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# Pediatrics

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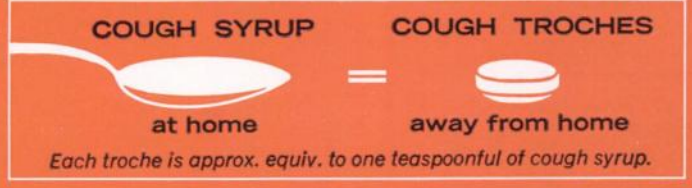


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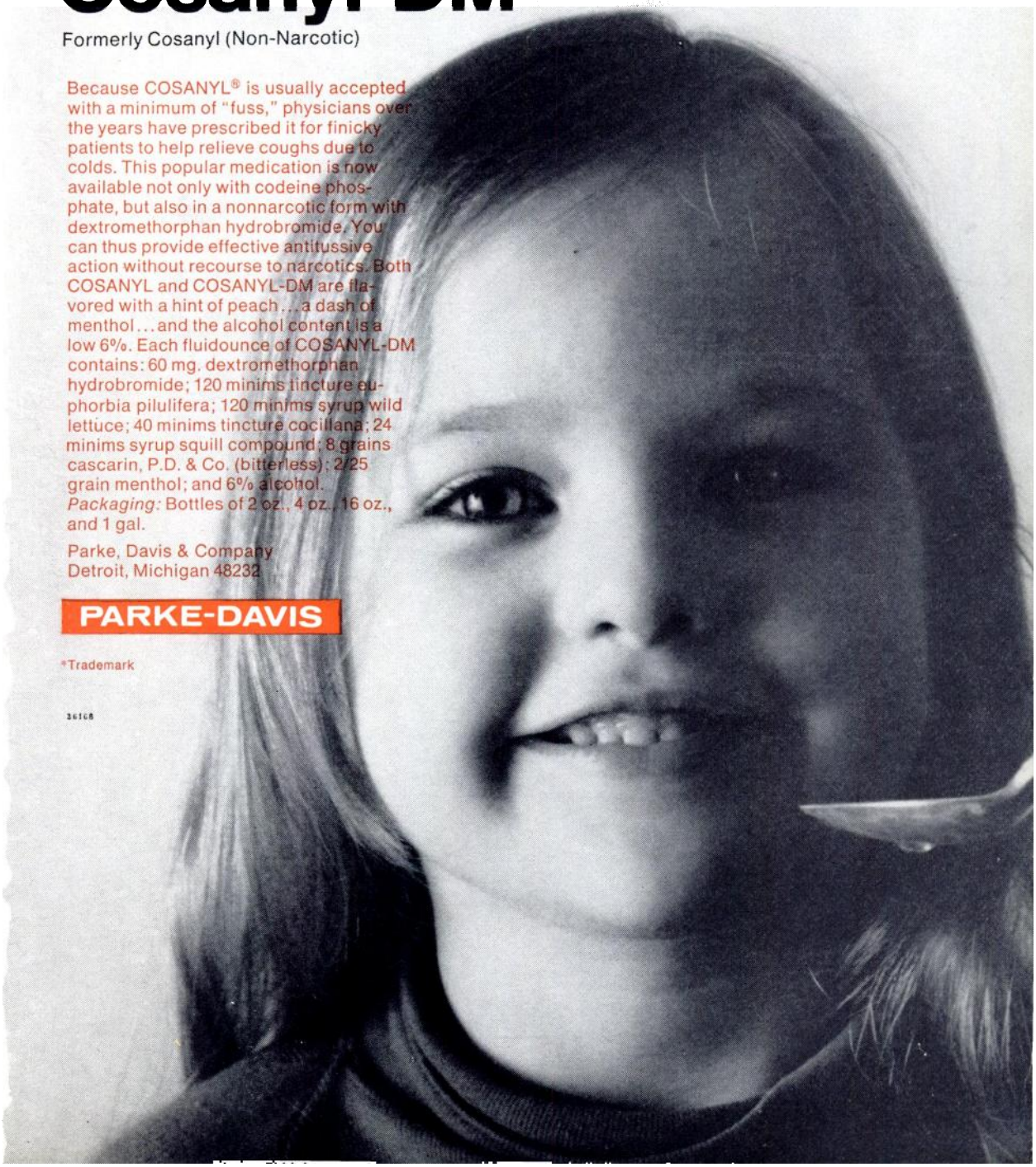

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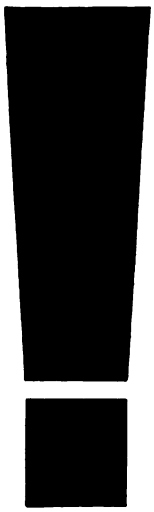

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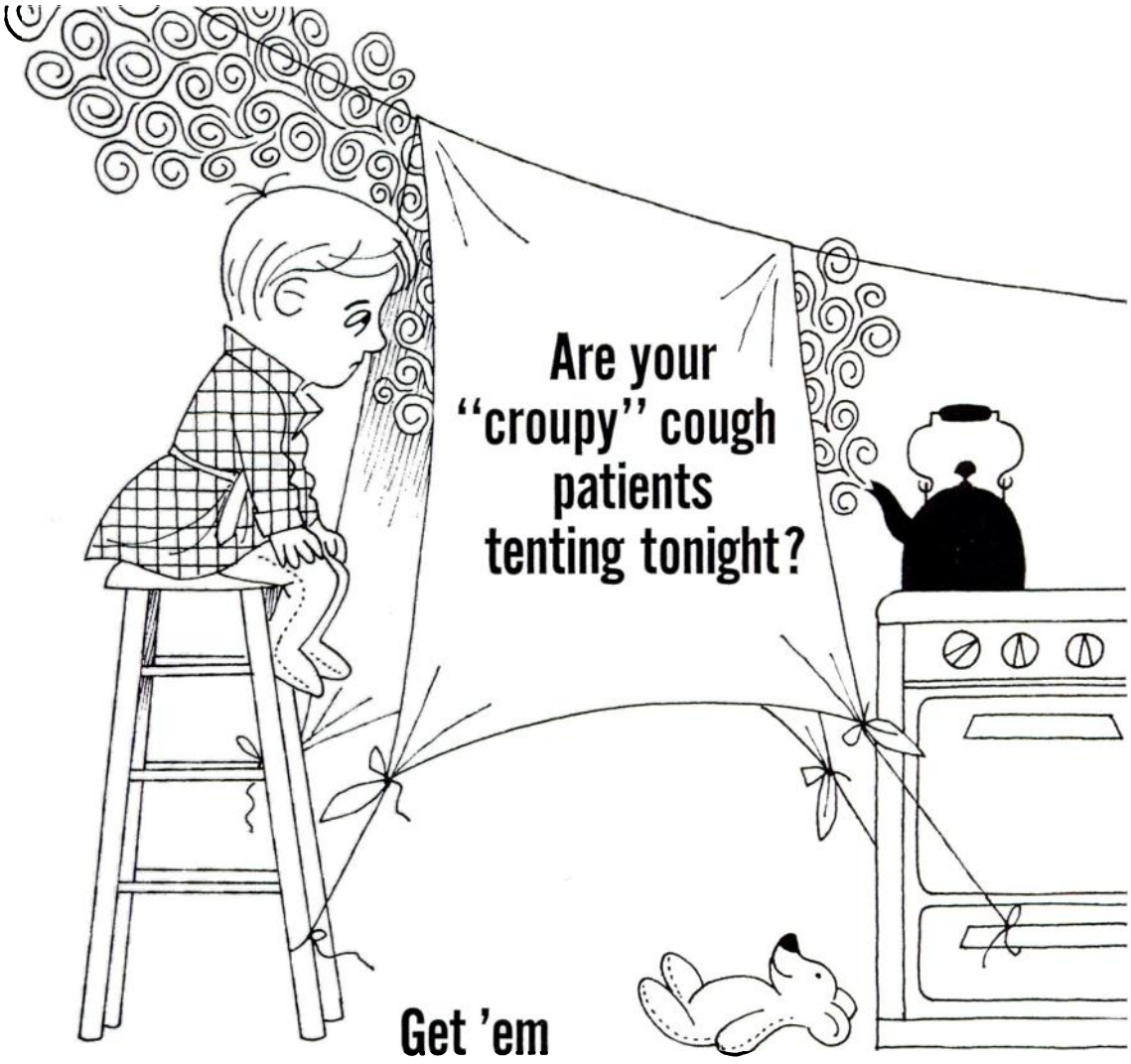


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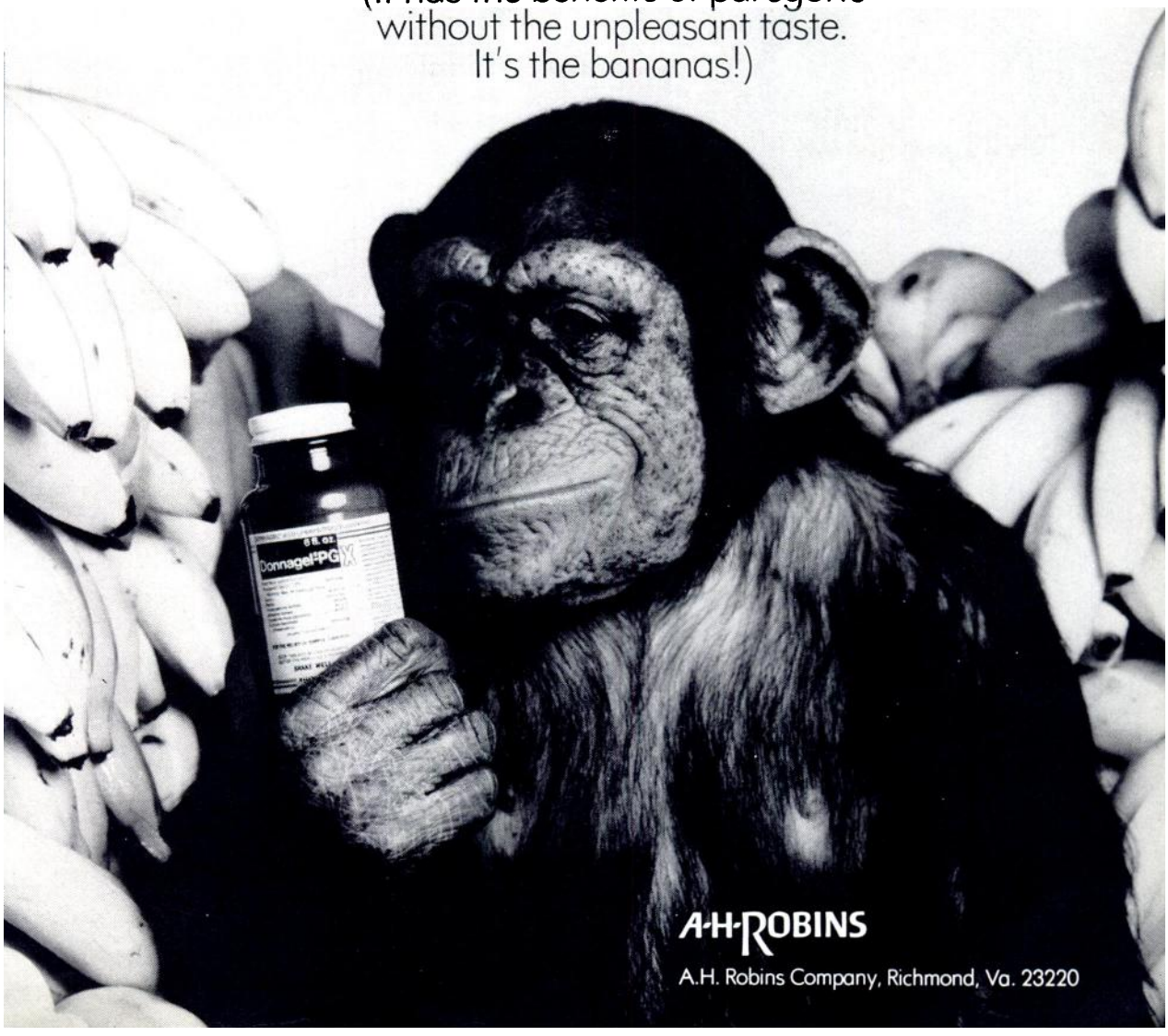


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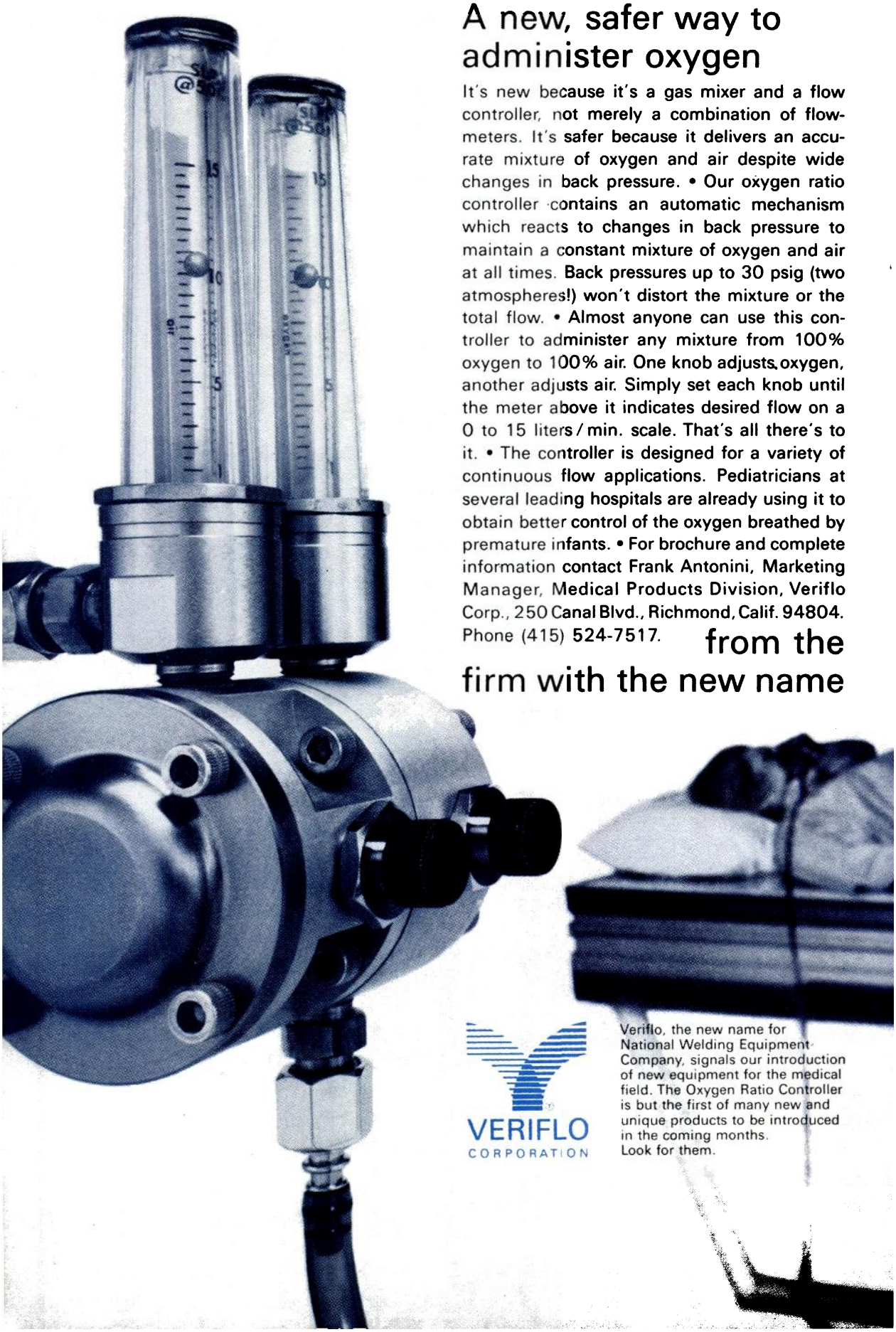

