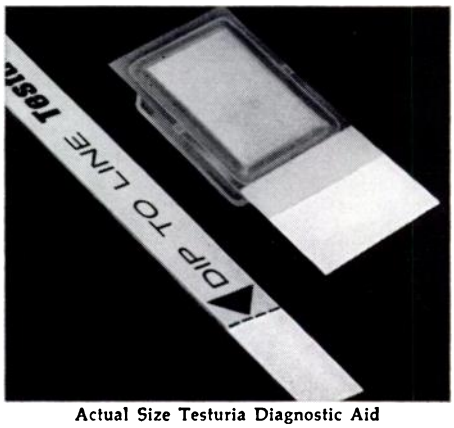
DIA-QUEL LIQUID

INTERNATIONAL PHARMACEUTICAL CORP.
Warrington, Pennsylvania 18976

DQ[illegible]

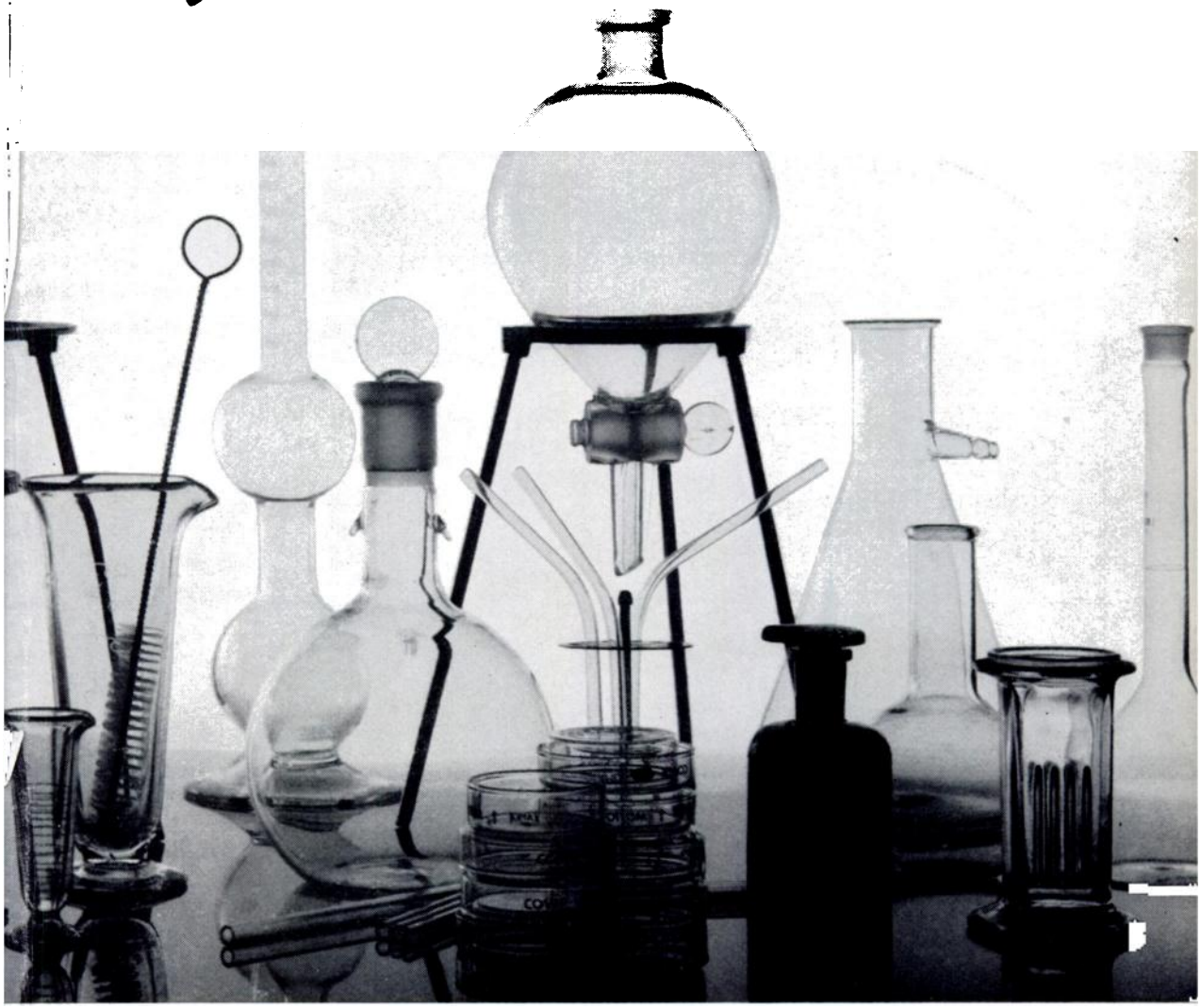
Most accurate methods for
are too time-consuming and

Here's one small exception.



Actual Size Testuria Diagnostic Aid

screening of significant bacteriuria costly for office routine.



The TESTURIA Diagnostic Aid* provides accurate quantitative results that correlate closely with the pour plate culture technic...

In a recent study conducted in hospital laboratories,** 3,432 urine specimens were carefully screened for bacteria by both the TESTURIA dip test and the standard pour plate culture technic. Only a low percentage of false negatives (0.8%) and false positives (1.1%) appeared with the TESTURIA dip test.

*For laboratory use only.
**Medical Records, Ayerst Laboratories, New York, N.Y., 1967.

plus important advantages for both the physician with a busy office laboratory and one who normally employs outside laboratory services. TESTURIA is a Simple / Convenient / Reliable / Timesaving / Economical Method of Detecting Significant Bacteriuria.

Testuria® Diagnostic Aid

AYERST LABORATORIES
New York, N.Y. 10017 • Montreal, Canada

6214

New from Ross

Rondec DSC™

oral decongestant for children

3 DOSAGE FORMS

ROSS

ORAL

FIRST

Children

TODDLER

Children

age-graded

PRESCHOOLER

D rops

S yrup

C hewable

infant

D rops

S yrup

C hewable

AGE-GRADED

NEW

black currant

NEW

FRUIT FLAVOR

3 dosage forms

accepted

good

Pediatric

SPIL-GARD™

new

tutti-frutti

TASTY

PLEASANT

RELIEF

runny NOSE

CONGESTION

ROSS

children

3dosage forms

ROSS

ALLERGIC RHINITIS

EFFECTIVE

stuffy nose

RESPIRATORY

NEW

DECONGESTANT

AUGUST, 1968

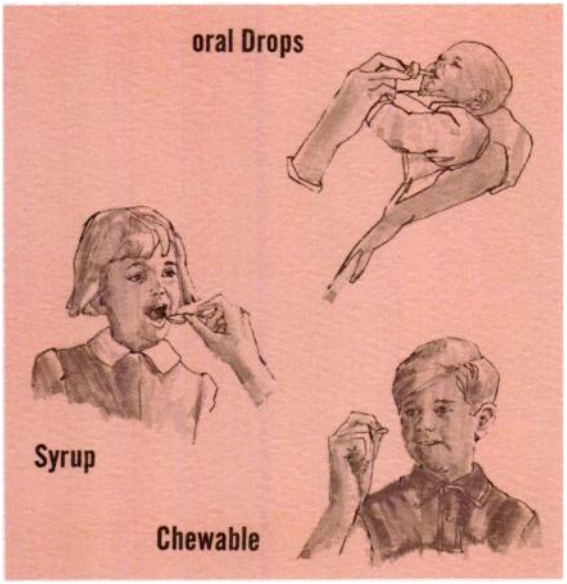
LITHO IN U.S.A.

New from Ross

Rondec D S C

*3 age-graded pediatric dosage forms objectively demonstrated to open nasal airways**

*Mascia, A. V.: Presentation at American College of Allergists, March 25, 1968.

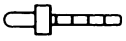


For prompt relief of congestion when indicated in:

- acute coryza
- nasopharyngitis
- otitis media
- bronchitis
- laryngitis
- allergic rhinitis
- sinusitis
- eustachian tube obstruction
- tracheitis
- croup

· combines well-known and widely accepted antihistamine and decongestant · efficacy in children objectively confirmed by electronic nasography · minimal side reactions · tastes good—pleasant fruit flavor is readily accepted by young patients · easy to give—Drops, Syrup and Chewable dosage forms let you select one to fit a child's needs and preference

supply



Rondec D™ Oral Drops is available for dropper dosage in 20 ml bottles, providing 1 mg of carbinoxamine maleate and 30 mg of pseudoephedrine hydrochloride per dropperful (1 ml). Dropper marked at ¼ ml, ½ ml, ¾ ml and 1 ml is enclosed in the carton. Unique Spil-gard™ bottle prevents accidental spilling. List No. is 183.

Rondec S™ Syrup is available for teaspoon dosage in 16 fl oz bottles. It provides 2.5 mg of carbinoxamine maleate and 60 mg of pseudoephedrine hydrochloride per teaspoonful (5 ml). List No. is 182.

Rondec C™ Chewable is available in bottles of 100 scored tablets, each containing 2.5 mg of carbinoxamine maleate and pseudoephedrine equivalent to 60 mg of pseudoephedrine hydrochloride. List No. is 181.

indications

Rondec DSC Oral Decongestant is indicated when histamine blocking, mucosal decongestion and bronchodilation are desired in upper and lower respiratory tract disorders of allergic, infectious or nonspecific etiology.

In children with nasopharyngitis and a history of otitis media, Rondec DSC Decongestant may be used prophylactically to permit better drainage through the eustachian tube.

There is no known contraindication to the use of Rondec DSC as adjunctive therapy to antibiotics in the treatment of respiratory infections when relief of mucosal congestion is desired.

precautions and side effects

Although pseudoephedrine causes virtually no pressor effect in normotensive patients, use with caution in hypertensives. If a sensitivity reaction or idiosyncrasy should occur withdraw the drug.

Side effects with carbinoxamine maleate are rare, and mild when they occur. An occasional patient may note some drowsiness. Patients particularly sensitive to antihistamines may experience severe drowsiness. While the majority of patients will experience no side effect from pseudoephedrine, those particularly sensitive to sympathomimetic drugs may note mild stimulation.

dosage

Rondec D Oral Drops: for infants one through 17 months, ¼, ½, ¾ or 1 ml 4 times a day, depending on age, weight and clinically determined needs.

Rondec S Syrup: for children 18 months through 5 years, ½ teaspoonful (2.5 ml) 4 times a day; 6 years and over, 1 teaspoonful (5 ml) 4 times a day.

Rondec C Chewable: for children 2 through 5 years, ½ chewable tablet 4 times a day; 6 years and over, 1 tablet 4 times a day.

ROSS LABORATORIES
COLUMBUS, OHIO 43216

serving physicians who attend the needs of children from birth through adolescence

FOR PEDIATRICIANS ONLY*

Dorsey made DORCOL® especially for you and your little patients with big coughs

It's the full teaspoon cough syrup. Not a fractional adult dose. One full teaspoon for ages 2-6. Two full teaspoons for ages 6-12. Accurate. Neat. Convenient.

It has a delicious grape flavor kids love.

It offers a complete therapeutic formula—with an effective *non-narcotic* antitussive, dextromethorphan. No antihistamines.

* Sometimes we get carried away. Actually, any physician can recommend Dorcol to a coughing patient.

Indications: For relief of cough and nasal congestion due to the common cold.

Dosage: For cough and nasal congestion, children 2-6, one teaspoonful four times daily; children 6-12, two teaspoonfuls four times daily. For nighttime cough relief, give the last dose at bedtime. For children under two years of age, adjust dosage according to weight.

Caution: Use with caution in patients with high blood pressure, heart disease, diabetes or thyroid disease.

Side effects: Blurred vision, cardiac palpitations, flushing, dizziness, nervousness or gastrointestinal upsets may occur occasionally.

Availability: 4 fl. oz. and new 8 fl. oz. Family Size bottles.

Save time... TELESCRIBE

DORCOL® pediatric cough syrup

DORSEY LABORATORIES • *a division of The Wander Company* • **LINCOLN, NEBRASKA 68501**

It's never too early to start saving their hearts

Help your children form good health habits now to reduce risk of heart attack later:

- Encourage normal weight; obesity in youth may persist throughout life;
- Build body health through regular physical activity;
- Serve them foods low in saturated fats;
- Teach them that cigarette smoking is hazardous to health;
- Make medical check-ups a family routine.

Set a good example. Follow the rules yourself and guard *your* heart, too.

GIVE...
so more will live
HEART FUND ®

Contributed by the Publisher

Relieve irritating useless cough— Restore bronchial patency

TUSSI-ORGANIDIN ℞
TUSSI-ORGANIDIN DM

COMPOSITION: Each teaspoonful contains: Organidin (iodinated glycerol) 30mg. (containing 15mg. organically-bound iodine); Chlorpheniramine Maleate, 2mg.; Alcohol (by volume) 15%, in a sugar-free vehicle and in addition: Tussi-Organidin contains Codeine Phosphate (Warning: May be habit forming) 10mg.;

Tussi-Organidin DM contains Dextromethorphan Hydrobromide 10mg., (non-narcotic antitussive).

ACTION AND USES: Tussi-Organidin Expectorant suppresses irritating, non-productive cough and promotes easy expectoration. Tenacious mucus is mobilized by increased secretion of watery respiratory tract fluid. The vehicle for Tussi-Organidin is sugar-free, therefore it can be given to diabetics. It is indicated in the symptomatic treatment of coughs due to common colds, laryngitis, pertussis, tracheo-bronchitis, croup and acute bronchitis.

DOSAGE: Adults: 1-2 teaspoonfuls every 4 hours. Children: ½-1 teaspoonful every 4 hours.

PRECAUTIONS: May produce drowsiness in patients hypersensitive to antihistamines (or codeine in the case of Tussi-Organidin). These individuals should not drive a car or operate machinery while taking these products.

CONTRAINDICATIONS: Contraindicated in cases of marked sensitivity to iodides. If skin rash appears, discontinue use.

WARNING: Codeine phosphate may be habit forming (Tussi-Organidin only).

HOW SUPPLIED: Tussi-Organidin, bottles of 16 fl. oz. Exempt Narcotic. Tussi-Organidin DM, bottles of 16 fl.oz.

LITERATURE AVAILABLE: Yes

WAMPOLE LABORATORIES
Div. Denver Chemical Mfg. Co.
Stamford, Ct. 06904 TO-68-1

The cough that is serious enough for you to see, needs Tussi-Organidin*

This unique formulation works to relieve irritating useless cough and restore bronchial patency.

Codeine Phosphate 10mg. (Warning: may be habit forming) The classic antitussive for the serious cough.

Organidin® (iodinated glycerol) 30mg.
A unique iodide expectorant.

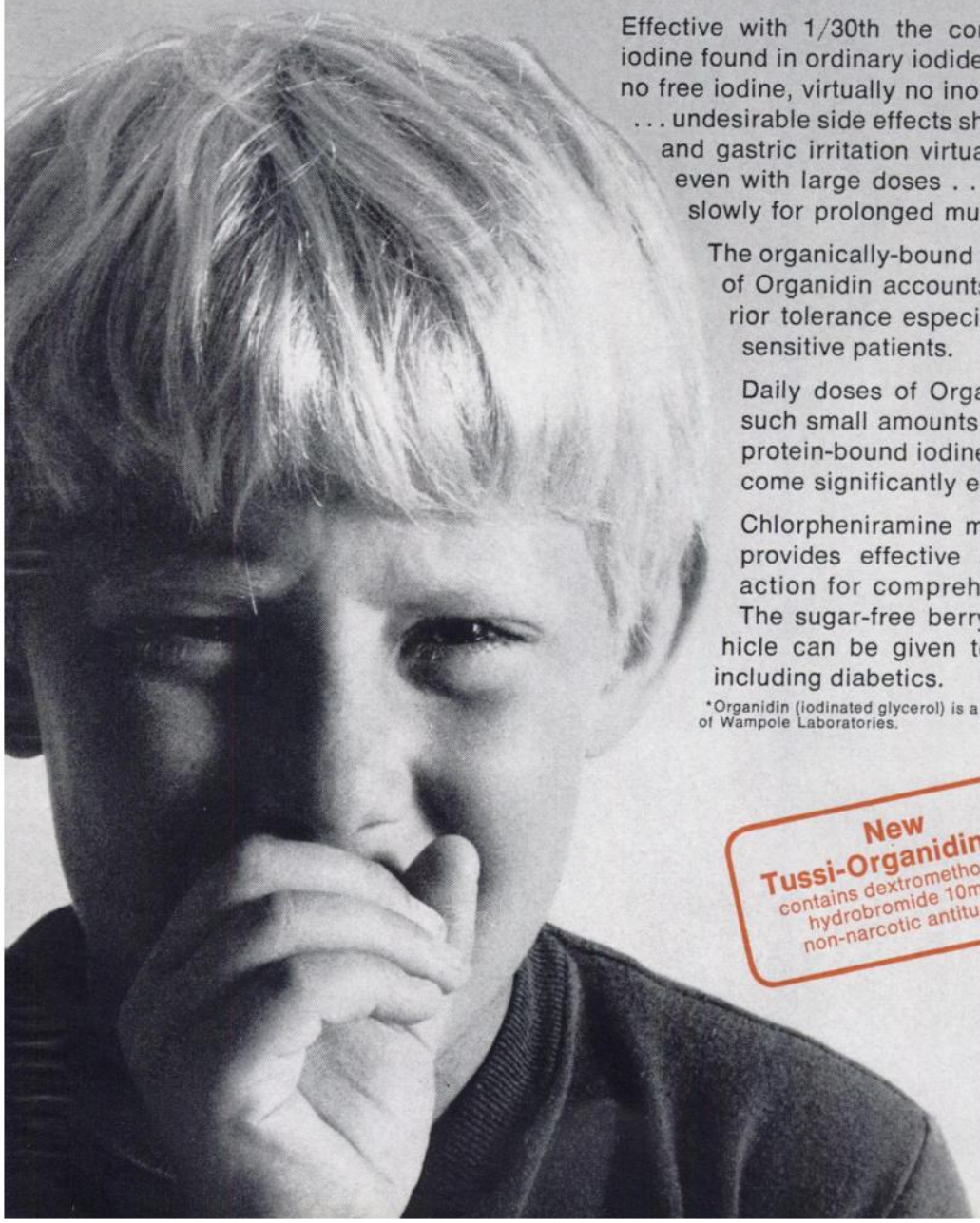
Effective with 1/30th the concentration of iodine found in ordinary iodide preparations, no free iodine, virtually no inorganic iodides . . . undesirable side effects sharply reduced and gastric irritation virtually eliminated even with large doses . . . metabolized slowly for prolonged mucolytic action.

The organically-bound iodine content of Organidin accounts for its superior tolerance especially in iodide-sensitive patients.

Daily doses of Organidin contain such small amounts of iodine that protein-bound iodine does not become significantly elevated.

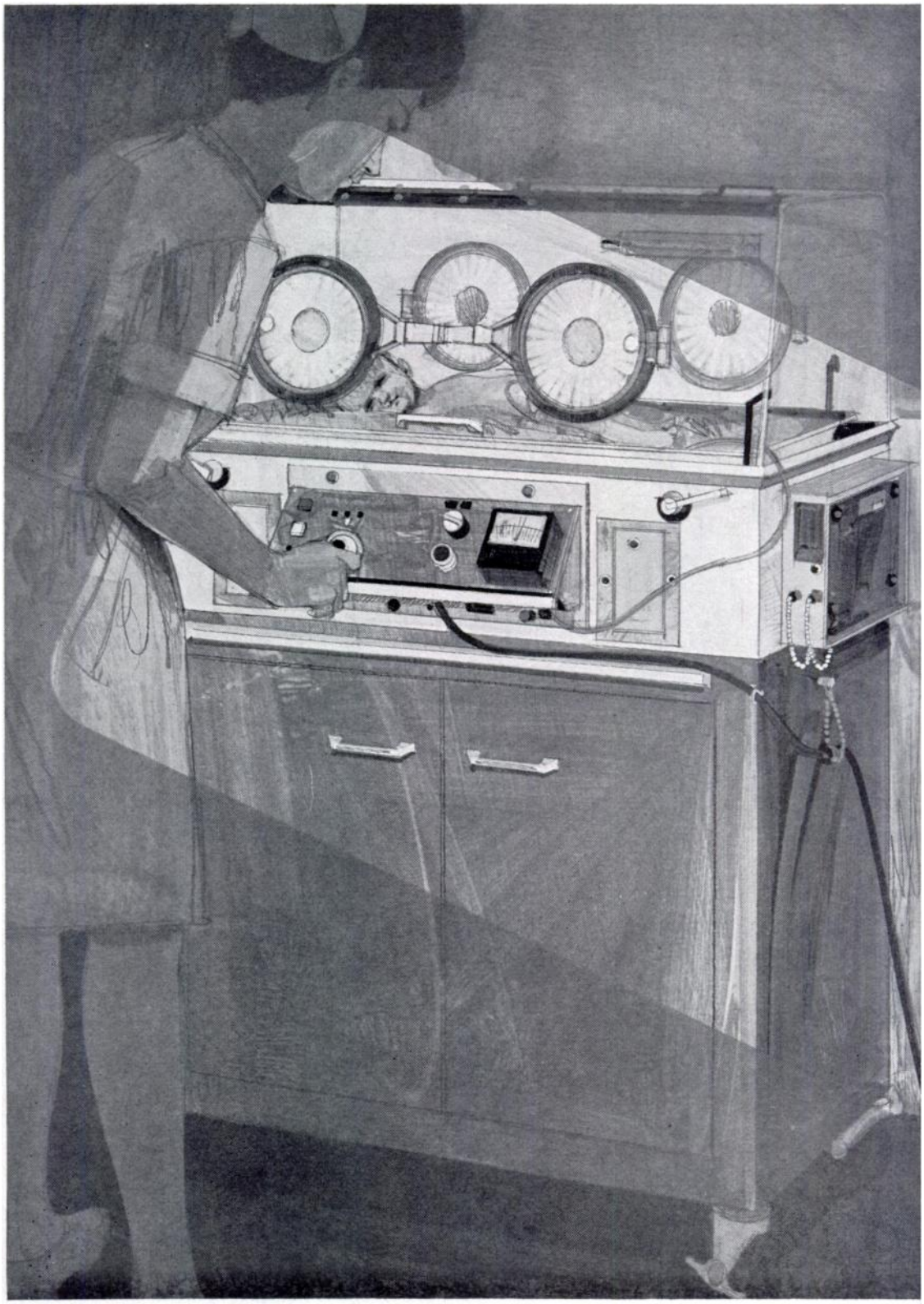
Chlorpheniramine maleate 2 mg., provides effective antihistaminic action for comprehensive relief. The sugar-free berry flavored vehicle can be given to all patients including diabetics.

