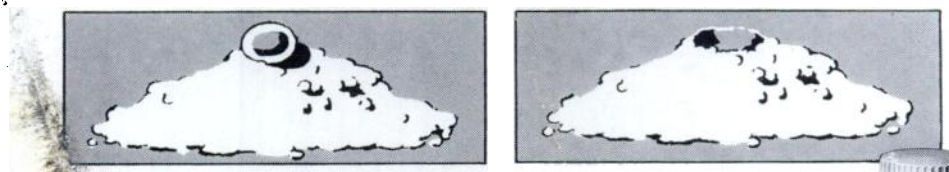
Official Publication

Pediatrics

Volume 43 June 1969 Number 6

AMERICAN ACADEMY OF PEDIATRICS · EVANSTON · ILLINOIS 60204

Because it absorbs moisture much more quickly than talc!



Mexsana absorbs moisture up to 80 times faster!
In test, drop of moisture took *over an hour* to be absorbed by talc *(left)* compared to 41 seconds for Mexsana *(right)*. Four of the leading talc powders were included in test.

A sterile diaper doesn't stay sterile very long on most babies. To help reduce skin rashes due to infections from bacillus ammoniagenes and alcaligenes faecalis the unique formula of Mexsana Medicated Powder is worth knowing about. Laboratory tests show Mexsana even inhibits the growth of antibiotic resistant strains of staphylococcus aureus.

Four antiseptic ingredients of accepted value provide bactericidal action: hexachlorophene, Eucalyptus oil, camphor and zinc oxide.

These are evenly distributed throughout Mexsana's non-alkaline cornstarch base, which forms a smooth, protective film over the skin's surface . . . helps keep baby's tender skin dry, cool, and odor-free. Mexsana is also an aid in the relief of itching accompanying allergic dermatitis, heat rash, and other minor skin irritations.

SAMPLES are available by writing to Plough, Inc., Memphis, Tenn. 38101, Dept. 869-M

Kids think it's the Bananas

But Donnagel® PG offers a lot more than just good banana flavor. It treats not only diarrhea but accompanying cramping, tenesmus and nausea as well.

Instead of unpleasant-tasting paregoric, it contains the therapeutic equivalent, powdered opium, to promote the production of formed stools and lessen the urge. And it provides the demulcent-detoxicant effects of kaolin and pectin plus the antispasmodic benefits of belladonna alkaloids.

But it's the big banana flavor that induces your patients to lick the spoon.

An antidiarrheal has to taste bad? Bananas!

For acute, non-specific diarrheas

Donnagel®-PG

Donnagel with paregoric equivalent

Each 30 cc. contains: kaolin, 6.0 Gm.; pectin, 142.8 mg.; Hyoscyamine sulfate, 0.1037 mg.; Atropine sulfate, 0.0194 mg.; Hyoscine hydrobromide, 0.0065 mg.; Powdered opium, USP, 24.0 mg. (equivalent to paregoric 6 ml.) (Warning: may be habit forming.); Sodium benzoate (preservative), 60.0 mg.; Alcohol, 5%. A. H. Robins Company, Richmond, Va. 23220

A·H·ROBINS

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Pediatrics

OFFICIAL PUBLICATION OF THE AMERICAN ACADEMY OF PEDIATRICS, INC.

Volume 43 JUNE 1969 Number 6

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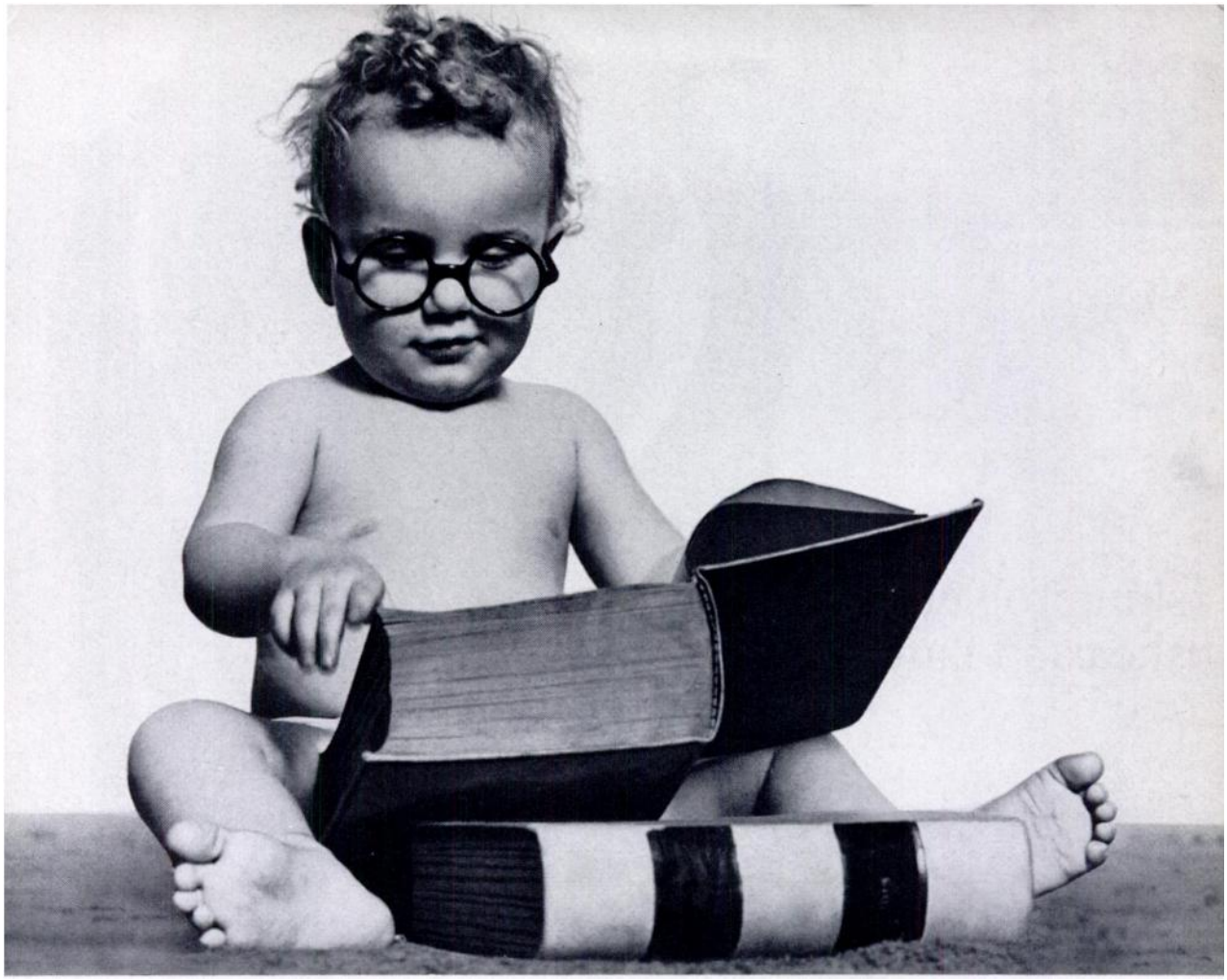
(Continued on next page)

FORTHCOMING MEETING
AMERICAN ACADEMY OF PEDIATRICS
Thirty-eighth Annual Meeting, October 18 to 23, 1969
Palmer House, Chicago



let's get down to fundamentals

In pediatric vitamin supplementation — **vitamins C and D are fundamental** in that they are not available in proper amounts in most diets . . . while the other vitamins are.[1]

In the prophylaxis against future dental caries — **sodium fluoride is fundamental** in making teeth more resistant to decay. [2,3]

FUNDA-VITE(F) combines the fundamentals — vitamin C, vitamin D, and sodium fluoride — an ideal supplement for normal healthy infants and children.

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.

FUNDA-VITE® (F)

FUNDAMENTAL PEDIATRIC VITAMINS PLUS SODIUM FLUORIDE

PEDIATRIC DROPS: Each 0.6 ml. provides 0.5 mg. Fluoride (from 1.1 mg. sodium fluoride), 30 mg. vitamin C, and 400 USP units vitamin D. Available in 60 ml. bottles with calibrated dropper. *Usual Oral Dose (up to age 3) — 0.6 ml. daily.* **LOZI-TABS:** Each pleasantly-flavored (sugar-free), lozenge-type, chewable tablet provides 1.0 mg. Fluoride (from 2.2 mg. sodium fluoride), 30 mg. vitamin C, and 400 USP units vitamin D. Available in bottles of 120. *Usual Oral Dose (age 3 and over) — one Lozi-Tab daily.*

CAUTION: Federal law prohibits dispensing without a prescription. Keep out of reach of children. Contraindicated when the fluoride content of drinking water exceeds 0.3 ppm F. Dosage should not be exceeded as prolonged overdosage may result in dental fluorosis.

DAVIES ROSE HOYT
Pharmaceutical Division
The Kendall Company
Needham, Mass. 02194
KENDALL


skin problems
she can't bare?

When more exposure means more expense

economical topical steroid therapy

Vioform®-Hydrocortisone Mild

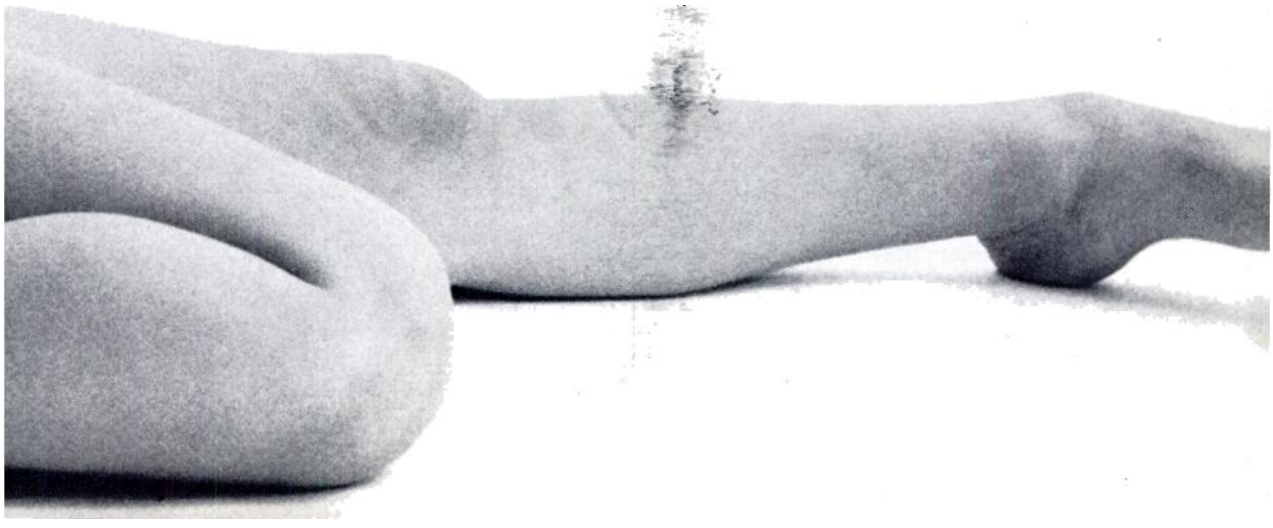
(iodochlorhydroxyquin and hydrocortisone)

Today even toddlers' styles rely heavily on greater skin exposure. When pediatric dermatoses are equally extensive, topical steroid therapy can become expensive. In such cases Vioform-Hydrocortisone Mild could be just what you're looking for. It provides 3% Vioform with "half-strength" (0.5%) hydrocortisone . . . costs less because it contains less steroid. And your patient gets the full antibacterial-antifungal benefits of Vioform. For these reasons, more and more doctors are prescribing this time-tested preparation. Shouldn't you?

For prescribing information, please see following page.

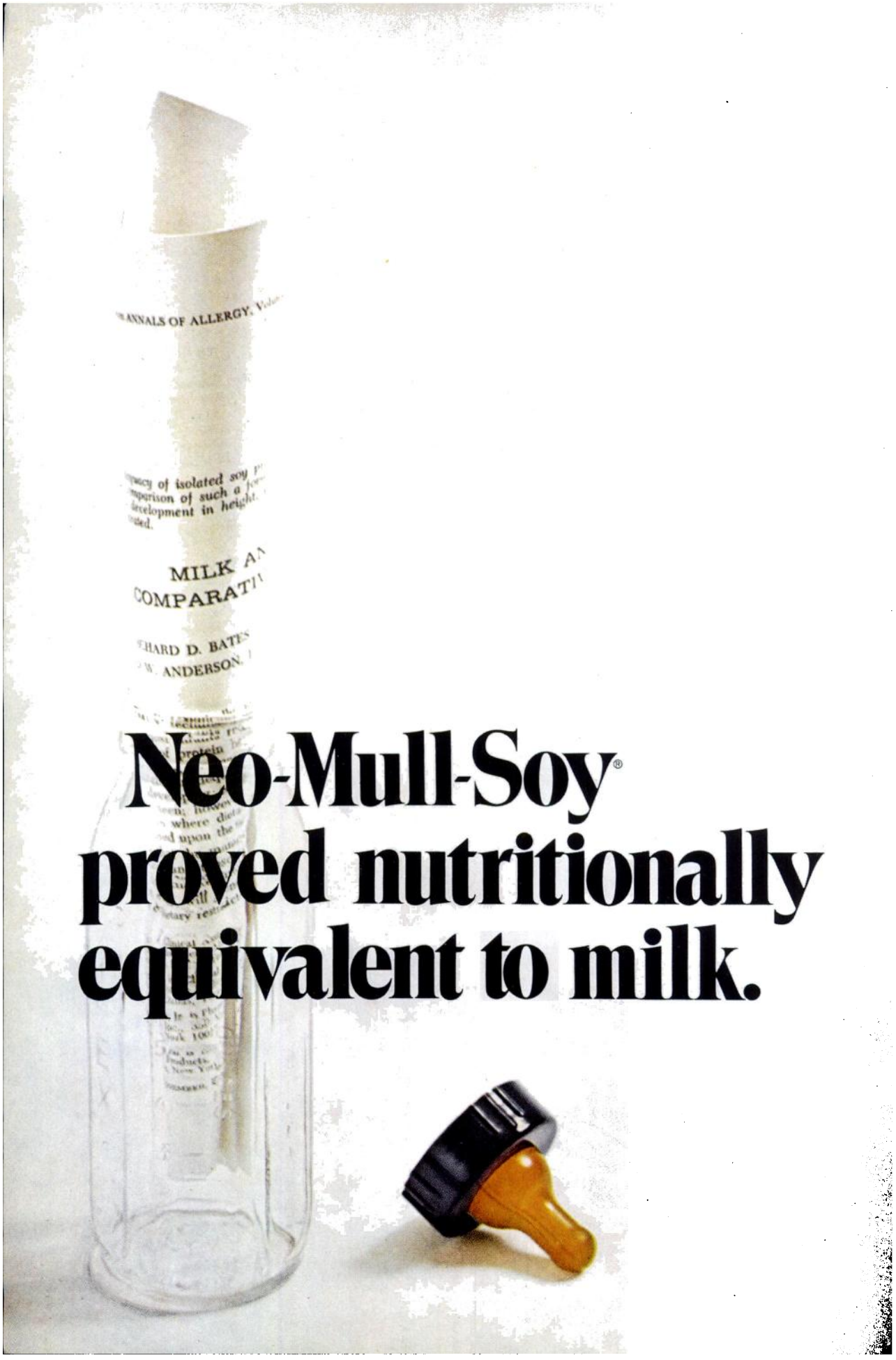
C I B A

CIBA Pharmaceutical Company, Summit, N.J.