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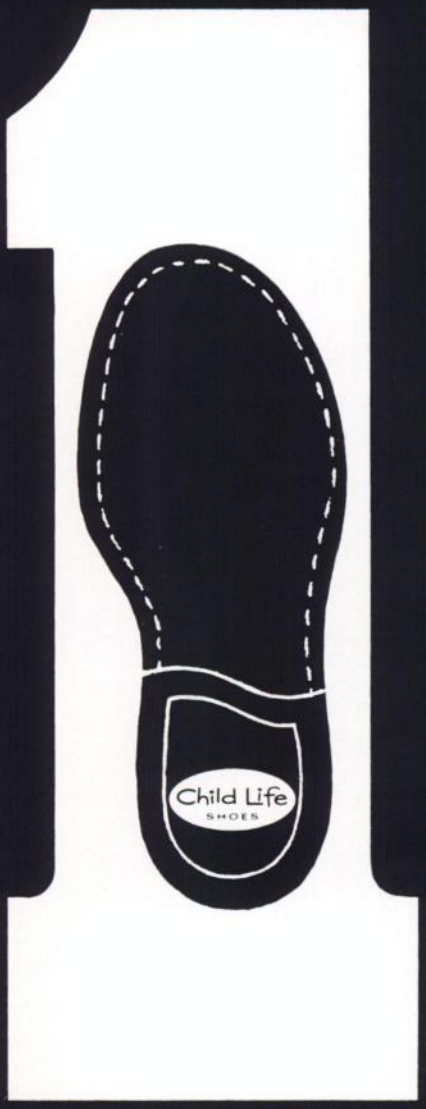
Veriflo, the new name for National Welding Equipment Company, signals our introduction of new equipment for the medical field. The Oxygen Ratio Controller is but the first of many new and unique products to be introduced in the coming months. Look for them.

# 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

# Will Novahistine Elixir ever come in a freezee-frostee?

We're always looking for ways to make Novahistine® Elixir even more appealing to your young patients. After all, we were kids ourselves once.
On the other hand, medicine is medicine. And it has to work. We never forget that.
If you've ever sampled Novahistine Elixir, you know that it doesn't have to come in a freezee-frostee to get children to take it. And if you've had any feedback from mothers, you know they like the effective way it relieves the congestion associated with colds, allergies and other upper respiratory infections.

Each 5-ml. teaspoonful of Novahistine Elixir decongestant contains phenylephrine hydrochloride, 5 mg.; chlorpheniramine maleate, 1 mg.; chloroform, 13.5 mg.; l-menthol, 1 mg.; sodium bisulfite (preserv.) 0.1%; and alchohol, 5%.
Use with caution in patients with severe hypertension, diabetes mellitus, hyperthyroidism or urinary retention. Caution ambulatory patients that drowsiness may result.

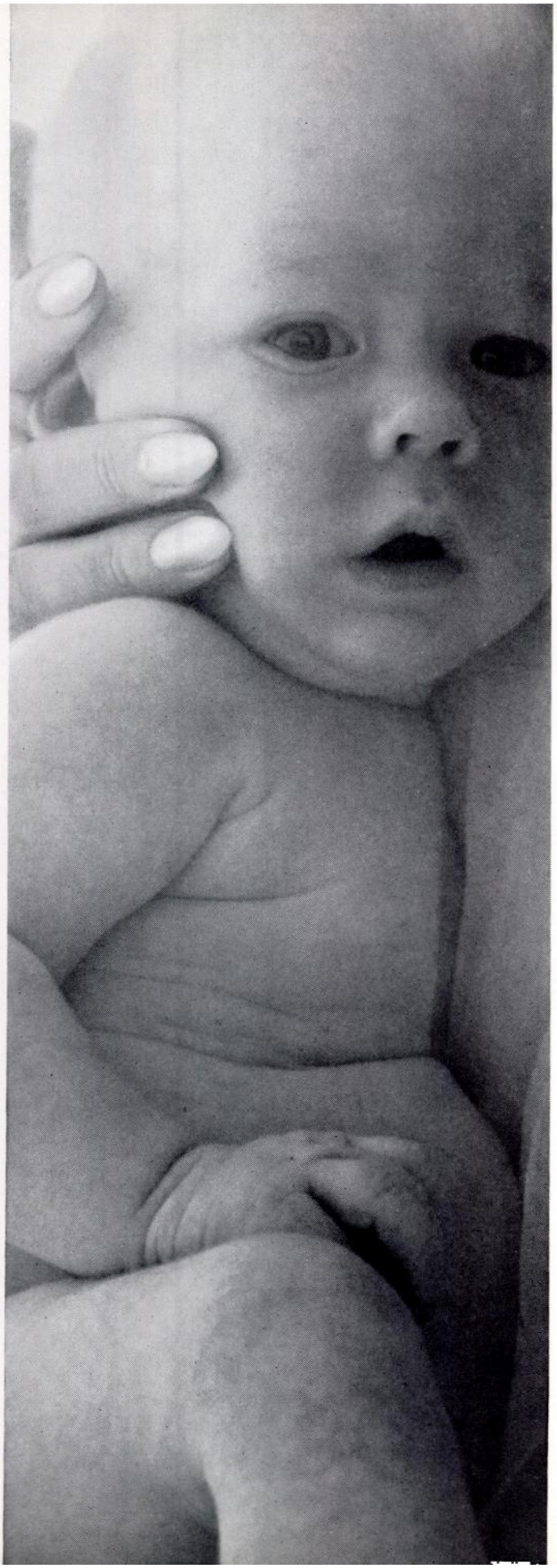
PITMAN-MOORE Division of
The Dow Chemical Company, Indianapolis

Dow

What a big difference this little reagent strip can make in a baby's life

PHENISTIX

43467



**A life of retardation and dependency**... or a normal life. Early detection of PKU permits early institution of therapy. An infant untreated may mean mental retardation and the tragic waste of a life. This is the difference PKU testing can make. Urine, *and* blood, should be tested. The first PKU blood test in the hospital may be performed too early to be reliable. The child may not have been on a milk diet long enough for elevated blood phenylalanine levels to develop.

PHENISTIX® Reagent Strips provide a simple, reliable, economical procedure to continue the PKU screening program after hospital discharge. Infants' urine should be tested with PHENISTIX at ages 2, 4, and 6 weeks, to pick up the positives that may have been missed by the early blood screening. A second blood test at 8 weeks is also recommended.

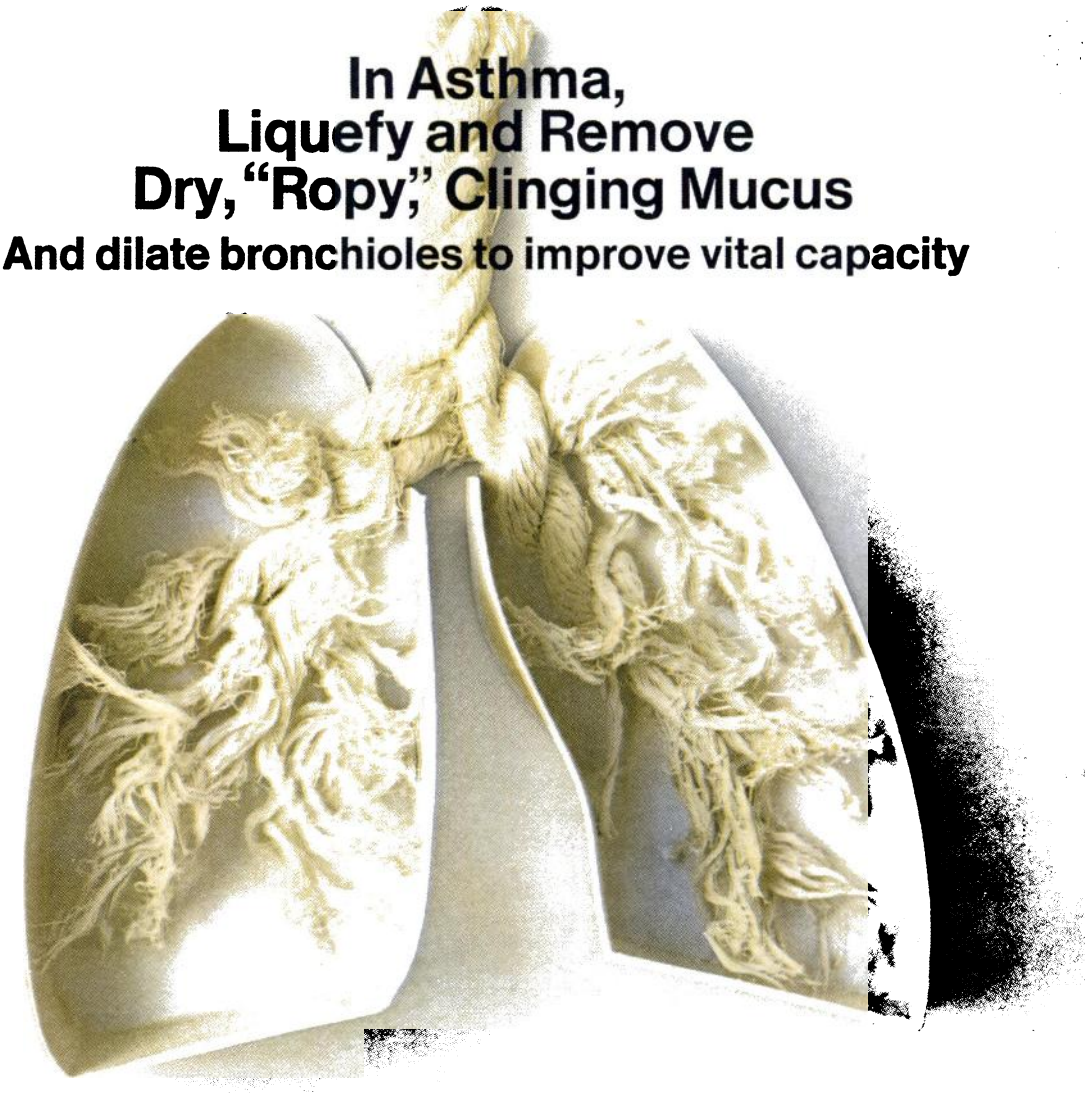
Available in bottles of 50 for office use and 3-test units for home testing.

AMES COMPANY,
Division Miles Laboratories, Inc.
Elkhart, Indiana 46514

Ames

# In Asthma, Liquefy and Remove Dry, "Ropy," Clinging Mucus

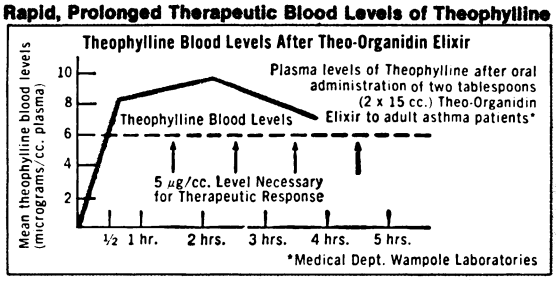
## And dilate bronchioles to improve vital capacity



**"...bronchodilators and antihistaminic agents cause bronchial secretions to become dry and viscid".**[1]

That's why the unique formulation of Theo-Organidin is desirable in asthma: Organidin (iodinated glycerol) to liquefy and help remove dry, "ropy," clinging mucus, and theophylline to dilate bronchioles.

**Rapid, Prolonged Therapeutic Blood Levels of Theophylline**




**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.

**Advantages of Organidin (iodinated glycerol)**

- Effective with 1/30th the concentration of iodine found in ordinary iodide preparations (SSKI).
- Virtually no inorganic iodides; no free iodine.
- Undesirable side effects sharply reduced and gastric irritation virtually eliminated even with large doses.
- Metabolized slowly for prolonged mucolytic action.

