

## ANNOUNCEMENTS OF MEETINGS

Most of the following items are described in more detail in the News and Announcements section of *PEDIATRICS* (specific issue and page indicated in parentheses).

### May

NEW ENGLAND PEDIATRIC SOCIETY, meeting, New Haven, Connecticut, May 21. (April, p. 640.)

RECENT ADVANCES IN ADOLESCENT MEDICINE, postgraduate course, Washington, D.C., May 21-23. (April, p. 641.)

NEONATAL POSTGRADUATE SEMINAR, Athens, Greece, May 26-29. (April, p. 641.)

CONGRESS ON MEDICAL AND RELATED ASPECTS OF TRAFFIC ACCIDENTS, New York, May 29 to June 1. (March, p. 477.)

RECENT ADVANCES IN ADOLESCENT MEDICINE, a postgraduate course, George Washington University School of Medicine, Washington, D.C., May 21-23. (February, p. 311.)

PEDIATRIC POSTGRADUATE SYMPOSIUM, Maimonides Medical Center and Coney Island Affiliate, Brooklyn, New York, May 25-27. (November, p. 878.)

### June

INTERNATIONAL CONFERENCE ON DRUG ABUSE, New York, June 2. (March, p. 477.)

INTERNATIONAL CONFERENCE ON POISON CONTROL, New York, June 3 and 4. (March, p. 477.)

NEUROMUSCULAR DISEASES OF CHILDREN, 2-week course, Chicago, June 2-13. (April, p. 641.)

MEDICAL AND SURGICAL PROBLEMS OF CHILDHOOD, a joint program, St. Louis, June 5 and 6. (May, p. 912.)

POSTGRADUATE SEMINAR, Orange, California, June 20 and 21. (April, p. 641.)

POSTGRADUATE PEDIATRICS SEMINAR, Children's Medical Center, Dallas, Texas, June 13 and 14. (March, p. 477.)

### July

TERATOLOGY SOCIETY MEETING, Crystal Mountain, Washington, July 7-11. (April, p. 641.)

CHILD DEVELOPMENT, a postgraduate course, University of Texas Medical Branch, Galveston, July 29-31 and August 1. (February, p. 311, and May, p. 912.)

### September

RADIOISOTOPES IN CLINICAL MEDICINE AND RESEARCH, a symposium, Vienna, September 8-12. (March, p. 477.)

CONGRESS OF FRENCH SPEAKING PEDIATRICIANS, Strasbourg, France, September 1-3. (April, p. 641.)

INTERNATIONAL CONGRESS ON HYPERBARIC MEDICINE, Sapporo, Japan, September 2-4. (April, p. 641.)

INTERNATIONAL CONFERENCE ON CONGENITAL MALFORMATIONS, The Netherlands, September 8-12. (April, p. 642.)

POSTGRADUATE SEMINAR, No. Falmouth, Massachusetts, September 26-29. (April, p. 642.)

MEDITERRANEAN-MIDDLE EASTERN PEDIATRIC CONGRESS, Athens, Greece, September 28 to October 1. (April, p. 642.)

NINETY-NINTH MEETING OF THE NORTH PACIFIC PEDIATRIC SOCIETY, Coeur d'Alene, Idaho, September 28 to October 1. (January, p. 147.)

SECTION ON PEDIATRICS OF THE SOUTHERN MEDICAL ASSOCIATION, annual meeting, Atlanta, Georgia, November 10-13. (April, p. 642.)

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Titles should be concise and clear, subtitles avoided. Terminology should follow *Standard Nomenclature of Diseases and Operations*. Give authors' full names and professional degrees, principal author's address, and name of institution(s) where work was done; omit departmental appointments unless necessary for special reasons.

References should be numbered consecutively (not alphabetically) and listed in double-spaced typing on separate, numbered sheets. They must conform to the style employed in *PEDIATRICS* and be keyed in the text. Abbreviations for journals should be those listed in *Index Medicus*. References to books should contain the authors' names, title of book, volume, edition, and name of publisher, year of publication, and page numbers of reference. Foreign references should be carefully checked for accents, capitalization, and spelling.

The author's style will be respected, but mathematical terms, formulas, abbreviations, units, and measurements must conform to usage in *PEDIATRICS*, based on standards in *Science*, 120: 1078, 1954. The metric system will be used; equivalent measurement in the English system may be included in parentheses. Name of chemical compounds—not formulas—should be given. Proprietary names, if unavoidable, will be indicated by capitalization of the first letter. Conversions to accepted standards and terms should be made before the manuscript is submitted.