Principen '125' for Oral Suspension (Ampicillin Trihydrate for Oral Suspension) and Principen '250' for Oral Suspension contain, respectively, the equivalent of 125 mg. and 250 mg. ampicillin per 5 cc. when reconstituted as directed. Principen '250' Capsules (Ampicillin Trihydrate Capsules) and Principen '500' Capsules contain, respectively, the equivalent of 250 mg. and 500 mg. ampicillin. **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 including fungi; should superinfection occur, discontinue and/or 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 darkfield 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. Check periodically for organ system dysfunction (including renal, hepatic, and hematopoietic) during prolonged therapy. **Adverse Reactions:** Sensitivity phenomena, particularly in individuals with previous penicillin hypersensitivity or history of allergy, asthma, hay fever or urticaria. Urticaria, other skin rashes and serum sickness-like reactions may be controlled by antihistamines and corticosteroids. If such reactions occur, discontinue drug unless condition is life-threatening and amenable only to ampicillin therapy. If a serious anaphylactoid reaction occurs, agents such as epinephrine, oxygen, and I.V. corticosteroids are required; antihistamines are ineffective. Pruritus, erythema multiforme, laryngeal stridor, G.I. disturbances, high fever, transient elevation of serum transaminase and eosinophilia. An erythematous, mildly pruritic, maculopapular skin rash has been reported. The rash, which usually does not develop within the first week of therapy, may cover the entire body including soles, palms, and oral mucosa. The eruption usually disappears in 3 to 7 days. 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 '500' Capsules (Ampicillin Trihydrate Capsules) in bottles of 16 and 100. Principen '250' Capsules in bottles of 50, 100, and 500, and UNIMATIC® Single Dose Pack of 100. Principen '250' for Oral Suspension (Ampicillin Trihydrate for Oral Suspension) in bottles for reconstitution to 80, 100, and 150 cc. Principen '125' for Oral Suspension in bottles for reconstitution to 80 and 150 cc. A.H.F.S. Category: 8:12.16.

SQUIBB The Priceless Ingredient' of every product is the honor and integrity of its maker.



Neo-Mull-Soy® 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.

Ideal for problem feeders. This recently published study concluded: ". . . that the new infant formula used in this study, which is based on a soy protein isolate [Neo-Mull-Soy], supported growth and development of infants comparable to that of children raised on...[commercial] milk formulas."[1]

Added Methionine Assures Protein Balance

Soy protein isolates show marked improvement in protein efficiency ratios as measured in rats, when additional methionine is included in the diet.[2] Neo-Mull-Soy contains a higher level of added methionine than any other soy isolate formula available.

Easy on Mothers

"A significant advantage of the formula used here, formulated from a soy protein isolate [Neo-Mull-Soy], was a lower incidence of anal irritation and loose stools as compared to the other soy formulations (included in study)."[1]

Neo-Mull-Soy matches milk in color and consistency. Stooling is normal and staining of diapers and clothing is not a problem.

Only non-hydrogenated soy oil (for its linoleic acid content) is used. To minimize disaccharide problems, sucrose is the only carbohydrate.

Switch your problem feeders to the milk substitute that's a match for milk—Neo-Mull-Soy.

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.).

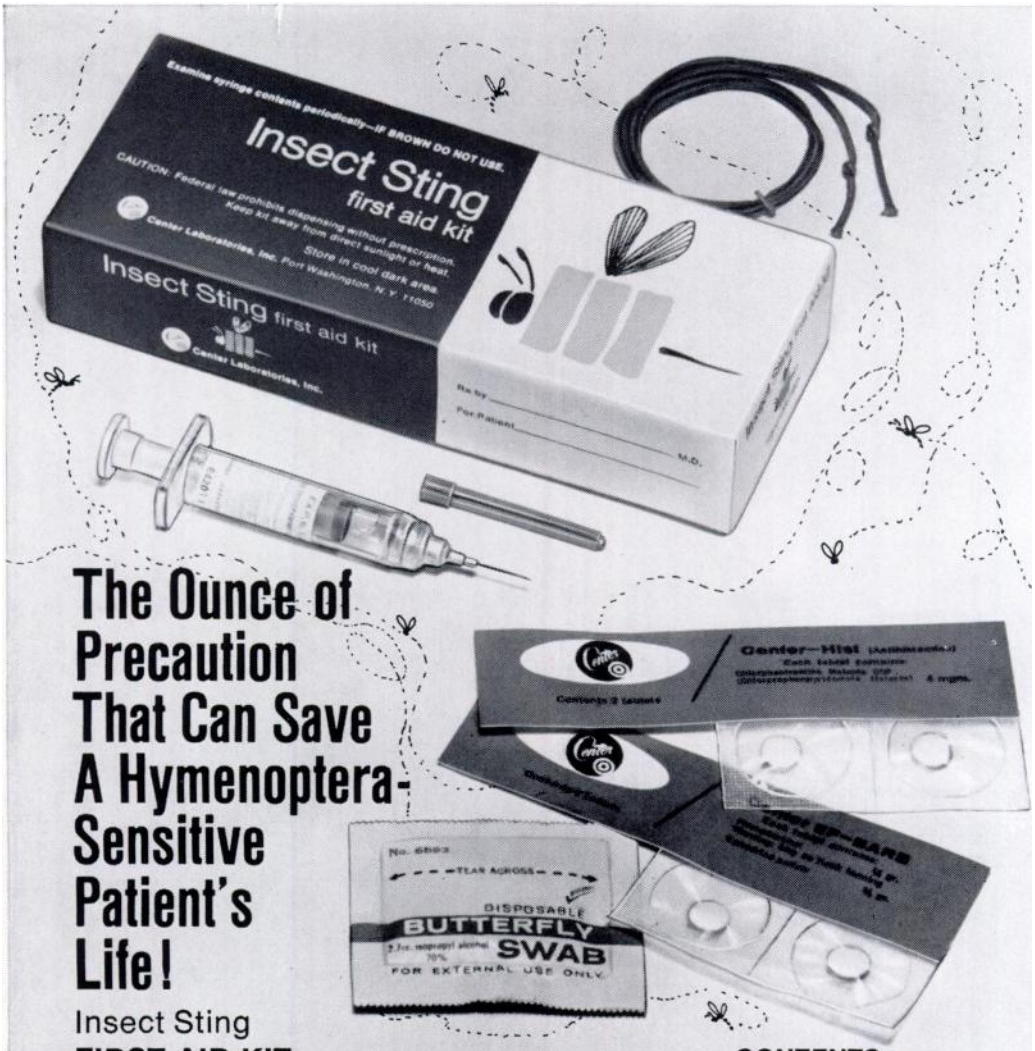
Also available to Hospitals in Ready-To-Feed form. Borden Pharmaceutical Products, 350 Madison Avenue. New York, N. Y. 10017

BORDEN™

[1]Bates, R. D., Barrett, W. W., Anderson, D. W., Jr. and Saperstein, S.: Milk and soy formulas: A Comparative growth study. Annals of Allergy 26:577, 1968. [2]Longnecker, J. B., Martin, W. H. and Sarett, H. P.: Improvement in the protein efficiency of soy bean concentrates and isolates by heat treatment. Agr. Food Chem., 12:411, 1964.

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_{12} 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., Phosphorous 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.



The Ounce of Precaution That Can Save A Hymenoptera-Sensitive Patient's Life!

Insect Sting **FIRST AID KIT**

from Center Laboratories

A leading manufacturer of allergenic extracts for over 25 years.

Now you can prescribe on-the-spot relief to your Hymenoptera-sensitive patients from the fatal and near-fatal effects possible from insect stings. New, improved Insect Sting First Aid Kit contains all the necessary medicaments in one pocket-size kit.

Specially recommended for allergic persons, campers, gardeners, farmers, outdoorsmen. Available with your prescription at your patients' local pharmacy and surgical supply dealer.

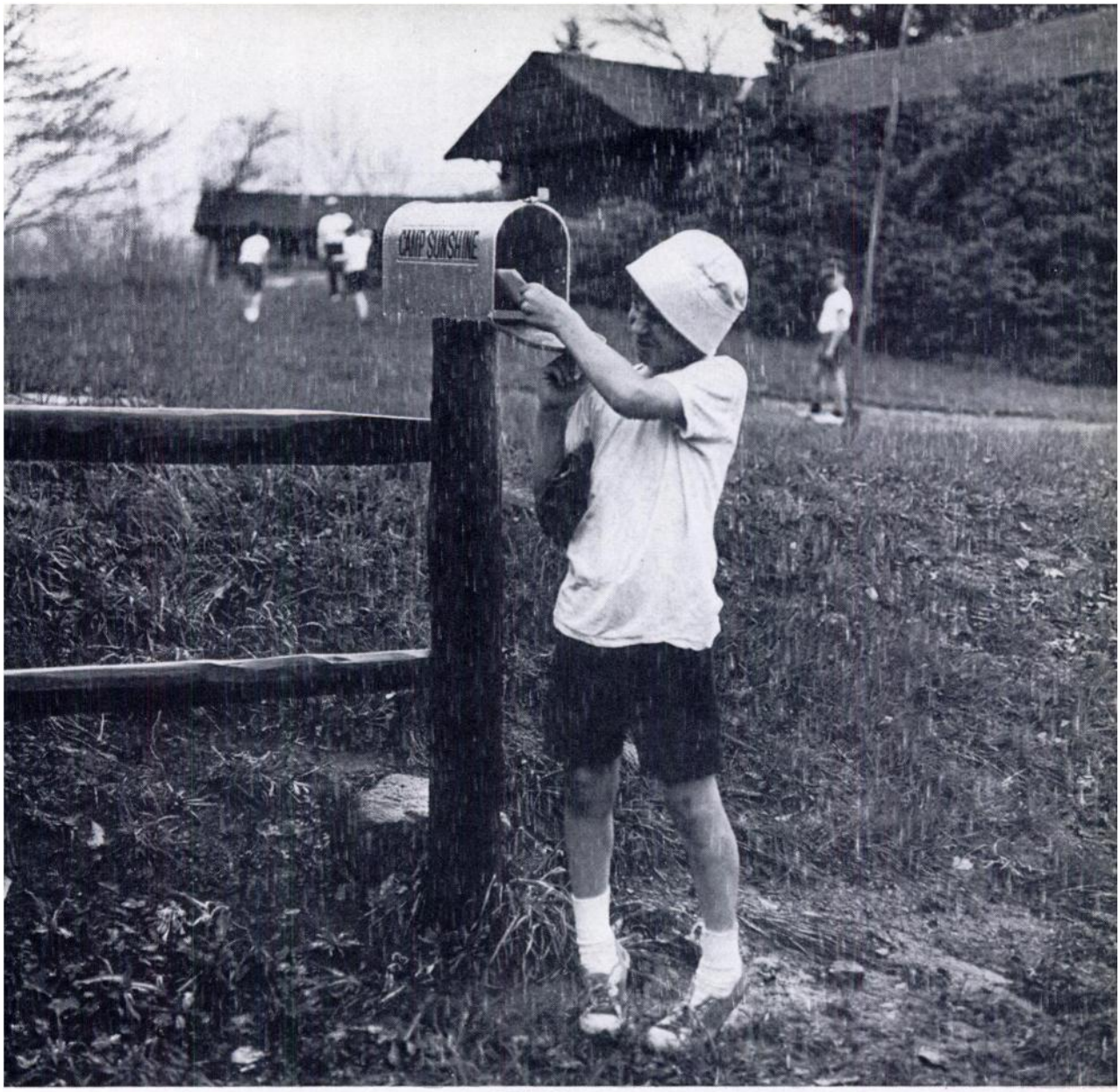
CONTENTS:

1. Epinephrine USP 1:1000 in a sterile, prefilled syringe ready for instant use.
2. A tourniquet to limit spread of venom.
3. Center-EF-Barb Tablets (Ephedrine Sulfate ⅜ gr.—Phenobarbital ¼ gr.)
4. Center-Hist Tablets (Chlorpheniramine Maleate 4 mgm.)
5. Sterile Alcohol Pad.
6. Complete instructions for use.
7. Suggestions for avoidance of Hymenoptera insect stings.
8. Medic-Alert emblem literature.

Note: Normal precautions should be taken as with the administration of any drugs such as Epinephrine or Phenobarbital.

Order Center Insect Sting First Aid Kits from your hospital-surgical supply dealer. It could save the patient's life!