*Organidin (iodinated glycerol) is a registered trademark of Wampole Laboratories.



New
Tussi-Organidin DM
contains dextromethorphan hydrobromide 10mg.
non-narcotic antitussive

prescribing information on preceding ← page.



Canker sores?

Gly-Oxide relieves the pain of canker sores. In most cases this permits return to normal diet (even hot or cold liquids) . . . promptly. Nonsensitizing, Gly-Oxide contains no anesthetics or antibiotics.

Cleanse and debride tissue—Protect against secondary infection

Relieve pain with GLY-OXIDE®

Liquid

DESCRIPTION: Cleansing, antimicrobial, oral solution containing carbamide (urea) peroxide 10% in specially prepared anhydrous glycerol. Artificial flavor added. (U.S. Pat. #2,430,450)
USES: Sole or adjunctive therapy and/or prophylaxis of oral inflammation—such as canker sores, aphthous and herpetic lesions, gingivitis, periodontal lesions, Vincent's infection, thrush, and traumatic or surgical wounds—as well as pharyngitis and laryngitis. Effective oral cleansing when normal hygiene is inadequate (e.g., total-care geriatric patients.)
ACTIONS: A safe, stabilized, long-acting, oxygenating agent, Gly-Oxide provides **chemomechanical** cleansing, debriding action and non-selective antimicrobial activity which protects against secondary infection. Gly-Oxide decongests superficial oral inflammation, thus relieving associated pain.
SAFETY: No known side effects or contraindications. (Contains no anesthetics or antibiotics.)

PRECAUTION: To prevent misuse by the layman, package labeling of Gly-Oxide advises: "Caution: Severe or persistent sore throat or sore throat accompanied by high fever, headache, nausea and vomiting may be serious. In such cases, do not use more than two days before consulting physician. Do not administer to children under three years of age unless directed by a physician."
DIRECTIONS: Use 4 times daily, undiluted. Small amounts may be swallowed without ill effect. **Oral Lesions**—Several drops to affected area with a swab or directly from bottle. Maintain contact for 2-3 minutes. Expectorate. **Oral Lavage**—10 drops onto tongue. Allow saliva to dilute. Swish in mouth for several minutes. Expectorate. **Pharyngitis**—25 drops to rear of tongue. Allow saliva to dilute. Swallow once to spread medication. Avoid drinking or eating for 20 minutes.
SUPPLIED: (OTC) GLY-OXIDE® Liquid at pharmacies in ½ oz. and 2 oz. non-spill plastic squeeze bottles.

GL10067

For literature or Patient Starter Samples write to:

INTERNATIONAL PHARMACEUTICAL CORPORATION, Warrington, Penna. 18976

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"XP" EXPLOSION PROOF INCUBATOR. Specifically designed for use in the obstetrical or surgical suite. First such incubator to be listed by UL and CSA. Thermostatically controlled heating element is sealed in a seamless metal tube. A reservoir allows heat to pick up necessary moisture before entering infant's compartment. Ohio also offers the X-4, the ever popular economy model incubator. Request catalog No. 8120.

KREISELMAN® EXPLOSION PROOF BASSINET RESUSCITATOR. UL AND CSA LISTED. Resuscitator-Inhalator-Aspirator and Heated Bassinet all in a single uniquely designed unit. Features adjustable manual intermittent positive pressure, easy drainage, temperature maintenance and exchange transfusion capability. Request catalog No. 2466A.

For babies in trouble

SERVO-CARE™ **INCUBATOR.** From his first breath of life, your Servo-Care incubator gives him a better chance. Exclusive modulating heat control does much more than just regulate the atmosphere in his isolated environment. A sensitive thermistor taped to his abdomen maintains the desired skin temperature. The heater *modulates* to maintain the dialed, pre-selected setting, and normally never shuts completely off. The result is the ultimate in operator convenience and infant thermal control—a system that practically eliminates temperature fluctuation. Request catalog No. 8120.

For more information on these Ohio Life Support Products, please write us at Madison, Wisconsin 53701.

Ohio Medical Products AIRCO

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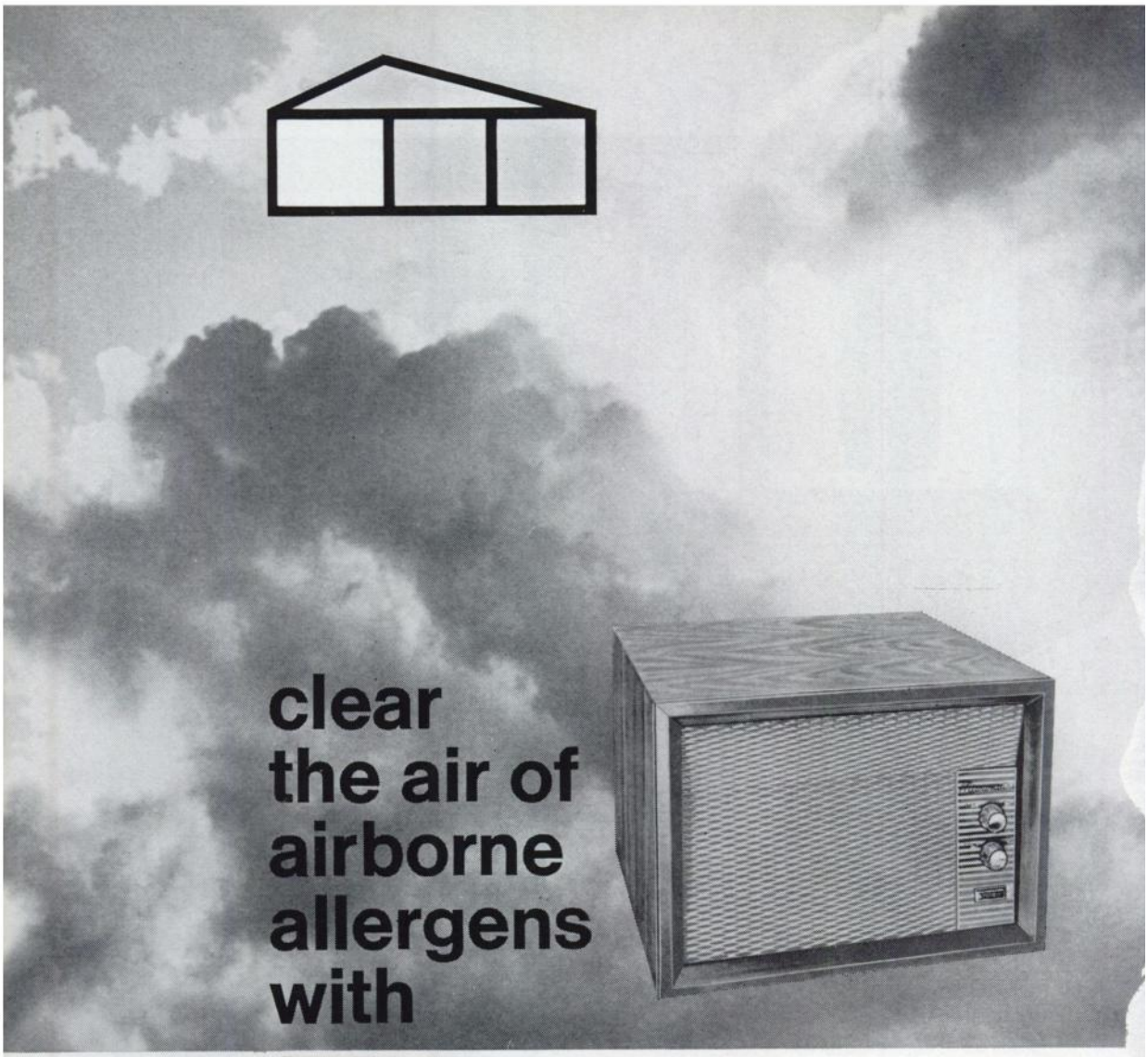


Micronaire®

...and half the therapeutic battle is over. MICRONAIRE® Room-size Electrostatic Precipitator is the ideal adjunct to hyposensitization therapy.

Unlike air conditioners and conventional mechanical filters which are capable of removing only 10% of airborne allergens, this efficient environmental control device scientifically traps *all* sizes of airborne particles, offers your allergy sufferers a way to minimize exposure to contaminants that make them uncomfortable...house dust, lint, airborne pollens, smoke particles, mold spores and bacteria.

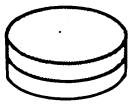
You can't control the outdoor environment. But you *can* provide your patients with an efficient, low-cost method of controlling the environment where they live, where they sleep. You can recommend MICRONAIRE comfort.

For additional information, write for "Facts about...Micronaire" and "Environmental Control for the Asthmatic." In addition, we will provide the name of your nearest MICRONAIRE dealer who will explain how your patients may either rent or buy a MICRONAIRE unit.

DOME Laboratories, Division Miles Laboratories, Inc., West Haven, Conn. 06516

14468

Does *everything* for colds that children's aspirin can do PLUS BiACT also relieves the congestion, runny nose and stuffy nose that makes the child so uncomfortable, restless and unable to sleep. Cherry good and chewable, readily acceptable to children . . . a boon to mothers, too.



A two-layered tablet, BiACT contains 1¼ grains of aspirin (same as a children's aspirin tablet) plus 6¼ mg. of phenylpropanolamine, an orally effective decongestant. Safety strip packaging offers protection against accidental ingestion. Easy-to-follow dosage instructions on package. Available: Packages of 30 tablets.

SAUTER LABORATORIES
Div., Hoffmann-La Roche Inc.
Nutley, New Jersey 07110

Please send professional samples of BiACT Chewable Cold Tablets.

Name _____ M.D.
(PLEASE PRINT)

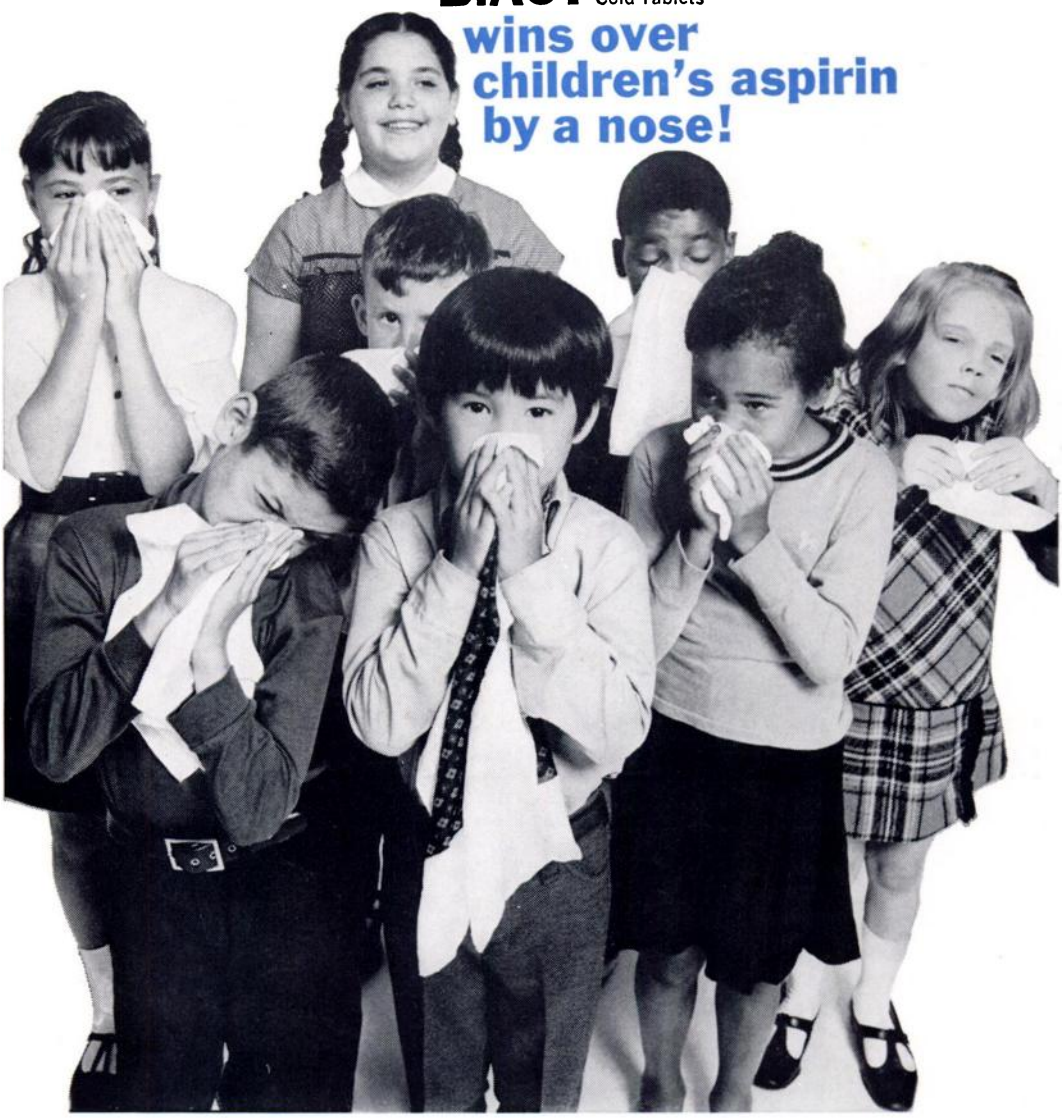
Street _____

City _____

State _____ Zip _____

BiACT™ Chewable Cold Tablets

wins over children's aspirin by a nose!



In childhood

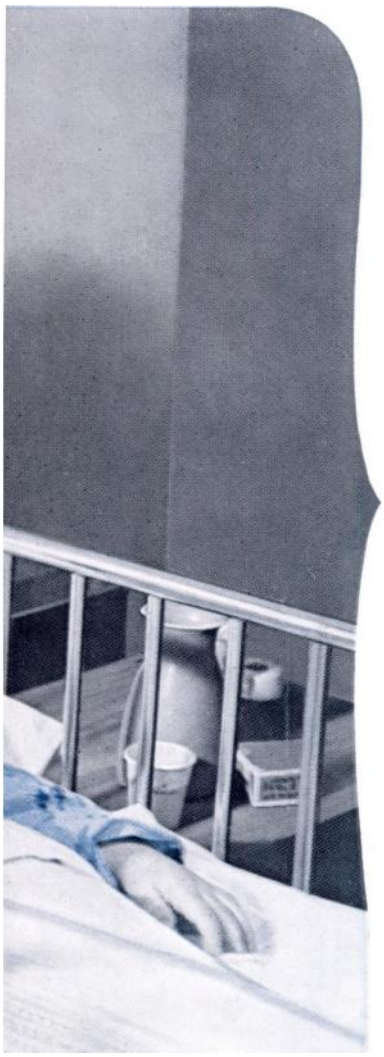
Warnings: Lomotil should be used with caution in patients taking barbiturates and with caution, if not contraindicated, in patients with cirrhosis, advanced liver disease or impaired liver function.

Precautions: Lomotil is a Federally exempt narcotic with theoretically possible addictive potential at high dosage; this is not ordinarily a clinical problem. Use Lomotil with considerable caution in patients receiving addicting drugs. Recommended dosages should not be exceeded, and medication should be kept out of reach of children. Should accidental overdosage occur, signs may include severe respiratory depression, flushing, lethargy or coma, hypotonic reflexes, nystagmus, pinpoint pupils, tachycardia; continuous observation is necessary.

Adverse Reactions: Side effects reported with Lomotil therapy include nausea, sedation, dizziness, vomiting, pruritus, restlessness, abdominal discomfort, headache, angioneurotic edema, giant urticaria, lethargy, anorexia, numbness of the extremities, atropine effects, swelling of the gums, euphoria, depression and malaise. Respiratory depression and coma may occur with overdosage.

Dosage: The recommended initial daily dosages, given in divided doses until diarrhea is controlled, are as follows:

diarrheas...



- careful supervision
- electrolyte replacement
- specific anti-infective therapy

and...

LOMOTIL®

TABLETS/LIQUID

Each tablet and each 5 cc. of liquid contains:
diphenoxylate hydrochloride ..... 2.5 mg.
(Warning: May be habit forming)
atropine sulfate .....0.025 mg.

LOMOTIL in conjunction with specifically indicated medical management may be lifesaving in children with severe diarrhea.

Lomotil lowers the excessive intestinal propulsion characteristic of diarrhea. This reduction of precipitate intestinal flow allows a normal or more nearly normal reabsorption of fluid and electrolytes and counteracts the dehydration so hazardous to children.

Moreover, eight years' experience has demonstrated that Lomotil controls diarrhea with a minimum of unwanted secondary actions.

Senra del Valle and his associates[1] conducted a study of 477 children with diarrhea, most of whom were hospitalized with the disorder. Lomotil, used in 407 of the children, shortened the duration of the diarrhea.

Grinszpan, Goldstein and Divito[2] used Lomotil in 20 children with diarrhea and also reported a prompt disappearance of diarrhea. Harris and Beveridge[3] in a double-blind study of 50 children with diarrhea, however, found no clear pattern to suggest that Lomotil influenced the course of the condition.

Michener, Brown and Turnbull[4] added evidence supporting the beneficial effects of Lomotil in 80 children, concluding that Lomotil was highly useful in controlling abdominal cramping, diarrhea and hypermotility.

Children: Total Daily Dosage

3-6 mo. . . . ½ tsp.* t.i.d. (3 mg.)
6-12 mo. . . ½ tsp. q.i.d. (4 mg.)
1-2 yr. . . . . ½ tsp. 5 times daily (5 mg.)
2-5 yr. . . . . 1 tsp. t.i.d. (6 mg.)
5-8 yr. . . . . 1 tsp. q.i.d. (8 mg.)
8-12 yr. . . . 1 tsp. 5 times daily (10 mg.)
Adults: . . . . 2 tsp. 5 times daily (20 mg.) or 2 tablets q.i.d.

*Based on 4 cc. per teaspoonful.

Maintenance dosage may be as low as one-fourth the initial daily dosage.

References:

1. Senra del Valle, A.; Linfante de Rufinelli, E. B.; Brumetti, E., and Rossi, R. H.: El chlorhidrato de difenoxilato en las diarreas infantiles, Sem. Med. (Buenos Aires) *127*:475-484 (Oct. 4) 1965. **2.** Grinszpan, I. L.; Goldstein, A., and Divito, J.: El chlorhidrato de difenoxilato en las diarreas infantiles, Sem. Med. (Buenos Aires) *125*:758-763 (Aug. 27) 1964. **3.** Harris, M. J., and Beveridge, J.: Diphenoxylate in the Treatment of Acute Gastro-Enteritis in Children, Med. J. Australia *2*:921-922 (Nov. 27) 1965. **4.** Michener, W. M.; Brown, C. H., and Turnbull, R. B., Jr.: Ulcerative Colitis in Children. II. Medical and Surgical Therapy, Amer. J. Dis. Child. *108*:236-242 (Sept.) 1964.