# THEO-ORGANIDIN*

**Each teaspoonful provides: Theophylline 40 mg., Organidin (iodinated glycerol) 10 mg. (containing 5 mg. organically bound iodine), Alcohol by volume 15%.**

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

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

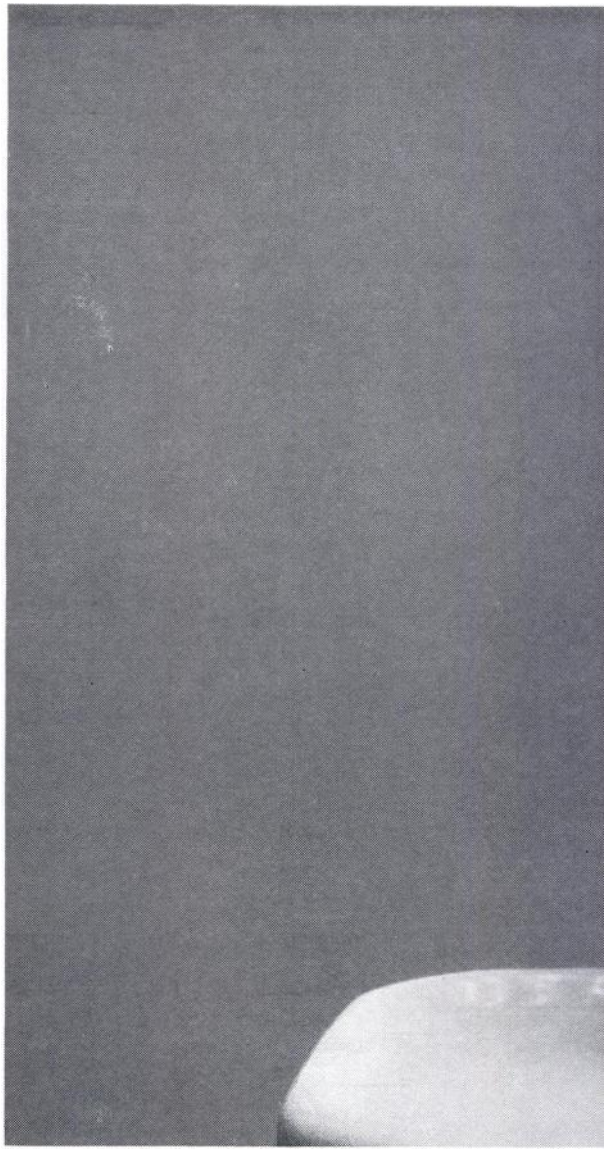
**WAMPOLE LABORATORIES,** Div. Denver Chemical Mfg. Co., Stamford, Connecticut 06904

TAD-1

# to control

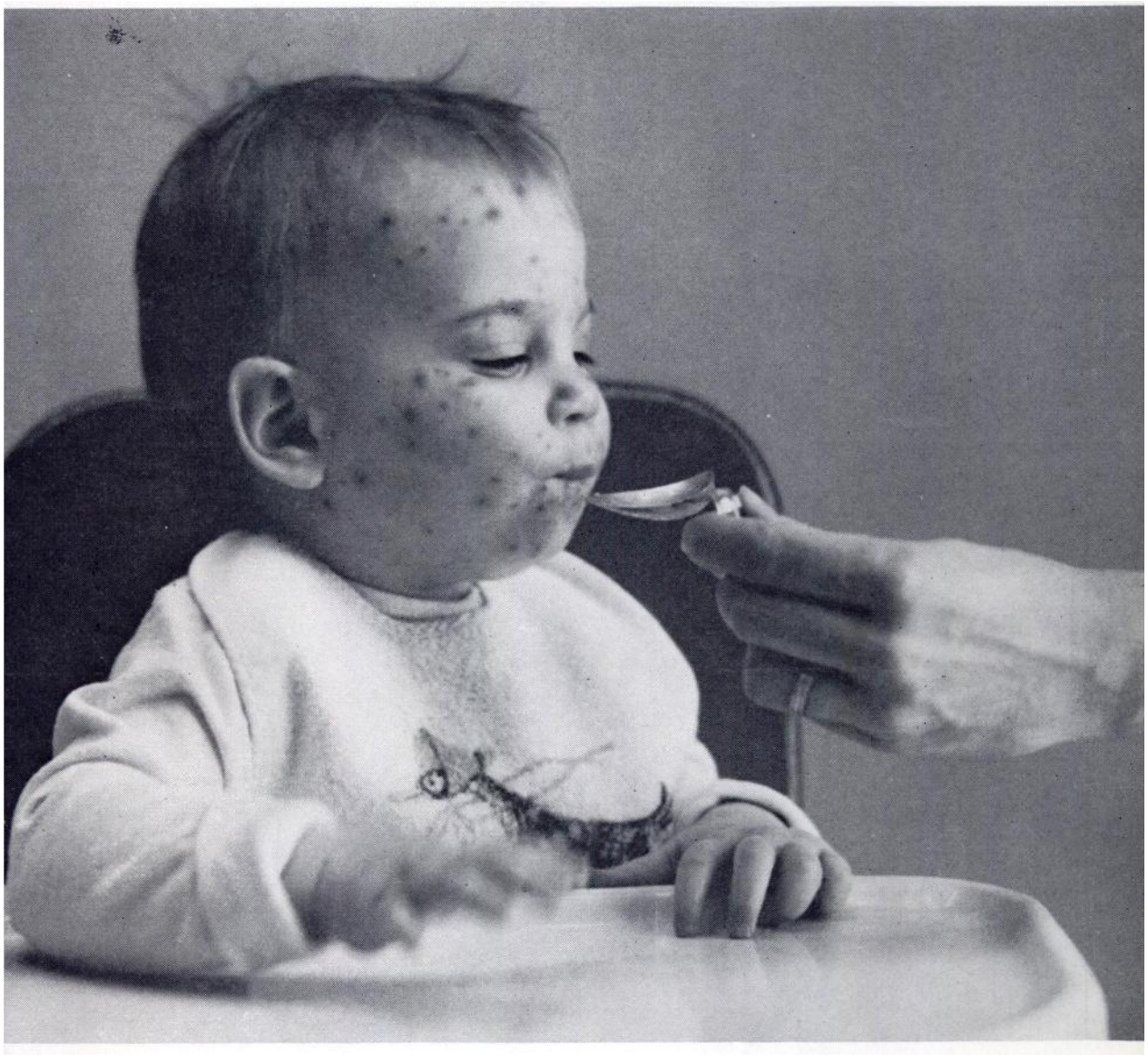






# the itching–Temaril®

brand of **trimeprazine**



be potentiated; in jaundice; in patients with history of convulsive disorders or liver disease. Epinephrine effect may be reversed. Children, acutely ill or dehydrated, must be supervised carefully because of increased susceptibility to neuromuscular (extrapyramidal) reactions. Antiemetic effect may mask overdosage of toxic drugs or obscure other conditions.

**Adverse Reactions:** Although rare, cholestatic jaundice, blood dyscrasias, neuromuscular (extrapyramidal) reactions have occurred. Patients should be kept under regular observation. Mild drowsiness, dizziness, dryness of mucous membranes and gastrointestinal upset may occur. In a few children, paradoxical hyperactivity, irritability, insomnia and hallucinations have been reported.

*Other Adverse Effects Reported with One or More Phenothiazines:* Some adverse effects are dose-related, others involve patient sensitivity; still others occur more frequently in patients with special medical problems, e.g., mitral insufficiency or pheochromocytoma patients have experienced severe hypotension following recommended doses of certain phenothiazines. Opisthotonos, oculogyric crisis, hyperreflexia, dystonia, akathisia, dyskinesia, parkinsonism (rarely, extrapyramidal symptoms have persisted, especially in elderly patients with previous brain damage); grand mal convulsions; altered cerebrospinal fluid proteins; cerebral edema; potentiation of atropine, heat, phosphorus insecticides; nasal congestion, headache, nausea, constipation, obstipation, adynamic ileus, inhibition of ejaculation; reactivation of psychotic processes, catatonic-like states; hypotension (sometimes fatal); cardiac arrest; pancytopenia, thrombocytopenic purpura, leukopenia, agranulocytosis, eosinophilia; biliary stasis; lactation, galactorrhea, gynecomastia, menstrual irregularities, false positive pregnancy tests; photosensitivity, itching, erythema, urticaria, eczema, exfoliative dermatitis; asthma, laryngeal edema, angioneurotic edema, anaphylactoid reactions; peripheral edema; hyperpyrexia; pigmentary retinopathy; with prolonged high-dose therapy—skin pigmentation, epithelial keratopathy, lenticular and corneal deposits.

EKG changes—particularly nonspecific, usually reversible Q and T wave distortions—have been noted, but relationship to myocardial damage is not confirmed. Sudden discontinuance in long-term patients may cause temporary nausea, vomiting, dizziness, tremulousness.

NOTE: Sudden death has been reported in a few patients, but a relationship between phenothiazine administration and these deaths has not been determined. In some cases, the cause appeared to be asphyxia due to cough reflex failure; in others no cause could be determined.

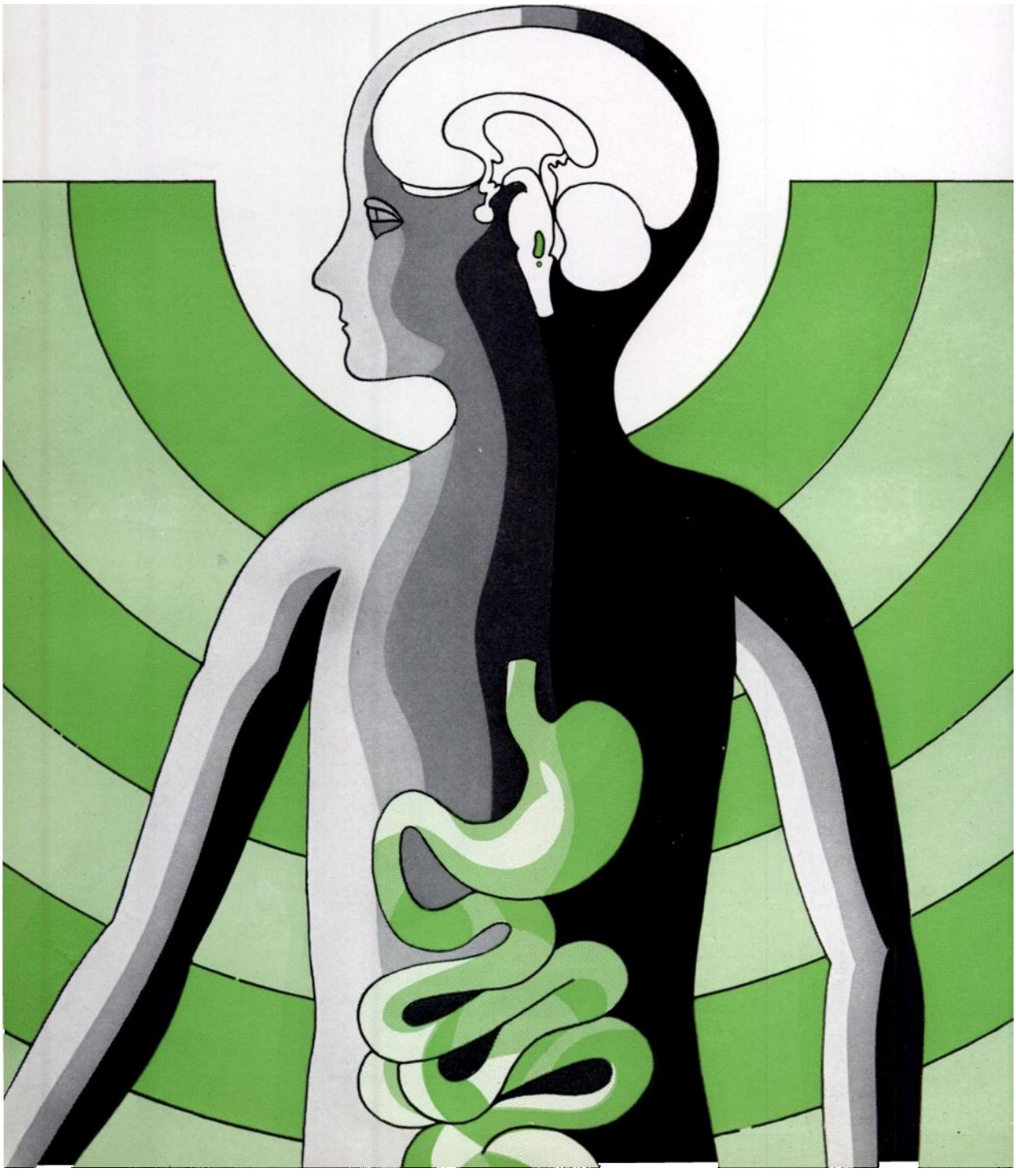
**Supplied:** Tablets, 2.5 mg., in bottles of 100; Spansule® capsules, 5 mg., in bottles of 50; Syrup, 2.5 mg./5 cc.

Smith Kline & French Laboratories

SK&F

# nausea and vomiting...

# stimulus: gastroenteritis



# TIGAN®
## (trimethobenzamide HCl)

# specific antinauseant/antiemetic therapy

In gastroenteritis, initial emesis may well be useful in ridding the stomach of possible irritants; beyond that point vomiting ceases to be a protective mechanism. Excessive vomiting not only results in unnecessary fatigue and distress for *any* patient, but in vulnerable pediatric patients, there is the risk of rapid dehydration and electrolyte disturbances.

Tigan, acting at the CTZ to block emetic impulses to the vomiting center, has proved effective against most clinically significant types of nausea and vomiting, and can be administered before or even during active emesis. In many instances a single dose relieves nausea and vomiting due to gastroenteritis and other infections, surgery, drug administration and radiation therapy.

Its usefulness as an antiemetic has been demonstrated by over seven years of clinical use in more than six million patients. Side effects have been infrequent, seldom requiring discontinuance of therapy. Occasional instances of hypersensitivity reactions and Parkinson-like symptoms have been reported.

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

For other possible adverse reactions and precautions, please consult complete product information, a summary of which follows:

**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. (Contraindicated in premature or newborn infants.)

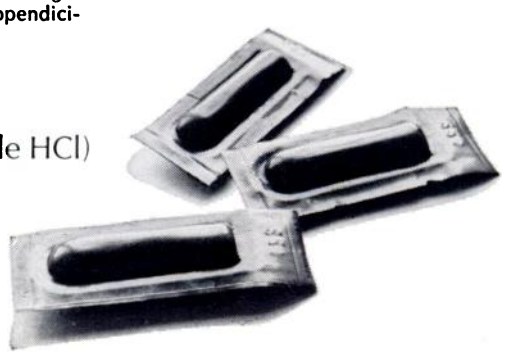
**How supplied: Suppositories,** each containing 200 mg trimethobenzamide HCl and 2% benzocaine in a base compounded with polysorbate 80, white beeswax and propylene glycol monostearate; boxes of 10 and 50.