CENTER LABORATORIES, INC.
PORT WASHINGTON, NEW YORK 11050

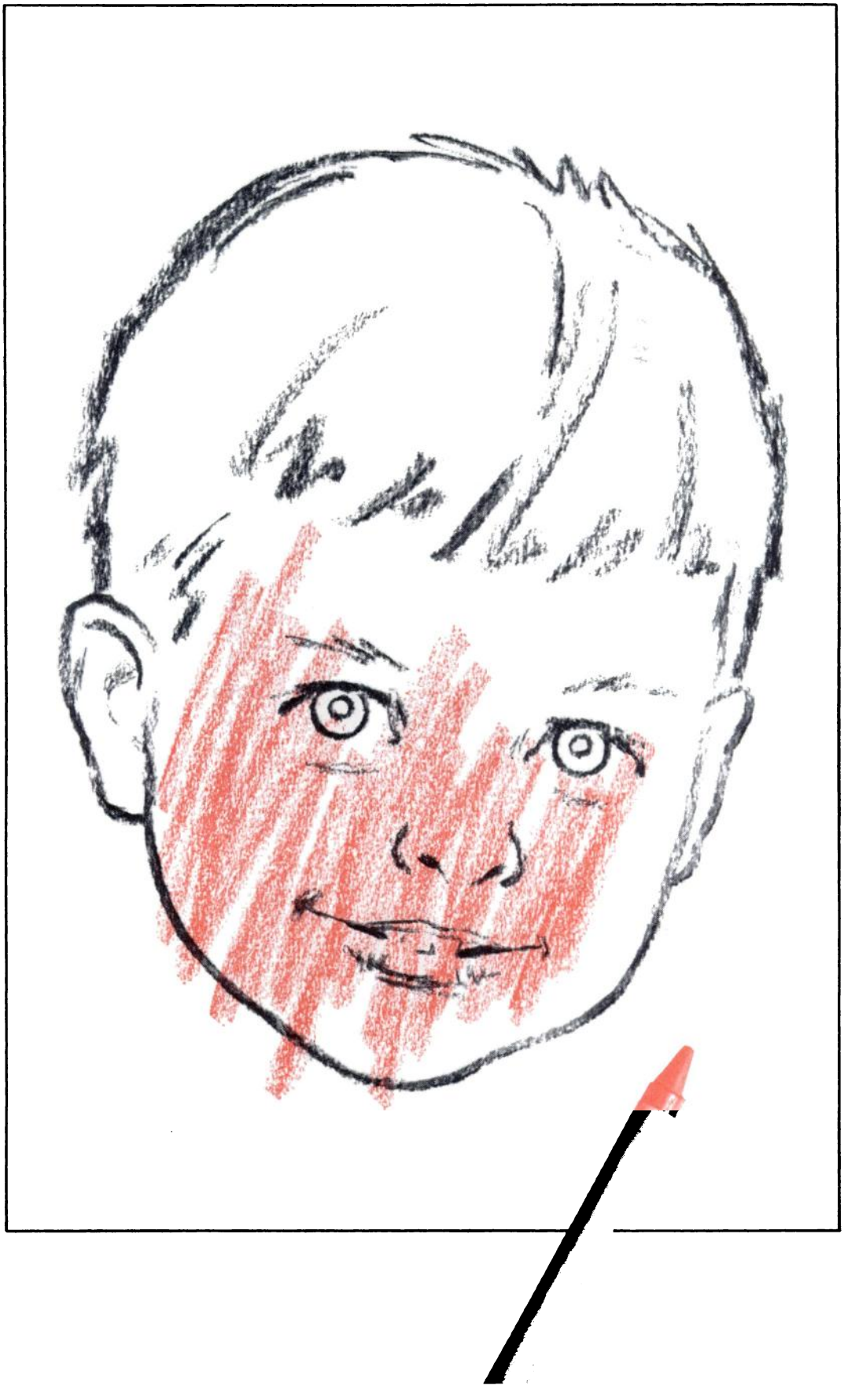


When Johnny comes coughing home...

Save time... TELESCRIBE

Indications: For temporary relief of cough and nasal congestion due to the common cold. **Dosage:** Children 1 to 6 years—½ tsp.; Children 6 to 12 years—1 tsp.; Adults—2 tsps. Administer every four hours. **Side Effects:** Occasional drowsiness, blurred vision, cardiac palpitations, flushing, dizziness, nervousness or gastrointestinal upsets. **Precautions:** The patient should be advised not to drive a car or operate dangerous machinery if drowsiness occurs. Use with caution in patients with hypertension, heart disease, diabetes or thyrotoxicosis. **Availability:** 4 fl. oz., pint and new 8 fl. oz. Family Size bottles.

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



Color me confident

A child's experience in the hospital is colored as vividly by what he's told and by what he imagines beforehand as by the event itself.

It can be an adventure. Or it can be frightening, bewildering, never-forgotten.

What makes the difference?

Preparing the child

In general, children who have been carefully prepared for their stay in the hospital—those who know what to expect and who have been made to feel secure in their parents' love—have an easier time than children who have not been prepared. They are less frightened and upset. They come through the experience with few if any emotional scars. Confidence in their parents, and in the doctor and hospital coworkers, is reinforced.

MEDIA MEDICA consultation therapy programs are designed to help you guide the parent in what to say and do and what not to say and do. In a step-by-step method the parent learns how some ideas, communicated to the child out of love and anxiety, may be harmful. The parent is shown how the application of some very easy lessons from behavioral science can instill confidence and make the hospital experience much less traumatic.

The programs are also designed to elicit the child's active participation, thereby helping the young child to learn better as a result of involvement. Childish fantasy is given a chance to pre-play a coming role, which gives release to both latent and active tensions.

A Child's First Stay™

This MEDIA MEDICA program contains:

For the parent

"How You Can Help"

—how to understand and deal with fears the child may have about the hospital and his operation
—how to answer his questions
—how to provide meaningful reassurance
—many ways to inspire confidence and have the parent-child relationship gain from the experience

For the child

"Jimmy and Susie at the Hospital"

—an enchanting and integrated picture book, with non-toxic crayons and pages to color
—a coordinated, captivating phonograph record
—a unique "All About Me" card for the child to give the nurse
—a reinforcing certificate to be given the child when he leaves the hospital

A special package for in-hospital use is also available.

Adding a new dimension to patient care: MEDIA MEDICA Consultation Therapy Programs.

These programs have been designed as elements of your customary course of treatment, to implement and reinforce your instruction and counseling of patients. Produced by an alliance of experts in medicine, communications, and the new technology of behavioral learning, individual programs are scientifically designed for problems that require time-consuming counsel. Use of program elements is usually initiated in the physician's office, continued by the patient at home and kept for easy reference.

The results are proven and predictable. MEDIA MEDICA programs have been extensively tested under actual physician-patient conditions so you can be sure your patient will benefit. They are of significant help to physicians... not in replacing individualized counsel, but as a part of it, reinforcing and extending it.

MEDIA MEDICA, INC.
555 Fifth Avenue
New York, N.Y. 10017

MEDIA MEDICA INC.

DR._____

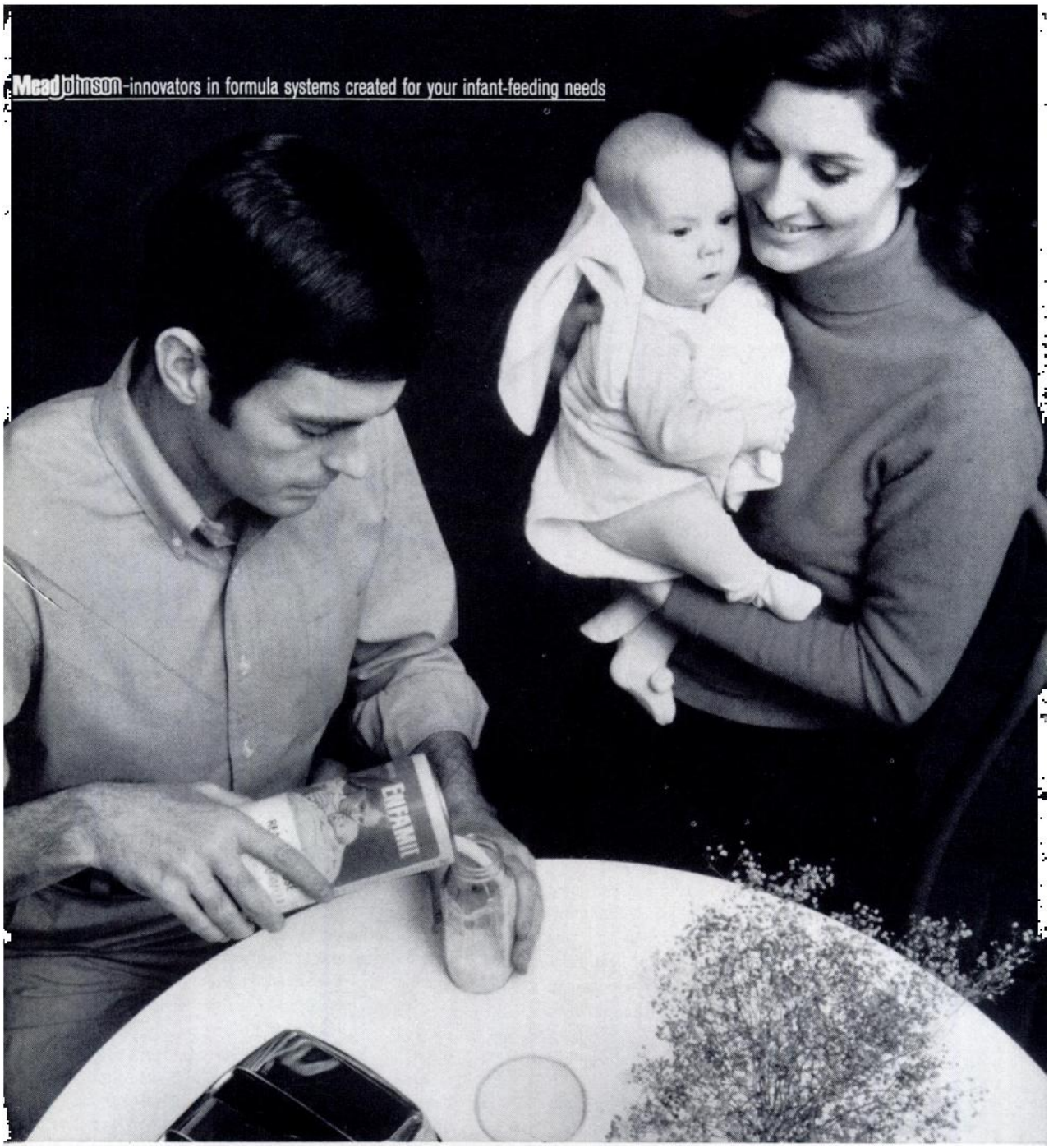
ADDRESS_____

CITY_____STATE_____

SPECIALTY_____

Send me the following

☐ Complete information on A CHILD'S FIRST STAY
☐ For office use ☐ For hospital use
☐ INFORMATION on other MMI PRODUCTS AVAILABLE
☐ DESCRIPTIVE BROCHURE on the behavioral technology used in preparing MMI Products



ENFAMIL Ready-To-Use—Pour into bottles and feed.

good growth comes in many forms

ENFAMIL Ready-To-Use—Mothers will appreciate your specification of ENFAMIL Ready-To-Use in the new quart size. It is simply poured directly into nursing bottles, eliminating chance of errors in mixing and assuring uniform nutrition for baby, day after day.

ENFAMIL NURSETTE®—For special convenience when traveling, for night feedings, and for supplementary feedings of breast-fed babies, ENFAMIL NURSETTE is ideal. Each 4-, 6-, or 8-fl. oz. disposable bottle becomes a complete feeding unit by simply attaching any standard collar-type nipple.

ENFAMIL, an infant formula for good growth, comes in many convenient forms. Nearly identical to mother's milk,[1] ENFAMIL

ENFAMIL NURSETTE—For away-from-home feedings.

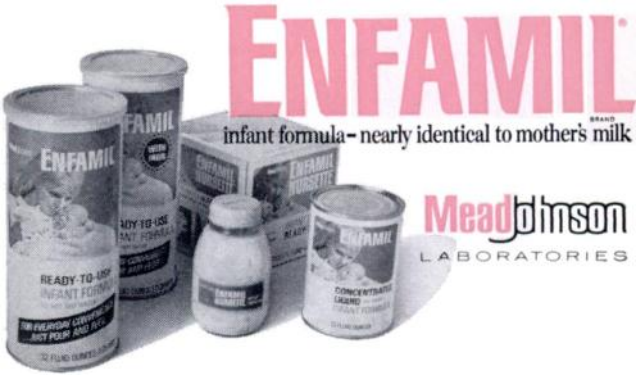
has been shown clinically to have good acceptance and to promote good weight gain and normal stool patterns.[2] Its caloric distribution is comparable to breast milk.

Approximate Analysis (%W/V) of ENFAMIL normal dilution 20 cal./fl. oz.: Protein 1.5; Fat 3.7; Carbohydrate 7.0; Minerals (ash) 0.34 (including Calcium 0.065; Phosphorus 0.05; Iron 0.00015); Water 87.5.

Vitamin and mineral content per quart: Vitamin A 1500 U.S.P. units; Vitamin D 400 U.S.P. units; Vitamin E 5 Intl. units; Ascorbic acid (C) 50 mg.; Thiamine (B_1) 0.4 mg.; Riboflavin (B_2) 1 mg.; Niacinamide 4 mg.; Pyridoxine (B_6) 0.3 mg.; Pantothenic acid 2 mg.; Vitamin B_{12} 1 mcg.; Choline 85 mg.; Iron 1.4 mg.; Copper 0.4 mg.; Iodine 65 mcg.

Also available: ENFAMIL Concentrated Liquid, ENFAMIL Powder, ENFAMIL with Iron Concentrated Liquid, ENFAMIL with Iron Powder, and ENFAMIL with Iron Ready-To-Use (32-fl. oz.).