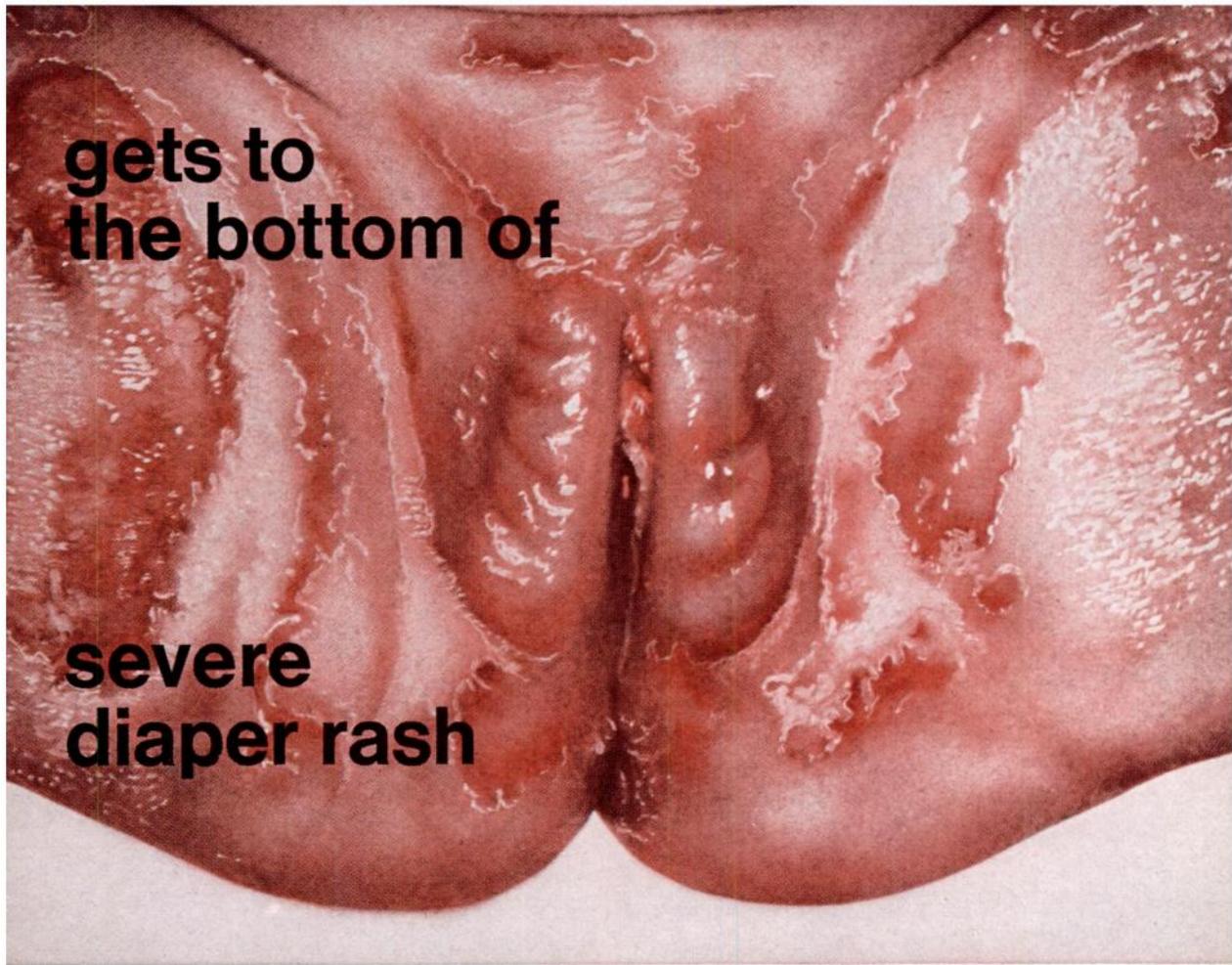
Manuscripts should include a clear introductory statement of purpose; a historical review when desirable; a description of the technique and the scope of the experiments or observations (previously published procedures require only references to the original); a full presentation of the *Results* obtained and the significance of the information derived therefrom; a brief *Comment* or *Discussion* on the findings and any correlation with those of other workers; a paragraph headed *Speculation* and *Relevance*, or *Implications*; and a *Summary*, which should be a brief, logical résumé of the work, and may include conclusions. (A statement that a "subject has been discussed" is of no value and may be removed.)