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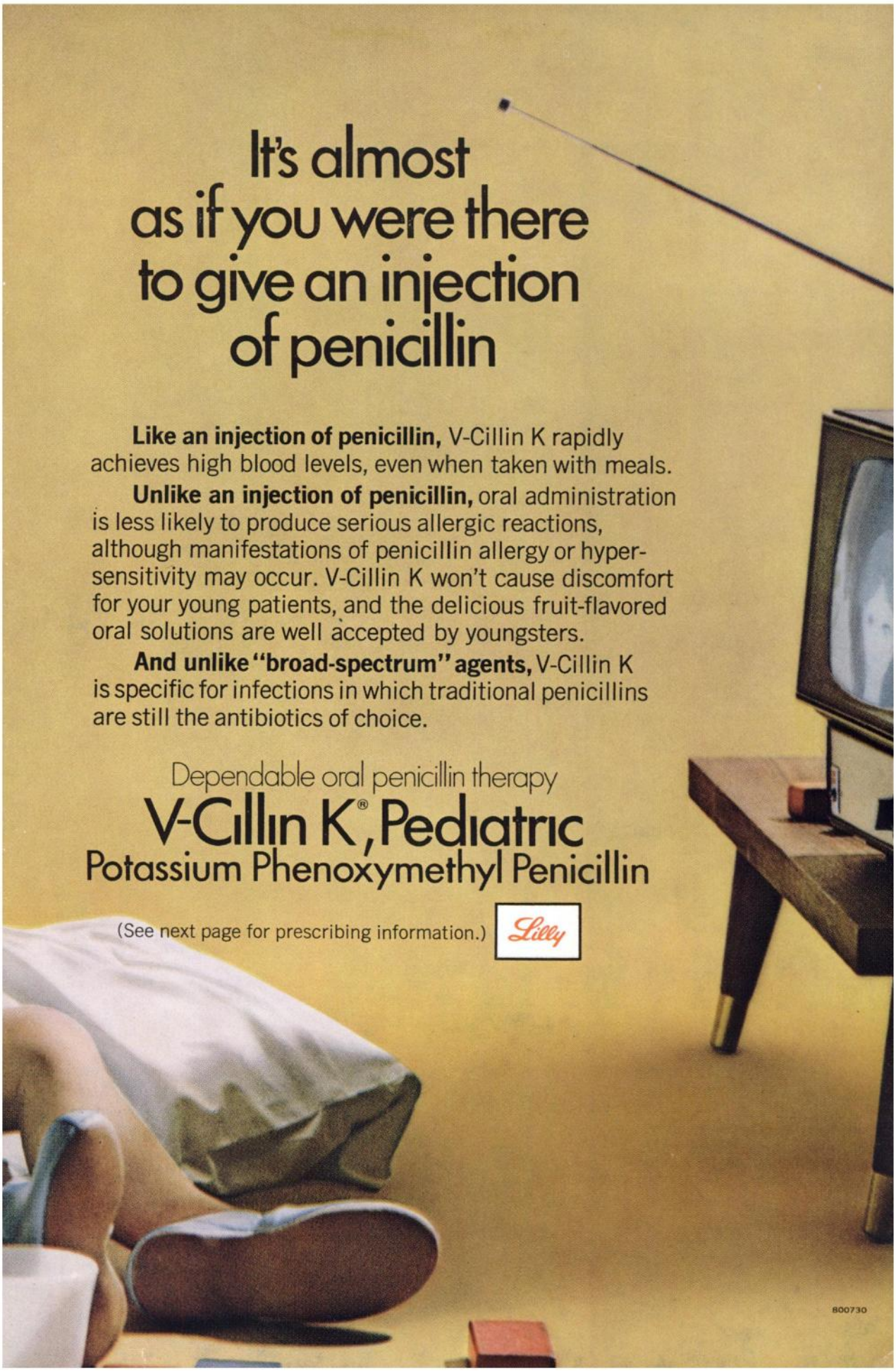
It's almost as if you were there to give an injection of penicillin
Like an injection of penicillin, V-Cillin K rapidly achieves high blood levels, even when taken with meals.
Unlike an injection of penicillin, oral administration is less likely to produce serious allergic reactions, although manifestations of penicillin allergy or hypersensitivity may occur. V-Cillin K won't cause discomfort for your young patients, and the delicious fruit-flavored oral solutions are well accepted by youngsters.
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Indications: Streptococcus, pneumococcus, and gonococcus infections; infections caused by sensitive strains of staphylococci; prophylaxis of streptococcus infections in patients with a history of rheumatic fever; and prevention of bacterial endocarditis after tonsillectomy and tooth extraction in patients with a history of rheumatic fever or congenital heart disease.

Contraindication: Penicillin hypersensitivity.

Warnings: In rare instances, penicillin may cause acute anaphylaxis which may prove fatal unless promptly controlled. This type of reaction appears more frequently in patients with a history of sensitivity reactions to penicillin or with bronchial asthma or other allergies. Resuscitative drugs should be readily available. These include epinephrine and pressor drugs (as well as oxygen for inhalation) for immediate allergic manifestations and antihistamines and corticosteroids for delayed effects.

Precautions: Use cautiously, if at all, in a patient with a strongly positive history of allergy.

In prolonged therapy with penicillin, and particularly with high parenteral dosage schedules, frequent evaluation of the renal and hematopoietic systems is recommended.

In suspected staphylococcus infections, proper laboratory studies (including sensitivity tests) should be performed.

The use of penicillin may be associated with the overgrowth of penicillin-insensitive organisms. In such cases, discontinue administration and take appropriate measures.

Adverse Reactions: Although serious allergic reactions are much less common with oral penicillin than with intramuscular forms, manifestations of penicillin allergy may occur.

Penicillin is a substance of low toxicity, but it possesses a significant index of sensitization. The following hypersensitivity reactions have been reported: skin rashes ranging from maculopapular eruptions to exfoliative dermatitis; urticaria; and reactions resembling serum sickness, including chills, fever, edema, arthralgia, and prostration. Severe and often fatal anaphylaxis has occurred (*see* Warnings). Hemolytic anemia, leukopenia, thrombocytopenia, and nephropathy are rarely observed side-effects and are usually associated with high parenteral dosage.

Administration and Dosage: Usual dosage range, 125 mg. (200,000 units) three times a day to 500 mg. (800,000 units) every four hours. For infants, 50 mg. per Kg. per day divided into three doses.

See package literature for detailed dosage instructions for prophylaxis of streptococcus infections, surgery, gonorrhea, and severe infections.

How Supplied: Tablets V-Cillin K® (Potassium Phenoxymethyl Penicillin Tablets, U.S.P.), 125 mg. (200,000 units), 250 mg. (400,000 units), and 500 mg. (800,000 units).

V-Cillin K® (potassium phenoxymethyl penicillin, Lilly), Pediatric, for Oral Solution, 125 mg. (200,000 units) and 250 mg. (400,000 units) per 5 cc. of solution (approximately one teaspoonful). [042567A]

Additional information available to physicians upon request.
Eli Lilly and Company, Indianapolis, Indiana 46206. Lilly

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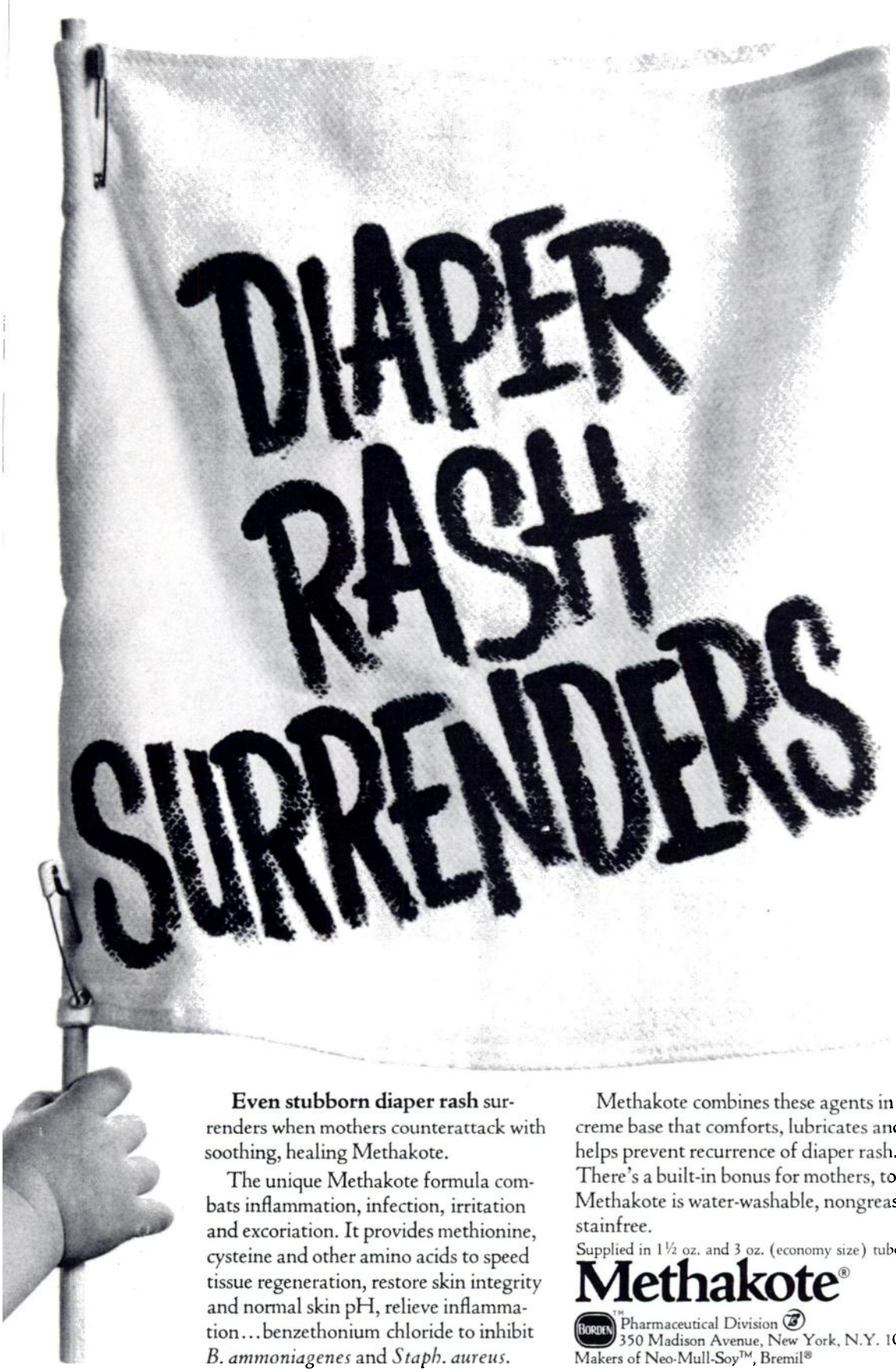

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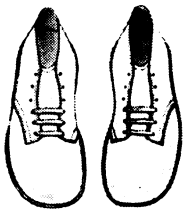
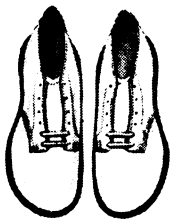
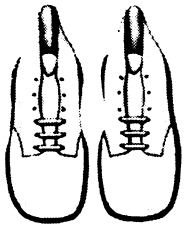
One of our new dealers recently wrote us this good news after he had fitted his first pair of Tarsos, on prescription, for a child with pigeon toe.
The dealer was surprised and delighted. We're not surprised (though we are delighted). After all, we've been pleasing doctors, children, parents—and dealers—for more than thirty years.
But this experience does show why our Tarso line of therapeutic shoes has been a continuing success. They really do help children to walk straight. There is a pair to treat every common toe-in or toe-out problem. They are beautifully made. Attractively styled. Comfortable. And, reasonably priced. Maybe you'll write our next letter of thanks.



Tarso Supinator® shoes are a standby for flat feet. They control toe-out and ankle pronation by "supinating" the heel.



Tarso Pronator® and related Tarso Outflare® shoes are used for pigeon toe, metatarsus varus, and corrected club feet.



Tarso Medius® straight lasts have no inflare or outflare. They are used particularly for mild pigeon toe.

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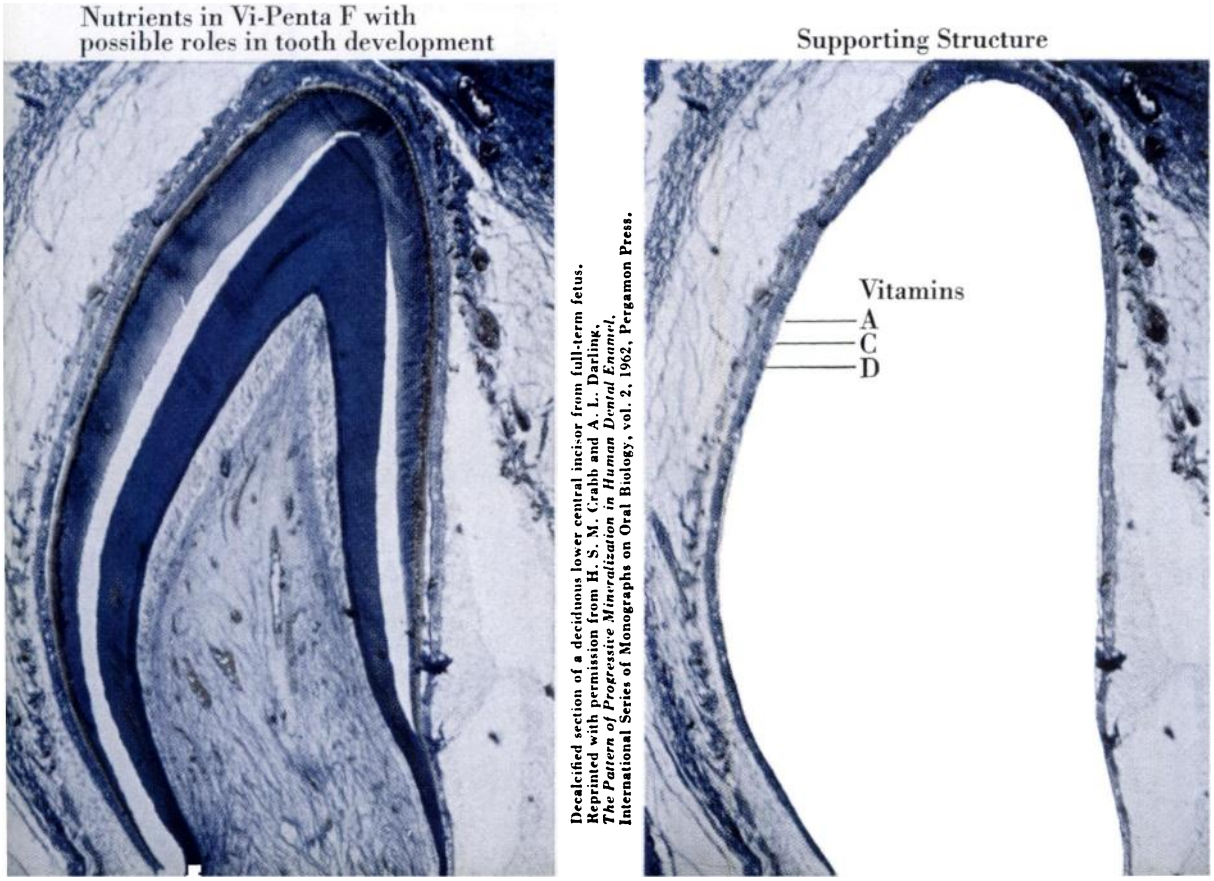
Helps prevent tooth decay while providing daily nutritional support



Decalcified section of a deciduous lower central incisor from full-term fetus.
Reprinted with permission from H. S. M. Crabb and A. L. Darling,
The Pattern of Progressive Mineralization in Human Dental Enamel.
International Series of Monographs on Oral Biology, vol. 2, 1962, Pergamon Press.

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

Ingredients	Vi-Penta F Infant Drops Each 0.6 cc contains in an aqueous nonalcoholic vehicle:	Vi-Penta F Multivitamin Drops Each 0.6 cc contains in an aqueous nonalcoholic vehicle:	Vi-Penta F Zestabs Each tablet contains:
Vitamin A Acetate	–	–	5000 U.S.P. Units
Vitamin A Palmitate	5000 U.S.P. Units	5000 U.S.P. Units	–
Ergocalciferol	10 mcg	10 mcg	10 mcg
Ascorbic Acid	50 mg	50 mg	60 mg
Thiamine Hydrochloride	–	1 mg	–
Thiamine Mononitrate	–	–	1.2 mg
Riboflavin	–	1 mg*	1.5 mg
Pyridoxine Hydrochloride	–	1 mg	1.2 mg
Cyanocobalamin	–	–	3 mcg
d-Biotin	–	30 mcg	40 mcg
Niacinamide	–	10 mg	10 mg
dl-α-Tocopheryl Acetate	2 I.U.	2 I.U.	2 I.U.
Calcium Pantothenate	–	–	10 mg
D-Panthenol	–	10 mg	–
Fluoride (as Sodium Fluoride)	0.5 mg	0.5 mg	1 mg
*As riboflavin-5'-phosphate sodium			

Indications: Vitamin supplement with dietary fluoride to provide daily nutritional support, aid in prevention of tooth decay in infants and children.

Precautions: Prescribe only in areas where fluoride content of drinking water does not exceed 0.7 parts per million. The recommended dosage should not be exceeded, since dental fluorosis may result from continued ingestion of excessive amounts of fluoride. Keep out of the reach of children.

Dosage: The average daily dose is 0.6 cc of Vi-Penta F Infant Drops for infants or Vi-Penta F Multivitamin Drops for children of all ages. For children from 3 years of age to adolescence, one Vi-Penta F Zestabs tablet daily.

Supplied: Vi-Penta F Infant Drops and Vi-Penta F Multivitamin Drops, fruit flavored, 30-cc bottles with calibrated dropper. Vi-Penta F Zestabs, chewable tablets, in an assortment of 5 fruit flavors and 5 colors, bottles of 100. Vi-Penta F Infant and Vi-Penta F Multivitamin Drops should be stored under refrigeration.

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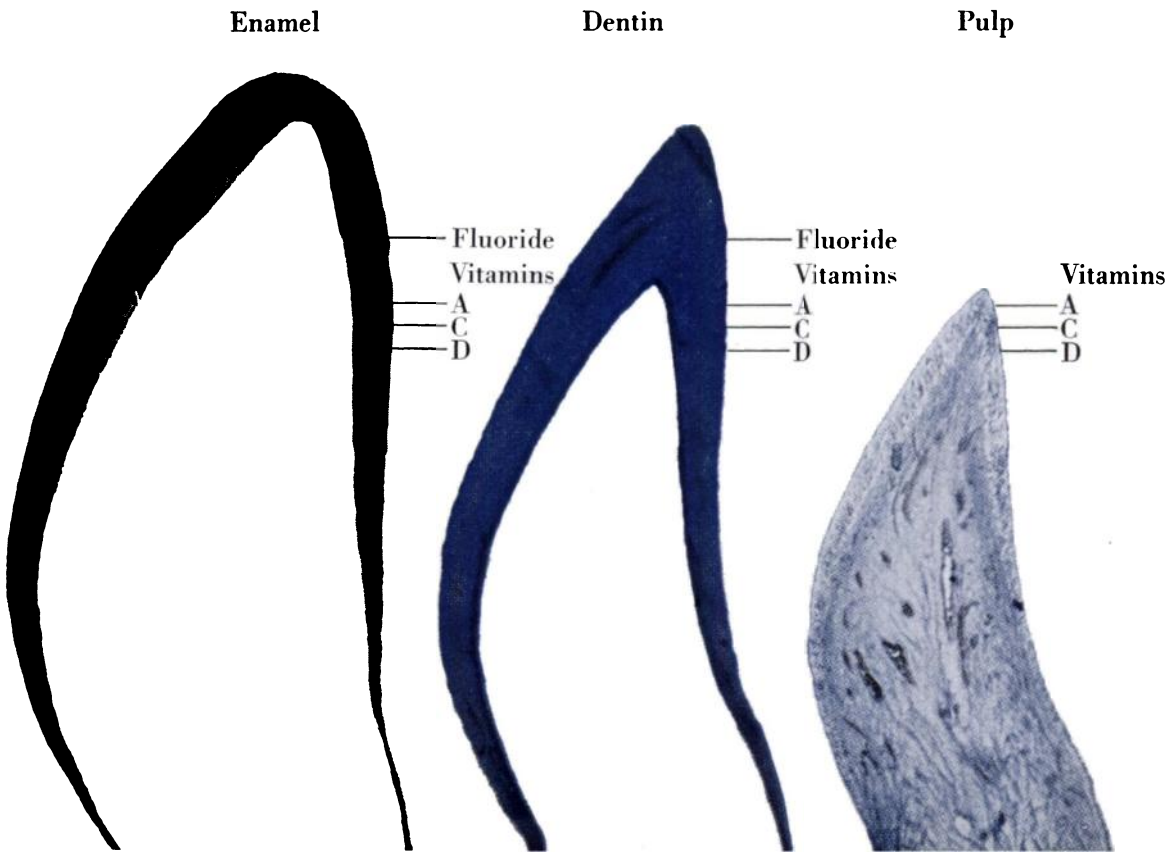

pinworms in this school?

possibly, because hygienic measures alone, however meticulous, may not prevent the spread of pinworm infections which are estimated to occur in from ⅓ to more than ½ of all American children from every social level

REMINDER: Because pinworm infections spread easily and quickly in families, schools, and institutions, multiple infections among primary groups seem to be the rule rather than the exception. For successful management, it is desirable to check all exposed members of the family or play group. The *single-dose efficacy* of POVAN makes therapy entirely practical, convenient, and economical.

INDICATION: Pinworm infection.

PRECAUTIONS: Tablets should be swallowed whole to avoid staining teeth. Pyrvinium pamoate will stain most materials. Stools may be colored red.

ADVERSE REACTIONS: Nausea, vomiting, cramping, and diarrhea have been reported.

POVAN is available in suspension or tablet form. The pleasant-tasting, strawberry-flavored suspension contains the pamoate equivalent of 10 mg. of pyrvinium base per cc., in 2-oz. bottles. The sugar-coated tablets each contain the pamoate equivalent of 50 mg. of pyrvinium base, bottles of 25.

When examination reveals pinworm infection—an increasing number of physicians favor treatment with a single, well-tolerated dose of—

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2. What makes the protein in the Gerber Baby Formula so efficient? In contrast to evaporated milk and many premodified formulas, Modilac is 'flash-sterilized' rather than autoclaved. Lessened heat damage is presumed to be a factor in the greater protein efficiency of flash-sterilized Modilac.

3. What is the value of Modilac's intermediate protein level? It enables Modilac to satisfy nutritional needs without physiologic strain. Higher-protein formulas may impose a greater renal solute load than Modilac.

4. What kind of weight do infants gain on the Gerber Baby Formula? The Modilac-fed babies in Lowe's study had greater linear growth but weight gains comparable to those of the evaporated milk-fed babies. This suggests a higher proportion of lean body mass for the Modilac-fed babies.

*Lowe, Charles U., M. D., Mosovich, Luis L., M. D., and Pessin, Vivian, Ph. D.: Effects of Protein Level and Type of Heat Treatment of Milk Formulas on Growth and Maturation of Infants, J. Pediatrics 64:666-682 (May) 1964.