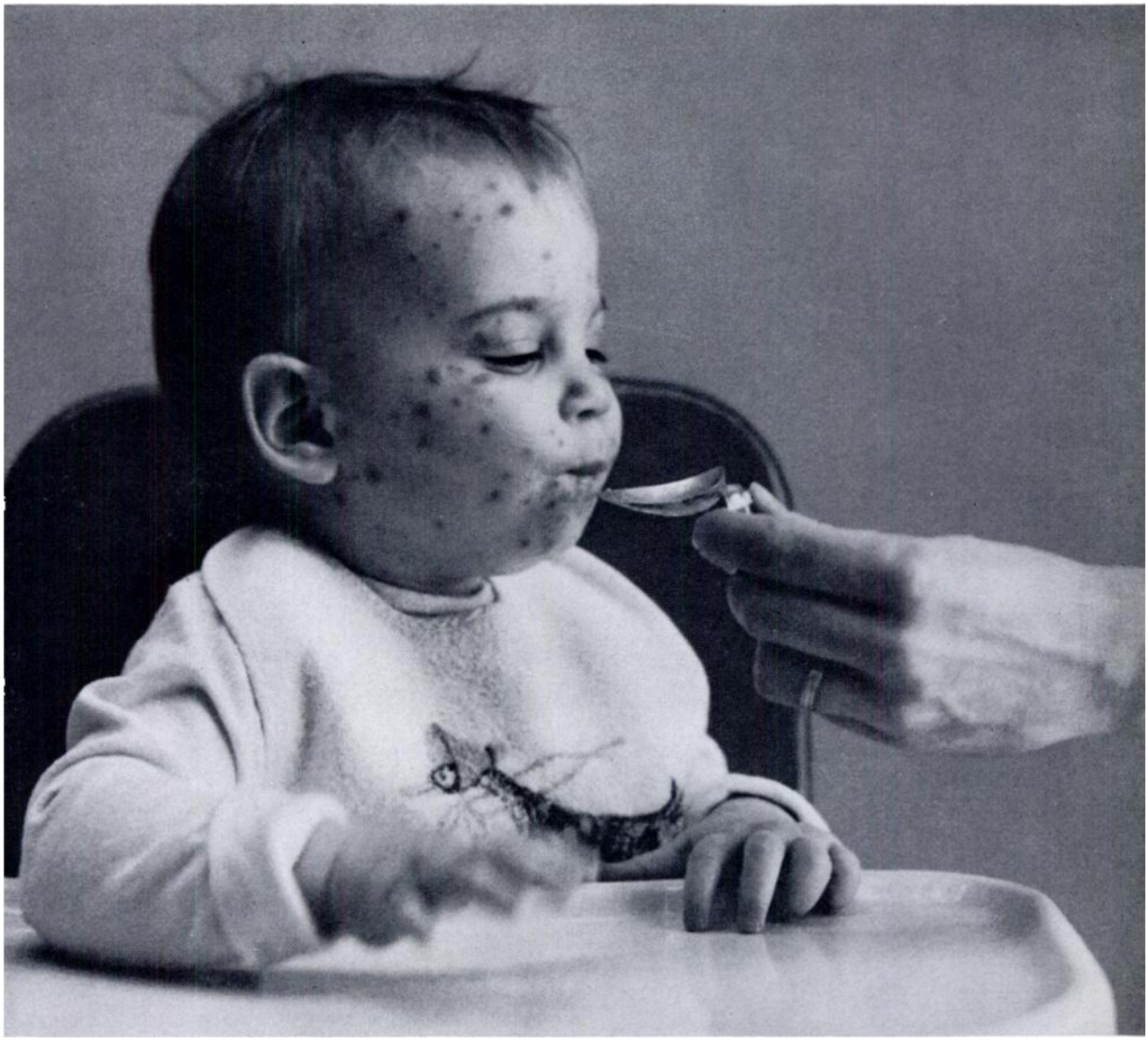
1. Macy, I. G.; Kelly, H. J., and Sloan, R. E.: National Academy of Sciences, Washington, D.C., 1953, National Research Council, Publication 254, pp. 62-70.
2. Brown, G. W.; Tuholski, J. M.; Sauer, I. W.; Minsk, L. D., and Rosenstern, I.: J. Pediat. 56:391, 1960.



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

an asthma attack that never was

Fortunately, the family was alerted... by the advance warnings at suppertime. And because this family was ready, the attack never came.

A single Aminet suppository at bedtime let their child breathe easily—sleep peacefully—all through the night.

It took less than an ounce of prevention, less than a minute's effort to save him from a night of wheezing, of gasping for breath, and fear of suffocation.

Aminet suppositories—a simple, dependable means of preventing threatened asthma attacks—or aborting those that have begun.

For more than a decade, pediatricians have been providing parents of asthmatic children with this extra therapeutic reserve to combat asthmatic breakthrough.

A few minutes of instruction and a small reserve supply for each of your asthmatic households could head off countless midnight alarms and pre-dawn phone calls.

Above all, it could bring a new dimension of peace and security to each of your patients.

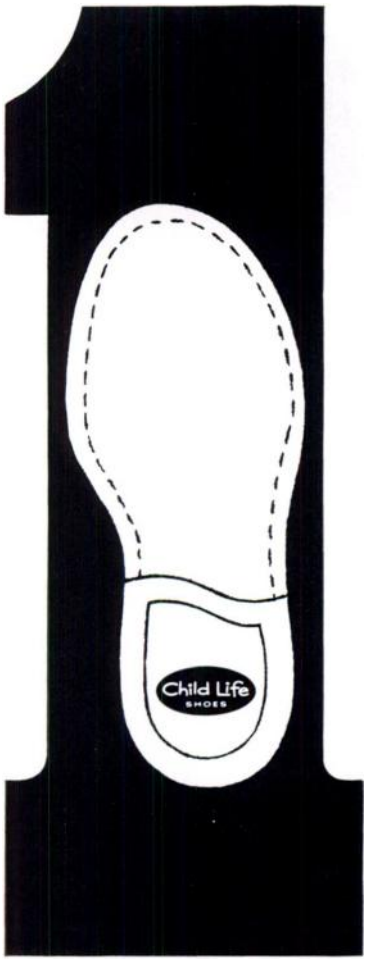
Aminet®

For rectal use only. For adults, *Full Strength* Aminet (at 8-hour intervals, if necessary). For children 80 lbs. and over, *Half Strength* Aminet (at 8-hour intervals, if necessary). For children 40 lbs. and over, *Quarter Strength* Aminet (at 12-hour intervals, if necessary).
Warnings, Precautions: Keep refrigerated. Insert while chilled. Do not use in children weighing less than 40 lbs. *NEVER* repeat medication in less than 12 hours in children weighing 40 to 80 lbs. or in less than 8 hours in those weighing more. *When dosages are exceeded or precautions ignored, Aminet can be a hazardous preparation, particularly in children.* Prolonged use of barbiturates may be habit forming. Advanced liver degeneration may allow pentobarbital accumulation. Benzocaine may cause skin sensitivity or mask rectal irritation. Avoid concurrent use of ephedrine. Discontinue medication at any sign of stupor, mental agitation or convulsions. *Side effects:* Drowsiness, headache or lassitude may occur, as with any sedative-containing preparation. Aminophylline may cause rectal irritation. Overdosage may produce toxic symptoms including nausea and vomiting, restlessness, hematemesis, convulsions and coma. *Availability:* Aminet Rectal Suppositories, boxes of 12. **Full Strength:** Aminophylline 500 mg, pentobarbital sodium 100 mg (Warning: may be habit forming), benzocaine 60 mg. Base (cetyl alcohol—60%; oleyl alcohol—40%) 1875 mg. Packaged in *peach* foil. **Half Strength:** Aminophylline 250 mg, pentobarbital sodium 50 mg (Warning: may be habit forming), benzocaine 30 mg. Base (cetyl alcohol—60%; oleyl alcohol—40%) 2110 mg. Packaged in *silver* foil. **Quarter Strength:** Aminophylline 125 mg, pentobarbital sodium 25 mg (Warning: may be habit forming), benzocaine 15 mg. Base (cetyl alcohol—60%; oleyl alcohol—40%) 1410 mg. Packaged in *blue* foil.

DOME LABORATORIES,
WEST HAVEN, CONN. 06516 U.S.A.
DIVISION MILES LABORATORIES, INC.

12769R

Child Life IS THE BEST SELLING CHILDREN'S PRESCRIPTION SHOE BECAUSE:



- **Child Life offers the greatest range of sizes and widths to assure a proper fit.**
- **Child Life is the fashion leader in prescription footwear.**
- **Child Life's "Mismate Program" provides immediate service, the lowest cost, and the broadest selection to children requiring different sizes for each foot.**
- ***Child Life has been the most prescribed brand of children's prescription footwear since 1961.***

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


COLORED
999

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.

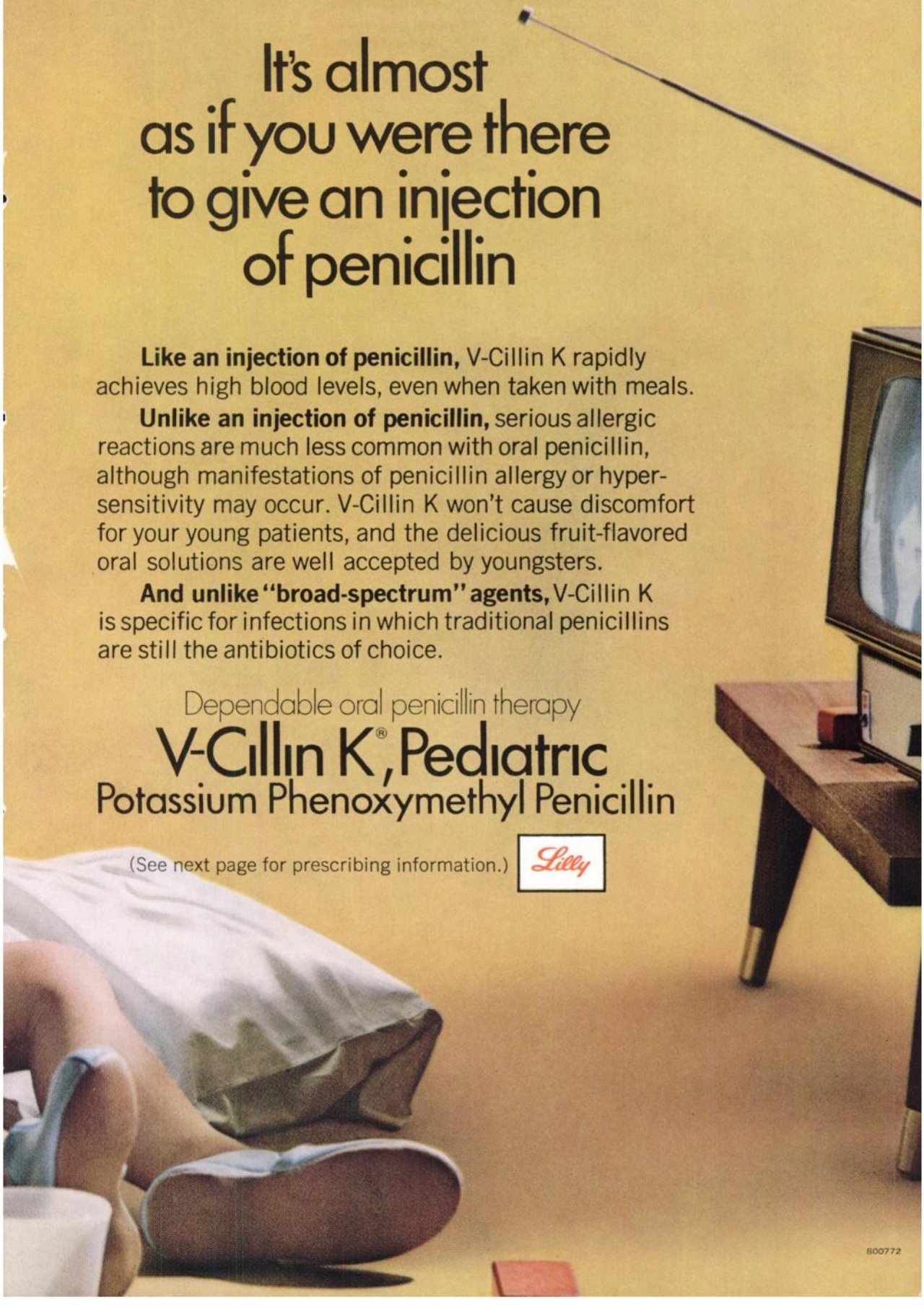
Dependable oral penicillin therapy

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.