ROCHE

Roche
LABORATORIES

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

TIGAN®
(trimethobenzamide HCl)
Roche®
Suppositories



*New from Ross*

# Rondec DSC™

*oral decongestant for children*

3 DOSAGE FORMS ROSS

ORAL

FIRST Children

Drops Syrup Chewable

TODDLER Children

Drops Syrup Chewable

infant

age-graded PRESCHOOLER

AGE-GRADED

NEW FRUIT FLAVOR

black currant

NEW 3 dosage forms

accepted good

Pediatric SPIL-GARD™

new TASTY tutti-frutti

PLEASANT

RELIEF runny NOSE CONGESTION

ROSS children

3dosage forms ROSS

ALLERGIC RHINITIS EFFECTIVE

stuffy nose RESPIRATORY

NEW DECONGESTANT

AUGUST, 1968

TM TRADEMARK



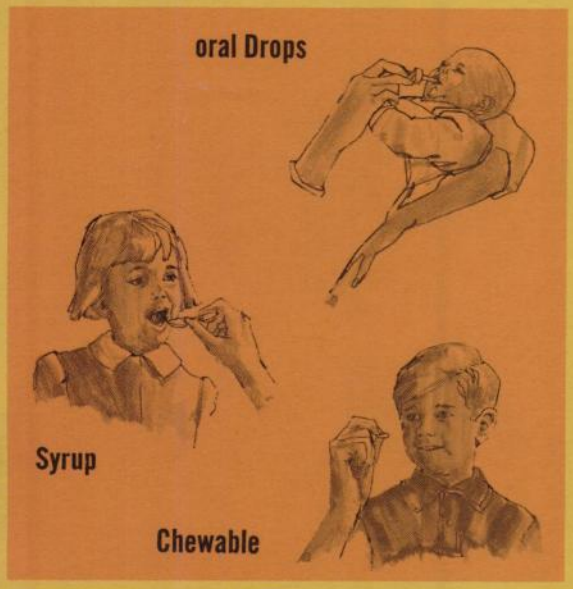
LITHO IN U.S.A.

# *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.

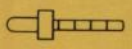



For prompt relief of congestion when indicated in:

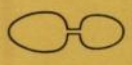
- acute coryza
- nasopharyngitis
- otitis media
- bronchitis
- laryngitis
- allergic rhinitis
- sinusitis
- eustachian tube obstruction
- tracheitis
- croup

• 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

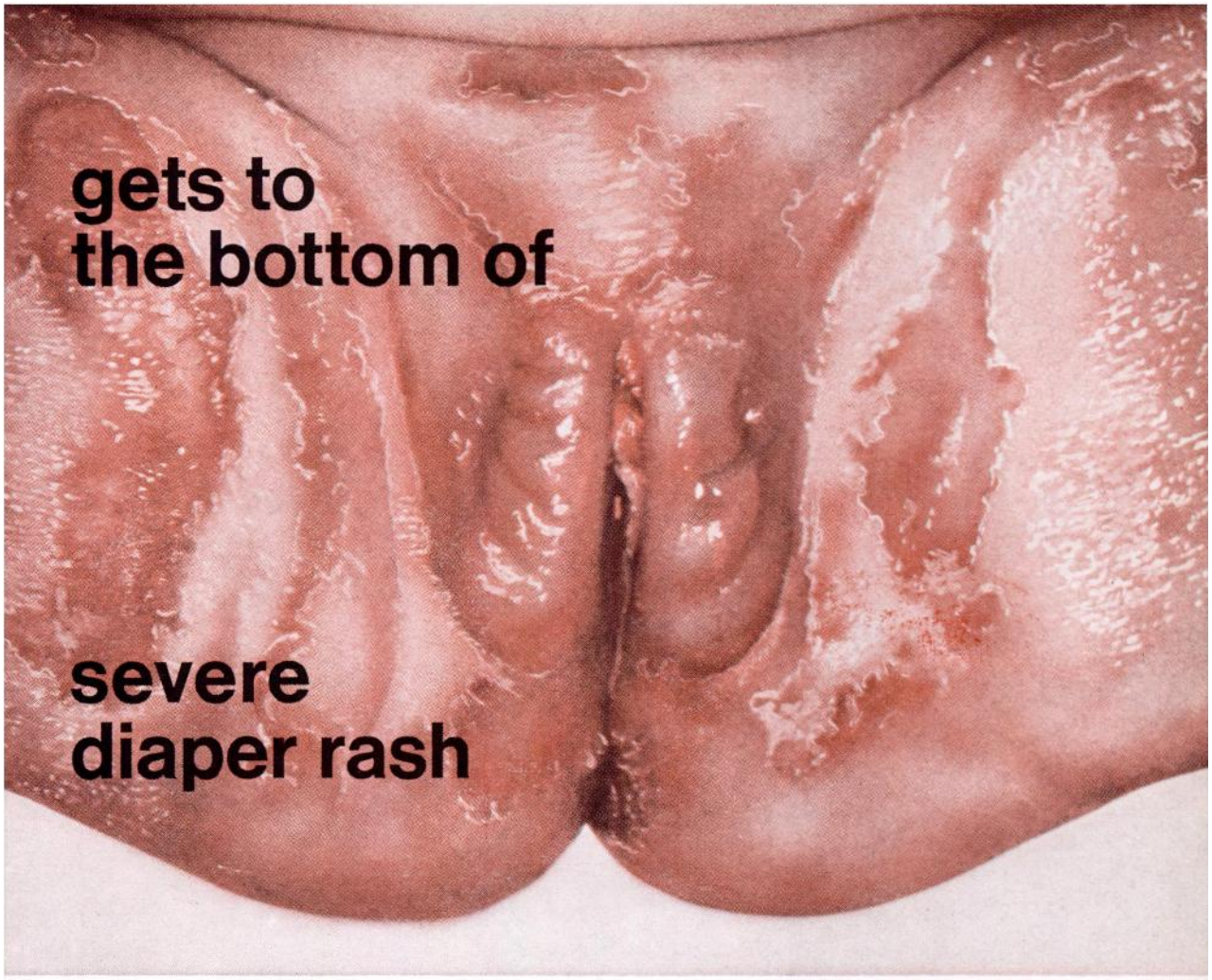
Rondec D Oral Drops: for infants one through 17 months, ¼, ½, ¾ or 1 ml 4 times a day, depending on age, weight and clinically determined needs.

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*




# Nystaform-HC™ Ointment

## (nystatin-iodochlorhydroxyquin-hydrocortisone ointment)

Diaper rash is seldom a simple condition. Bacterial, tineal, or monilial infections are frequent complications. To get maximum results, these microorganisms must be controlled. Nystaform-HC Ointment is formulated to treat the *total* condition by combining:

nystatin—a specific for *Candida albicans* (Monilia) infections

iodochlorhydroxyquin—effective against *C. albicans,* tinea, and many bacteria

hydrocortisone—to reduce acute inflammation, pruritus, and allergic reactions

Even the highly emulsified petrolatum ointment base serves an important function by acting as a barrier between the baby's bottom and the dirty diaper. Economically priced, Nystaform-HC Ointment is available in ½ oz. tubes. Also available without hydrocortisone as Nystaform™ Ointment.

**Description:** Nystaform-HC Ointment contains nystatin U.S.P. 100,000 units/Gm., iodochlorhydroxyquin 3%, and microdispersed hydrocortisone 1% in an emulsified washable petrolatum base with octylphenoxyethanol. **Indications:** Specific for cutaneous monilial and/or mixed bacterial infections such as severe "diaper rash" and perleche. **Contraindications:** Tuberculous lesions of the skin, varicella and vaccinia, acute herpes simplex, fungal lesions not susceptible to nystatin or iodochlorhydroxyquin, and in persons who have shown hypersensitivity to any of the components. **Precautions:** If sensitivity, irritation or infections persist or appear during treatment, discontinue medication and institute appropriate therapy. Use with care during pregnancy. Treatment of extensive areas may entail systemic absorption. The efficacy of iodochlorhydroxyquin-containing preparations in fungal conditions other than tinea axillae, corporis, cruris, palmaris and pedis, and moniliasis has not been established. May stain hair or clothing. For external use only. **Caution:** Keep away from the eyes. **Available:** ½ oz. (14.2 Gm.) tubes.

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

15068

## ISUPREL® brand of isoproterenol
## COMPOUND ELIXIR

**Indications:** The Elixir is indicated for the management of patients with asthma, allergic coughs, and the chronic bronchitis frequently associated with these respiratory disorders.

**Precautions:** The dosage must be carefully adjusted in patients with hyperthyroidism, acute coronary disease, cardiac asthma, hypertension, and limited cardiac reserve and in patients sensitive to sympathomimetic amines, since overdosage may result in tachycardia, palpitation, nausea, headache, or other epinephrine-like side effects. Caution is also recommended in patients with prostatic hypertrophy and glaucoma.

The Elixir should not be given to patients with known sensitivity to iodides. Because of its iodide content, the Elixir may cause elevation of the protein-bound iodine. Large doses of iodides should not be administered during pregnancy since they may cause goiter in the fetus.

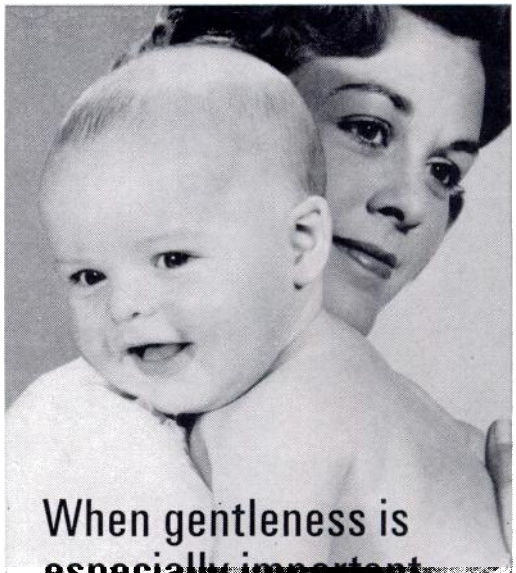
**Adverse Reactions:** Although the Elixir is generally well tolerated, symptoms of adrenergic overstimulation such as tachycardia or nervousness may occur, in which case the preparation should be temporarily discontinued and administered later at a lower dosage. Reactions to iodide include coryza, fever, acneiform eruptions, erythema of the face and chest, and painful swelling of the salivary glands. These side effects quickly subside on discontinuance of medication. Theophylline may cause gastric intolerance (nausea and vomiting).

**Dosage and Administration:** *Dosage:*
*Children*—1-3 years, one or two teaspoons, t.i.d.
3-6 years, two or three teaspoons, t.i.d.
6-12 years, one or two tablespoons, t.i.d. as required.
*Adults*—two tablespoons, t.i.d. or q.i.d. as required.

Since the severity of the disorder and the response of the patient will vary, the dose should be adjusted to individual needs, the larger doses being reserved for more severe disorders or for patients who do not respond to the smaller doses. Acute or severe attacks of asthma may also require inhalation and other therapy.

**How Supplied:** Bottles of 16 fl. oz. and 1 gal.

Winthrop Laboratories
New York, N.Y. 10016



When gentleness is especially important...

# MALTSUPEX®

MALT SOUP EXTRACT

## for constipated infants and children

Maltsupex, a nutritive food concentrate derived from the natural enzymatic digestion of barley, achieves its natural laxative action by encouraging and maintaining an ideal fecal pH. Its gentleness, safety and effectiveness are attested to by over 50 years of continuing use in treating pediatric constipation. (References on request)

In infants over one month old, one or two tablespoonfuls in a day's feeding gently promotes normally soft stools. Constipation is relieved in an easy, natural manner without danger of habit formation, colic, or other side effects. In children, two tablespoonfuls in milk once or twice a day. See PDR for complete dosages.

Available at pharmacies. Liquid and powder, 8 and 16 oz. For older children: tablets in 100's.

ABBOTT

# 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.

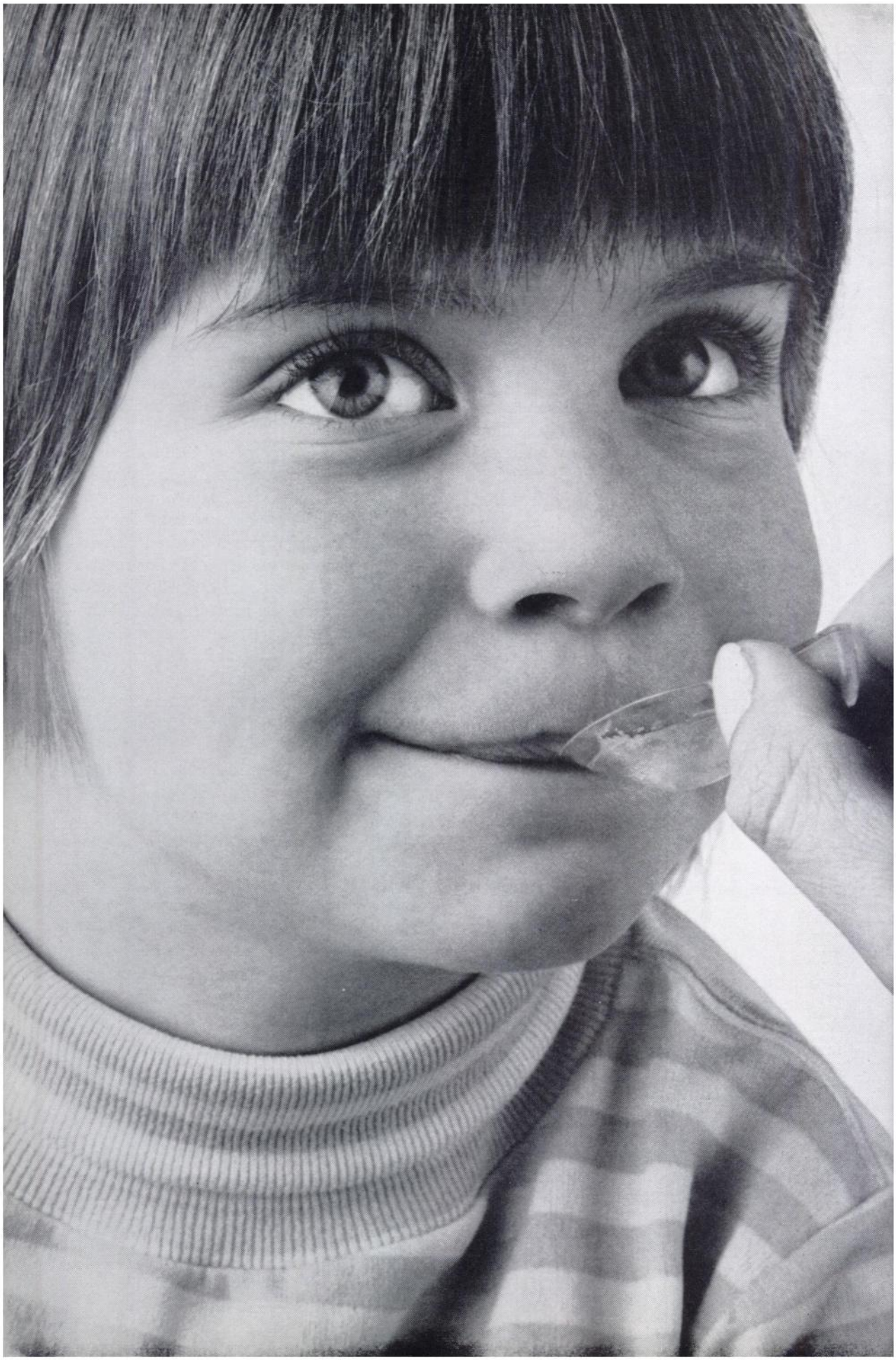
Full information is available on request.