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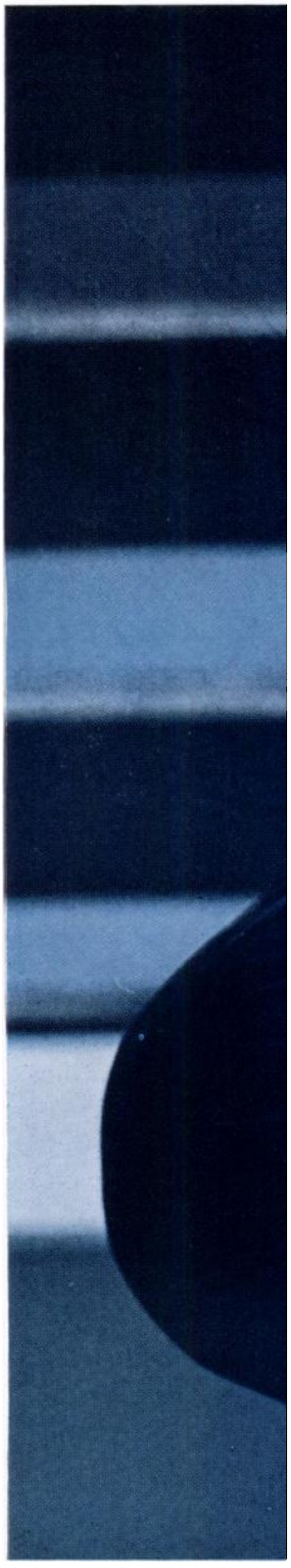
VITAMIN AND MINERAL CONTENT per quart of normal dilution for infants.*

		% of Min. Dly. Requirement			% of Min. Dly. Requirement
Vitamin A	1500 U.S.P. Units	100%	Thiamine	0.5 mg.	200%
Vitamin D	400 U.S.P. Units	100%	Riboflavin	1.0 mg.	167%
Vitamin E	5 I.U.	**	Niacin	6.0 mg.	**
Vitamin C	45 mg.	450%	Calcium	800 mg.	**
Vitamin B_6	0.7 mg.	**	Phosphorus	605 mg.	**
			Iron	10 mg.	**

* Normal Dilution for infants: 1 part Modilac to 1 part water supplies 20 calories per fluid ounce.

** Minimum daily requirements for infants have not been established.

Will he get his penicillin when



You can be highly confident that he will when you administer Injection BICILLIN C-R. It provides initial high penicillin levels as well as prolonged ones.

For common streptococcal infections in children, one injection usually may supplant daily injections of shorter-acting penicillins or more frequent administration of oral forms. Missed doses, with attendant lapses in therapy, therefore, are obviated.

Indications: Treatment of many beta-hemolytic streptococcal, pneumococcal, and susceptible staphylococcal infections; prophylaxis of secondary infection following tonsillectomy and tooth extraction.

FOR DEEP INTRAMUSCULAR INJECTION ONLY.

Contraindications: Infections caused by nonsusceptible organisms; history of hypersensitivity to penicillin or procaine.

Warnings: Acute anaphylaxis (may prove fatal unless promptly controlled) is rare but more frequent in patients with previous penicillin sensitivity, bronchial asthma or other allergies. Resuscitative (epinephrine, aminophylline, pressor amines) and supportive (antihistamines, methylprednisolone sodium succinate) drugs should be readily available. Other rare hypersensitivity reactions include nephropathy, hemolytic anemia, leukopenia and thrombocytopenia. In suspected hypersensitivity, evaluation of renal and hematopoietic systems is recommended.

Precautions: Avoid accidental intravenous use. In suspected staphylococcal infections, perform proper laboratory studies including sensitivity tests. In meningitis, endocarditis, and acute peritonitis, give aqueous soluble penicillin only, parenterally. If procaine sensitivity is suspected, test by usual methods. If overgrowth of nonsusceptible organisms occurs (constant observation is essential), discontinue penicillin and take appropriate measures. Whenever allergic reactions occur, withdraw penicillin unless condition being treated is considered life threatening and amenable only to penicillin. In beta-hemolytic streptococcal infections, to prevent rheumatic fever or glomerulonephritis, in most instances, measurable penicillin blood concentration must be maintained at least 10 days. In staphylococcal infections, perform surgery as indicated. In severe pneumococcal infections, other forms of penicillin may be necessary.

Adverse Reactions (Penicillin has significant index of sensitization): Skin rashes ranging from maculopapular eruptions to exfoliative dermatitis; urticaria; serum sickness-like reactions, including chills, fever, edema, arthralgia and prostration. Severe and often fatal anaphylaxis has been reported (see "Warnings").

Composition: 300,000 units (150,000 units benzathine penicillin G and 150,000 units procaine penicillin G) per cc.—10-cc. vials. 600,000 units (300,000 units benzathine penicillin G and 300,000 units procaine penicillin G) in 1-cc. TUBEX® (sterile cartridge-needle unit) Wyeth, packages of 1, 10 and 50, and in 1-cc. TUBEX in a single-dose disposable syringe. 1,200,000 units (600,000 units benzathine penicillin G and 600,000 units procaine penicillin G) in 2-cc. TUBEX, packages of 10 and 50, and in 2-cc. single-dose disposable syringe.

Wyeth Laboratories Philadelphia, Pa.

Wyeth®

Bicillin® C-R

(benzathine penicillin G and procaine penicillin G in aqueous suspension) Wyeth

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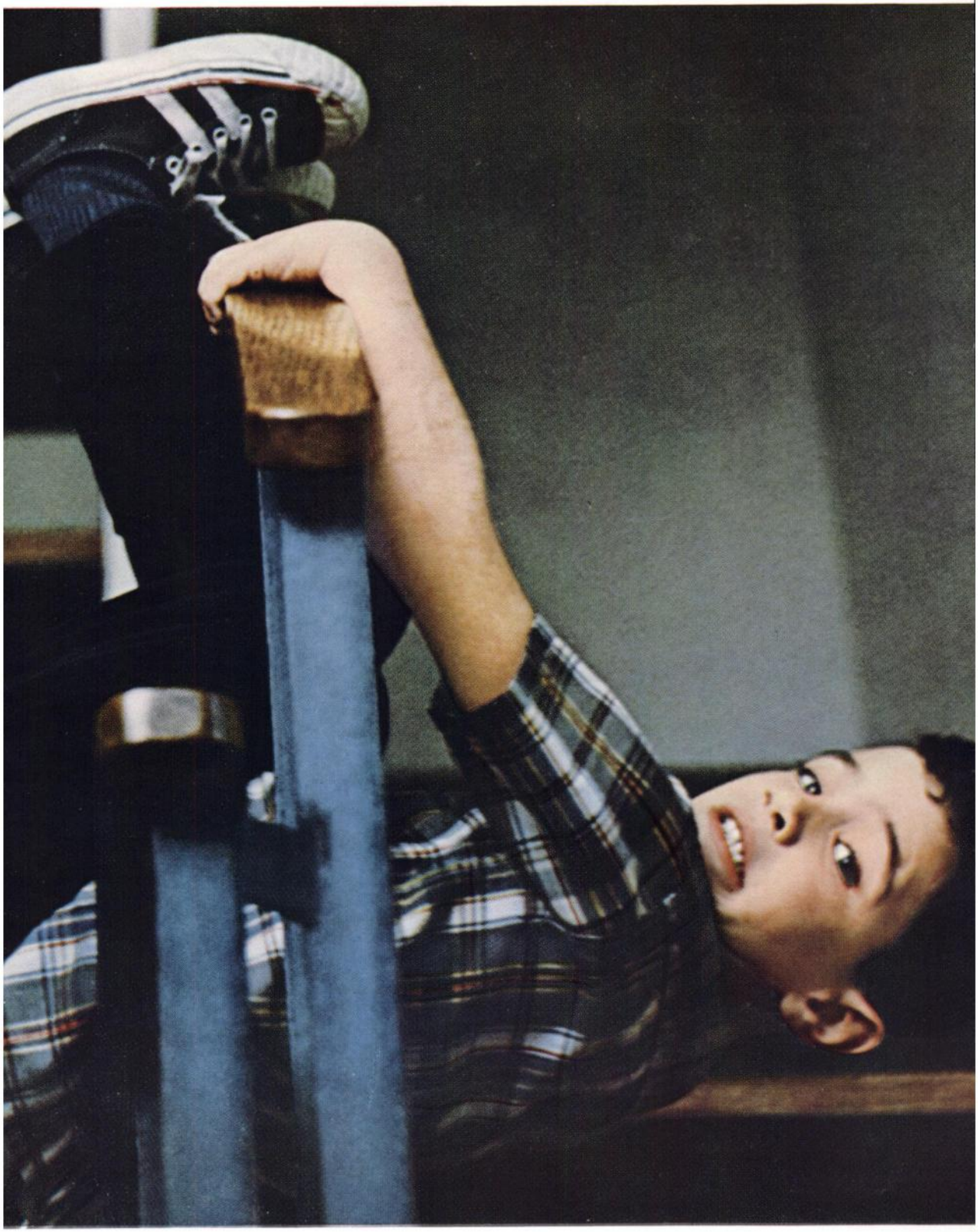

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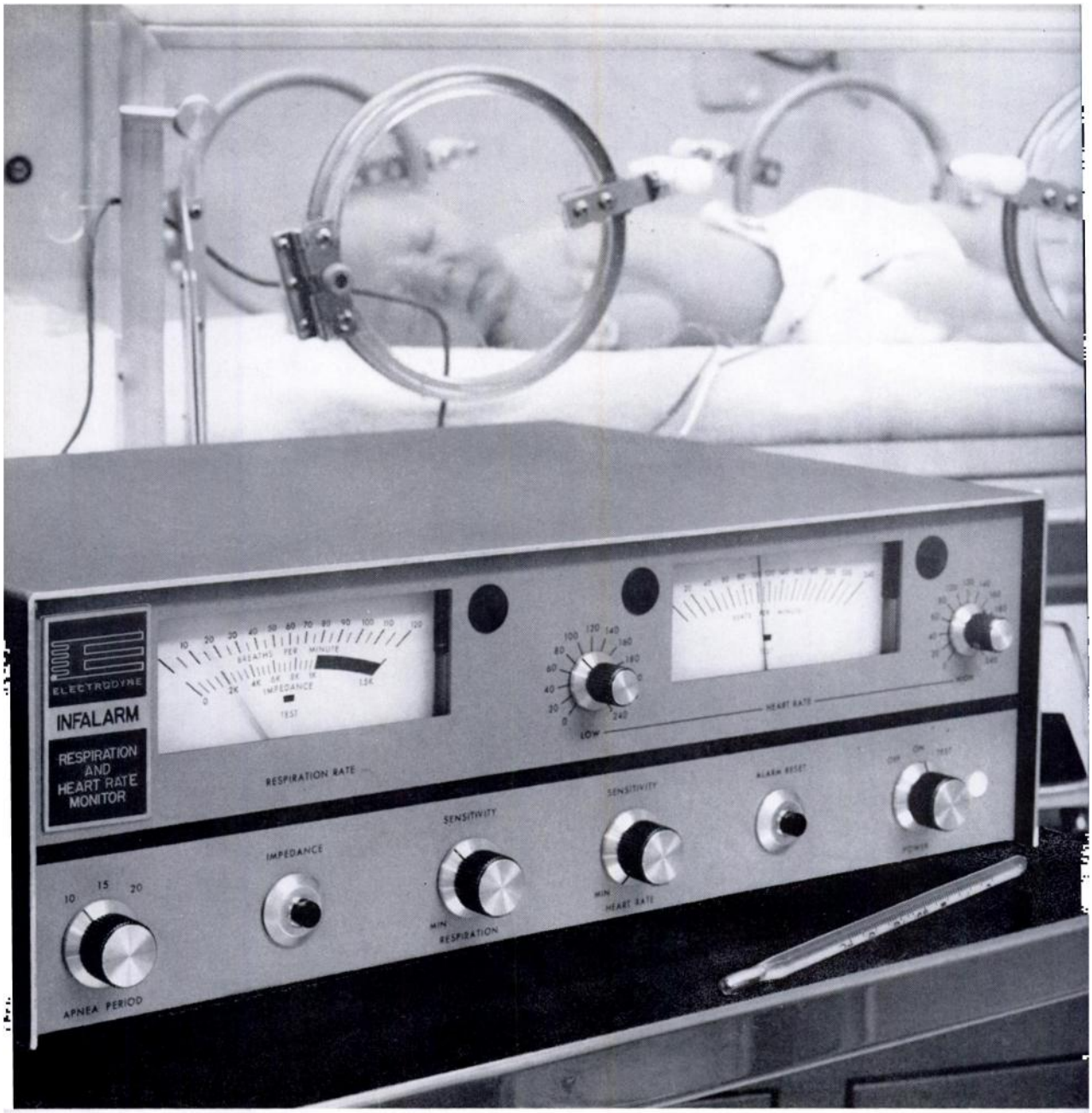

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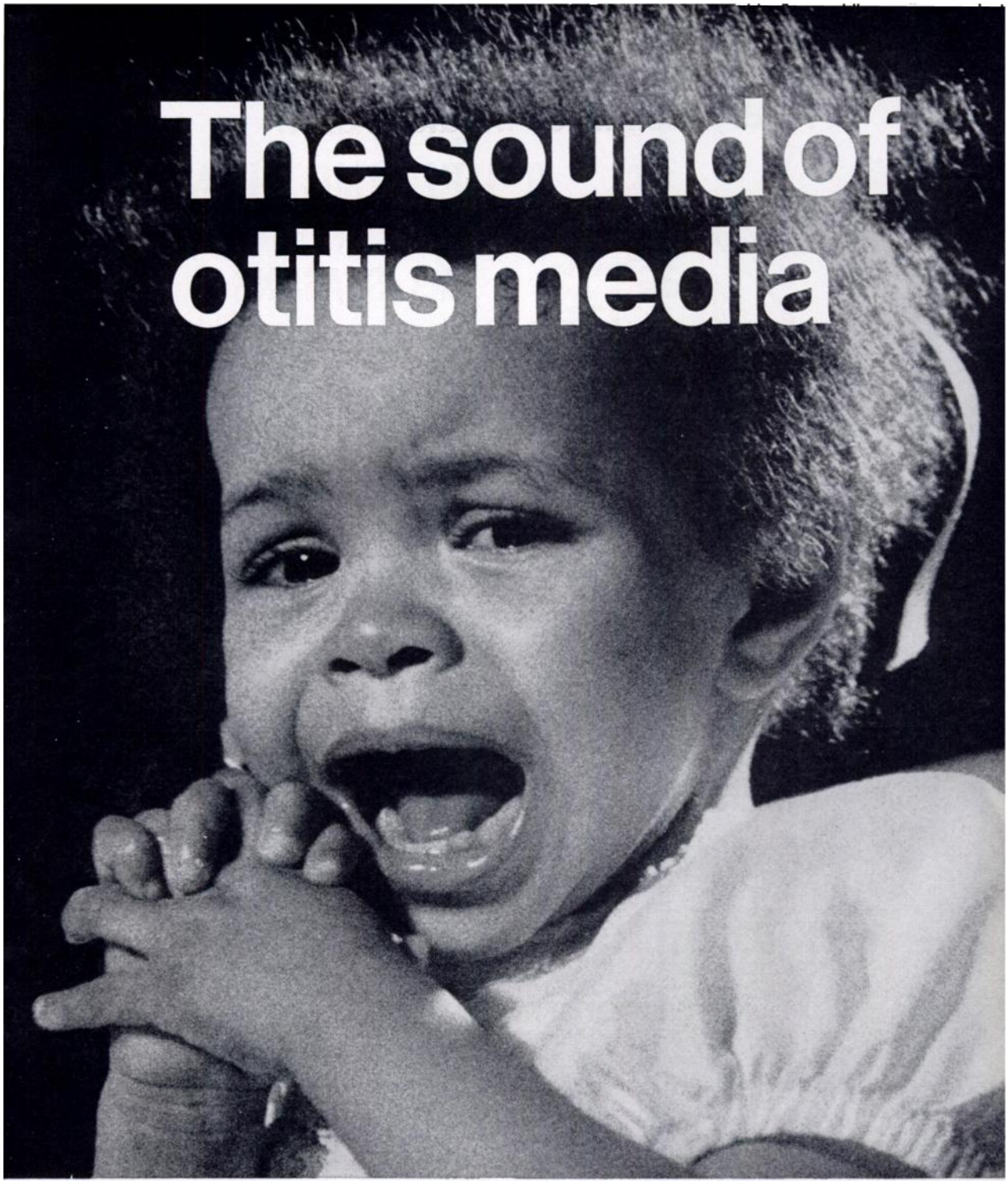

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Antipyrine	54.0 mg.
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The logical adjunct to systemic antibacterial therapy

Acute otitis media means pain to the young child. And for fast, effective relief, AURALGAN offers twofold action: the decongestant–hygroscopic properties of the driest glycerin available for otic use—plus the analgesic effects of antipyrine and benzocaine. No blanching of tympanic membrane ...no distortion of otoscopic picture. Standard conservative therapy in earache for over half a century. **Supplied:** 15 cc. bottle with separate dropper—screw cap attachment.

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SQUIBB

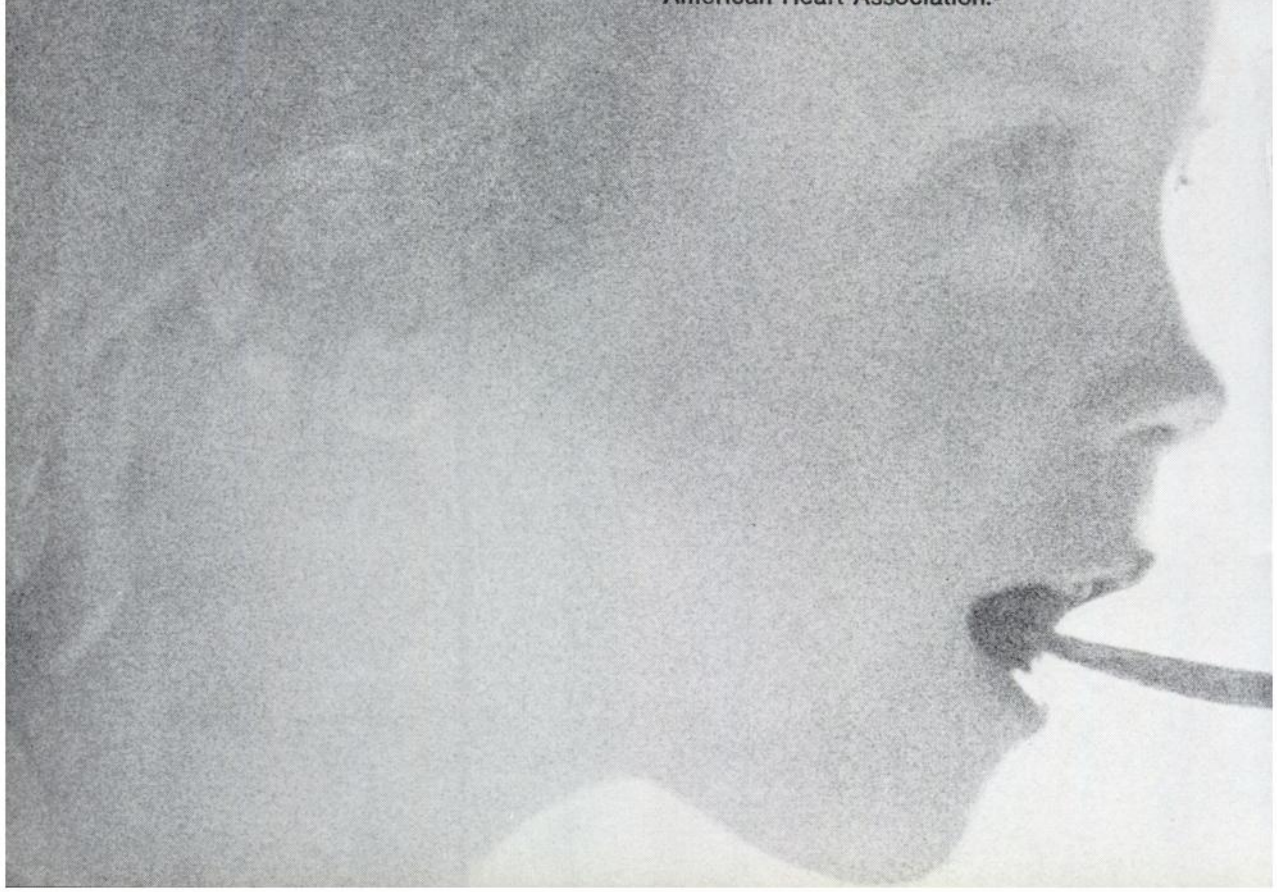
a research concept in antibiotic therapy

new economy in ampicillin therapy of bacterial pharyngitis

Since ampicillin is the only bactericidal antibiotic with a wide spectrum of activity, it may be used as an emergency measure until the results of *in vitro* sensitivity tests have been obtained. Indeed, according to Stewart,[1] "Of all the new penicillins, ampicillin is now the most widely used, especially in pediatric practice, for the very good reason that extensive clinical experience has shown it to be safe and effective in a variety of infections, for initiating treatment in the absence of a bacteriologic diagnosis and, in many instances, for maintaining treatment thereafter."

the serious problem of bacterial pharyngitis

Streptococcal pharyngitis appears to be widely prevalent. To help prevent recurrences and such dangerous sequelae as rheumatic fever[2-8] and glomerulonephritis, adequate therapy of beta-hemolytic streptococcal infections now calls for at least 10 days of continuous oral antibiotic administration. Indeed, the need for a 10-day regimen is now so widely recognized that it is being included in the dosage recommendations of many antibiotic preparations suitable for treating this condition. And a statement concerning the necessity of a full 10-day treatment schedule at an adequate dosage level has been issued by the American Heart Association.[8]



Principen For Oral Suspension (Squibb Ampicillin Trihydrate for Oral Suspension) in unique prescription packages especially applicable to 10-day therapy

Particularly apropos to the need for at least a 10-day antibiotic dosage regimen for beta-hemolytic streptococcal infections, one or two 100 cc. packages will provide enough ampicillin for a full 10-day course of therapy and at a substantial saving. For children weighing under 10 Kg., a single 100 cc. package will suffice (on the basis of ½ tsp. [125 mg.], q.i.d.). Children over 10 Kg. will require more than 100 cc. for the 10-day period. But as the new package is keyed to 10-day therapy, excess medication that is paid for but discarded is kept to a minimum. Thus, whether 100 cc. or 200 cc. of ampicillin are required, this new package represents substantial savings in treating hemolytic streptococcal pharyngitis.