Authors are requested to furnish (in addition to the full title) a condensed title for the cover, not exceeding 60 spaces, and a running head of not more than 35 spaces. Accepted papers will also require an **Abstract**, prepared by the author in 200 words or less, accompanied by up to five key words under which the paper should be indexed.

**Illustrations**—Either glossy prints of line drawings or photographs must be furnished. A reasonable number of black and white illustrations will be printed without cost, but the cost of color illustrations and other special processing is usually borne by the author. Manuscripts containing such materials will not be accepted until arrangements for payment, on the basis of estimated prices, are made. Color work requires one month longer in production.

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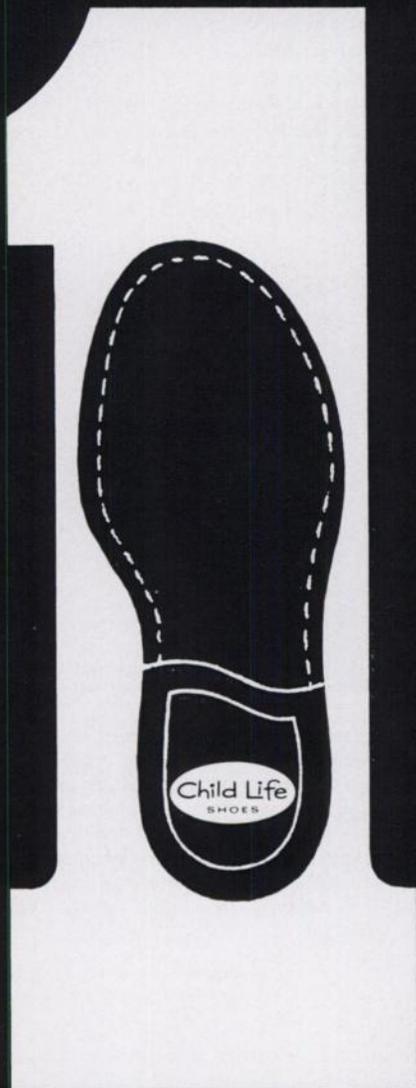
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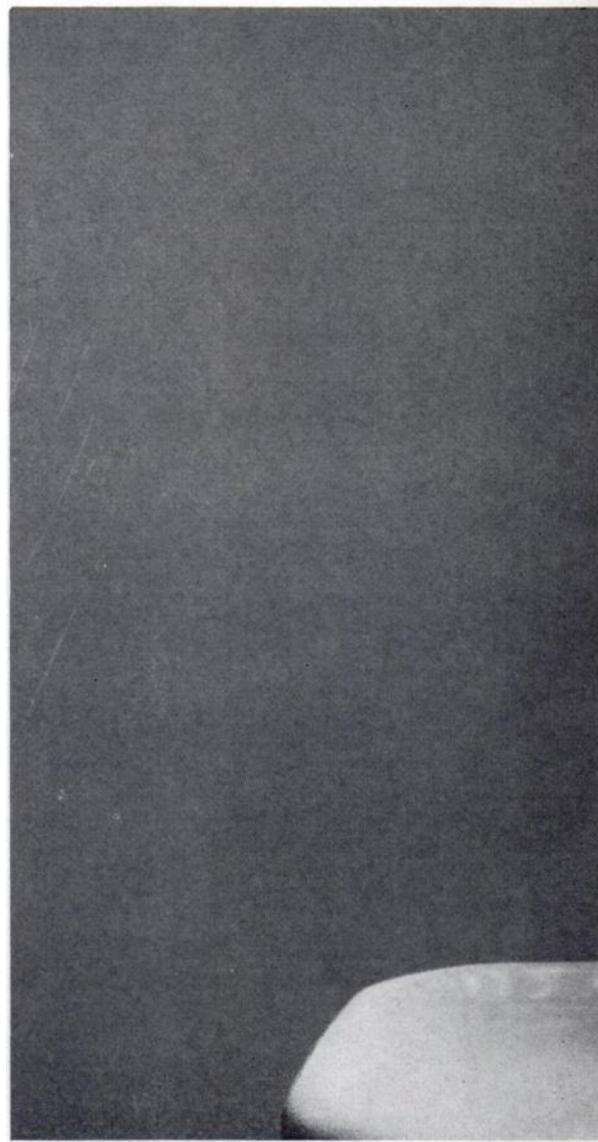
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Before prescribing, see the complete prescribing information, including dosage and symptoms and treatment of overdosage, in SK&F literature or *PDR*.