WARNER-CHILCOTT Morris Plains, N.J.

**to help suppress recurring bacteriuria**

# MANDELAMINE®
# SUSPENSION FORTE
## (methenamine mandelate)

M-PE-61-4CRV



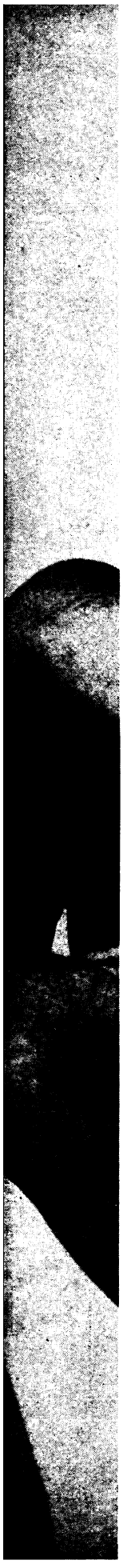


Photo professionally posed.

# 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**

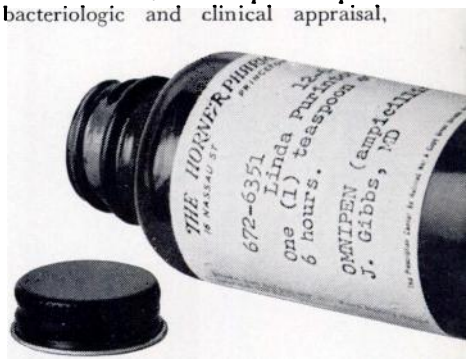
The oral suspension of Omnipen® is especially suited for pediatric use. Its very pleasant taste and odor should help assure that youngsters take the full dosage prescribed. And the plastic spoon that accompanies the bottle is designed to hold a true 5-cc. dose.

# 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.**


*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 tends to inhibit cough reflex... soothes irritated throat membranes. 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**

410R69

# THE PENBRITIN® (AMPICILLIN) FAMILY OF PEDIATRIC PRODUCTS

# Broad-Spectrum "Cidal" Action is important for young patients too

good-tasting, cherry-flavored

**PENBRITIN** For Oral Suspension – 125 or 250 mg. ampicillin per teaspoon (5 cc.) after reconstitution. Bottles for 80 cc. and 150 cc. when reconstituted.

convenient unit-dose package

**PENBRITIN** For Oral Suspension – 40 individual-dose sealed envelopes supplying 125 or 250 mg. ampicillin when reconstituted.

flexible drop dosage

**PENBRITIN** Pediatric Drops – 100 mg. ampicillin per cc. after reconstitution. Bottles for 15 cc. when reconstituted.

low dose parenteral therapy

**PENBRITIN-S** (sodium ampicillin) For Injection – equivalent to 125 mg. ampicillin per vial when reconstituted.

**Indications:** PENBRITIN (ampicillin) is particularly indicated for the treatment of infections due to susceptible strains of gram-negative bacteria, (Shigella; Salmonella, including *Sal. typhosa, N. gonorrhoeae, E. coli, H. influenzae, P. mirabilis*), and is also indicated in infections due to susceptible strains of gram-positive bacteria (Beta-haemolytic streptococcus, nonpenicillinase-producing *Staphylococcus aureus, Diplococcus pneumoniae,* and *Streptococcus faecalis* and *viridans*). It is recommended in (1) Urinary Tract Infections: (2) Respiratory Tract Infections; (3) Gastrointestinal Tract Infections. PENBRITIN-S (sodium ampicillin) for Injection should be used for the more serious infections of the above. In addition, it is also recommended in infections of the (4) Central Nervous System; and (5) General Systemic Infections.

**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 the patient placed on agents such as pressor amines, antihistamines, or corticosteroids. As with other antibiotics, ampicillin occasionally may cause a change in the intestinal flora. When this occurs ampicillin should be discontinued and appropriate treatment instituted. Treatment of gram-negative infections has been known to cause emergence of resistant organisms (*Aerobacter aerogenes, Pseudomonas pyocyanea,* etc.) which may cause 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. Because of limited experience, PENBRITIN-S (sodium ampicillin) for Injection should be used with caution in premature and newborn infants. Beta-haemolytic streptococcal infections should be treated for at least 10 days to prevent rheumatic fever or glomerulonephritis. Gonorrheal patients with a suspected primary lesion of syphilis should have dark-field examinations before receiving ampicillin. In all other cases where syphilis is suspected, serological tests should be made for at least 3 months.

**Side Effects:** Mild effects, such as skin rashes, urticaria, pruritus, diarrhea, nausea and vomiting have occasionally appeared. Anaphylactic reactions have been reported. A few instances of moderate elevation of SGOT values have been noted, but were transitory in nature and the significance is unknown.

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

# 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 MAGAZINE

Rose-Derry Company
Newton, Mass.

# 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
Stamford, Ct. 06904
Div. Denver Chemical Mfg. Co.
In Canada: Denver Laboratories (Canada) Limited

# [redacted] that [redacted]
# [redacted]ough [redacted] you t[redacted],
# [redacted]eds Tussi-Org[redacted]*

**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.**

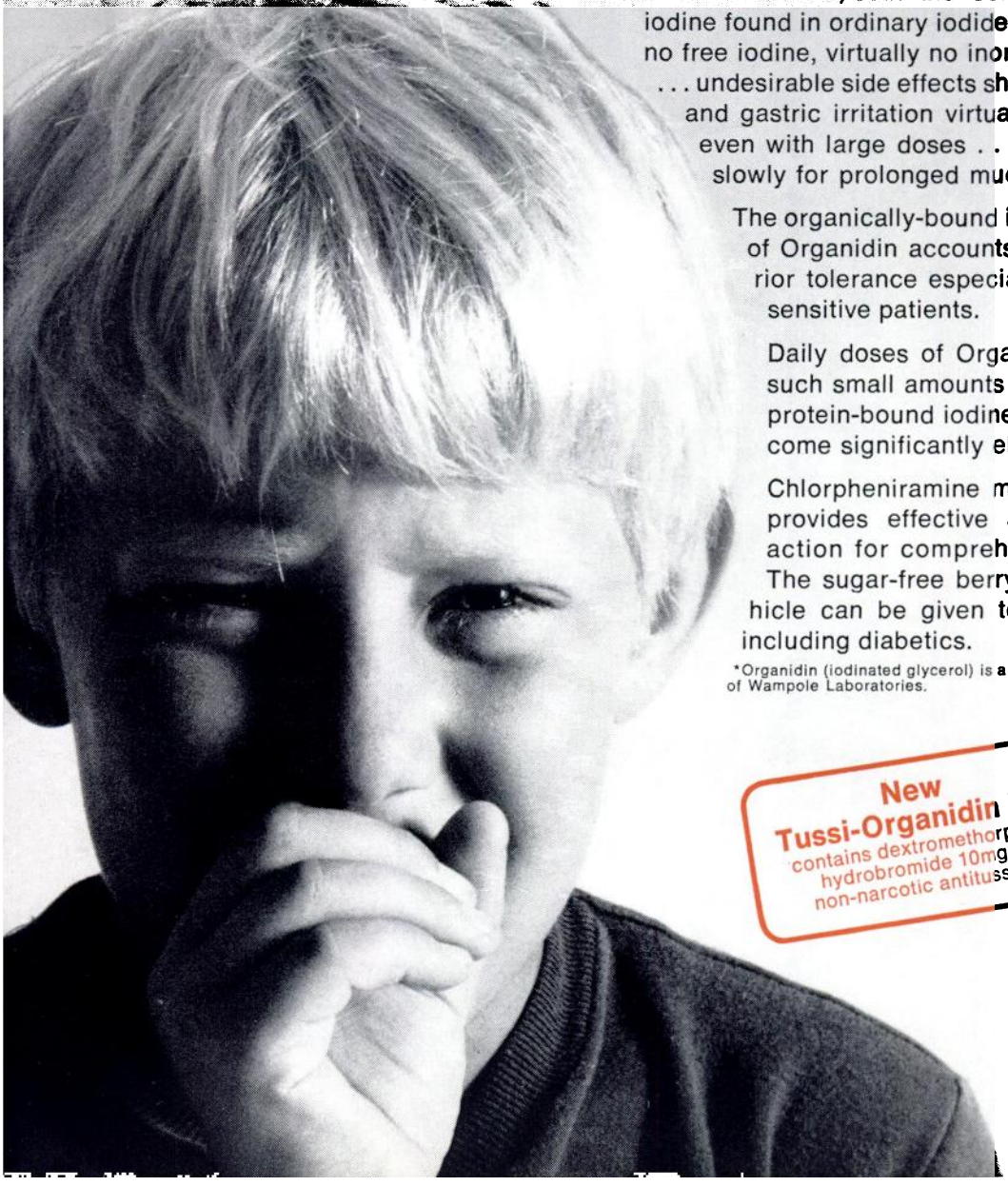
**Effective with 1/30th the concentration of** iodine found in ordinary iodide **preparations,** no free iodine, virtually no in**organic iodides** . . . undesirable side effects **sharply reduced** and gastric irritation virtu**ally eliminated** even with large doses . . . **metabolized** slowly for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

The organically-bound **iodine content** of Organidin accou**nts for its supe**rior 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.

# often more effective than topical steroids alone

# Vioform®-Hydrocortisone

## (iodochlorhydroxyquin and hydrocortisone)

## prescribe it first

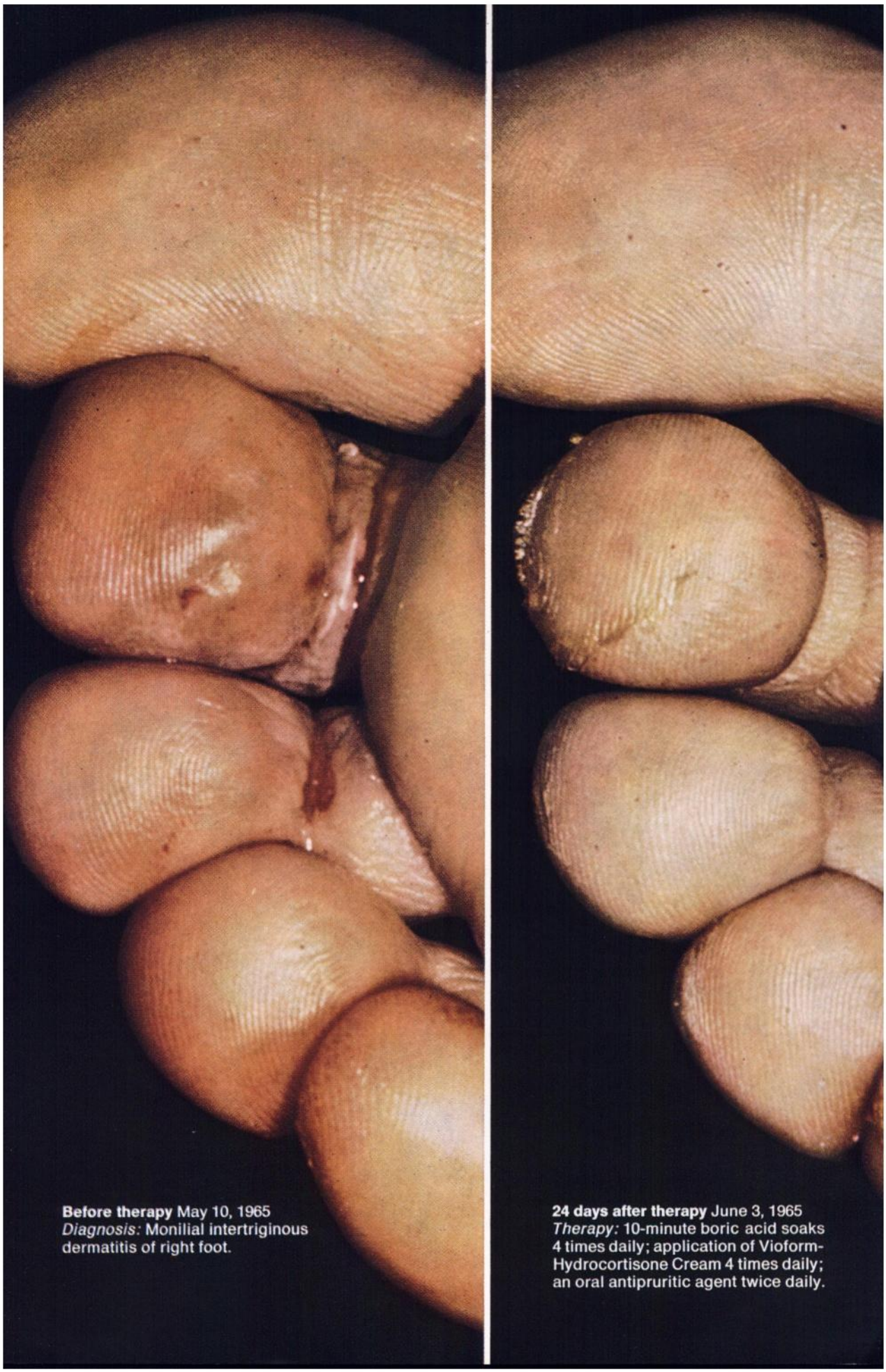
**Vioform-Hydrocortisone combines the anti-inflammatory and antipruritic benefits of hydrocortisone with the antibacterial and antifungal benefits of Vioform. For this reason, Vioform-Hydrocortisone may prove effective in cases where locally applied corticosteroids alone have failed. Nummular eczemas, ringworm or other fungal infections, and bacterial infections are some of the commonly encountered dermatoses that may respond better to Vioform-Hydrocortisone. That's why so many physicians prefer this time-tested preparation. As initial therapy, it increases chances of successful results in a wide variety of common skin disorders.**

INDICATIONS: Most acute and chronic skin disorders (consult product literature). CONTRAINDICATIONS: Should not be used in the eye, or topically in the presence of tuberculosis, vaccinia, varicella, or other viral skin conditions. PRECAUTIONS: May prove irritating to sensitized skin in rare cases. If this occurs, discontinue therapy. May stain. If used under occlusive dressings or for a prolonged period, watch for signs of pituitary-adrenal axis suppression. May interfere with thyroid function tests. Wait at least one month after discontinuance of therapy before performing these tests. The ferric chloride test for phenylketonuria (PKU) can yield a false positive result if Vioform is present in the diaper or urine. ADVERSE REACTIONS: Rare: local burning, irritation, itching. May cause striae at site of application when used for long periods in intertriginous areas. DOSAGE: Apply a small amount to affected areas 3 or 4 times daily. SUPPLIED: *Cream,* 3% iodochlorhydroxyquin and 1% hydrocortisone in a water-washable base containing stearyl alcohol, spermaceti, petrolatum, sodium lauryl sulfate, and glycerin in water; tubes of 5 and 20 Gm. *Ointment,* 3% iodochlorhydroxyquin and 1% hydrocortisone in a petrolatum base; tubes of 5 and 20 Gm. *Lotion,* 3% iodochlorhydroxyquin and 1% hydrocortisone in a water-washable base containing stearic acid, cetyl alcohol, lanolin, propylene glycol, sorbitan trioleate, polysorbate 60, triethanolamine, methylparaben, propylparaben, and perfume Flora in water; plastic squeeze bottles of 15 ml. ECONOMICAL FORMS FOR LESS SEVERE DERMATOSES: *Mild Cream,* 3% iodochlorhydroxyquin and 0.5% hydrocortisone in a water-washable base containing stearyl alcohol, spermaceti, petrolatum, sodium lauryl sulfate, and glycerin in water; tubes of ½ and 1 ounce. *Mild Ointment,* 3% iodochlorhydroxyquin and 0.5% hydrocortisone in a petrolatum base; tubes of ½ and 1 ounce.