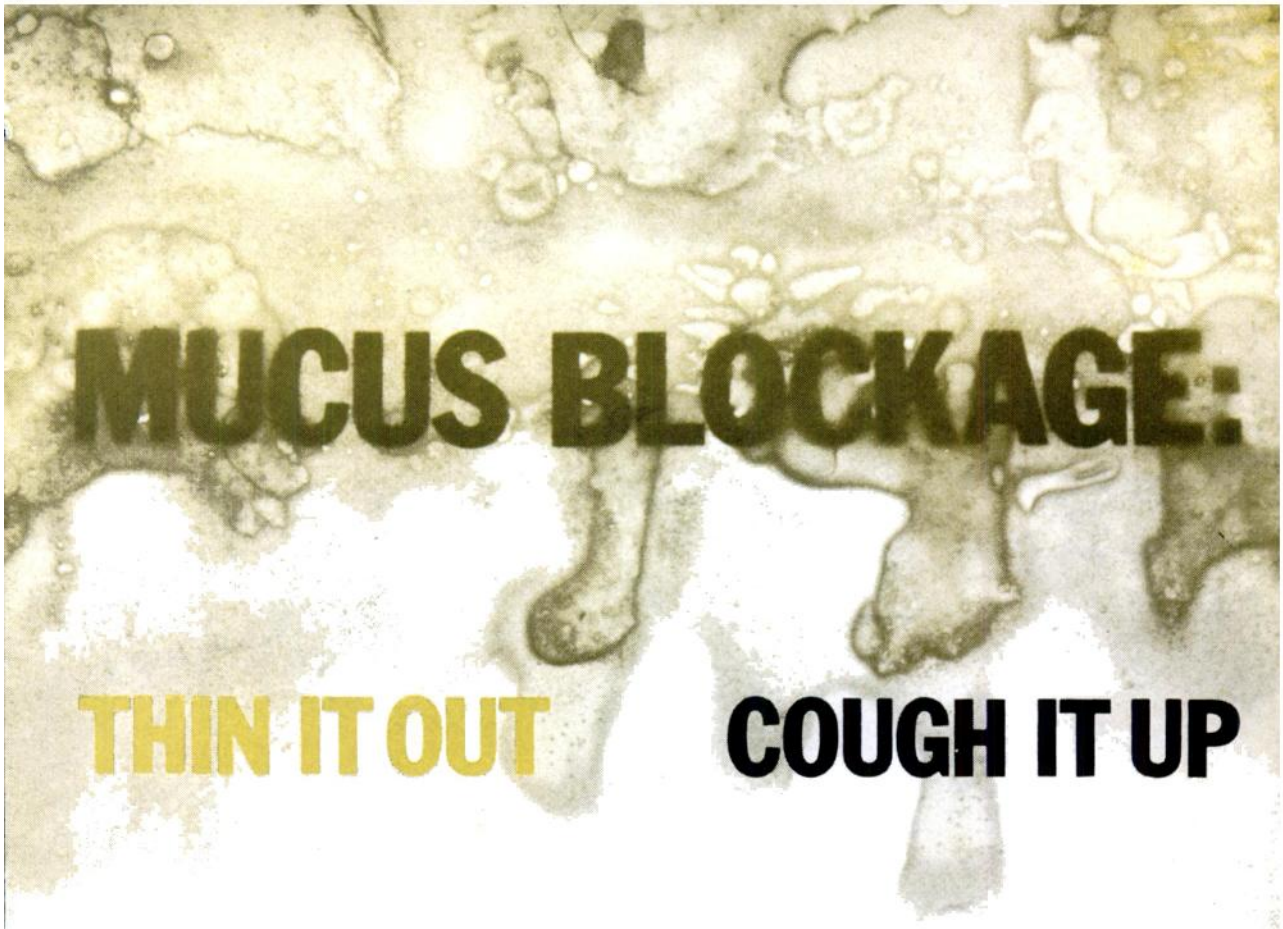
How Supplied: Tablets V-Cillin K® (Potassium Phenoxymethyl Penicillin Tablets, U.S.P.), 125 mg. (200,000 units), 250 mg. (400,000 units), and 500 mg. (800,000 units).

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

800772



ORGANIDIN®

(iodinated glycerol)

a unique mucolytic-expectorant as effective as SSKI with only 1/30th the iodine content

Organidin liquifies tenacious mucus and increases the output of thin respiratory fluid. It helps to restore physiologic ciliary action, improve O_2-CO_2 exchange, and ease expectoration and clearing of occluded bronchioles.

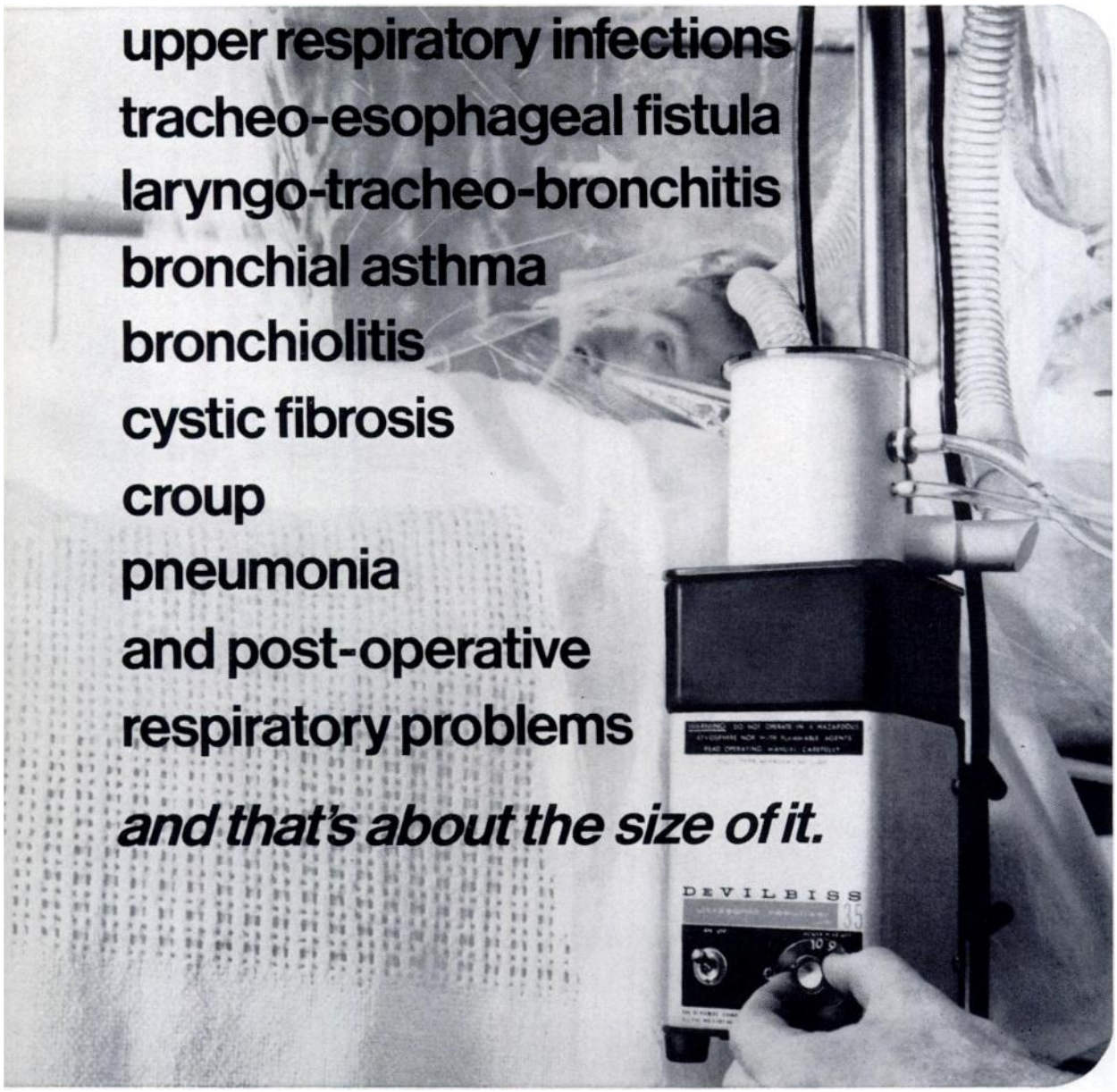
The low iodine content of Organidin permits its use in many patients otherwise intolerant to iodides. Organidin is effective at 1/30th the concentration of iodine found in SSKI preparations. In contrast to potassium iodide, Organidin avoids elevation of PBI above normal levels, and rarely causes gastrointestinal irritation. Organidin is compatible with antibiotics, analgesics, and antihistamines.

Indications: Organidin is an effective mucolytic-expectorant in respiratory tract conditions; bronchial asthma; chronic bronchitis; pulmonary emphysema; obstructive forms of sinusitis; after surgery or during recovery from pneumonia to promote easy expectoration. **Contraindication:** Organidin is contraindicated only in cases of marked sensitivity to iodides. **Warning:** If a skin rash appears, discontinue use. **Dosage**—Adults, SOLUTION: 20 drops four times a day with liquids. TABLETS: 2 tablets four times a day. ELIXIR: 1 teaspoonful four times a day. Children: Up to one-half adult dosage. **Available:** Organidin (iodinated-glycerol) is available in the form of tablets, solution, and elixir, offering the physician flexibility in dosage and mode of administration. The Elixir does not have the metallic taste characteristic of iodine solutions and is liked for its pleasant flavor by adults as well as children. Organidin (iodinated glycerol) Solution (25 mg. Organically Bound Iodine—O.B.I.—per cc.) 30 cc. dropper bottle. Organidin Tablets (15 mg. O.B.I. per tablet) bottle of 100. Organidin Elixir (30 mg. O.B.I. per 5 cc. teaspoonful) one pint bottle.

WAMPOLE LABORATORIES, Div. DENVER CHEMICAL MFG., CO., Stamford, Ct. 06904
In Canada: DENVER LABS. (Canada) Ltd., Toronto

OAD-1

a solid state ultrasonic nebulizer provides aerosol therapy for



There are four DeVilbiss Solid State Ultrasonic Nebulizers: the model 35 for humidification of dry gases; the model 3583 for inhalation therapy; and the models 3574 and 3584 for home use.

DeV ultrasonic nebulizer®

The DeVilbiss Company Somerset, Pennsylvania 15501
Pioneers and developers of Ultrasonic Nebulizers

U.S. Patent 3,387,607 Canadian Patent 777,453
Other Patents Pending

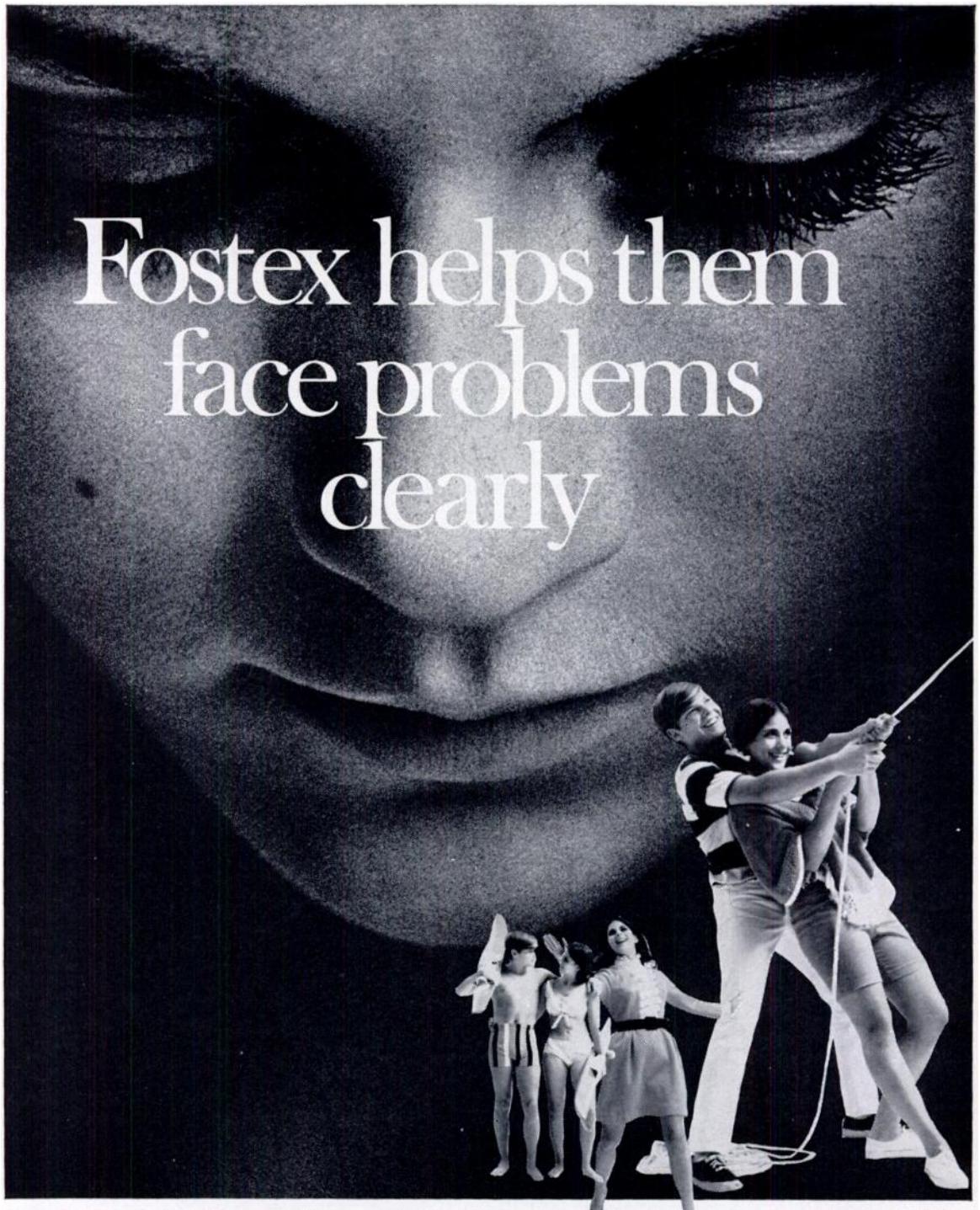
Please send me more information on Solid State Ultrasonic Nebulizers

Name_____

Hospital_____

Address_____

City_____ State_____ Zip_____



Acne disturbs thinking as well as complexions. Unnecessarily . . . for Fostex can help clear up both. Patients simply wash with Fostex instead of soap. From the first washing—skin feels cleaner, less oily. In a few days blackheads and pimples start clearing. What a boost to teen morale!

Fostex works fast. With six anti-acne agents it is a virtually complete treatment. Fostex degreases, degerms, penetrates plugged pores, dries and mildly desquamates. See PDR. *Supplied:* Fostex Cake 3¾ oz. bars. Fostex Cream 4½ oz. jars.

Active Ingredients: SEBULYTIC® brand of soapless cleansers and wetting agents; micropulverized sulfur 2%; salicylic acid 2%; hexachlorophene 1%.

WESTWOOD PHARMACEUTICALS Div. Foster-Milburn Co.
Buffalo, New York 14213

Fostex® TREATS ACNE WHILE THEY WASH

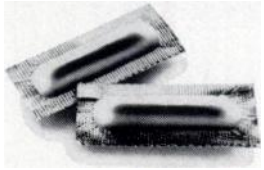
How far from electrolyte imbalance?

With repeated vomiting — not far.

It depends mainly on the child's age and weight.
Prolonged vomiting causes shifts of body fluid and complex changes in electrolyte concentrations within the fluid compartments, which in turn affect the acid-base balance of the fluids.* Such fluctuations and electrolyte imbalance are more rapid and common in children than adults, especially the smaller child. Good reasons why nausea and vomiting must be controlled promptly and proper fluid intake restored and maintained.