The usual dose for respiratory infections in children 20 Kg. or less is a total of 50 mg./Kg./day, divided into three or four doses. In children and adults over 20 Kg., the usual dose for respiratory infections is 250 mg., q.i.d. in equally spaced doses.

available in a delicious fruit-flavored suspension and in 250 mg. capsules We believe that PRINCIPEN For Oral Suspension (Squibb Ampicillin Trihydrate for Oral Suspension) is the best-tasting ampicillin product available. And for dosage flexibility, Principen is also available in 250 mg. capsules. Either way (in capsules or as an oral suspension), it provides effective bactericidal action against many commonly encountered pathogens. And no tooth staining in children or infants has been reported.

Contraindications—Ampicillin is contraindicated in individuals with a history of allergic reaction to any penicillin or in infections caused by penicillinase-producing organisms.

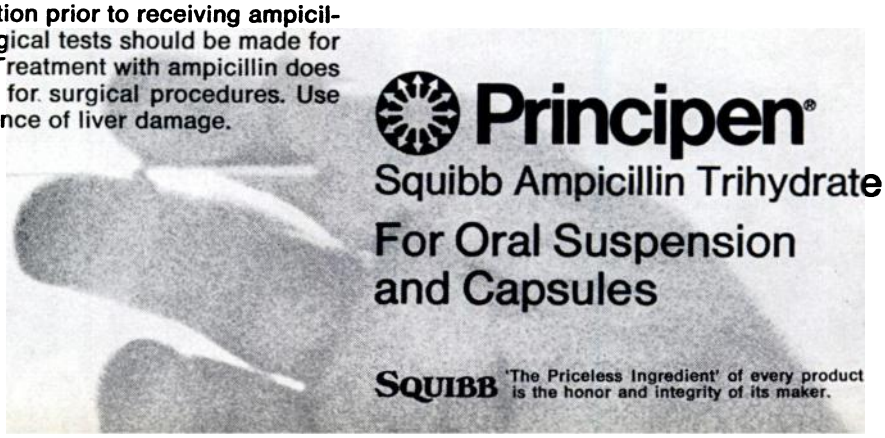
Precautions—Observe for possible overgrowth of nonsusceptible organisms; should superinfection occur take appropriate measures. Use with caution in patients with a history of significant allergy and/or asthma. Safety for use during pregnancy has not been established. Cases of gonorrhea with suspected syphilitic lesion should have a dark-field examination prior to receiving ampicillin; monthly serological tests should be made for at least 3 months. Treatment with ampicillin does not preclude need for surgical procedures. Use cautiously in presence of liver damage.

Adverse Reactions—Sensitivity phenomena, particularly in individuals with previous penicillin hypersensitivity or history of allergy, asthma, hay fever or urticaria. If such reactions occur, discontinue drug unless condition is life-threatening and amenable only to ampicillin therapy. Urticaria, other skin rashes and serum sickness-like reactions may be controlled by antihistamines, pressor amines and corticosteroids. If a serious anaphylactoid reaction occurs, agents such as epinephrine, oxygen, and I.V. corticosteroids are required. Pruritus, erythema multiforme, laryngeal stridor, G.I. disturbances, high fever, transient elevation of serum transaminase and eosinophilia. Occasionally sore mouth or tongue may occur. Moderate SGOT elevation has been noted in infants. During long-term therapy periodic evaluations of hematopoietic, hepatic, and renal systems are recommended.

For full information, see package insert.

Supply—PRINCIPEN For Oral Suspension (Squibb Ampicillin Trihydrate for Oral Suspension) containing (when reconstituted) 250 mg. per teaspoonful (5 cc.). Bottles for reconstitution to 40 and 100 cc. Principen Capsules, 250 mg. Bottles of 50 and UNIMATIC® Single Dose Packs of 100. A.H.F.S. Category: 8:12.16.

References—(1) Stewart, G. T.: Pediat. Clin. N. Amer. *15*:13 (Feb.) 1968. (2) Jackson, H., *et al.*: JAMA *197*:385 (Aug. 8) 1966. (3) Grossman, B. J., and Stamler, J.: JAMA *183*:985 (March 23) 1963. (4) Zagala, J. G., and Feinstein, A. R.: JAMA *179*:863 (March) 1962. (5) Breese, B. B.; Disney, F. A., and Talpey, W. B.: Amer. J. Dis. Child. *112*:21 (July) 1966. (6) Garagusi, V. F.: Amer. Family Physician *11*:61 (Nov.) 1966. (7) Czoniczer, G.; Lees, M., and Massell, B. F.: New Eng. J. Med. *265*:951 (Nov. 9) 1961. (8) Prevention of Rheumatic Fever, American Heart Association Publication, 1964.



This advertisement for TAO® (triacetyloleandomycin), published at the request of the Food and Drug Administration, replaces a recent one which the FDA regards as misleading.

The advertisement headlined "new evidence for TAO . . ." and emphasized that the drug is "for the frequently seen respiratory infection in the office and for a problem pathogen* in the hospital. *Staphylococcus aureus."

We emphasize that triacetyloleandomycin is to be used only for acute, severe bacterial infections where adequate sensitivity testing has demonstrated susceptibility to this drug and resistance to other less toxic agents. In view of the possible, but reversible, jaundice and hepatotoxicity of this drug, other less toxic agents should be used unless the organism is resistant to those agents, or in those cases where hypersensitivity precludes their use.

TAO is contraindicated in preexisting liver disease or dysfunction, and in individuals who have shown hypersensitivity to the drug.

The advertisement emphasized that no tooth staining has been reported after ten years of use of this antibiotic. The Food and Drug Administration regards this claim as an implied comparison suggesting that triacetyloleandomycin and tetracycline have a similar antibacterial spectrum of effectiveness, and that TAO has less toxic potential. Any such implication is not intended and, of course, would be invalid.

The advertisement referred to a research study in which patients were given triacetyloleandomycin prior to determining the susceptibility of the offending organism. Any suggestion that triacetyloleandomycin be used clinically without first determining susceptibility of the offending organism should be disregarded.

J. B. ROERIG DIVISION
CHAS. PFIZER & CO., INC.
235 EAST 42nd STREET
NEW YORK, N.Y. 10017

TAO®(triacetyloleandomycin)
Brief Summary

INDICATIONS: Include streptococci, staphylococci, pneumococci and gonococci. Recommended for acute, severe infections where adequate sensitivity testing has demonstrated susceptibility to this antibiotic and resistance to less toxic agents.

CONTRAINDICATIONS: Contraindicated in pre-existing liver disease or dysfunction, and in individuals hypersensitive to the drug.

PRECAUTIONS CAUTION: USE OF THIS DRUG MAY PRODUCE ALTERATIONS IN LIVER FUNCTION TESTS AND JAUNDICE. CLINICAL EXPERIENCE AVAILABLE THUS FAR INDICATES THAT THESE LIVER CHANGES WERE REVERSIBLE FOLLOWING DISCONTINUATION OF THE DRUG.

Not recommended for prophylaxis or in the treatment of infectious processes, which may require more than ten days continuous therapy. In view of the possible hepatotoxicity of this drug when therapy beyond ten days proves necessary, other less toxic agents should be used. If clinical judgment dictates continuation of therapy for longer periods, serial monitoring of liver profile is recommended, and the drug should be discontinued at the first evidence of any form of liver abnormality. When treating gonorrhea in which lesions of primary or secondary syphilis are suspected, proper diagnostic procedures, including dark-field examinations, should be followed. In other cases in which concomitant syphilis is suspected, monthly serological tests should be made for at least four months. When used in streptococcal infections, therapy should be continued for ten days to prevent the development of rheumatic fever or glomerulonephritis. The use of antibiotics may occasionally permit overgrowth of nonsusceptible organisms. A resistant infection or superinfection requires re-evaluation of the patient's therapy. In the event such occurs with this drug the medication should be discontinued, and specific antibacterial and supportive therapy instituted.

ADVERSE REACTIONS: Although reactions of an allergic nature are infrequent and seldom severe, those of the anaphylactoid type have occurred on rare occasions.

J.B. ROERIG DIVISION
CHAS. PFIZER & CO., INC.
235 EAST 42nd STREET
NEW YORK, N.Y. 10017

This year, automobile accidents will kill more young children than heart disease, influenza, leukemia, measles, meningitis and tuberculosis combined.

Have you ever considered prescribing a Safety Seat for your patients?

Unfortunately, no vaccine can prevent children's deaths on the highways.

But, you can help lower the statistics.

Tell parents about Kantwet's Fitz-All Safety Seat — the safer way to drive with young children. The specially contoured headrest cradles baby's head gently while he sleeps and protects against whiplash during sudden stops. The optional double shoulder harness provides proper torso and pelvic restraint. The seat anchor is deep-angled so it can't slip out. Steel is extra heavy gauge, padding extra thick. Fits any car, so that whatever they drive, their baby can be safer. And it works. We know. Mothers' letters have told us how it's saved their children's lives.

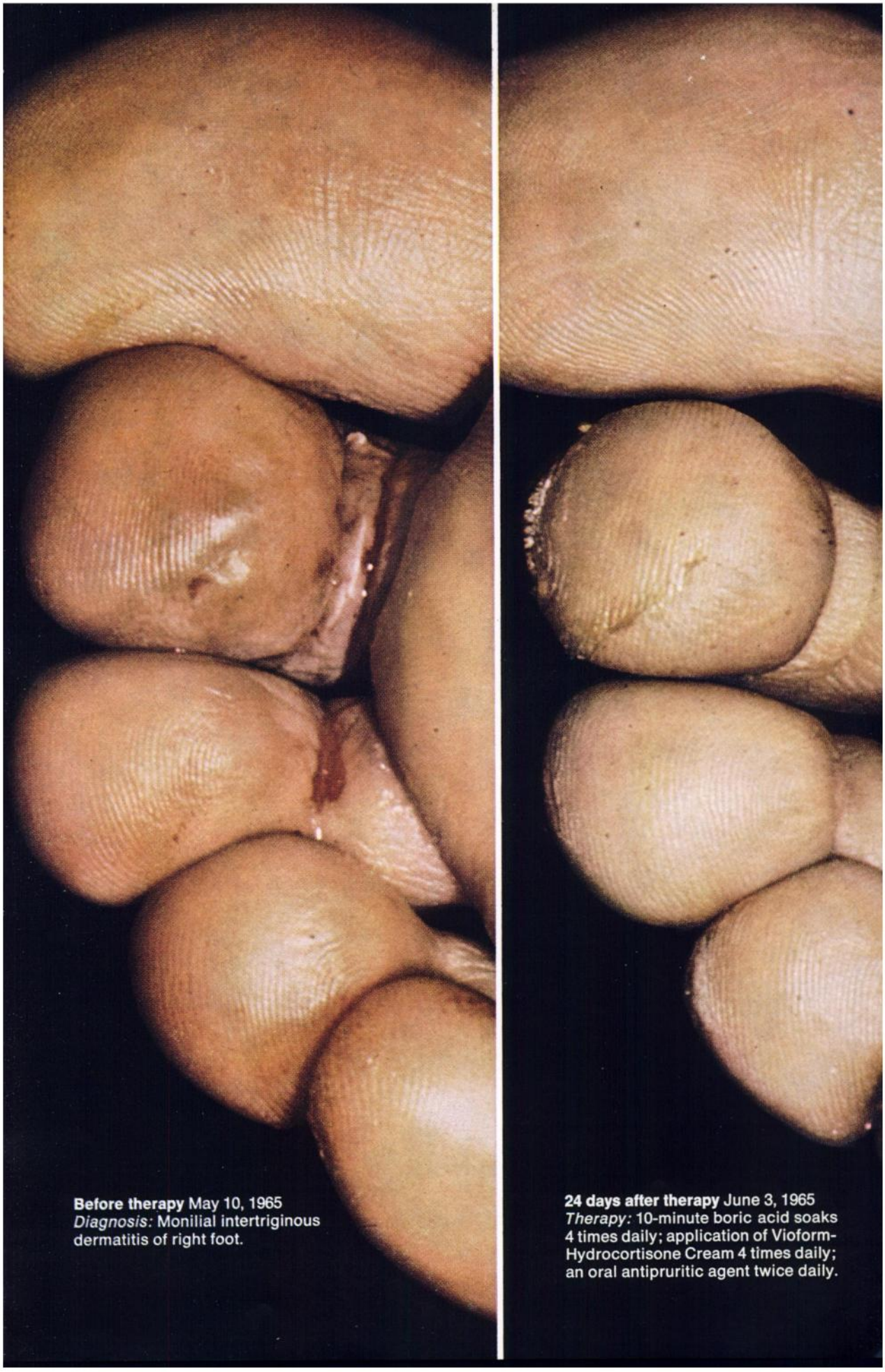
With the focus on car safety for adults, isn't it time we focused on saving children's lives? Help. "Prescribe" Kantwet Fitz-All Safety Seat.

Kantwet — first in safety . . . because we put safety first.

THE NAME MOTHERS KNOW AND TRUST
KANTWET
Fitz-All
SAFETY SEAT

COMMENDED BY PARENTS

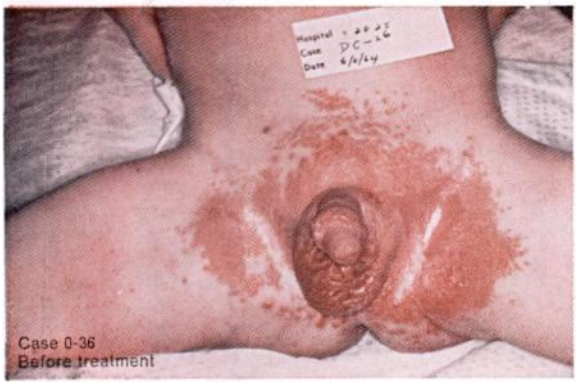
Rose-Derry Company
Newton, Mass.

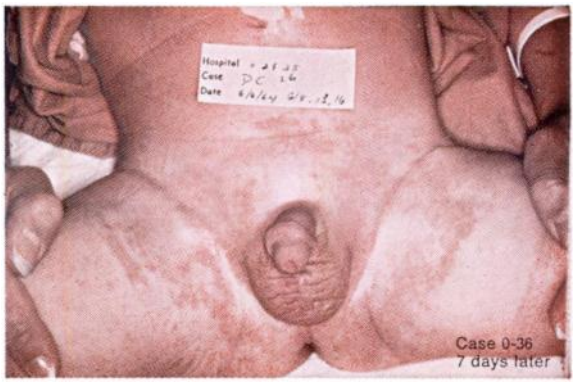


Before therapy May 10, 1965
Diagnosis: Monilial intertriginous dermatitis of right foot.

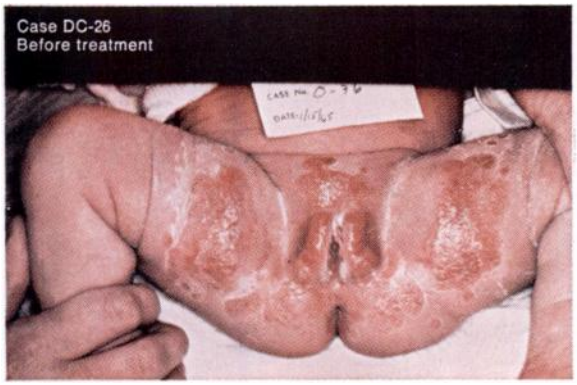
24 days after therapy June 3, 1965
Therapy: 10-minute boric acid soaks 4 times daily; application of Vioform-Hydrocortisone Cream 4 times daily; an oral antipruritic agent twice daily.

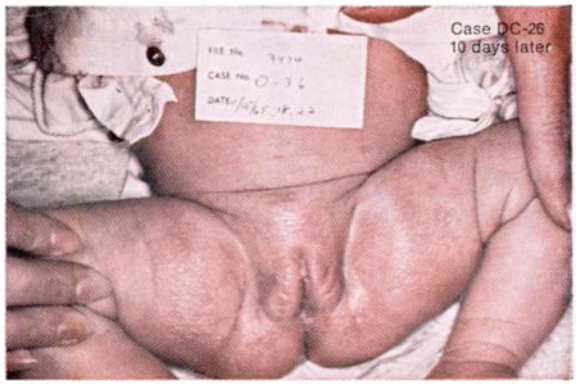
case after case demonstrates...





Case histories from Sumner Hoffman, M.D., Pediatrics Research Associates of Massachusetts





resistant diaper rash responds to Nystaform-HC™ Ointment

(Nystatin-Iodochlorhydroxyquin-Hydrocortisone)

Resistant rashes are often monilial
Incidence of monilial diaper rash is increasing,[1,2] and should always be suspected when recovery is prolonged.[3]

Nystaform-HC Ointment is specific for monilial diaper rash
Nystatin and iodochlorhydroxyquin are combined in Nystaform-HC Ointment to provide a powerful dual antifungal action that rapidly controls resistant monilial infection. Soothing hydrocortisone alcohol relieves inflammation while lesions heal.

Nystaform-HC Ointment contains *nystatin* U.S.P. 100,000 units/cc, *iodochlorhydroxyquin* 3% and (microdispersed) *hydrocortisone alcohol* 1% in a petrolatum base with octylphenoxyethanol.

Indications: Specific for cutaneous monilial/mixed infections such as severe "diaper rash" and perleche.

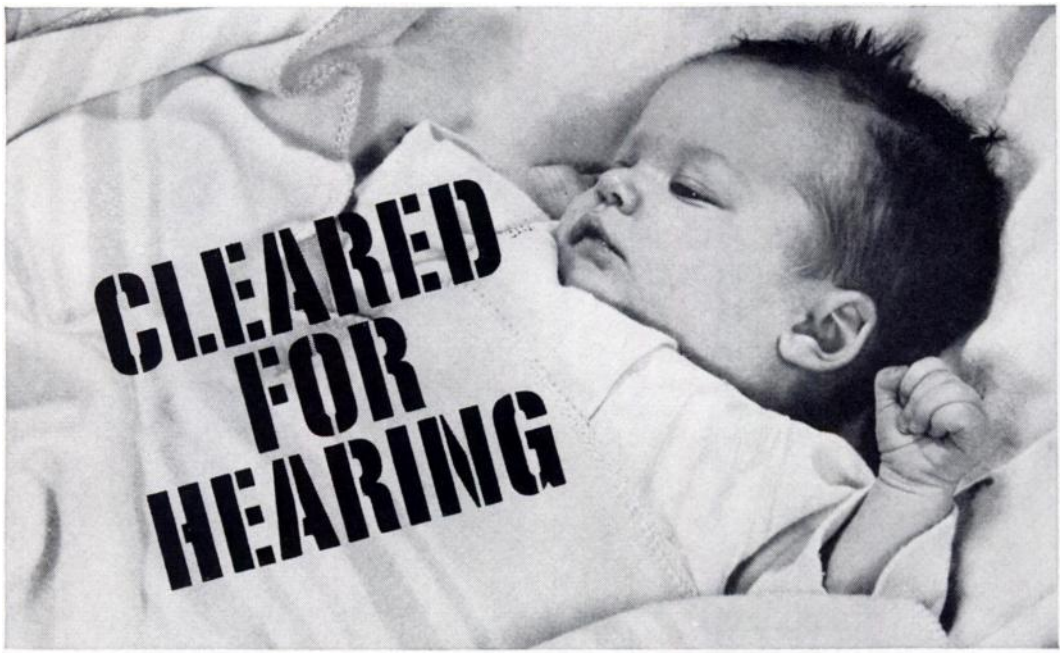
Precautions: Keep away from eyes. If new infections or irritations appear during treatment, institute appropriate antimicrobial treatment and discontinue medication. Use with care during pregnancy. The safety and efficacy of iodochlorhydroxyquin-containing preparations in fungal conditions other than tinea axillae, corporis, cruris, palmaris, and pedis, and moniliasis has not yet been established. May stain hair or clothing. For external use only.

Contraindications: For steroids – tuberculous lesions of skin, varicella and vaccinia, acute herpes simplex. For nystatin and iodochlorhydroxyquin – non-susceptible fungal lesions. For all topicals – hypersensitivity to any of components.

Available: ½ oz (15 Gm) tubes.

References: (1) Robinson, R. C. V.: J. Pediat. *50*:721, 1957. (2) Gilliam, L. V.: Pediat. Clin. North America *8*:253, 1963. (3) Burgoon, C., Jr.; Urbach, F., and Grover, W.: Pediat. Clin. North America *8*:855, 1961.

Dome Laboratories, Division Miles Laboratories Inc., West Haven, Conn. 06516 09666



Newborn at Zenith...the Neo-meter.