C I B A

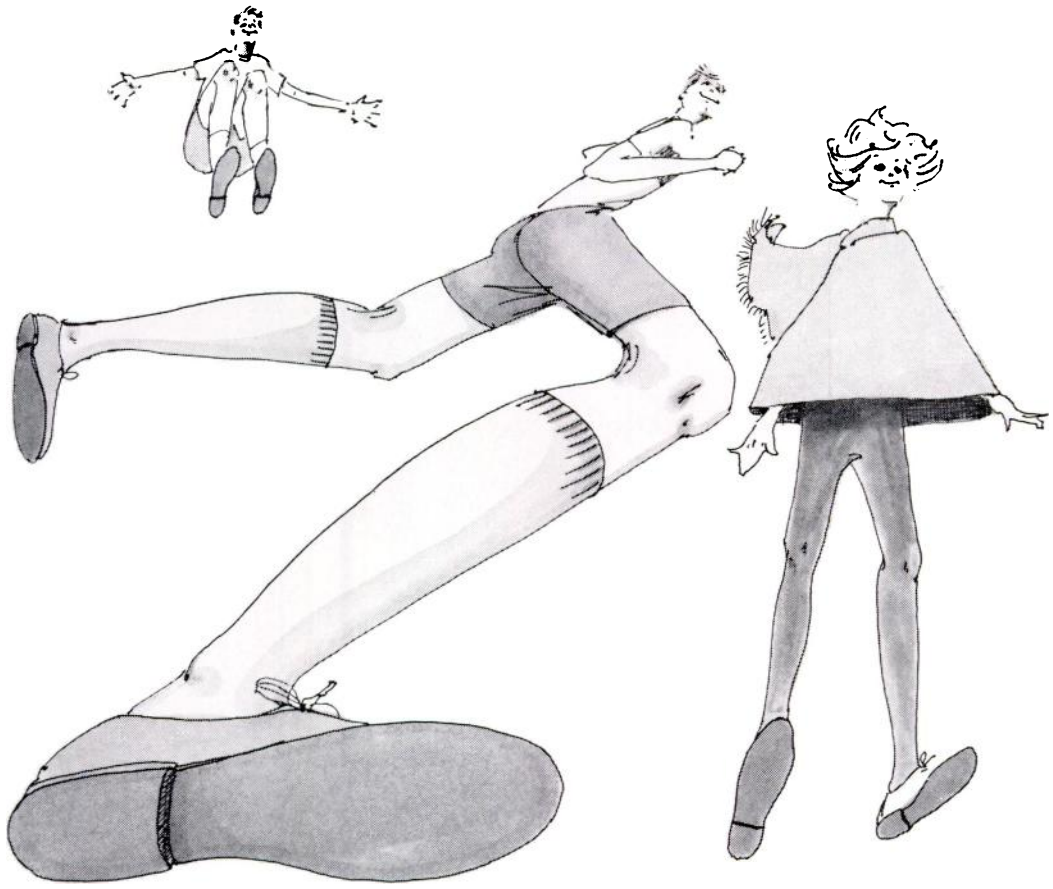
CIBA Pharmaceutical Company, Summit, N.J.

2/3703MK-RI



**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.



# Kids start from the bottom up.

Kids start using their feet long before they start using their heads.

By the time they've developed their first sentences, they've learned how to walk, run, jump and skip.

You might say that kids work their way up.

Well, our shoes don't let them down.

Our shoes are strongly made and well made.

They give a child excellent support and they're sold by men who fit them impeccably.

This is probably why Stride Rite has been around for three generations.

And why you've been recommending us to mothers ever since you started treating kids.

So we'd just like to say this much: It's the children we gave a boost in life who've put us on top.

THE STRIDE RITE SHOE

Green Shoe Mfg. Co., Boston, Mass.

# AMERICAN ACADEMY OF PEDIATRICS

1801 Hinman Avenue
Evanston, Illinois 60204

## SCHEDULE OF MEETINGS

### ANNUAL MEETINGS

**1969—Thirty-Eighth** October 18-23
Palmer House, Chicago

**1970—Thirty-Ninth** October 17-22
San Francisco Hilton, San Francisco

**1971—Fortieth** October 16-21
Palmer House, Chicago

**1972—Forty-First** October 13-19
New York Hilton
Americana Hotel, New York City

### SPRING SESSIONS

**1969—Sheraton Boston** April 21-23
Boston, Mass.
(Boston Children's Hospital—
Centennial April 18-20)

**1970—Washington Hilton** April 13-15
Washington, D.C.
(Children's Hospital D.C.—
Centennial)

**1971—Chase-Park Plaza** April 19-22
St. Louis, Mo.

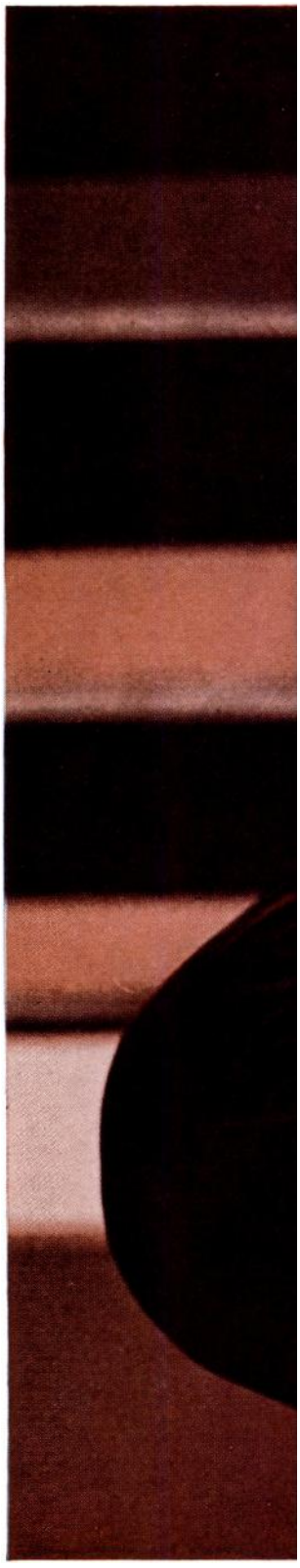
**1972—Convention Hall** April 24-27
San Diego, California

**1973—Sheraton Boston** April 9-12
Boston, Mass.

# 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.

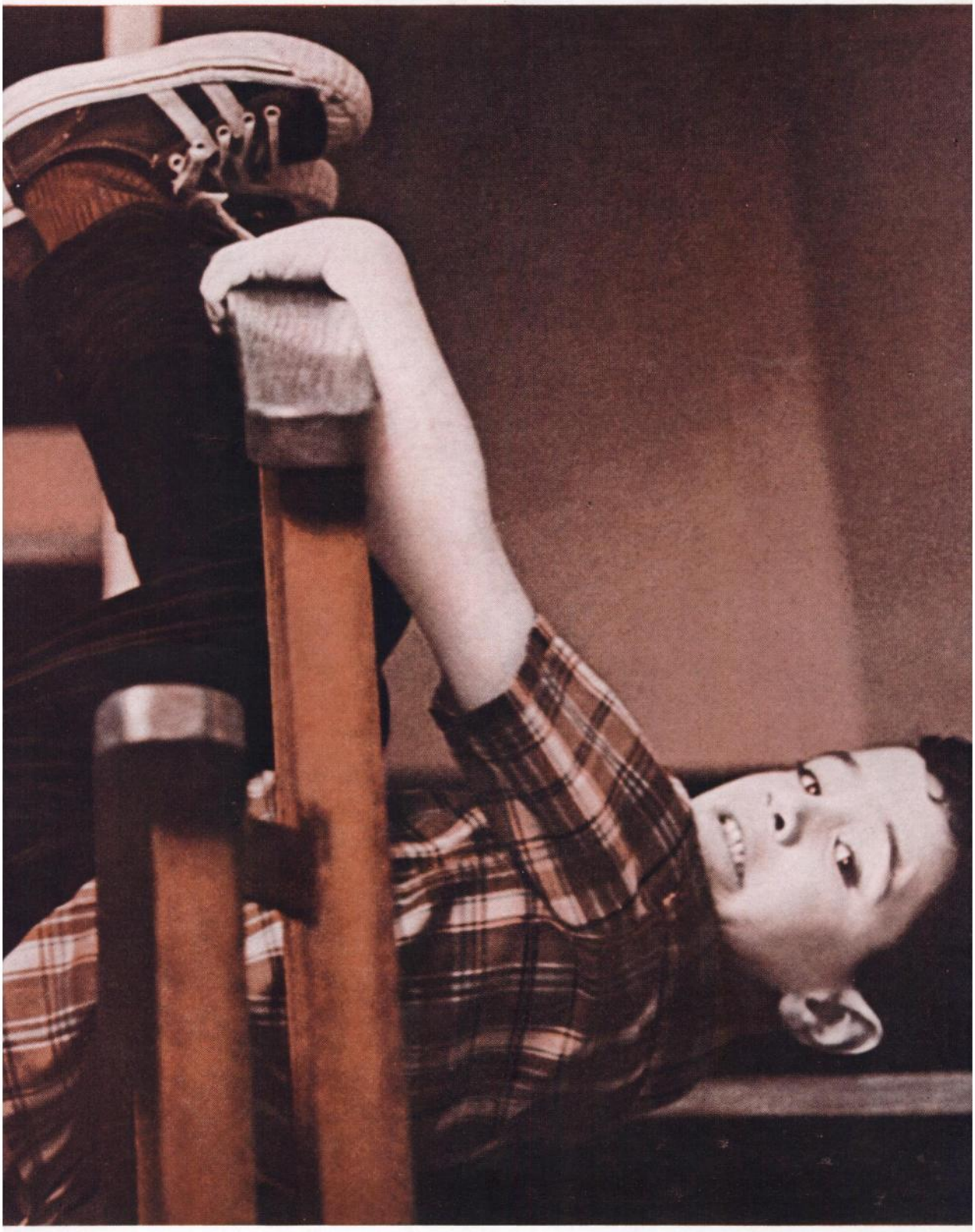
**Wyeth Laboratories Philadelphia, Pa.**

Wyeth

# Bicillin® C-R

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

# he should?



Professionally posed.

# 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—**

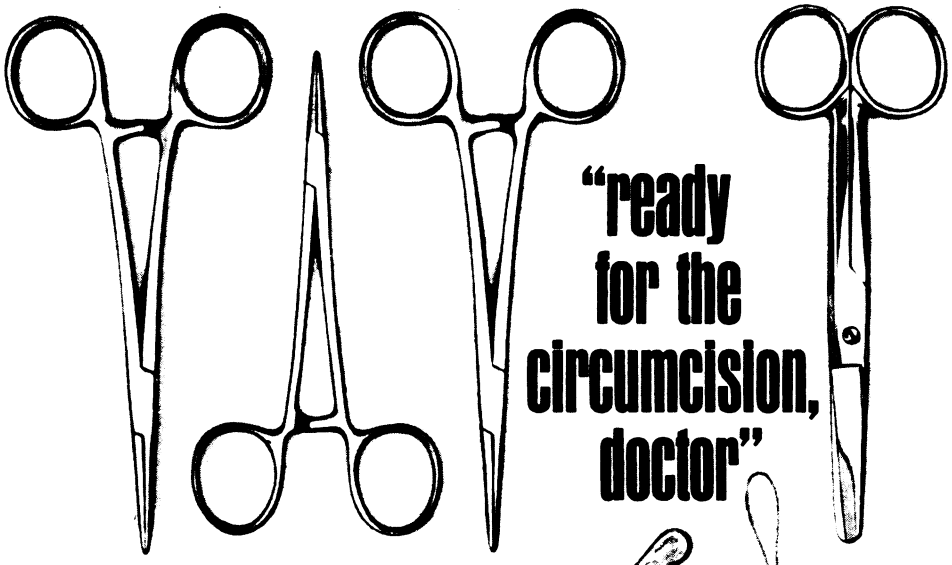
**Povan®**

(pyrvinium pamoate)

PARKE, DAVIS & COMPANY, DETROIT, MICHIGAN 48232

PARKE-DAVIS

44768



# "ready for the circumcision, doctor"

That's right, doctor, these are the only instruments you'll need – hemostats and scissors. No matter when you circumcise your newborn, sometime after birth or right in the delivery room, with the Plastibell you do it quickly and easily. The nurse peels open the Plastibell's sterile packet and spills the bell and ligature onto a sterile surface. You make a dorsal slit, free up adhesions, and place the Plastibell over the glans inside the foreskin. Tie the ligature so it compresses the foreskin into the groove of the Plastibell. Break off the Plastibell's handle. Trim the foreskin. You're finished in just minutes, with no need for dressings or special postoperative care. The bell will drop off naturally, usually after 5 to 8 days, leaving a clean, well-healed line of excision. For samples and photographs of the procedure in full-color, write, using your professional letterhead.