**Contraindications:** In C.N.S. depression from depressant agents. Previous blood dyscrasias or severe allergic reactions related to phenothiazine therapy.

**Warnings:** In pregnancy and in patients with previous phenothiazine jaundice, use only when necessary for patient's welfare. Because of possible drowsiness, use cautiously and warn patients who operate vehicles or machinery. Alcohol may be potentiated.

**Precautions:** Use with caution where C.N.S. depressants (opiates, analgesics, antihistamines, barbiturates, alcohol) may

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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 ejacula-

tion; 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<sup>®</sup> capsules, 5 mg., in bottles of 50; Syrup, 2.5 mg./5 cc.

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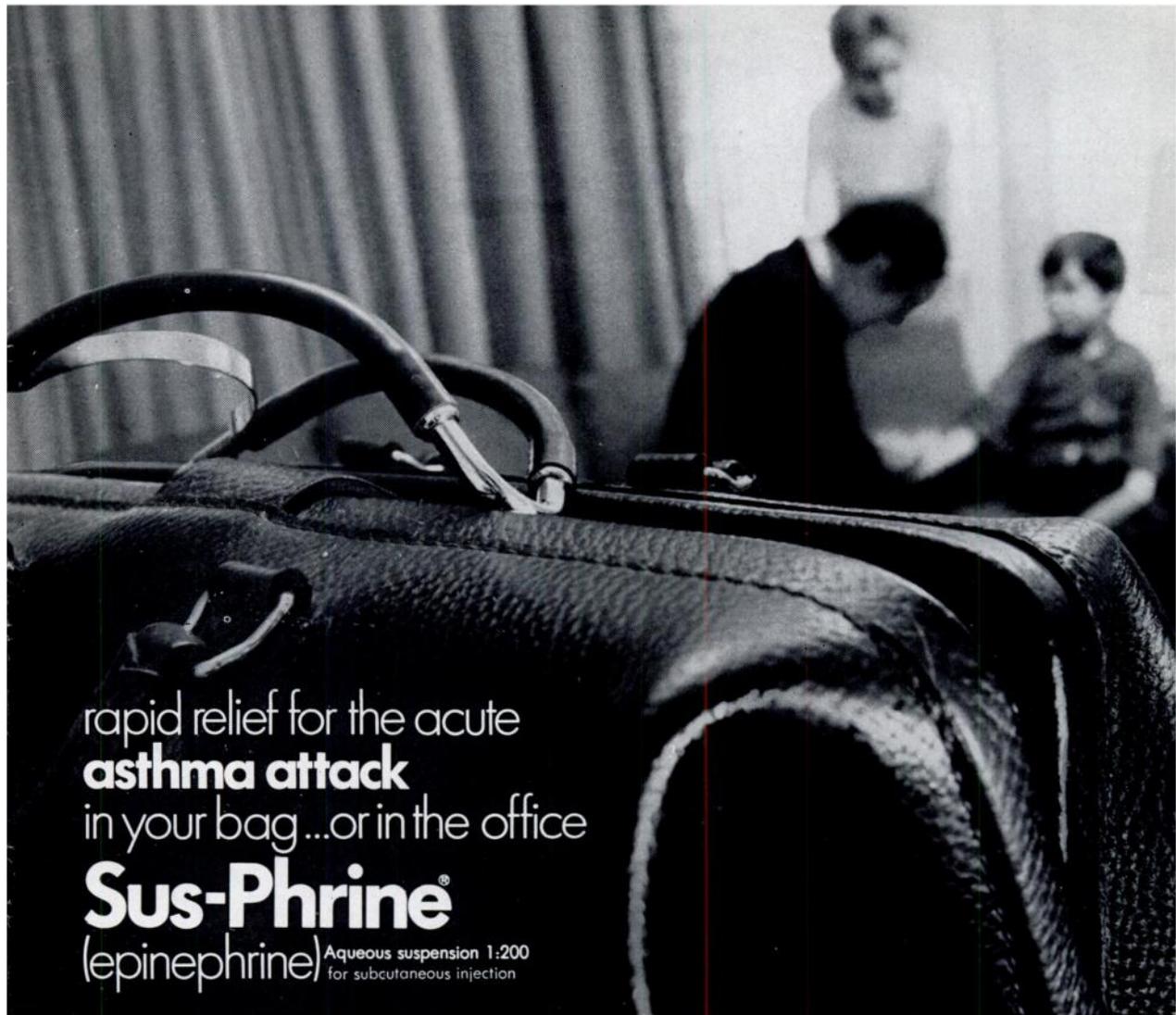