It becomes increasingly more apparent that there has been a need for a small, portable and reliable instrument that would effectively screen neonates and very young children for hearing impairments.

If observed early, a child with a hearing impairment can be helped by audiological and rehabilitation techniques and reduce the chances that his difficulty will interfere with his learning. Or mar a happy, normal childhood.

To fit this need, Zenith introduces the new Neo-meter. A flashlight size, one-hand operated unit that effectively checks even a day-old baby for possible hearing deficiencies.

The Zenith Neo-meter creates a reference sound with acoustic energy from 2750 Hz to 3200 Hz, frequency shifted between these two extremes at the rate of 35 Hz per second. Sound energy, which resembles the tweet of a bird, can be applied at intensity levels of 70, 80, 90 and 100 decibels, at 12″ from the child's ear.

The Neo-meter operates on low-cost, readily available batteries. One battery should normally last for more than 12,000 two-second tests. Accuracy of calibration will not be compromised as the battery runs down. And the Neo-meter gives plenty of advance warning before battery life runs out.

We sincerely hope you will want to know more about this instrument, and will perhaps request a demonstration in your office. Just mail us the coupon below.

The new Zenith Neo-meter. You hold it and operate it with one hand. Everything is inside its durable, flashlight-size case.

Zenith Hearing Aid Sales Corp., Auditory Instrument Division,
6501 W. Grand Avenue, Chicago, Illinois 60635

☐ Please send me full information about the new Zenith Neo-meter.

☐ Please write or phone my office to set up an appointment for a demonstration.

NAME _____

ADDRESS _____ PHONE NUMBER _____

CITY _____ STATE _____ ZIP _____

The quality goes in before the name goes on. ZENITH®

the pleasant-tasting cough preparation ...now also in nonnarcotic form

new

Cosanyl-DM*

Formerly Cosanyl (Non-Narcotic)

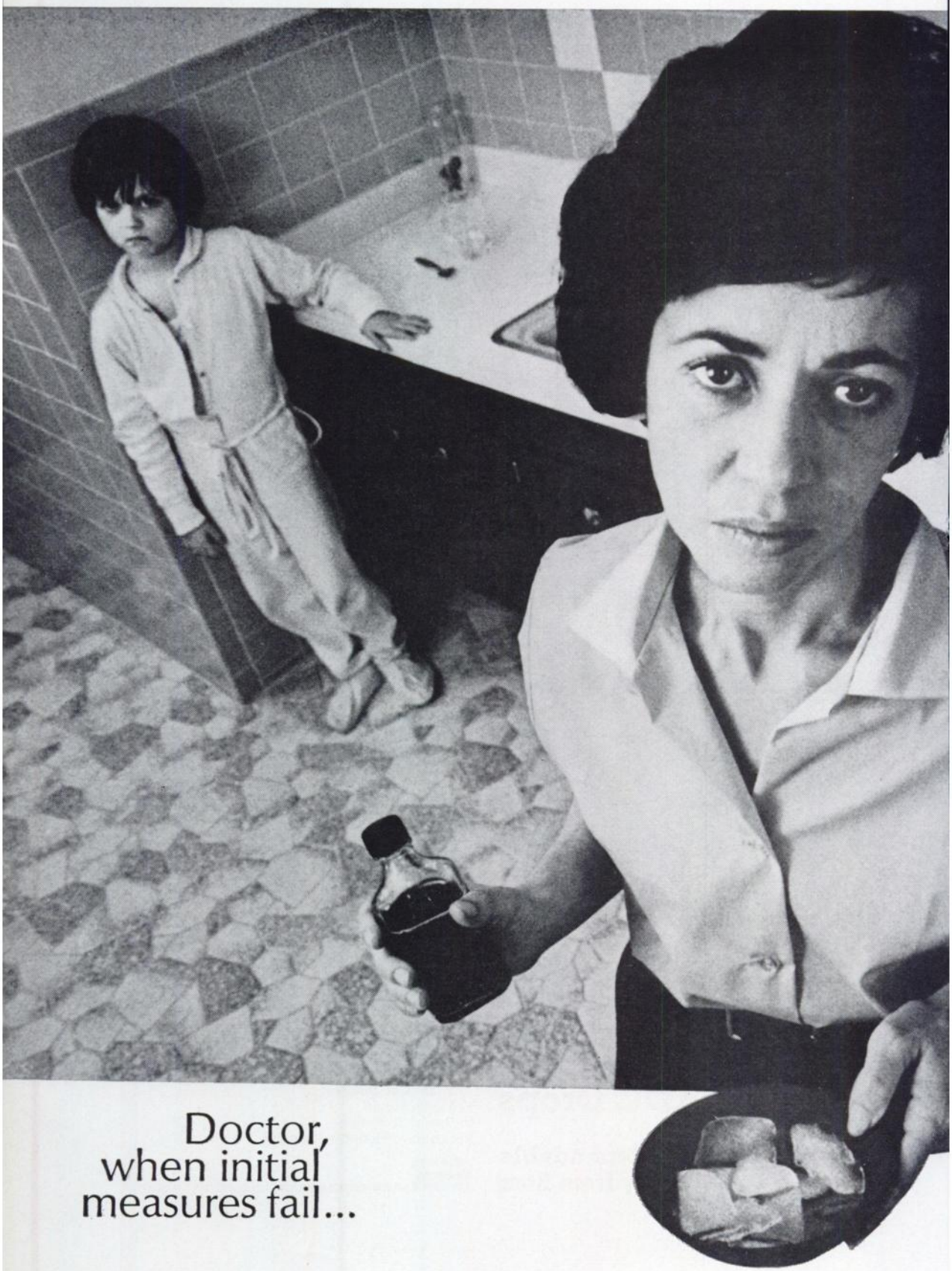
Because COSANYL® is usually accepted with a minimum of "fuss," physicians over the years have prescribed it for finicky patients to help relieve coughs due to colds. This popular medication is now available not only with codeine phosphate, but also in a nonnarcotic form with dextromethorphan hydrobromide. You can thus provide effective antitussive action without recourse to narcotics. Both COSANYL and COSANYL-DM are flavored with a hint of peach... a dash of menthol... and the alcohol content is a low 6%. Each fluidounce of COSANYL-DM contains: 60 mg. dextromethorphan hydrobromide; 120 minims tincture euphorbia pilulifera; 120 minims syrup wild lettuce; 40 minims tincture cocillana; 24 minims syrup squill compound; 8 grains cascarin, P.D. & Co. (bitterless); 2.25 grain menthol; and 6% alcohol.
Packaging: Bottles of 2 oz., 4 oz., 16 oz., and 1 gal.

Parke, Davis & Company
Detroit, Michigan 48232

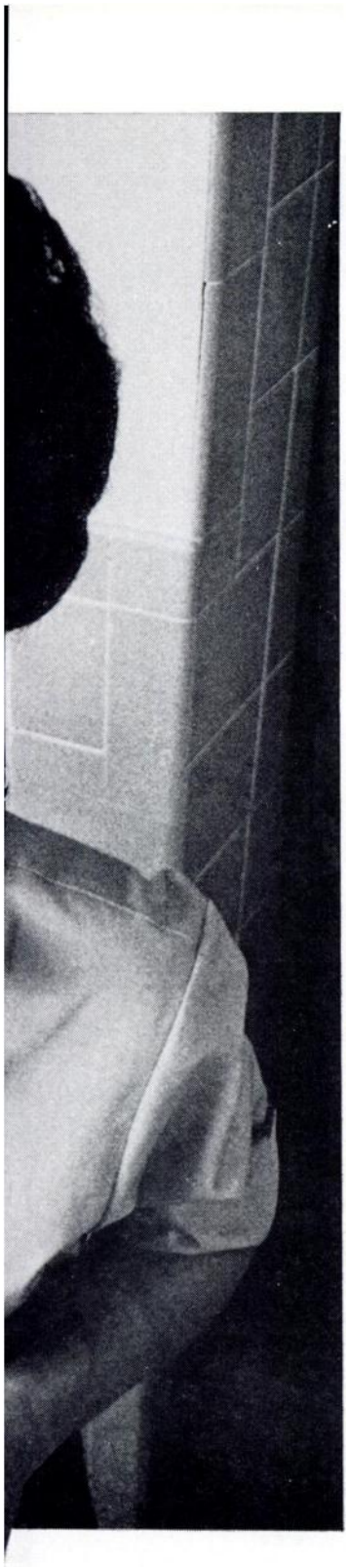
PARKE-DAVIS

*Trademark

36768



Doctor,
when initial
measures fail...



...and there's no response to the old standbys, such as cola syrup and cracked ice

...and your examination indicates the need for specific treatment of nausea and vomiting

...it may be time to consider

TIGAN®
(trimethobenzamide HCl)
Suppositories

Tigan may be given prior to or during any stage of emesis. Thus, early administration can forestall distress, dehydration and fatigue of prolonged vomiting.

Side effects have been infrequent and have seldom necessitated discontinuance of therapy. Occasional instances of hypersensitivity reactions and Parkinson-like symptoms have been reported.

It should be noted that suppositories are contraindicated in premature or newborn infants.

For other possible adverse reactions and precautions, please consult complete prescribing information, a summary of which is below.

Indications: Prevention and treatment of most clinically significant types of nausea and vomiting.

Contraindications: Known hypersensitivity to trimethobenzamide. Suppositories not for premature or newborn infants or patients with known sensitivity to benzocaine or similar local anesthetics.

Warnings: Since drowsiness may occur, patients should not drive or operate machinery until response is determined. Use of any drug in pregnancy or lactation requires that its potential benefits be weighed against its possible hazards. See package insert section *Usage in Pregnancy*.

Precautions: During acute febrile illness, encephalitides, gastroenteritis, dehydration, and electrolyte imbalance, especially in children, the elderly or debilitated, CNS reactions (e.g., opisthotonos, convulsions, coma and extrapyramidal symptoms) have been reported with or without use of Tigan (trimethobenzamide HCl) or other antiemetic agents. In such disorders, exercise caution in administering Tigan (trimethobenzamide HCl), particularly in patients recently receiving other CNS-acting agents (phenothiazines, barbiturates, belladonna derivatives). Treatment of severe emesis with an antiemetic alone is not recommended. Avoid overhydration. Antiemetic effects may impede diagnosis of such conditions as appendicitis or obscure toxicity from overdosage of other drugs.

Adverse Reactions: Occasional instances of hypersensitivity reactions and Parkinson-like symptoms, and rare occurrences of blood dyscrasias, blurring of vision, coma, convulsions, depression of mood, diarrhea, disorientation, dizziness, drowsiness, headache, jaundice, muscle cramps and opisthotonos have been reported. If these occur, determine if symptoms are associated with the underlying condition or are drug-induced, in which case, reduce or discontinue medication. Allergic-type skin reactions have been reported; discontinue use at first sign of sensitization.

Dosage: *Rectally*—Adults: one suppository (200 mg) t.i.d. or q.i.d. Children: under 30 lbs: ½ suppository (100 mg) t.i.d. or q.i.d.; 30 to 90 lbs: ½ to 1 suppository (100 to 200 mg) t.i.d. or q.i.d.

How Supplied: *Suppositories*, each containing 200 mg trimethobenzamide HCl and 2% benzocaine in a base compounded with polysorbate 80, white beeswax and propylene glycol monostearate; boxes of 10 and 50.

ROCHE
Roche®
LABORATORIES
Division of Hoffmann-La Roche Inc
Nutley, New Jersey 07110

virtually 100% effective in external otitis of bacterial or fungal etiology[1,2,3,6]

Within seconds[1,4] VoSoL is cidal against all pathogens associated with external otitis and provides such specific advantages as

● rapid anti-inflammatory, anti-infective, anti-pruritic action[5] ● rarely sensitizing,[5] hypo-allergenic, non-toxic, no risk of neomycin sensitivity reaction ● virtually no side effects[2,3,4] ● no interference with otoscopic examination since it does not obscure anatomic landmarks ● proven efficacy in both treatment and prevention[2] of external otitis as reported in over 5,000 cases, published in numerous studies, with over 95% good to excellent results[6]

INDICATIONS: VōSoL: For the treatment and prevention of otitis externa. VōSoL HC. Indicated when the otitis is complicated by inflammation or when the otitis is associated with seborrheic dermatitis, allergic eczema, psoriasis or other non-infectious conditions. SUGGESTED METHOD OF TREATMENT: 1. Carefully remove all cerumen and debris. This is important because it allows immediate contact to infected surfaces. 2. To promote continuous contact, insert a VōSoL or VōSoL HC saturated wick in the ear with instructions to the patient to keep wick moist for the next 24 hours by occasionally adding a few drops on the wick. 3. Remove wick after first 24 hours and continue to instill 5 drops of VōSoL or VōSoL HC 3 or 4 times daily thereafter. 4. During treatment to prevent infection of other ear, use VōSoL or VōSoL HC in unaffected ear 3 times daily. PRECAUTIONS: As safety of topical steroids during pregnancy has not been confirmed, they should not be used for an extended period during pregnancy. Systemic side effects may occur with extensive use of steroids. CONTRAINDICATIONS: As with all drugs, sensitivity to any of the constituents of these preparations is a contra-indication to their use; perforated tympanic membranes are frequently considered a contraindication to the use of external ear canal medication. AVAILABILITY: VōSoL 15 c.c. VōSoL HC 7½ c.c. Both preparations in measured drop, safety-tip plastic bottles. REFERENCES: 1. Jenkins, B.H., Clin. Med., Vol. 8, 1961. 2. Langston, R.J., Clin. Med., Vol. 69, 1962. 3. Ochs, I.L., Laryngoscope, 72:384, 1962. 4. Seneca, H. and Avakian, S., Antimicrob. Agents Chemother; p. 807, May, 1961. 5. Goffin, F.B., Arch. Otolaryng; 77:363, 1963. 6. Kremer, W.F., Western Med; 2:15, 1961.

WAMPOLE LABORATORIES
Stamford, Connecticut 06904
Div. Denver Chemical Mfg. Co.
In Canada: Bell-Craig, Toronto

VōSoL®

Otic Solution

Ingredients:

1,2-propanediol diacetate	3.0%
acetic acid	2.0%
benzethonium chloride	0.02%

in a propylene glycol vehicle containing 0.015% sodium acetate.

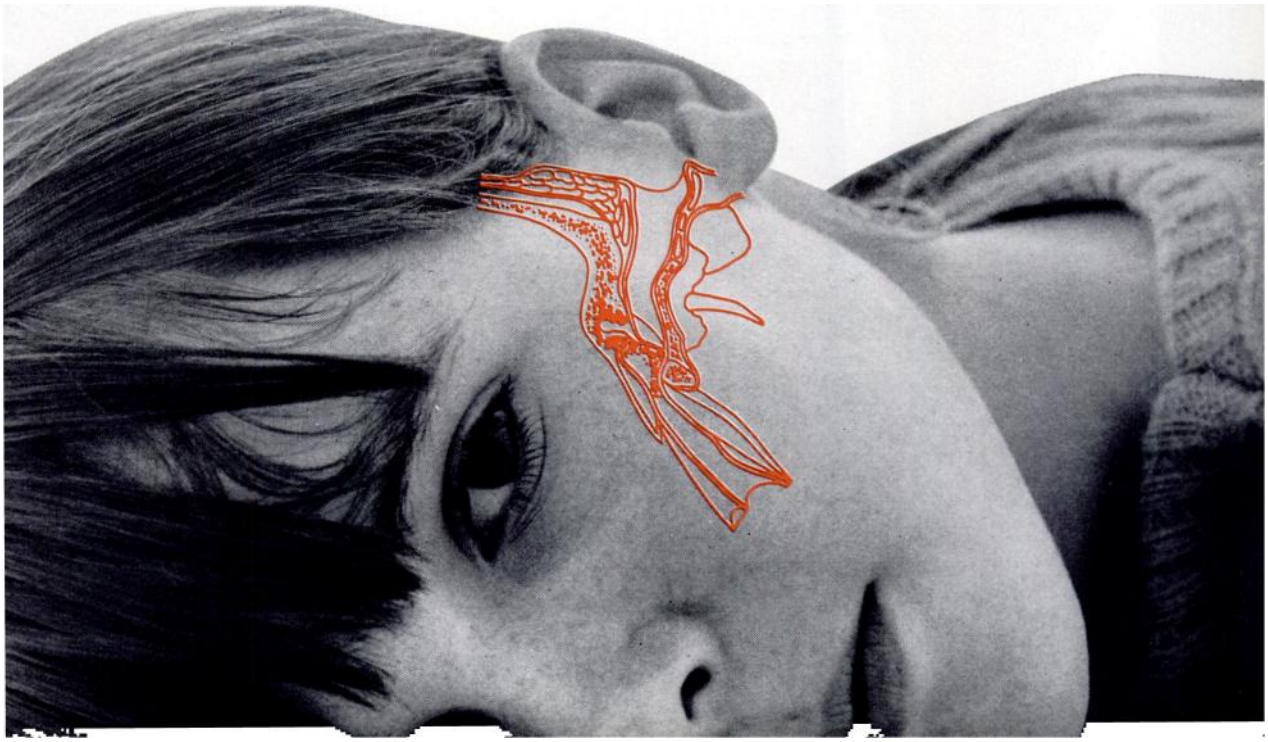
When otitis is complicated by inflammation or other non-infectious conditions prescribe

VōSoL® HC

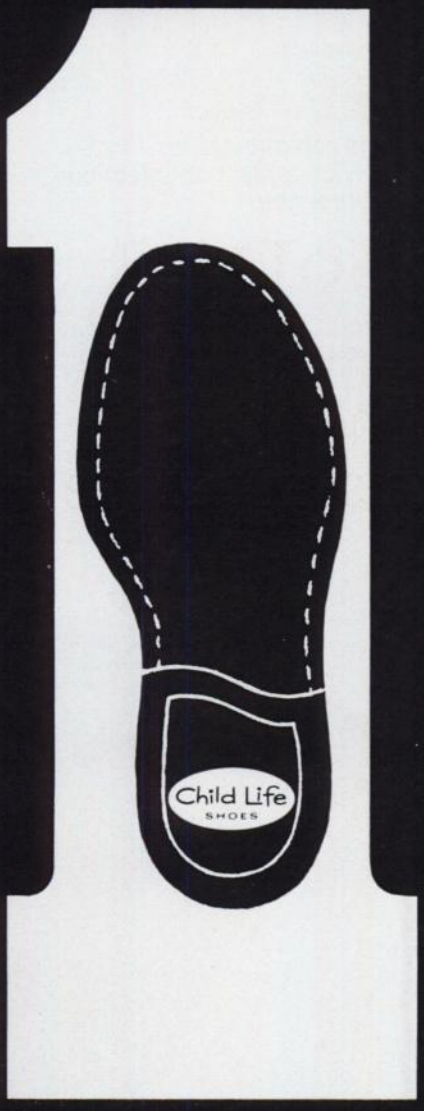
Otic Solution

Ingredients of VōSoL plus 1% Hydrocortisone

Not an antibiotic
Not a sulfonamide



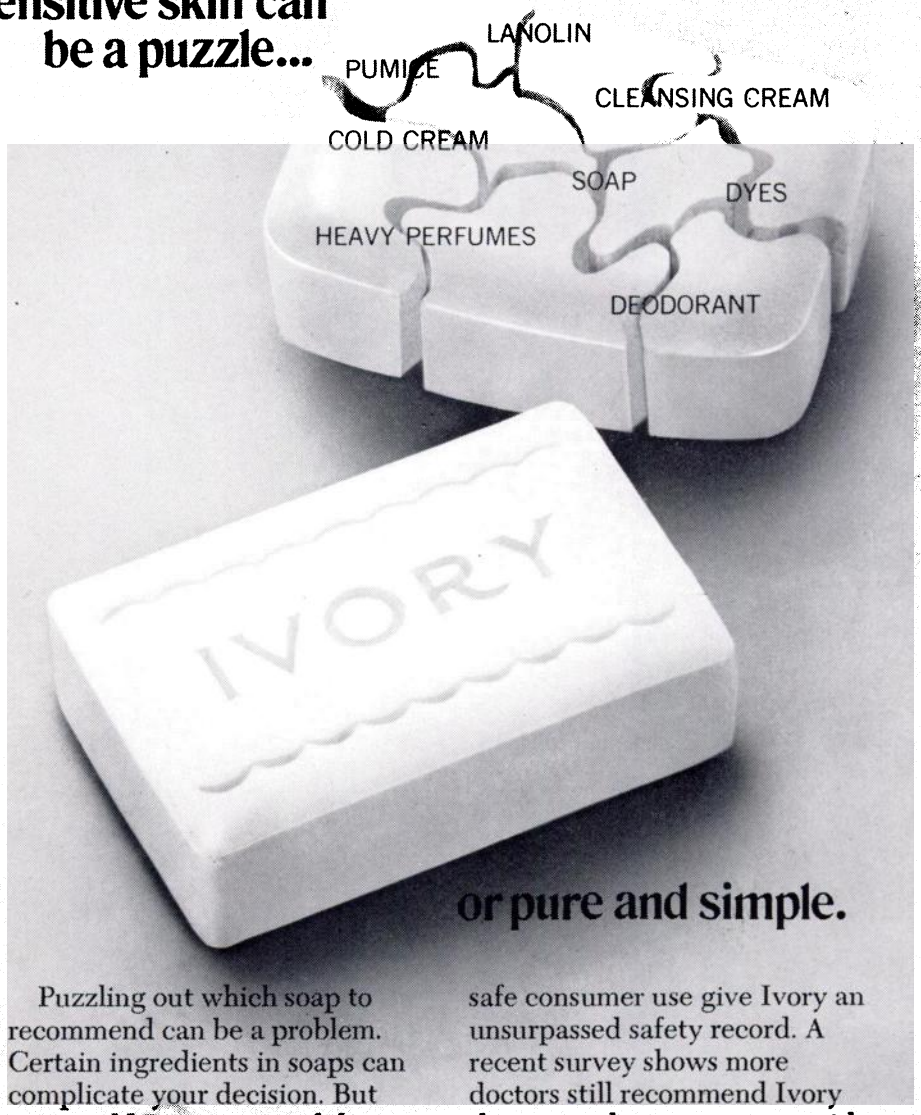
WHICH ARE THE BEST SELLING CHILDREN'S PRESCRIPTION SHOES?