TIGAN (trimethobenzamide HCl) Suppositories may often be relied upon for prompt control of threatened or active nausea and vomiting—sometimes with a single dose.
It should be noted, however, that suppositories are contraindicated in premature or newborn infants.

help control nausea and vomiting promptly with Tigan® Suppositories (trimethobenzamide HCl)

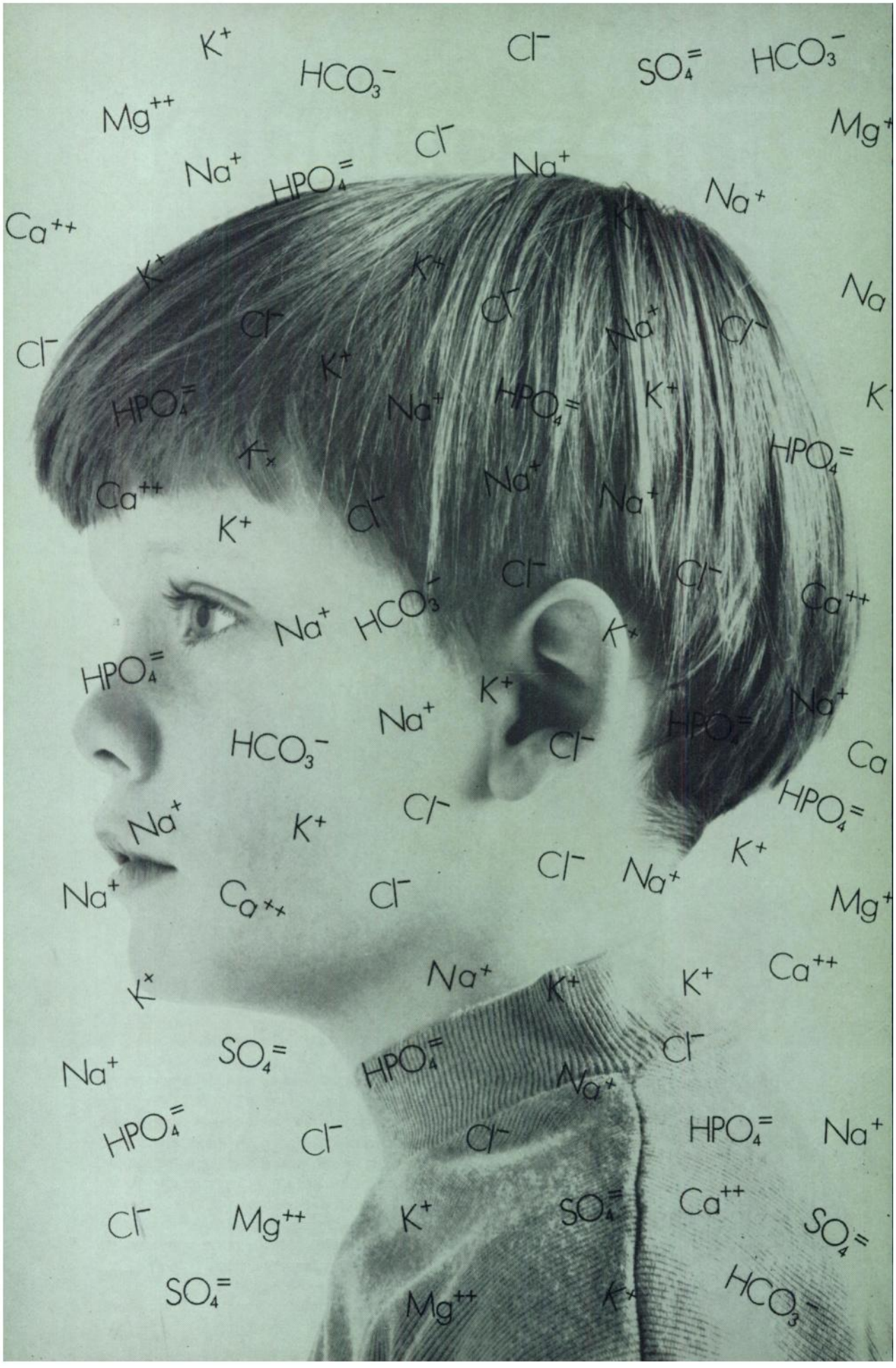


Before prescribing, please consult complete product information, a summary of which follows:
Indications: Prevention and treatment of most clinically significant types of nausea and vomiting.
Contraindications: Known hypersensitivity to trimethobenzamide. Suppositories not for premature or newborn infants 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.

*Jeans, P. C.; Wright, F. H., and Blake, F. G.: *Essentials of Pediatrics*, ed. 6, Philadelphia, J. B. Lippincott Company, 1958, pp. 193-195.

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


K^+ Cl^- $SO_4^=$ HCO_3^-
HCO_3^-
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Cl^-
Na^+ $HPO_4^=$ Na^+ Na^+
Ca^{++} K^+
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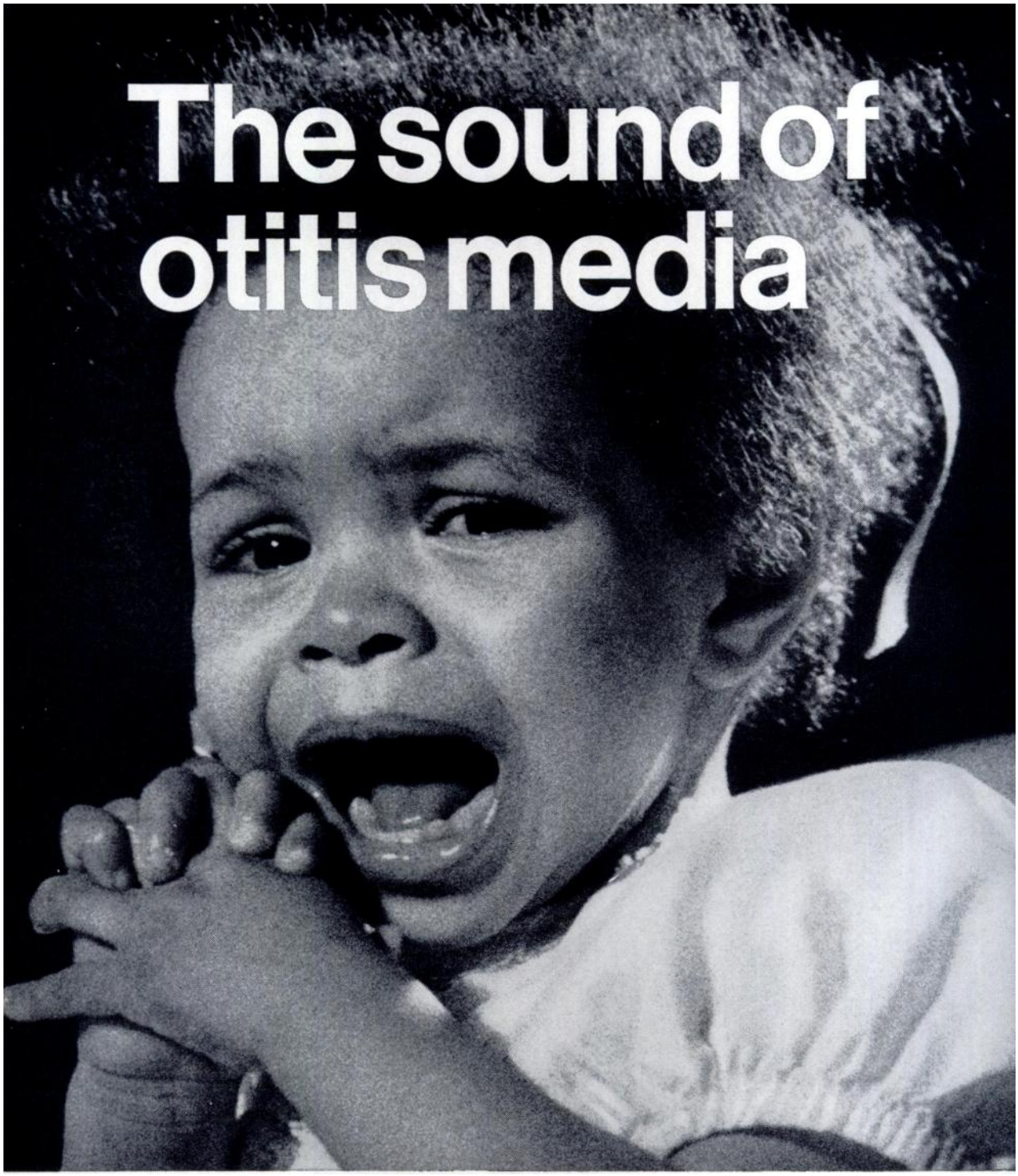


calls for prompt pain relief with

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

6828

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

Let Zenith's Neo-meter be among the first sounds he hears.

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.

To fit this need, Zenith developed the Neo-meter, a compact, one-hand operated unit that effectively checks even a day-old baby for possible hearing deficiencies.

The Zenith Neo-meter operates with one hand. Everything is inside its durable, compact case

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.

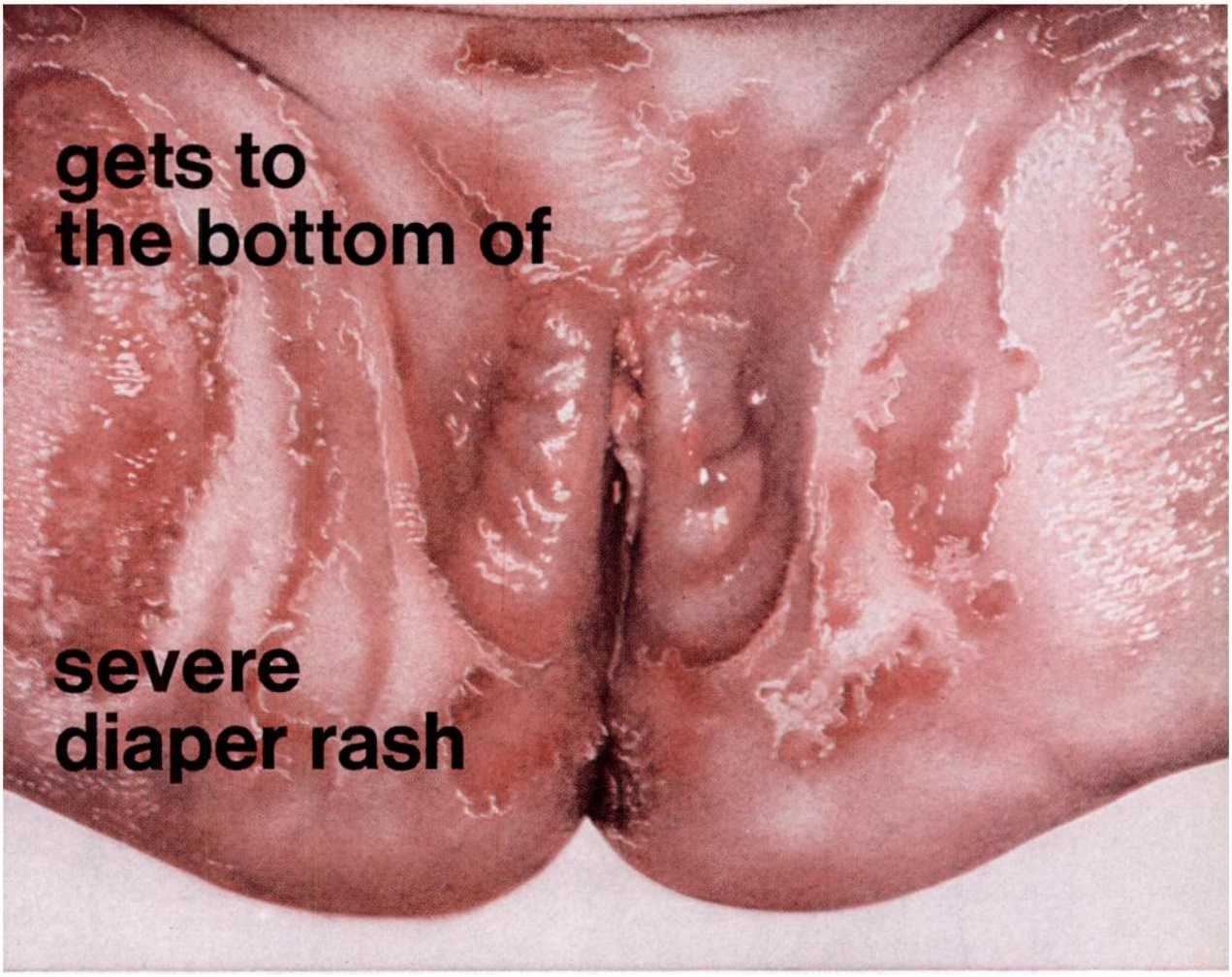
The Neo-meter operates on low-cost readily available batteries. One battery should normally last for more than 12,000 two-second tests. Accuracy of calibration will not be compromised as the battery runs down. And the Neo-meter gives plenty of advance warning before battery life runs out.

The Neo-meter is another example of the way Zenith is committed to the problems of the hard of hearing. Only through intensive research are we able to continually develop valuable diagnostic instruments.

If you would like further information about the Neo-meter, or perhaps an office demonstration, just write to us: Zenith Radio Corp., Auditory Instrument Division, 6501 W. Grand Avenue, Chicago, Ill. 60635.

ZENITH®

The quality goes in before the name goes on.