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**We try to present an accurate index. Occasionally this may not be possible because of a last-minute change or an omission.**



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### REFERENCES:

1. Marks, M.B.: J. Asthma Research 5:159 (Mar.) 1968. 2. Mansmann, H.C.: Ped. Clin. of North America 15:357 (May) 1968. 3. Caplin, I.: West Virginia Med. J. 64:178 (May) 1968.

**Precautions:** Administer with caution to patients with long-standing bronchial asthma, a significant degree of emphysema and those with cardiovascular disease, diabetes, hyperthyroidism, hypertension and the elderly. Before withdrawing into syringe, shake vial or ampule thoroughly to disperse particles and to obtain uniform suspension. Inject promptly to avoid settling of the suspension in the syringe.

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**Contraindications:** Cerebral arteriosclerosis, shock, organic heart disease.

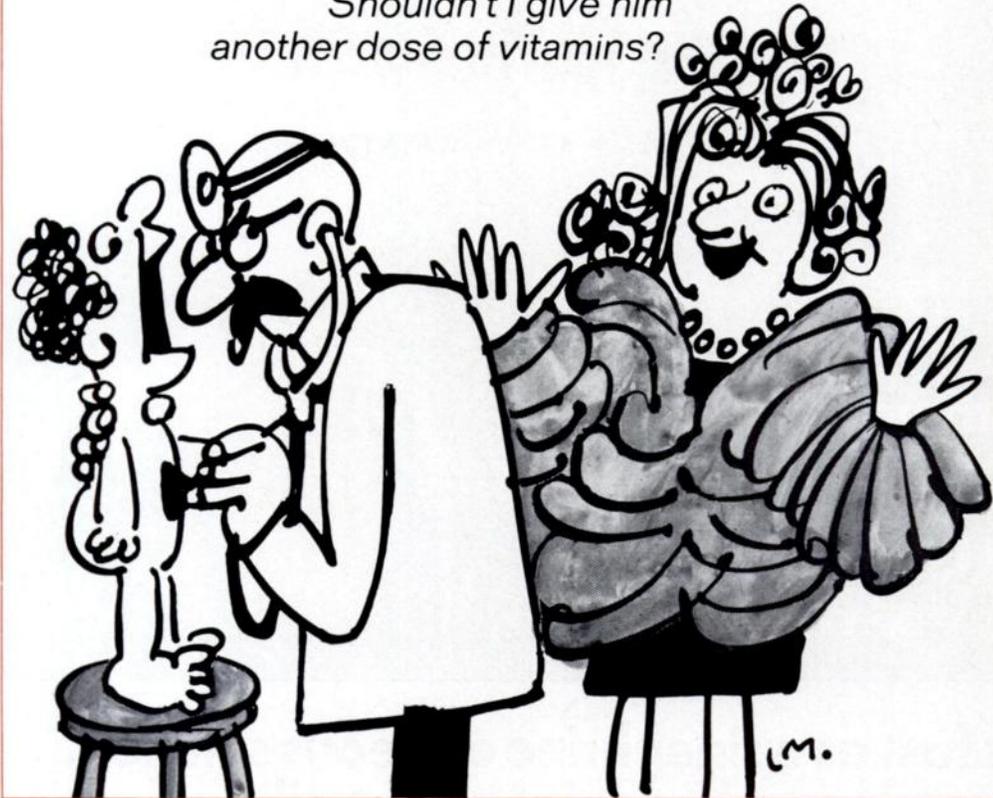


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Vignettes from Vi•Daylin

*He only ate 4 spoonfuls of cereal  
and he wouldn't touch his egg this morning.  
Shouldn't I give him  
another dose of vitamins?*