Child Life has been the best selling and most prescribed brand of children's prescription footwear since 1961.

HERBST SHOE MANUFACTURING COMPANY • P.O. Box 2005 • Milwaukee, Wisconsin 53201

Recommending a soap for sensitive skin can be a puzzle...



or pure and simple.

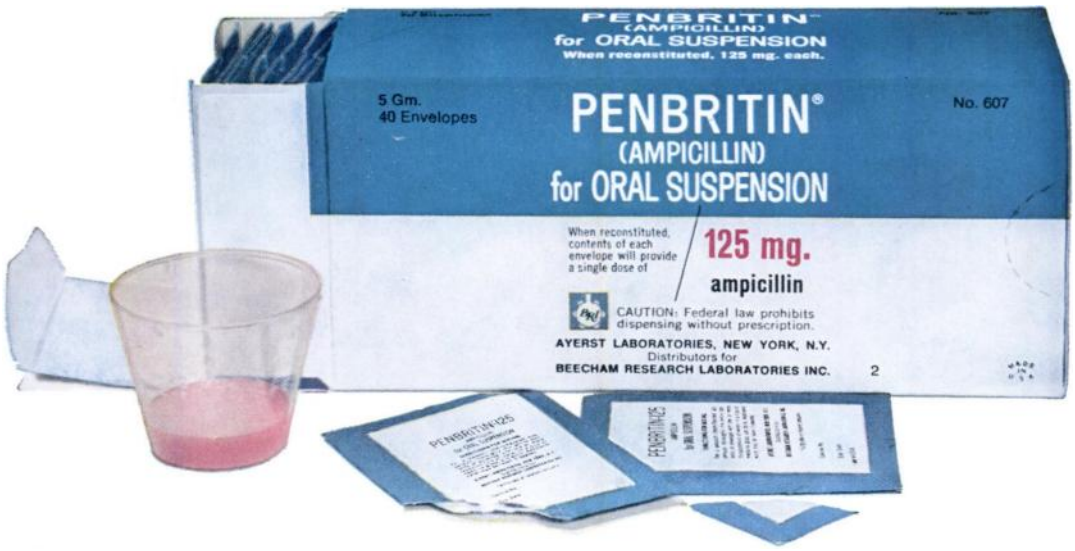
Puzzling out which soap to recommend can be a problem. Certain ingredients in soaps can complicate your decision. But pure, mild Ivory is one of the safest possible soaps you can recommend. Its absence of extra ingredients helps minimize chances of irritation.

Decades of extensive laboratory tests and 88 years of safe consumer use give Ivory an unsurpassed safety record. A recent survey shows more doctors still recommend Ivory than any other soap—even with many other soaps to choose from.

What soap should you recommend for sensitive skin? It's pure and simple.

Recommend pure, mild Ivory. $99^{44}/_{100}$% pure®...it floats.®

Ivory-One of the safest possible soaps you can recommend for sensitive skin.

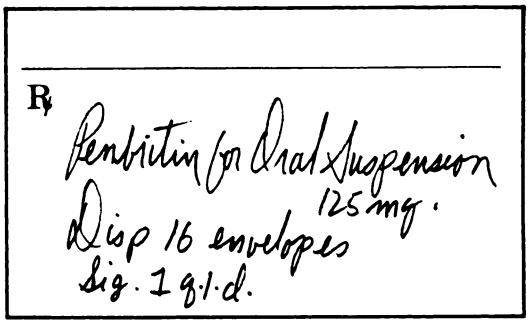


Broad spectrum–
"cidal" action

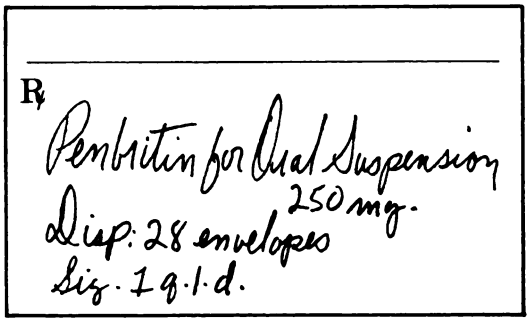
Anhydrous PENBRITIN®
(Ampicillin) for Oral Suspension

now in new
unit-dose envelopes
125 mg. and 250 mg./dose

Prescribing is simplified—an individual unit-dose sealed envelope—the patient receives the precise number of doses directed—waste is minimized—and... mother can't go wrong... each single dose envelope is opened only when needed... thus each dose is kept intact, tamper-proof, stable, and free of contaminants. The child receives a pleasantly flavored, exact dose. Of course, if you prefer the regular suspension forms, PENBRITIN (ampicillin) for Oral Suspension is available in bottles for 80 and 150 cc. after reconstitution, as well as pediatric drops, 100 mg. per cc. in bottles for 15 cc. when reconstituted.



4 days therapy



7 days therapy

Indications: Respiratory infections caused by *H. influenzae,* pneumococci, streptococci, and nonpenicillinase-producing staphylococci; urinary tract infections, especially those caused by *E. coli, Proteus mirabilis,* and *Streptococcus faecalis;* and gastrointestinal infections caused by *Shigella* and *Salmonella,* including *Sal. typhosa.*

Contraindications: Hypersensitivity to penicillin.

Precautions: Ampicillin does not resist destruction by penicillinase-producing organisms, and should not be used in such infections. Should an allergic reaction occur, medication should be stopped and patient placed on such agents as pressor amines, antihistamines, or corticosteroids. *Aerobacter aerogenes, Pseudomonas pyocyanea,* and *Proteus morganii* are resistant to ampicillin. As with other antibiotics that cause a change in the intestinal flora, precautions should be taken against gastrointestinal superinfection. Liver and kidney function tests, as well as tests on the hematopoietic system, are advisable during therapy, particularly in infants. Safety for use in pregnancy has not been determined.

Side Effects: Mild effects, such as skin rashes, urticaria, pruritus, diarrhea, nausea and vomiting, have occasionally appeared. As with any penicillin, anaphylactic reactions may occur.

Usual Dosage for Infants and Children: (whose weight will not result in a dosage higher than that recommended for adults) 100 mg./Kg./day in divided doses every six to eight hours for moderately severe infections; 200 mg./Kg./day in divided doses every six hours for severe infections.

PENBRITIN (Ampicillin) for Oral Suspension (cherry-flavored) No. 607—125 mg. ampicillin per teaspoon (5 cc.) after reconstitution. Bottles for 80 cc. and 150 cc. when reconstituted; packages of 40 individual-dose sealed envelopes, 125 mg. per dose.

No. 611—250 mg. ampicillin per teaspoon (5 cc.) after reconstitution. Bottles for 80 cc. and 150 cc. when reconstituted; packages of 40 individual-dose sealed envelopes, 250 mg. per dose.

PENBRITIN Pediatric Drops (Ampicillin for Oral Suspension) No. 625—100 mg. ampicillin per cc. after reconstitution. Bottles for 15 cc. when reconstituted.

AYERST LABORATORIES, NEW YORK, N.Y.
Distributors for
BEECHAM RESEARCH LABORATORIES INC.

...others have grapeness thrust upon them.

Needs no narcotics to make it work.

Ideal for children 2 to 12. Provides maximum cough-suppressant action. Each teaspoonful (5 cc.) contains non-narcotic dextromethorphan hydrobromide 7.5 mg. and superior expectorant glyceryl guaiacolate, 25 mg.; with sodium citrate and citric acid. Easy-to-follow dosage instructions on package. Available: 3 or 6 fl. oz. And for adults, extra-strength ROMILAR® CF, the first 8 hour cough formula.

SAUTER LABORATORIES
Div., Hoffmann-La Roché Inc.
Clifton, New Jersey 07014

Send ROMILAR® professional samples to:

Name_____ **M.D.**

Street_____

City_____ **State**_____ **Zip**_____

Fatty, that's what the other kids call Joel. And like many pudgy youngsters, he hides inside what he's afraid to show on the outside.

His mother doesn't realize that his baby fat is fast becoming obesity.*

Now is the time to help.

Now is the time for you, as a professional, to educate his mother. Explain the importance of a balanced diet — meat, breads and cereals, fruits and vegetables and dairy foods. Stress proper rest and exercise.

Project Weight Watch can help, too. Our free portfolio includes professionally prepared materials to help mothers learn about children's diets. Send for them today.

PROJECT WEIGHT WATCH
FACTS, NOT FADS

If Fatty loses, Joel wins.

Name _____

Position _____

Address _____

City _____ State _____ Zip _____

NATIONAL DAIRY COUNCIL
Dept. G-10, 111 N. Canal, Chicago, Illinois 60606

*Pediatrics, Vol. 40, No. 3, Part 1, September 1967, p. 455.

heavenly relief
for unearthly cough

Benylin®
EXPECTORANT

Each fluidounce contains: 80 mg. Benadryl® (diphenhydramine hydrochloride, Parke-Davis); 12 grains ammonium chloride; 5 grains sodium citrate; 2 grains chloroform; 1/10 grain menthol; and 5% alcohol.

An antitussive and expectorant for control of coughs due to colds or of allergic origin, BENYLIN EXPECTORANT is the leading cough preparation of its kind.

BENYLIN EXPECTORANT helps break down tenacious mucous secretions... tends to inhibit cough reflex... soothes irritated throat membranes... reduces congestion in the bronchial tree.

And its not-too-sweet, pleasant raspberry flavor makes BENYLIN EXPECTORANT easy to take.

PRECAUTIONS: Persons who have become drowsy on this or other antihistamine-containing drugs, or whose tolerance is not known, should not drive vehicles or engage in other activities requiring keen response while using this preparation. Hypnotics, sedatives, or tranquilizers if used with BENYLIN EXPECTORANT should be prescribed with caution because of possible additive effect. Diphenhydramine has an atropine-like action which should be considered when prescribing BENYLIN EXPECTORANT.

ADVERSE REACTIONS: Side reactions may affect the nervous, gastrointestinal, and cardiovascular systems. Drowsiness, dizziness, dryness of the mouth, nausea, nervousness, palpitation, and blurring of vision have been reported. Allergic reactions may occur.

PACKAGING: Bottles of 4 oz., 16 oz., and 1 gal.

Parke, Davis & Company
Detroit, Michigan 48232

PARKE-DAVIS

41060

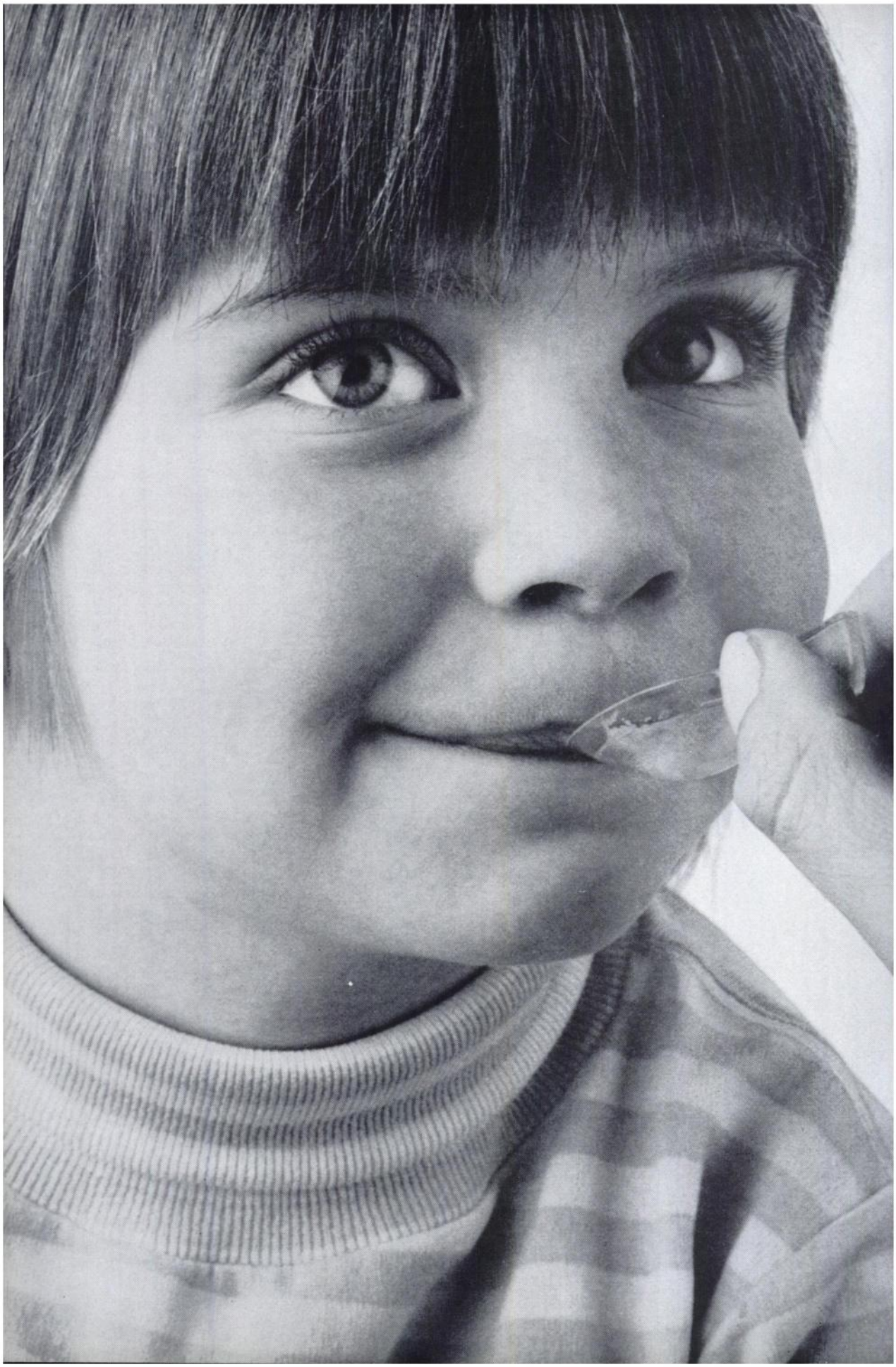


Photo professionally posed.

All gone!

(and very likely the bacterial respiratory infection will be too)

An extended-spectrum penicillin

Omnipen® not only shares most of penicillin G's bactericidal spectrum, it is bactericidal against many gram-negative pathogens as well. This extended spectrum is especially useful in bacterial infections of the respiratory tract—so often caused or complicated by *H. influenzae*, *D. pneumoniae* or *beta-hemolytic streptococci*.

In a form especially for children

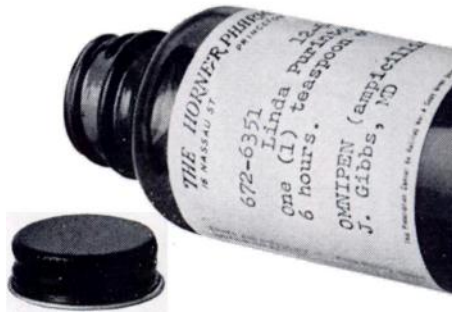
The oral suspension of Omnipen® is especially suited for pediatric use. Its very pleasant taste and odor should help assure that youngsters take the full dosage prescribed. And the plastic spoon that accompanies the bottle is designed to hold a true 5-cc. dose.

OMNIPEN®
(AMPICILLIN) WYETH

Indications: Urinary, respiratory and gastrointestinal infections due to susceptible strains of gram-negative or gram-positive organisms: E. coli, N. gonorrhoeae (acute urethritis in males), P. mirabilis, Shigella, Salmonella (including S. typhosa), H. influenzae, D. pneumoniae, beta-hemolytic streptococci, non-penicillinase-producing S. aureus, and S. faecalis and viridans. Appropriate sensitivity studies should be performed as indicated.

Contraindications: Hypersensitivity to penicillin; infections due to penicillinase-producing bacteria.

Precautions: If allergic reaction occurs, discontinue ampicillin and administer epinephrine, corticosteroids, antihistamines and/or pressor amines as indicated. Transient moderate elevation of SGOT values of undetermined significance was noted in a few infants. Liver and kidney function as well as hematopoietic tests are advisable during therapy, particularly in infants. As with any antibiotic, overgrowth of nonsusceptible organisms, particularly fungi, may occasionally occur. Observe patient constantly; take appropriate measures if resistant infection develops. Chronic GU or GI infections require frequent bacteriologic and clinical appraisal,



plus several months' post-treatment follow-up. Safety for use in pregnancy has not been established. Continue treatment at least 48-72 hours after symptoms disappear or bacterial eradication is evidenced. Treat beta-hemolytic streptococcal infections with full therapeutic dosage for at least 10 days to help prevent acute rheumatic fever or glomerulonephritis. In gonorrheal complications such as prostatitis and epididymitis, prolonged and intensive therapy is recommended. Cases with suspected primary lesion of syphilis should have pretreatment dark-field examinations. In suspected concomitant syphilis, monthly serological tests for at least 3 months are necessary.

Adverse Reactions: Occasionally urticaria, skin rash, pruritus, diarrhea, nausea and vomiting. There have been no reports of blood dyscrasias, liver or kidney damage. Anaphylaxis has been reported.

Composition: OMNIPEN® (ampicillin) Capsules: 250 or 500 mg. ampicillin anhydrous.

OMNIPEN® (ampicillin) for Oral Suspension: Reconstituted suspension contains 125 or 250 mg. ampicillin per 5 cc.

Wyeth

Wyeth Laboratories Philadelphia, Pa.

A Child Returns

How often have you treated children for acute urinary tract infections with short-term antibacterial therapy alone? And soon after this "successful" treatment, found these same children back at your office with the same condition? Even after full diagnostic investigation and correction of surgical uropathies, many of these children remain chronic problems.

Clinical reports indicate that although urinary infection can be eradicated in a short time by modern antibiotic or sulfonamide therapy, recurrences are common.

A growing number of clinicians feel that the successful management of infections of the urinary tract involves not only early detection and eradication of bacteriuria but also long-term follow-up treatment and close study to ensure freedom from relapse. Mandelamine Suspension Forte (methenamine mandelate) fulfills many of the criteria needed for long-term prophylactic therapy.

A logical choice for long-term therapy. Mandelamine Suspension Forte (methenamine mandelate) is a desirable prophylactic drug because its antibacterial activity covers a full range of common urinary pathogens—gram-negative and gram-positive. It has not been associated with the emergence of resistant strains and the locus of its antibacterial action is in the urine.

Unwanted systemic effects sometimes associated with the use of antibiotics or sulfonamides are minimal. Skin rash, urinary tract irritation, or gastrointestinal upset may occur. Major toxicity, however, is almost nonexistent.

Indications: Mandelamine (methenamine mandelate) is indicated for the suppression or elimination of bacteriuria associated with pyelonephritis, cystitis and other urinary tract infections; also for infected residual urine sometimes accompanying neurologic diseases. When used as recommended, Mandelamine (methenamine mandelate) is particularly suitable for long-term therapy because of its safety and because resistance to the nonspecific bactericidal action of formaldehyde does not develop. Pathogens resistant to other antibacterial agents may respond to Mandelamine (methenamine mandelate) because of the nonspecific bactericidal effect of formaldehyde formed in an acid urine.

Dosage and Management: Children 6-12: Cherry-flavored Mandelamine Suspension Forte (methenamine mandelate) 500 mg./tsp.—1 teaspoonful *q.i.d.*; also available for children 5 or under: Coconut-flavored Mandelamine Suspension (methenamine mandelate) 250 mg./tsp.—1 teaspoonful per 30 lb. body weight *q.i.d.* Since an acid urine is essential for antibacterial activity with maximum efficacy occurring at pH 5.5 or below, restriction of alkalinizing foods and medication is thus desirable. If testing of urine pH reveals the need, supplemental acidification should be given.

Contraindication: Contraindicated in renal insufficiency.

Precautions: Dysuria may occur (usually at higher than recommended dosage). This can be controlled by reducing the dosage and/or acidification. When urine acidification is contraindicated or unattainable (as with some urea-splitting bacteria), the drug is not recommended.

Adverse Reactions: An occasional patient may experience gastrointestinal disturbance or a generalized skin rash.

Full information is available on request.

WARNER-CHILCOTT Morris Plains, N. J.

to help suppress recurring bacteriuria

MANDELAMINE®
SUSPENSION FORTE
(methenamine mandelate)

M-PE-61-4CRV

American Academy of Pediatrics

Announces

The Introduction of A

PERSONAL IMMUNIZATION CARD

Developed by the Committee on Control of Infectious Diseases of the Academy, the billfold-size plastic card provides a permanent and readily available record of immunizations children have received. The card will assist parents to recall at a glance whether their child has been immunized against polio, smallpox, measles, diphtheria and tetanus.

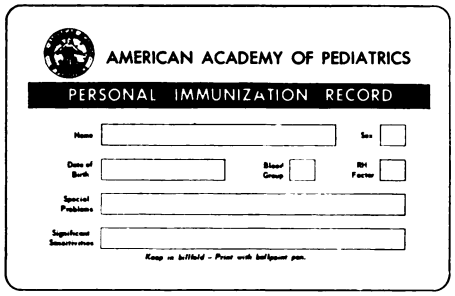
Space is also provided to record blood type, special problems, significant history of sensitivities, tuberculin tests, and other special vaccinations.