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

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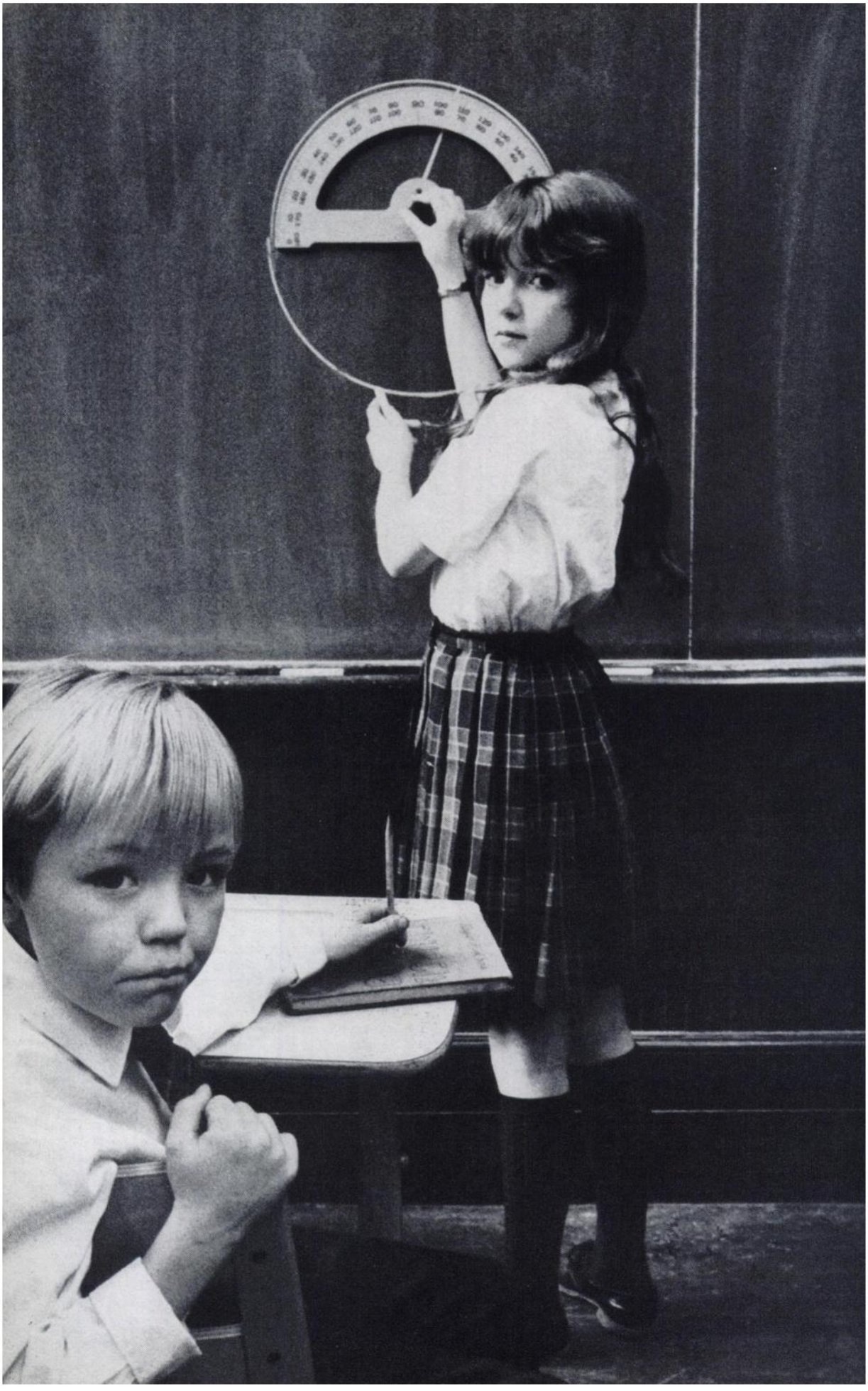


pinworms in this school?

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—

Povan®

(pyrvinium pamoate)

PARKE, DAVIS & COMPANY, DETROIT, MICHIGAN 48232

PARKE-DAVIS

44760

Now exclusively from Wallace Pharmaceuticals

the 8 o'clock antibiotic $\frac{8\,AM}{8\,PM}$

Rondomycin® syrup (methacycline HCl)

potent in bronchitis and other difficult-to-treat bacterial respiratory infections

An impressive pediatric record.[1-5]

Children with bronchitis, lobar and bronchopneumonia and other respiratory infections usually showed an excellent response to Rondomycin therapy. Even in cases where asthma was a complicating factor, results with Rondomycin were impressive. In most cases, symptomatic improvement was accompanied by bacteriologic cures.

8 o'clock schedule (A.M./P.M.): for better patient cooperation.

The high, sustained blood levels achieved with Rondomycin permit b.i.d. dosage—a regimen much appreciated by youngsters and mothers alike. Please consult Prescribing Information for complete pediatric dosage instructions.

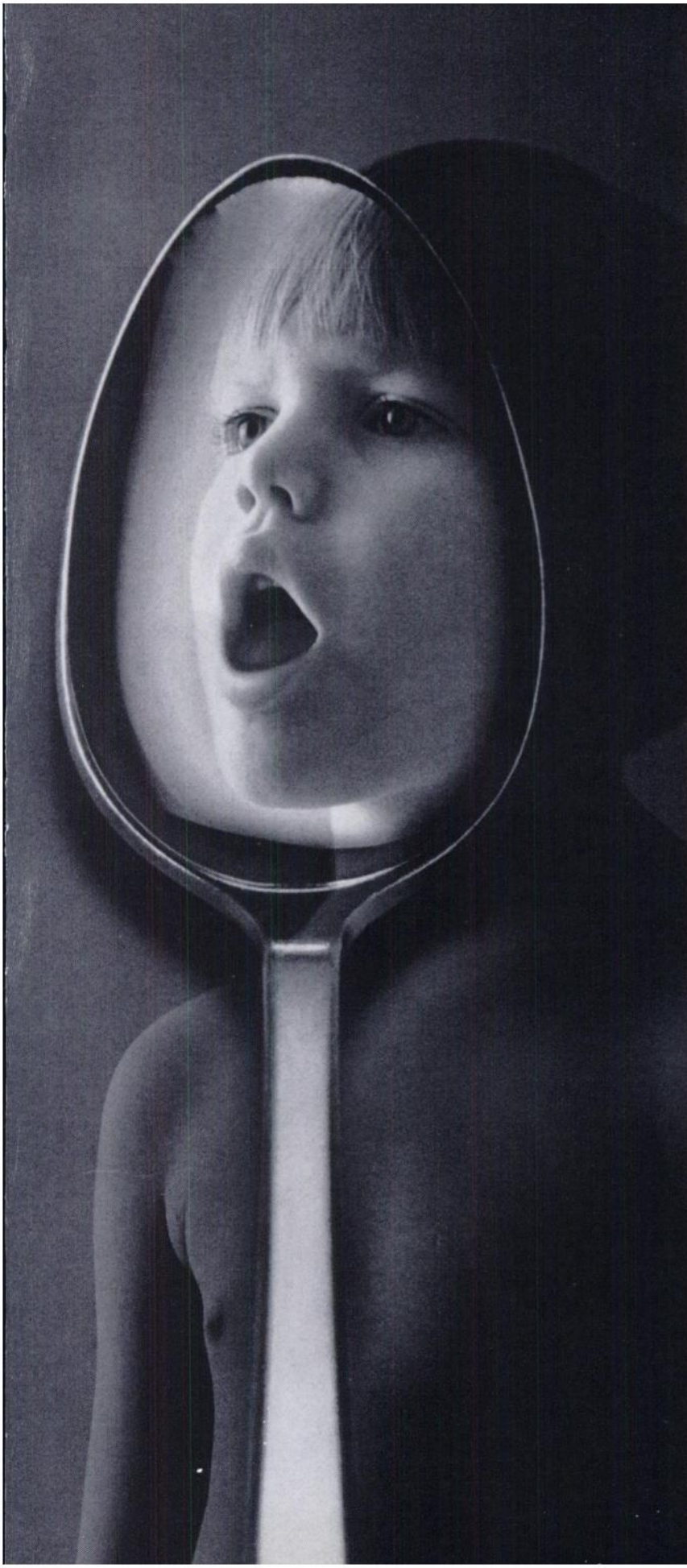
well tolerated—a low incidence of serious allergic reactions.

economical—b.i.d. dosage lowers cost per day.

available as a pleasant, fruit-flavored syrup.

References: 1. Grossman, A. and Ramanathan, K.: Illinois Med. J. (March) 1968, p. 289. 2. Mathieu, P. L., Jr., et al.: Curr. Ther. Res. 9:209 (April) 1967. 3. Falliers, C. J., et al.: Scientific exhibit presented at A.M.A. Clin. Meet., Las Vegas, Nov. 27-30, 1966. 4. Hughes, W. T.: Southern Med. J. 61:173 (February) 1968. 5. Bumbalo, T. S. and Gabrieli, E. R.: Clin. Pediat. 6:74 (February) 1967.

WALLACE PHARMACEUTICALS, Cranbury, New Jersey 08512



Rondomycin®
(methacycline HCl)

Contraindications: Rondomycin is contraindicated in individuals hypersensitive to methacycline HCl.

Warnings: In patients with impaired renal function, reduce usual oral dosage and consider serum level determinations to avoid liver damage.

Methacycline HCl may form a stable calcium complex in any bone-forming tissue but no serious harmful effects have been reported to date. As with other tetracyclines, the use of Rondomycin during tooth development (last trimester of pregnancy, neonatal period, and early childhood) may cause discoloration of the teeth (yellow-gray-brownish). This effect may occur mostly during long-term use of the drug, but also may occur with short-treatment courses.

In certain hypersensitive individuals treated with methacycline HCl, exposure to direct sunlight may precipitate a photodynamic reaction. In individuals with a history of photoallergic reactions to tetracyclines, exposure to direct sunlight should be avoided and treatment should be discontinued at first evidence of skin discomfort.

Precautions: As with any antibiotic, overgrowth of nonsusceptible organisms may occasionally occur. Constant observation is essential. If such superinfections are encountered, Rondomycin should be discontinued and replaced by appropriate therapy.

Before treatment of gonorrhea, if concomitant syphilis is suspected, a darkfield examination should be made of any lesion, and serological tests for syphilis should be made monthly for at least four months afterwards.

Increased intracranial pressure with bulging fontanelles has been observed in infants receiving therapeutic doses of methacycline HCl, but has disappeared promptly and without sequelae, once therapy was discontinued.

Adverse Reactions: Nausea, vomiting, diarrhea, glossitis, stomatitis, proctitis, vaginitis, dermatitis, onycholysis, nail discoloration, or allergic reactions may occur rarely. If adverse reactions, individual idiosyncrasy, or allergy occur, discontinue medication. As with other tetracyclines, elevation of SGOT or SGPT values, anemia, neutropenia, eosinophilia or elevated BUN have been reported, the significance of which is not known at this time.

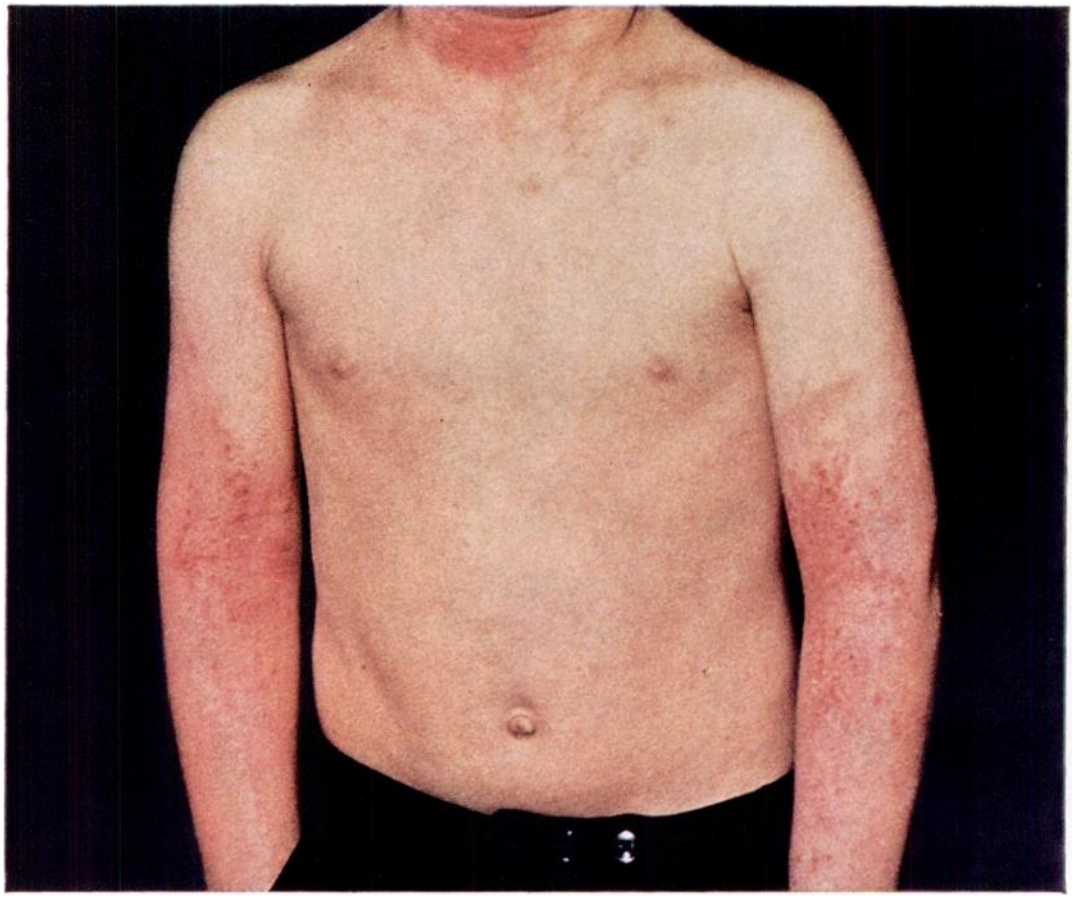
Usual Dosage: Adults—600 mg. daily, divided into two or four equally spaced doses. An initial dose of 300 mg. followed by 150 mg. every six hours or 300 mg. every 12 hours may be used in the management of more severe infections. In gonorrhea, 150 mg. every six hours for at least four doses should be given.

Children—3 to 6 mg./lb./day divided into two or four equally spaced doses. Avoid giving pediatric dosage forms with calcium-containing foods. To increase absorption, administer one hour before or two hours after eating. When used in streptococcal infections, therapy should be continued for ten days to prevent the development of rheumatic fever or glomerulonephritis.