**now in 5 sizes**

VERY SMALL/1.1 cm.
SMALL/1.2 cm.
REGULAR/1.3 cm.
LARGE/1.5 cm.
EXTRA LARGE/1.7 cm.

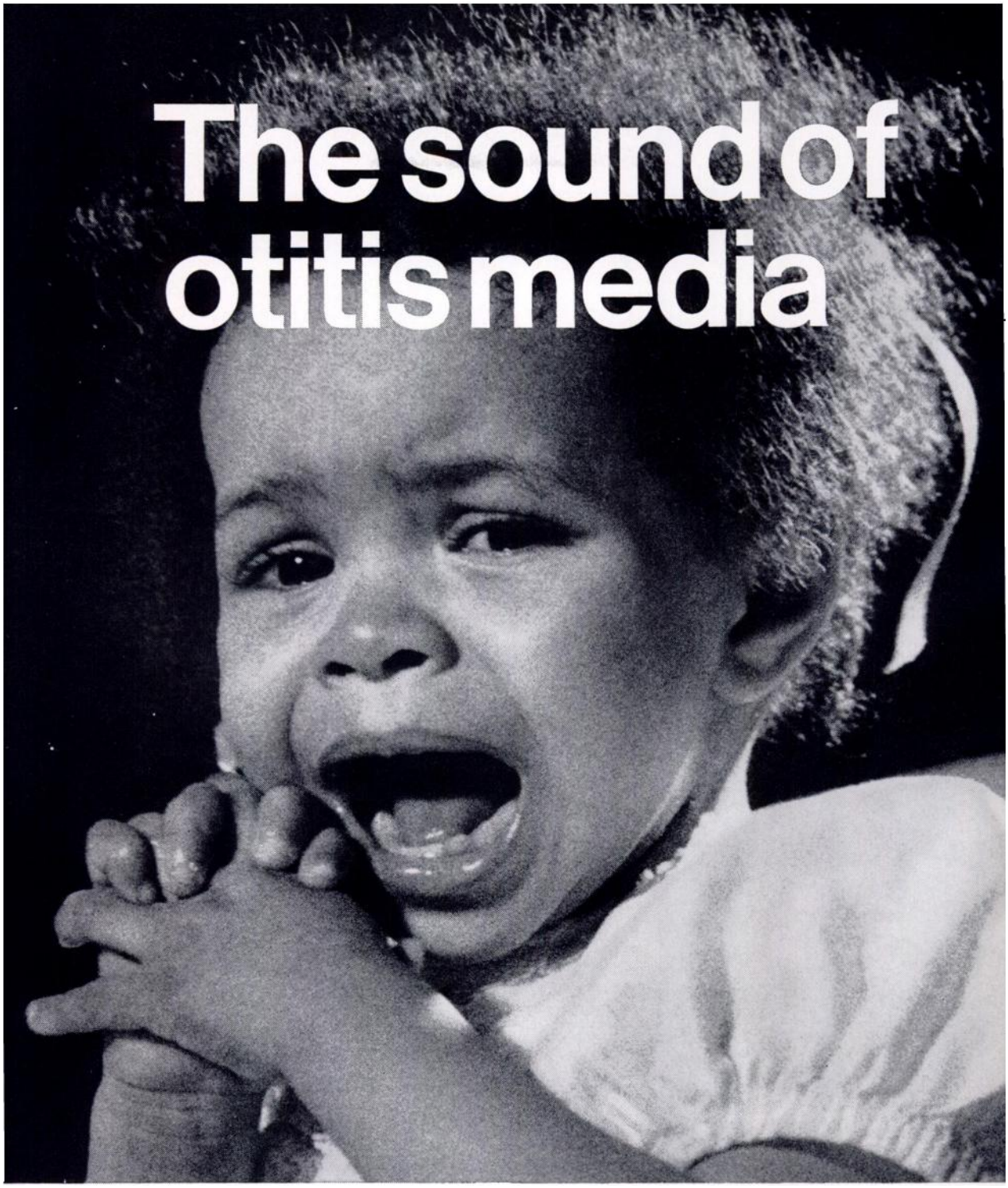
# PLASTIBELL®

**disposable circumcision device**

HOLLISTER INC., CHICAGO, ILLINOIS 60611 • HOLLISTER LTD., TORONTO 1, ONTARIO

HOLLISTER

PRINTED IN U.S.A.




**calls for prompt pain relief with**

# Auralgan®
OTIC SOLUTION

*Each cc. contains:*

| | |
|---|---|
| Glycerin dehydrated | 1.0 cc. |
| (Contains not more than 0.6% moisture.) | |
| Antipyrine | 54.0 mg. |
| Benzocaine | 14.0 mg. |
| (Also contains 8-Hydroxyquinoline sulfate.) | |

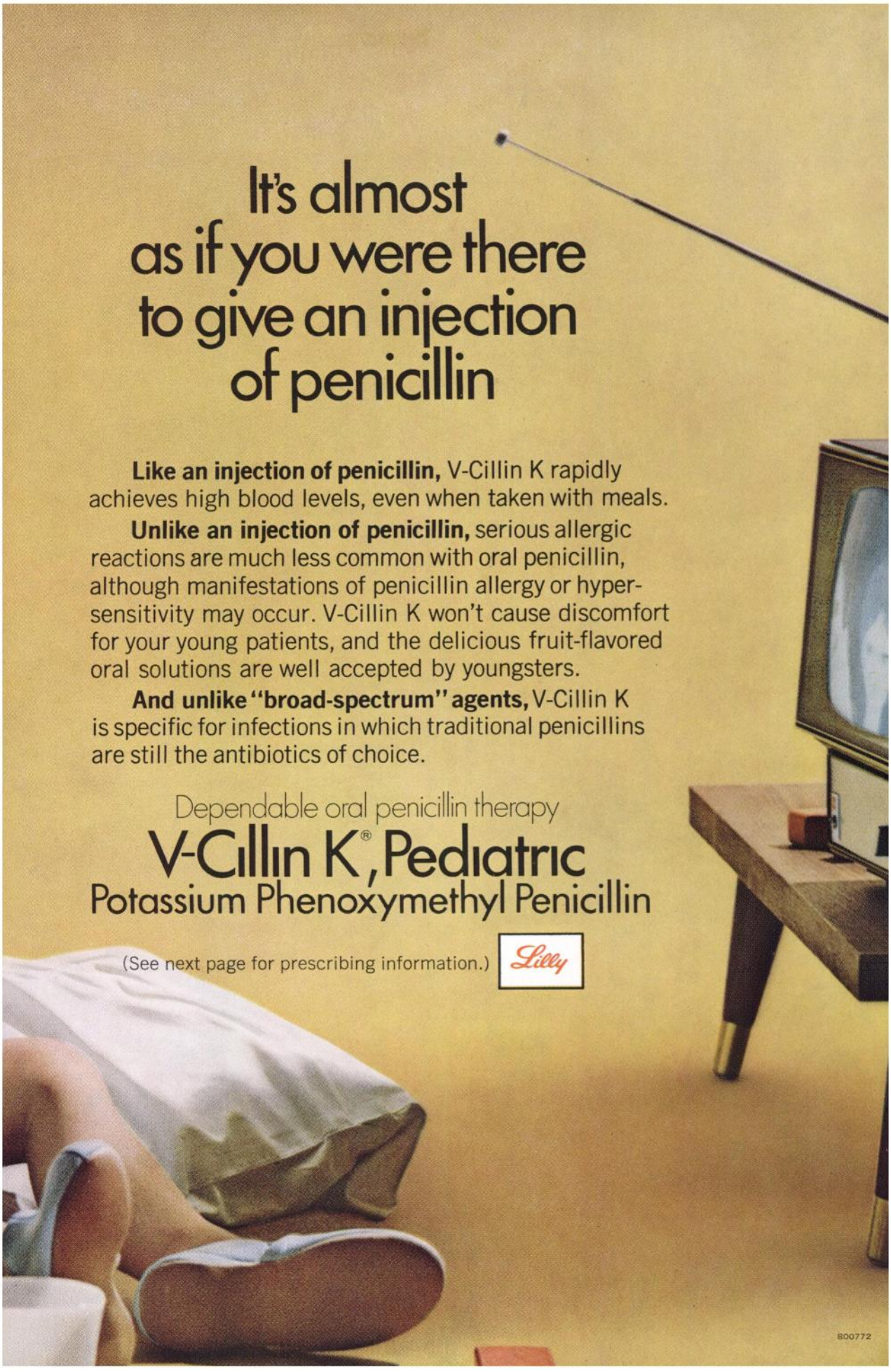
**The logical adjunct to systemic antibacterial therapy**

**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.

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

6823


COLORED
BLOCKS


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, serious allergic reactions are much less common with oral penicillin, 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.
And unlike "broad-spectrum" agents, V-Cillin K is specific for infections in which traditional penicillins are still the antibiotics of choice.
Dependable oral penicillin therapy
V-Cillin K®, Pediatric
Potassium Phenoxymethyl Penicillin
(See next page for prescribing information.)
Lilly
800772

# V-Cillin K®, Pediatric

**Potassium Phenoxymethyl Penicillin**

# Dependable oral penicillin discovered by Lilly, perfected by Lilly, backed by the reputation of Lilly

**Description:** V-Cillin K, the potassium salt of V-Cillin® (phenoxymethyl penicillin, Lilly), combines acid stability with immediate solubility and rapid absorption. Higher, more rapid serum levels are obtained than with equal oral doses of penicillin G.

**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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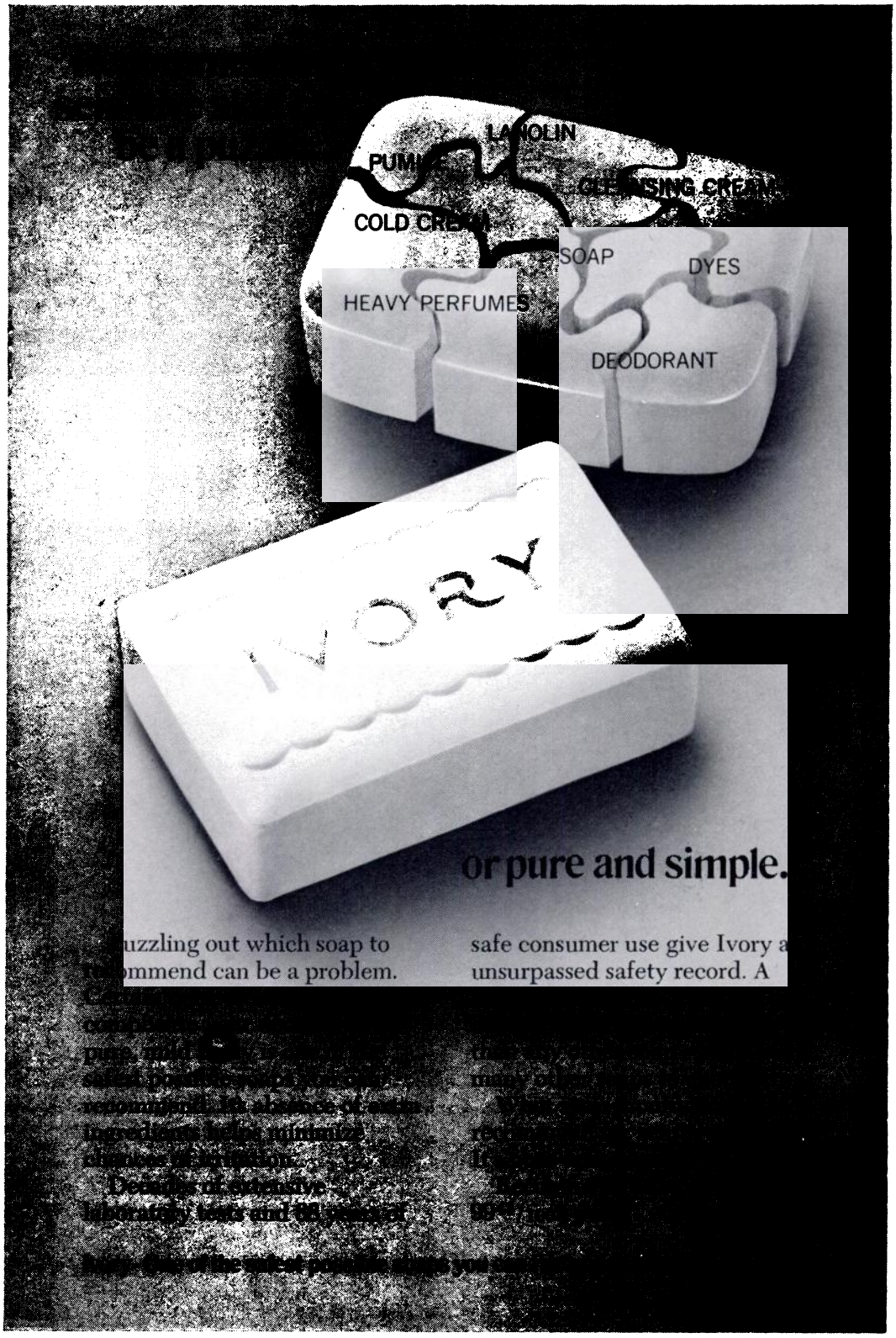
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# Canker sores?