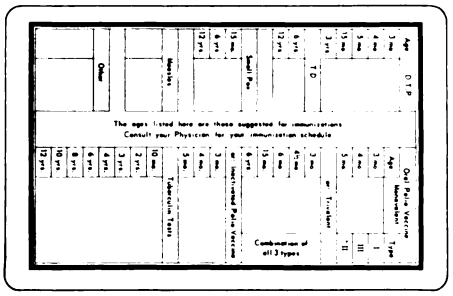
The record will also be valuable to public health agencies, schools, camps, etc., especially during epidemics, to show at a glance which children are protected.

Each card is inserted in a 2½ × 5½″ disposable holder; instructions for using the immunization card are printed on the holder.

Available from: The American Academy of Pediatrics
1801 Hinman Avenue
Evanston, Illinois 60204

Prices:		
	Single card (complete with holder)	20¢
	10 or more	10¢ each
	Lots of 1000	$85.00 per thousand

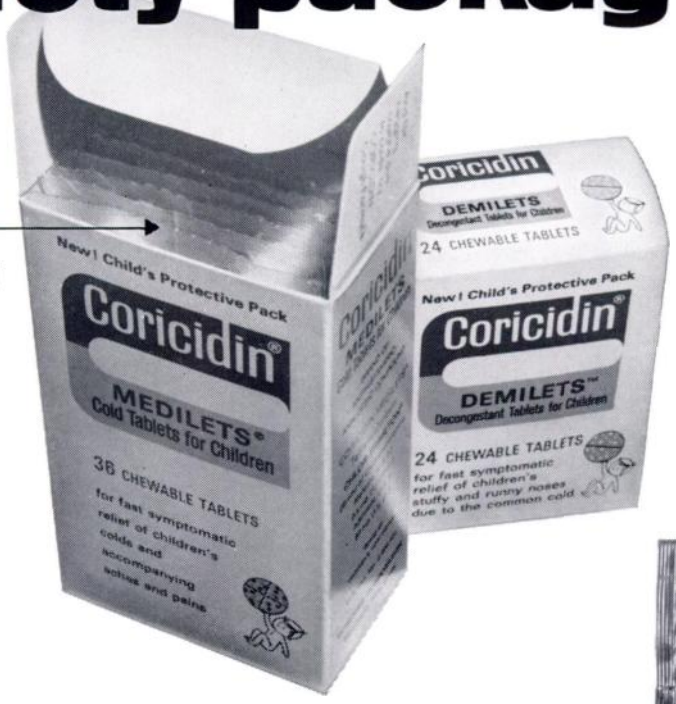




Schering

Now for children's cold tablets...

Outstandingly effective safety packaging

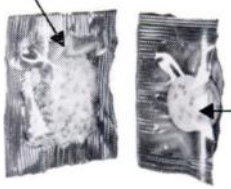


Safety packaging starts here—no loose tablets or uncapped bottles. No more than 36 tablets to a box.

Plastic square wrapper protects individually sealed tablets.

Each tablet sealed in separate pouch; easy for adults to open, but child is likely to lose interest or be detected before swallowing dangerous dose.

Pouch also permits tablets to be crushed inside, then added to fluids or food.



"Strip-packaging proved to be the most effective device in preliminary results from studies on safety packaging...."
Done, A.K.: J. Am. Pharm. A. *NS*7:470, 1967.

When colds start

Coricidin® Medilets® Tablets

brand of children's antihistaminic-analgesic tablets
Each CORICIDIN MEDILETS Tablet contains 0.5 mg. (1/120 gr.) CHLOR-TRIMETON® (brand of chlorpheniramine maleate, U.S.P.), and 80 mg. (1¼ gr.) aspirin, U.S.P.
Available in boxes of 24 and 36 tablets.

For congested colds

Coricidin® Demilets™ Tablets

brand of children's antihistaminic-analgesic-decongestant tablets
Each CORICIDIN DEMILETS Tablet contains 0.5 mg. (1/120 gr.) CHLOR-TRIMETON® (brand of chlorpheniramine maleate, U.S.P.), 80 mg. (1¼ gr.) aspirin, U.S.P., and 2.5 mg. (1/24 gr.) phenylephrine hydrochloride.
Available in boxes of 24 and 36 tablets.

CORICIDIN, CORICIDIN MEDILETS, and CORICIDIN DEMILETS are Schering Corporation trademarks for its cold relief preparations.

S-630R


Mead Johnson-innovators in formula systems created for your infant-feeding needs
To provide optimal nutrition when routine formulas are not tolerated...
CONCENTRATED LIQUID (ADD WATER)
PROSOBEE®
MILK-FREE FORMULA WITH SOY ISOLATE
13 FL. OZ.
Mead Johnson

ProSobee often answers the needs of the "problem feeder"

PROSOBEE®

milk-free formula with soy isolate...the first!

When you are faced with selecting another formula for a "problem feeder," the transition is usually made easily with ProSobee because of its milk-like texture and taste. ProSobee supplies more calories from protein than any other soy isolate formula—generous amounts of protein to help restore and maintain serum protein reserves, and to produce good growth. A comparison of the protein-efficiency ratio (PER) of ProSobee and casein in weanling rats showed ProSobee to be nutritionally equal to cow's milk.[1]

ProSobee is a nutritionally balanced formula that provides a combination of highly refined sugars for easy digestion... and soy oil, a fat source with absorption similar to the fat of cow's milk. ProSobee, like milk, does not taste sweet.

In addition, mothers appreciate the fact that ProSobee produces stool patterns similar to those from milk... that staining of diapers and clothes is not a problem.

A comprehensive system for special feeding needs

While ProSobee can solve many of your infant feeding problems, it is just one part of a comprehensive system offered by Mead Johnson for certain specialized feeding needs. In addition to ProSobee, this system includes such products as PROBANA® high protein formula with banana powder ...NUTRAMIGEN® protein hydrolysate formula... and LOFENALAC® low phenylalanine food.

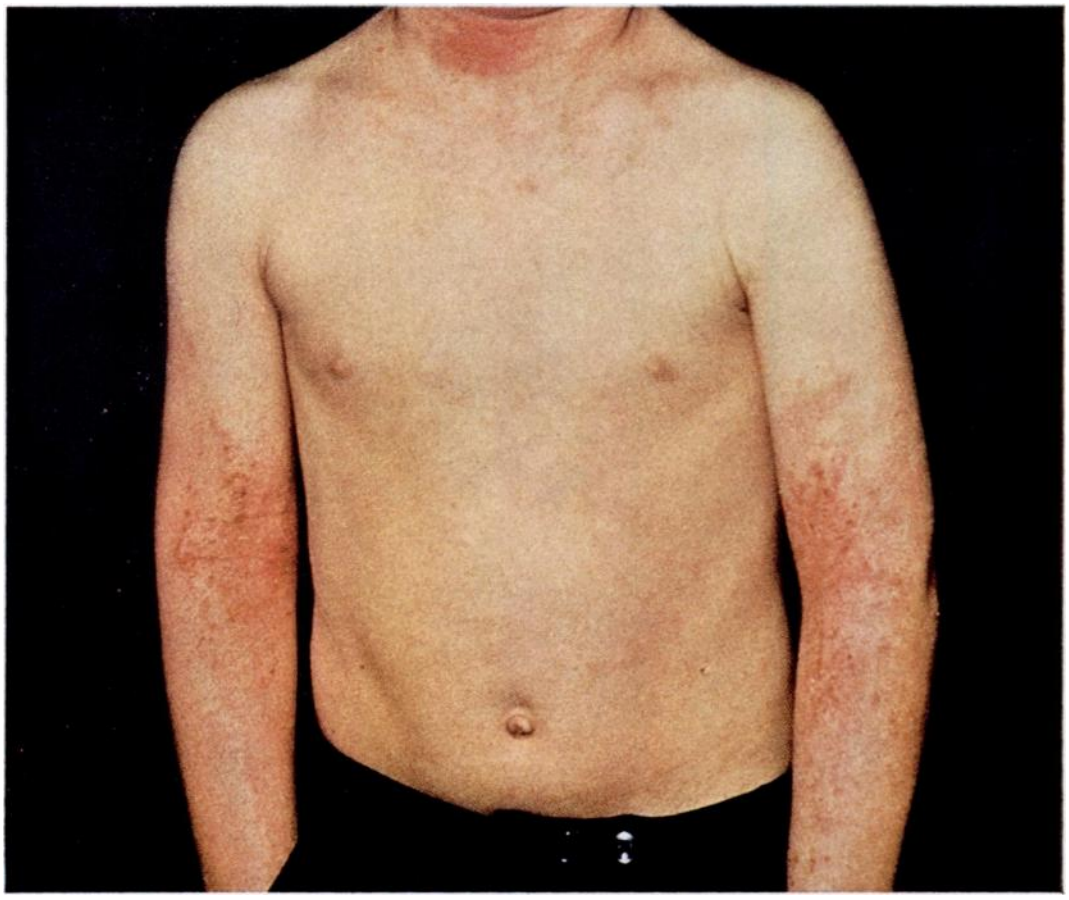
Your Mead Johnson representative can supply you with a wide variety of service aids, including the patient booklet on preparing infant formulas.

1. Harkins, R. W., and Sarett, H. P.: J. Nutrition *91*:213-218 (Feb.) 1967.

from the makers of Vi-Sol® vitamins...

Mead Johnson
LABORATORIES

61368



How long do you think it would take to clear this?

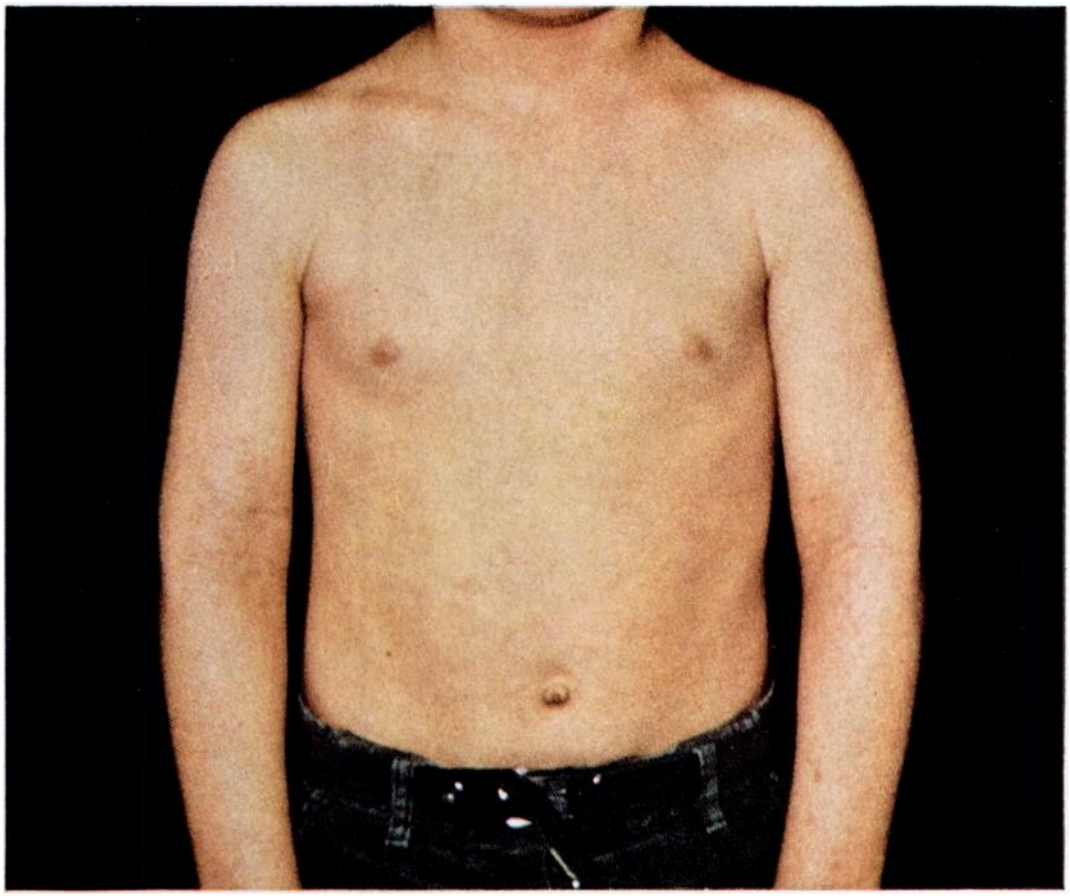
Case details:

Four-year-old Caucasian male with two-year history of flexural eczema. No definite family history of atopy. Cutaneous examination showed moderate lichenified red flexural eczema.

(Please turn page for prescribing information.)

Lilly

800290



Cordran®, Half Strength, did it in just seven days

Flurandrenolone

Treatment:

(1) Cream Cordran, Half Strength, t.i.d., and Ointment Cordran, Half Strength, h.s.; (2) allergy-free bedroom; (3) antihistamine, 1 tsp. q.i.d. p.r.n. pruritus; and (4) less frequent bathing.
Good clearing of atopic eczema in just seven days.

Therapeutic results:

April 2, 1966

April 9, 1966

CORDRAN®
FLURANDRENOLONE

Fast Acting by Design

Prescribing information for CORDRAN®
Flurandrenolone

Indications: Cordran, Half Strength, 0.025 percent, is recommended for adjunctive maintenance therapy; full-strength (0.05 percent) Cream, Ointment, or Lotion Cordran may be preferred for initial therapy. Responsive disorders include acute actinic dermatitis, anogenital pruritus, atopic dermatitis, contact dermatitis, diaper rash, dyshidrosis (pompholyx), eczematous dermatitis (acute and chronic), hand eczema, infantile eczema, intertrigo, lichen planus, lichen simplex, miliaria, neurodermatitis, nummular eczema, otitis externa, psoriasis, seborrheic dermatitis, and stasis dermatitis.

Cordran is recommended only for symptomatic relief and as a supplement to other treatments. Remove any offending contactant or allergen if possible.

Cordran often speeds remission, but not cure, of psoriasis. The best response is seen in intertriginous lesions and thin plaques, such as on the face.

Contraindications: Tuberculosis of the skin, herpes simplex, vaccinia, and chickenpox.

Precautions: Do not use in the eyes; apply with caution around the eyes and in otitis externa in patients with a perforated eardrum.

Treat secondary bacterial infections with the appropriate antibiotic. If prompt response does not occur, discontinue Cordran until the infection is adequately controlled by anti-infective measures. Treat superficial fungus or yeast infections with additional appropriate methods and observe frequently.

Safety of use on pregnant women has not been absolutely established. Cordran should not be used unnecessarily during pregnancy, especially on extended areas, in large amounts, or for long periods.

Adverse Reactions: Local side-effects are uncommon. If irritation is noted, consider discontinuing the product. Rarely, the site of application has shown vasoconstriction, hypopigmentation, or increased hair growth.

When used for long periods in intertriginous areas or under occlusive dressings, topical corticosteroids have been reported to cause striae at the site of application in rare instances.

Observe the patient closely if occlusive dressings are used over large areas for an extended time.

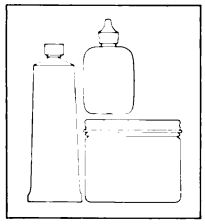
Administration and Dosage: For moist lesions, use a small quantity of cream or lotion two or three times a day. Avoid unduly vigorous application. For dry, scaly lesions, apply a thin film of ointment two or three times daily.

How Supplied: Cream and Ointment Cordran® (flurandrenolone, Lilly), 0.05 percent, in 7.5, 15, and 60-Gm. tubes and in 225-Gm. jars.

Cream and Ointment Cordran, Half Strength, 0.025 percent, in 30 and 60-Gm. tubes and in 225-Gm. jars.

Lotion Cordran, 0.05 percent, in 15 and 60-cc. plastic squeeze bottles.

[022068]



CORDRAN®
FLURANDRENOLONE

Fast Acting by Design

Lilly

800290

Additional information available to physicians upon request.
Eli Lilly and Company,
Indianapolis, Indiana 46206.

Will the real teaspoon please stand up?

If you prescribe a teaspoon of Dial-A-Gesic to relieve a child's aches and fever, he gets an exact 5-cc. teaspoon. If you prescribe ¼ teaspoon, he gets ¼ teaspoon. No more. No less.

The unique dial-a-dose meter on each bottle lets the mother measure out each dose accurately... conveniently. You don't take a chance that the teaspoon she uses may or may not hold 5 cc. And you don't put your faith in her "guestimate" when the dose is a fraction of a teaspoon.

What the child gets in Dial-A-Gesic is acetaminophen—not aspirin— in a delicious cherry-flavored syrup.

Acetaminophen matches the antipyretic/analgesic effectiveness of aspirin...but rarely causes gastric irritation or any other untoward effect.[1]

Precaution: Sensitivity to acetaminophen is rare.[2] If a sensitivity reaction occurs, the drug should be stopped. *Supplied:* 3 oz. bottle with unique dial-a-dose dropper.

1. Leading Article. Brit. M. J. 1:1083 (April 24) 1965. 2. Mandel, H. G., and Davison, C.: in DiPalma, J. R. (Ed.): Drill's Pharmacology in Medicine, ed. 3, McGraw-Hill Book Co., New York, 1965, p. 308.

new dial-a-gesic™
acetaminophen

The liquid antipyretic/analgesic with the unique dial-a-dose dropper

BORDEN'S Pharmaceutical Division, 350 Madison Avenue, New York, N.Y. 10017. Makers of Neo-Mull-Soy™, Mull-Soy®, Bremil®, Methakote®

Pediatrics

VOLUME 42 OCTOBER 1968 NUMBER 4

COMMENTARY

RULES OF EVIDENCE APPLIED TO TREATMENTS OF NEONATAL HYPOXEMIA AND ACIDOSIS

BIOCHEMICAL MONITORING of the low birth weight infant during the first 24 hours of life frequently reveals abnormalities of acid-base balance and hypoxemia; these anomalies are very striking in infants with clinical signs of respiratory distress. The clinician is then faced with two problems: the first in diagnosis, the second in treatment.

In the past few years certain regimes for respiratory distress have been recommended with varying degrees of fact and forcefulness. These include the careful maintenance of thermal balance to keep oxygen consumption at a minimum, correction of acidosis by $NaHCO_3$ or THAM in rapid or slow infusion, adequate oxygenation sometimes requiring an inspired O_2 concentration above 40%, assisted ventilation (either through a tracheal tube or by a negative pressure tank), and, finally, administration of agents acting on vasomotor tone. If the usefulness of thermal balance is now widely accepted, there is still some doubt as to the efficacy of the other practices; certainly, discussion of them has often been heavily loaded with emotion.

Although animal experiments and physiological arguments may offer a basis for rational support of such recommendations, it must be admitted that certain of these practices may be not only valueless, but also actually harmful. In addition, despite great strides towards technical and administrative finesse in well staffed intensive care units, many newborn infants of low birth weight still die.

It is thus with gratitude that one sees a paper like that of Sinclair, Engel, and Silverman in this issue.[1] It explores systematically three currently recommended therapies—early oxygen breathing, rapid alkali infusion, and assisted ventilation—in a statistically adequate trial. The authors not only relate the three different therapeutic practices to the final events—survival or death—but they also attempt to penetrate the mystery of respiratory distress by following variations of some physiological parameters once the treatment has begun.

The reader is perhaps left a bit hungry and surprised, for the authors could not show any effect on mortality (less than 168 hours) with attempted early correction of arterial oxygenation or of acid-base balance. They could, however, demonstrate some effects on the overall right-to-left shunt during the first hours of hyperoxia. A further disappointment is the poor result following early assisted ventilation: seven deaths (three early and four late) in 10 assisted infants versus one early death in 10 non-assisted infants. One also sees a marked change in pathological pictures of late death: pseudomonas infections with prolonged intubation and new abnormal pulmonary aeration patterns, possibly related to oxygen toxicity. This controlled study (we hope not the last) thus shows not only the worth but also the folly of some widely

diathesis in cyanotic congenital heart disease. Lancet, 1:1088, 1967.
14. Howell, W. H., and Donahue, D. D.: The production of blood platelets in the lungs. J. Exp. Med., 65:177, 1937.
15. Gross, S., Newman, A. J., and Keefer, V.: The platelets in iron deficiency anemia. PEDIATRICS, 34:315, 1964.
16. Colehour, J. K., Borsook, H., and Graybiel, A.: Effect of hypoxia on serum iron and the unsaturated iron binding capacity of serum in rats. Amer. J. Physiol., 191:113, 1957.
17. Treger, A., Shaw, D. B., and Grover, R. F.: Secondary polycythemia in adolescents at high altitude. J. Lab. Clin. Med., 66:304, 1965.

NOTICE FROM THE MEDICAL SUPPORT COMMITTEE FOR NIGERIA-BIAFRA RELIEF

Physicians, nurses, and nutritionists are urgently needed to serve with international relief agencies to meet the medical needs of the victims of the Nigerian-Biafran civil war. The Medical Support Committee for Nigeria-Biafra Relief is assembling a roster of medical personnel who may be available for a brief period of volunteer duty sometime during the next 12 to 18 months. Interested physicians, nurses, and nutritionists are invited to write or call the Committee in care of the Peter Bent Brigham Hospital, Boston, Massachusetts 02115, 617-834-7000. Physicians in residency programs which have an elective or a period in the laboratory and those persons in postgraduate training programs which have any degree of flexibility should also contact the Committee. It may be possible to arrange to have your institution accept a period of service in this program as a valid substitute for an equivalent period of training offered by the institution.