**While some mothers may exaggerate the role of vitamins, most appreciate their importance to infant health and growth. So when mothers ask your advice, recommend one just right for infants . . .**

**Vi•Daylin<sup>®</sup>**  
**Drops / ADC Drops**

**good taste and dependable  
quality from Ross**

**Convenient Dosage:** 1 dropperful (1 cc) daily.  
**Vi•Daylin Drops** (1 dropperful) provide vitamin A (1500 I.U.), vitamin D (400 I.U.), vitamin C (ascorbic acid) (30 mg), thiamine hydrochloride (0.4 mg), riboflavin-5'-phosphate sodium (0.6 mg), niacinamide (6 mg) and pyridoxine hydrochloride (0.4 mg).

**Vi•Daylin ADC Drops** (1 dropperful) provide vitamin A (1500 I.U.), vitamin D (400 I.U.) and vitamin C (ascorbic acid) (30 mg).

**Supplied:** 30 cc bottles with calibrated dropper.

**Also available with fluoride.**

**And for older children:**

Vi•Daylin Liquid

Vi•Daylin Chewable

Vi•Daylin with Fluoride Chewable

**ROSS LABORATORIES** COLUMBUS, OHIO 43216

*In answering advertisements please mention PEDIATRICS*

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## AMERICAN ACADEMY OF PEDIATRICS

1801 Hinman Avenue  
Evanston, Illinois 60204

### SCHEDULE OF MEETINGS

#### ANNUAL MEETINGS

<b>1969—Thirty-Eighth</b>	October 18 to 23
Palmer House, Chicago	
<b>1970—Thirty-Ninth</b>	October 17 to 22
San Francisco Hilton, San Francisco	
<b>1971—Fortieth</b>	October 16 to 21
Palmer House, Chicago	
<b>1972—Forty-First</b>	October 14 to 19
New York Hilton and Americana, New York City	
<b>1973—Forty-Second</b>	October 20 to 25
Palmer House, Chicago	

#### SPRING SESSIONS

<b>1970—Washington Hilton</b>	April 13 to 16
Washington, D.C. (Children's Hospital D.C.—Centennial)	
<b>1971—Chase-Park Plaza</b>	April 19 to 22
St. Louis, Mo.	
<b>1972—Convention Hall</b>	April 24 to 27
San Diego, Calif.	
<b>1973—Sheraton Boston</b>	April 9 to 12
Boston, Mass.	
<b>1974—Americana Hotel</b>	April 22 to 25
Bal Harbour, Fla.	



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# Neo-Mull-Soy<sup>®</sup> proved nutritionally equivalent to milk.

**New Clinical Study Shows: Growth and development of Infants on Neo-Mull-Soy comparable to those raised on cow's milk formulas.<sup>1</sup>**

Supplied: Neo-Mull-Soy liquid—13 fl. oz. cans. Standard

Dilution for Infants—1 part Neo-Mull-Soy to 1 part water (20 cal. fl. oz.)

Also available to Hospitals in Ready-To-Feed form.

Borden Pharmaceutical Products, 350 Madison Avenue, New York 10017



<sup>1</sup>Bates, R. D., Barrett, W. W., Anderson, D. W. Jr. and Saperstein, S.: Milk and soy formulas: A Comparative growth study. Annals of Allergy.

Approximate Analysis (diluted with equal volume of water): Water 87.6%, Protein 1.8%, Fat 3.5%, Carbohydrate 6.4%, Minerals 0.5% (Calcium 0.085%, Phosphorus 0.06%, Iron 0.001%), Calories 20 per fl. oz.

Diluted with an equal quantity of water Neo-Mull-Soy supplies per U.S. quart: Vitamin A 2000 U.S.P. units, Vitamin D 400 U.S.P. units, Vitamin E 10 Int'l units, Vitamin C 50 mg., Vitamin B<sub>12</sub> 2 mcg., Thiamine 0.5 mg., Riboflavin 1.0 mg., Pyridoxine 0.4 mg., Niacin 7.0 mg., Inositol 100 mg., Choline 85 mg., Calc. Pantothenate 2.5 mg., Calcium 0.8 Gm., Phosphorus 0.6 Gm., Iron 8.0 mg., Iodine 0.15 mg., Magnesium 75 mg., Zinc 3.0 mg., Manganese 2.5 mg., Copper 0.4 mg.