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

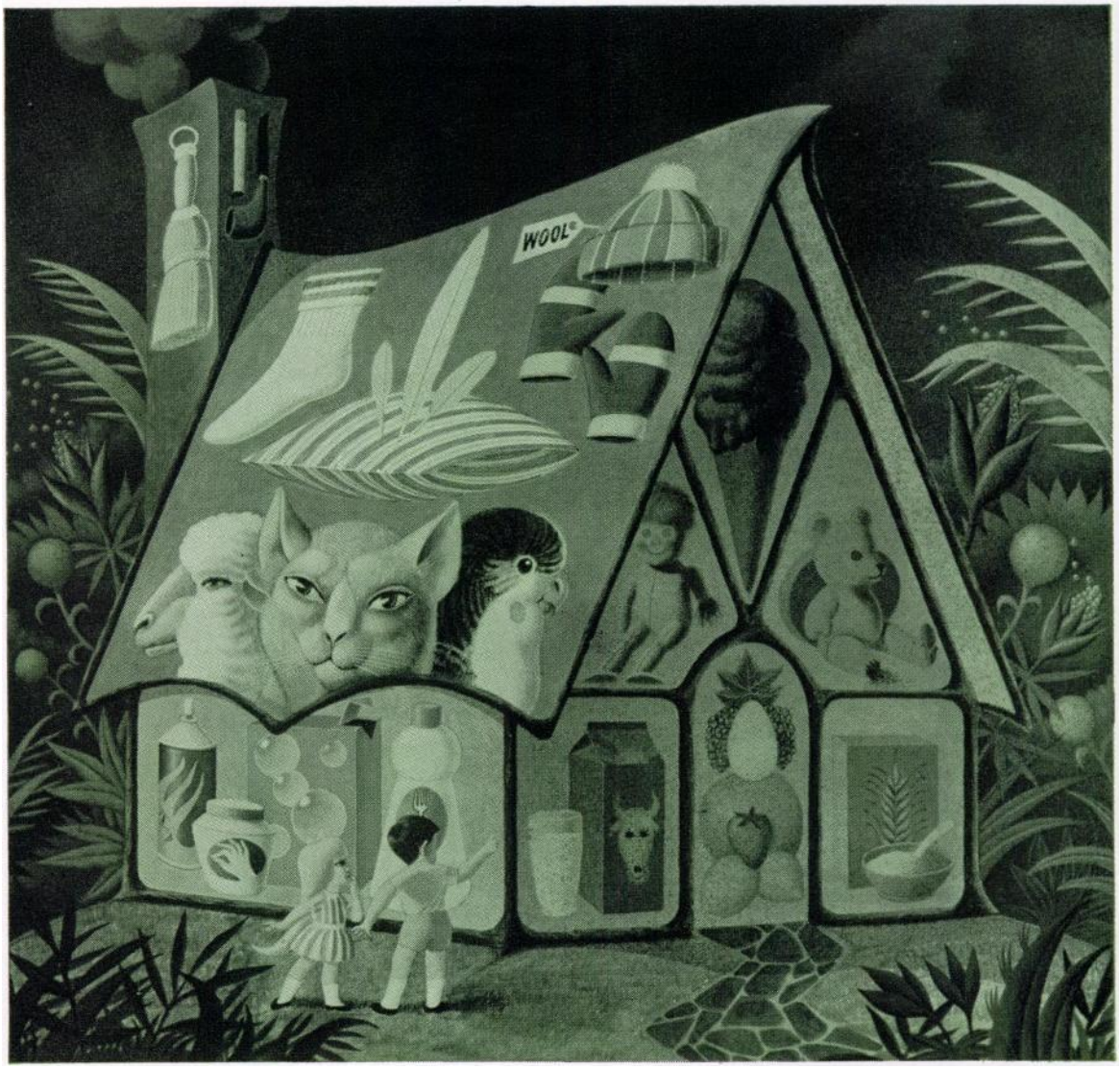
**DESCRIPTION:** Cleansing, antimicrobial, oral solution containing carbamide (urea) peroxide 10% in specially prepared anhydrous glycerol. Artificial flavor added. (U.S. Pat. #2,430,450)
**USES:** Sole or adjunctive therapy and/or prophylaxis of oral inflammation—such as canker sores, aphthous and herpetic 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.

GLI0067

*For literature or Patient Starter Samples write to:*

INTERNATIONAL PHARMACEUTICAL CORPORATION, Warrington, Penna. 18976




Once upon a time, long before Dimetane Elixir (brompheniramine maleate) the allergic child lived and played in a house of allergens. So many of the good things of childhood—a warm, wooly blanket, a pretty flower for mommy, a bubbly bath, a soft, furry pet—could cast an uncomfortable, allergic spell.

Then along came Dimetane Elixir (brompheniramine maleate) to help break the allergic spell.

It stopped the runny nose, teary eyes, itchy skin—without making him sleepy—and it had a delicious cola flavor, too. From then on, the allergic child lived and played happily and comfortably ever after.

*Indications:* Prevention and symptomatic relief of many manifestations of allergic states. *Contraindications:* Hypersensitivity to antihistamines. Not recommended for use during pregnancy. *Precautions:* Until response is determined, patient should be cautioned against engaging in mechanical operations requiring alertness. *Side Effects:* Hypersensitivity reactions, including skin rashes, urticaria, hypotension, and thrombocytopenia, have been reported rarely. Occasional transitory drowsiness, lassitude, nausea, giddiness, dryness of the mouth, mydriasis, increased irritability or excitement may be encountered. *See product literature for further details.*

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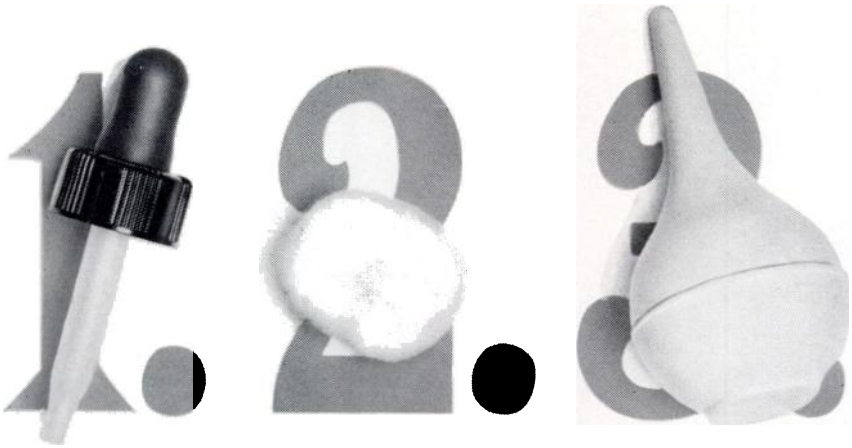
## HELP BREAK THE ALLERGIC SPELL

# Dimetane® Elixir

(brompheniramine maleate, 2 mg./5 cc.)



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# CERUMENEX DROPS

## (triethanolamine polypeptide oleate-condensate)

1. Fill external auditory canal with the drops with head tilted to the side at a 45° angle.
2. Insert cotton plug and allow to remain 15-30 minutes.
3. Then gently wash ear with lukewarm water, using soft rubber syringe.

Effective results with this specific cerumenolytic agent reported in over 90% of about 2,700 patients.*

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# FOR PEDIATRICIANS ONLY*

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It has a delicious grape flavor kids love.

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**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

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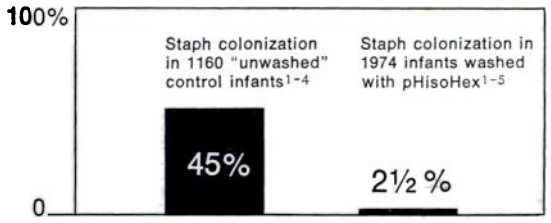
**pHisoHex was used on infants in the delivery room (with thorough cleansing of the cord) and daily thereafter. In most studies nurses also washed with pHisoHex before and after each infant contact.**




*The chain of protection* can be extended even further by requiring everyone who handles the infant—in the hospital and after discharge home—to wash his hands with pHisoHex before and after each contact.

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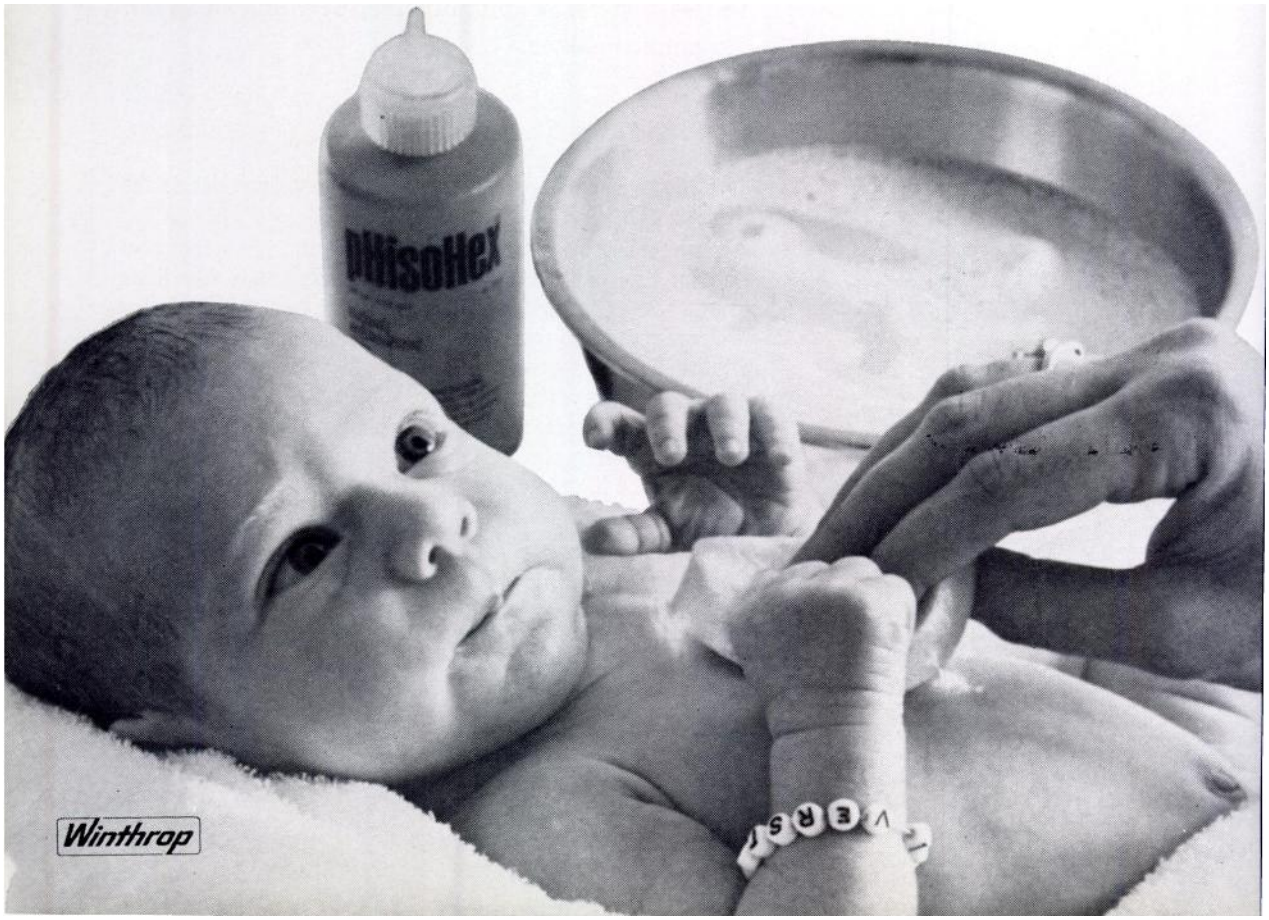
Routine daily bathing with pHisoHex, in the hospital and at home, builds a cumulative, rinse-resistant film of powerfully antibacterial hexachlorophene on the skin that helps protect between washings by providing a constant barrier against Staph and other bacteria. Use it often to prevent impetigo, diaper rash and cradle cap. "With the institution of hexachlorophene [pHisoHex] bathing of the babies born in this hospital plus, of course, hand-washing by the nurses after contact with each infant, staphylococcal infection during the neonatal period has virtually disappeared from our nurseries."[6]

pHisoHex is nonalkaline, hypoallergenic and gentle. In unbreakable plastic squeeze bottles of 5 oz. and 16 oz. and in plastic bottles of 1 gallon.

**References:** 1. Gluck, Louis, and Wood, H. F.: *New England J. Med.* 265:1177, Dec. 14, 1961. 2. Gluck, Louis, and Wood, H. F.: *New England J. Med.* 268:1265, June 6, 1963. 3. Payne, Margaret C.; Wood, H. F.; Karakawa, Walter, and Gluck, Louis: *Am. J. Epidemiol.* 82:305, Nov., 1965. 4. Simon, H. J.; Allwood-Paredes, Juan, and Trejos, Alfonso: *Pediatrics* 35:254, Feb., 1965. 5. Simon, H. J.; Yaffe, S. J., and Gluck, Louis: *New England J. Med.* 265:1171, Dec. 14, 1961. 6. Gluck, Louis: *Hosp. Pract.* 3:33, Jan., 1968 (Author's correction).



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

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

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Pediatrics

VOLUME 43 JANUARY 1969 NUMBER 1

## COMMENTARIES

# VITAMIN D AND CRANIOFACIAL AND DENTAL ANOMALIES OF SUPRAVALVULAR STENOSIS

FEW pediatric disorders have undergone such fascinating extensions to their clinical picture as has been the case in idiopathic hypercalcemia of infancy during the past decade.

Features of the infantile illness were described in the early 1950's by workers in England and Europe. Ten years later an apparently unrelated vascular disorder comprising a peculiar facies, mental retardation, supravalvular aortic and pulmonary stenosis and dental anomalies was reported from New Zealand[1] and Germany.[2] Black and Bonham Carter,[3] at the Hospital for Sick Children, Great Ormond Street, through recognizing a similarity between the facial appearance of these retarded older children and the elfin facies characteristic of infantile hypercalcemia, were able to postulate a relationship between the two clinical entities. Documentation was provided by the demonstration of unequivocal supravalvular aortic stenosis in a 9-month-old infant with idiopathic hypercalcemia at The Johns Hopkins Hospital[4] and shortly thereafter by other cases from Europe. Subsequent detailed analyses in 15 children with the supravalvular aortic stenosis syndrome by Antia and co-workers from Baltimore[5] uncovered evidence to suggest that the several apparently different forms of the vascular syndrome in older children (including the familial cases) might have a common association with hypercalcemia of infancy of whatever severity.

A number of features of the syndrome argue for prenatal influences acting as major determinants of the clinical picture postnatally. High dosage of intramuscular vitamin D administered during pregnancy to the mothers of affected German children tended to incriminate vitamin D or some breakdown product thereof as the offending factor. The English experience of a high incidence of infantile hypercalcemia during a period when milk in that country was heavily fortified with vitamin D added weight to the proposal that vitamin D was an important factor in pathogenesis. The contention has been hotly debated for some years, with the Committee on Nutrition of the American Academy of Pediatrics adopting a middle position over the issue.[6] Friedman and Roberts in 1966, demonstrated that an antirachitic substance crossed the placenta of the rabbit and produced lesions similar to those encountered in supravalvular aortic stenosis in the human as well as elevating blood calcium and vitamin D levels of the newborn rabbit.[7] The work by Friedman and Mills, published this month,[8] has shown that vitamin D administered to pregnant rabbits results in abnormalities of the craniofacial anatomy, including early suture closure, small skull measurements, and severe dental malocclusion.

Excessive maternal intake of vitamin D