Therapy should be continued beyond the time that symptoms and fever have subsided. Aluminum hydroxide gel has been shown to decrease absorption and is contraindicated.

Supplied: Rondomycin (methacycline HCl) is available as 150 mg. capsules containing 150 mg. methacycline HCl equivalent to 140 mg. of base and 300 mg. capsules containing 300 mg. of methacycline HCl equivalent to 280 mg. of base. Rondomycin (methacycline HCl) syrup contains 75 mg. per 5 cc. of methacycline HCl equivalent to 70 mg. per 5 cc. of base.

Before prescribing, consult package circular



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

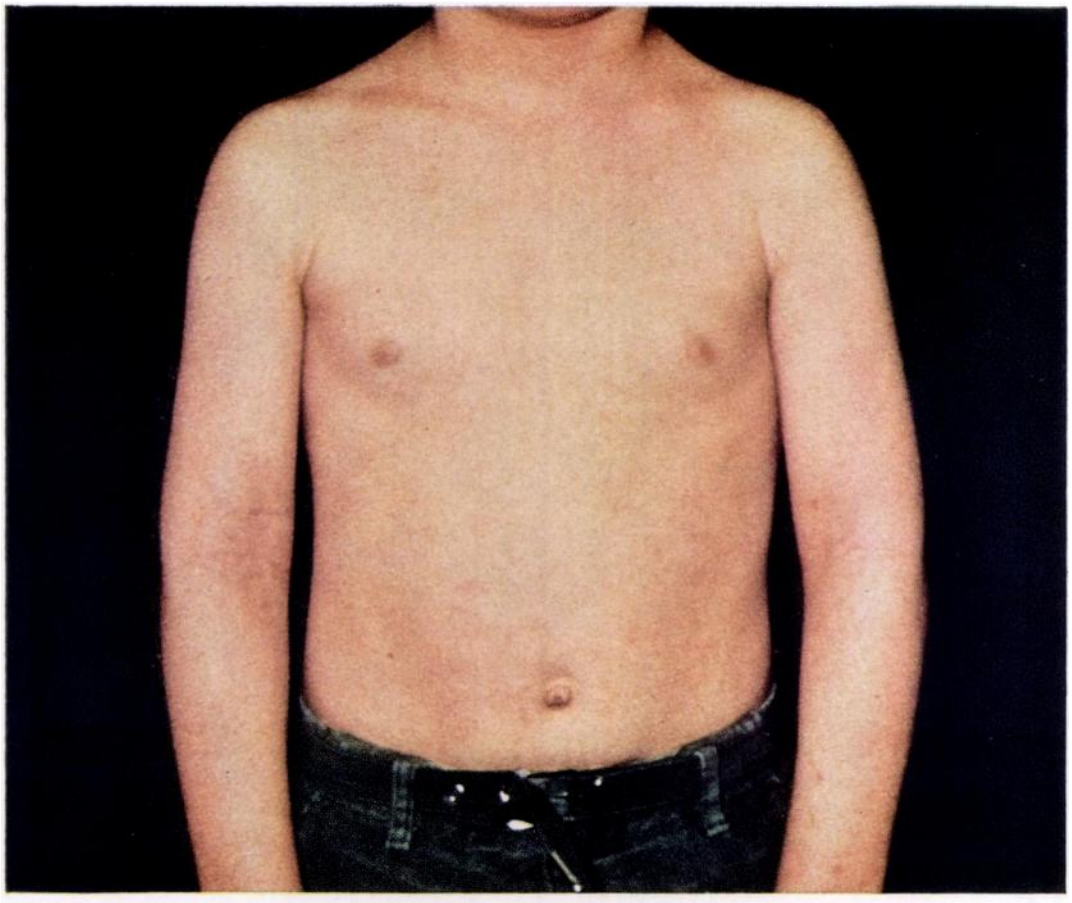
Case details:

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



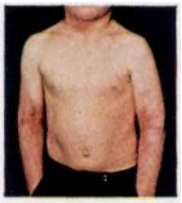
Cordran®, Half Strength, did it in just seven days

Flurandrenolone

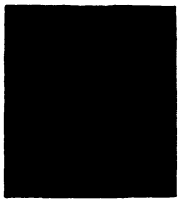
Treatment:

(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 antiinfective 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: In less than 1 percent of patients, local burning or irritation has been observed. 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.

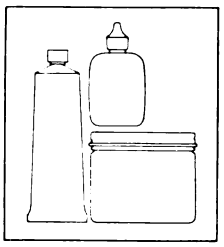
Administration and Dosage: For moist lesions, use a small quantity of cream or lotion two or three times a day. Avoid unduly vigorous application. For dry, scaly lesions, apply a thin film of ointment two or three times daily.

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.

[022068A]



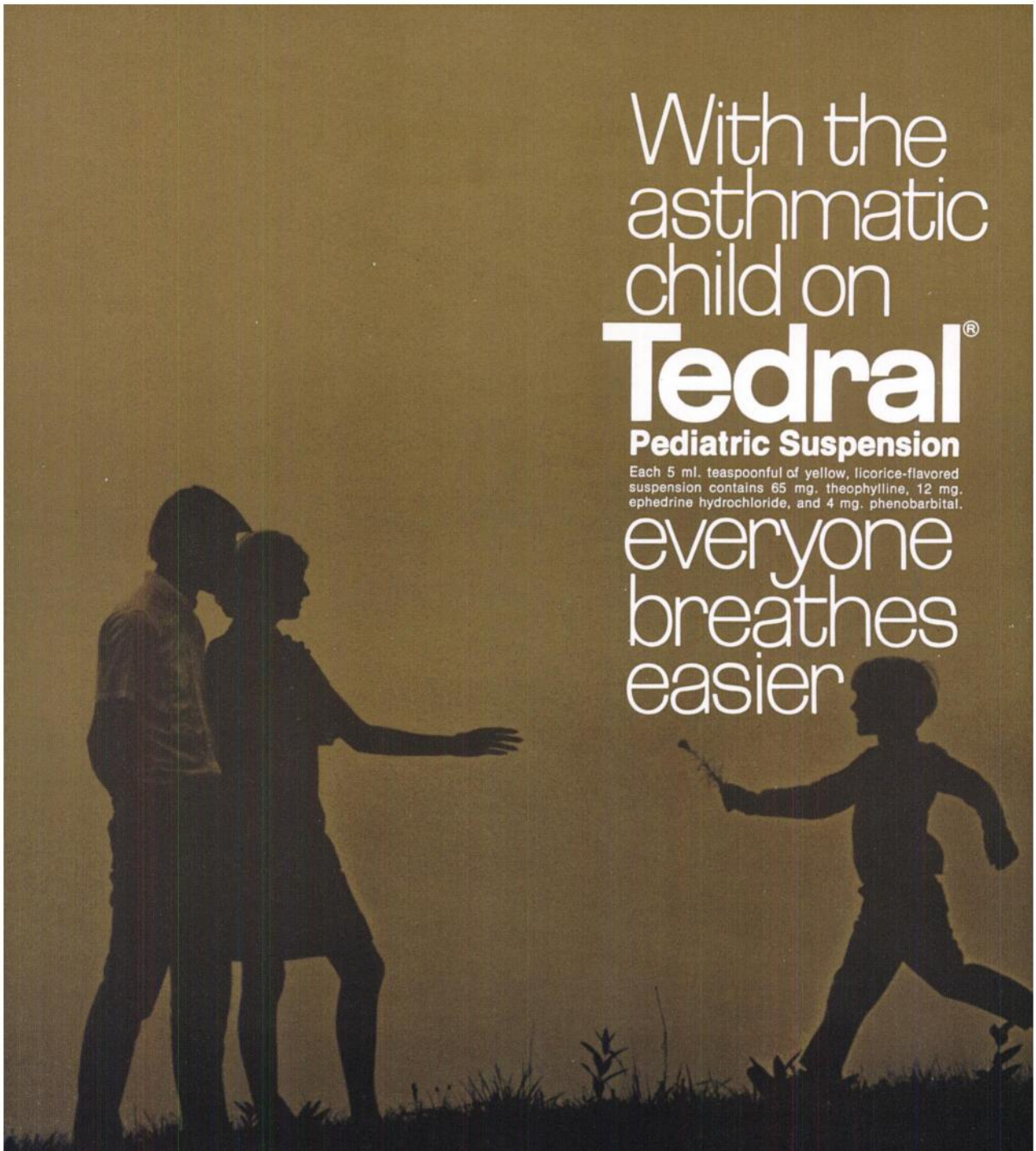
CORDRAN®
FLURANDRENOLONE

Fast Acting by Design

Lilly

900877

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



With the asthmatic child on Tedral®

Pediatric Suspension

Each 5 ml. teaspoonful of yellow, licorice-flavored suspension contains 65 mg. theophylline, 12 mg. ephedrine hydrochloride, and 4 mg. phenobarbital.

everyone breathes easier

Tedral® Pediatric Suspension

The air that comes in a teaspoon.

WARNER-CHILCOTT
Morris Plains, N. J.

T-PE-91-20

Indications: Tedral Pediatric Suspension is indicated for the symptomatic relief of bronchial asthma, asthmatic bronchitis, and bronchospastic disorders. It may also be used prophylactically to abort or minimize asthmatic attacks and is of value in managing occasional, seasonal, or perennial asthma.

Tedral is an adjunct in the total management of the asthmatic patient. Acute or severe asthmatic attacks may necessitate supplemental therapy with other drugs by inhalation or other parenteral routes.

Contraindications: Sensitivity to any of the ingredients; porphyria.

Warning: Phenobarbital may be habit forming.

Precautions: Use with caution in the presence of cardiovascular disease, severe hypertension, hyperthyroidism, prostatic hypertrophy or glaucoma.

Adverse reactions: Mild epigastric distress, palpitation, tremulousness, insomnia, difficulty of micturition, and CNS stimulation have been reported.

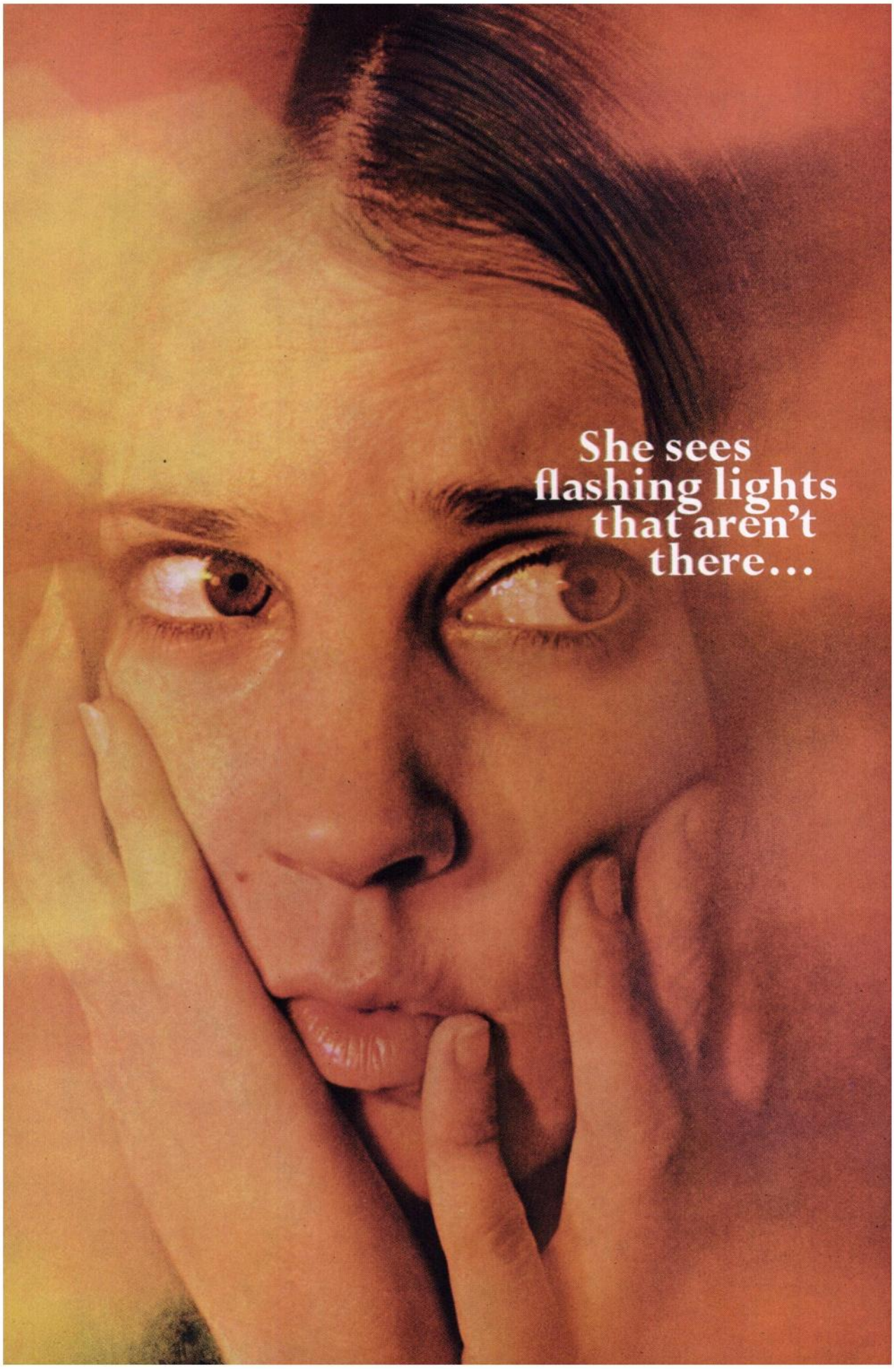
Dosage: For frequent attacks or for prophylactic therapy—one teaspoonful per 60 pounds body weight, 4 times a day. For an occasional attack—one teaspoonful per 60 lb. body weight, as needed.

Shake bottle well.

Reduce dosage if nervousness, restlessness, or sleeplessness occurs.

Supplied: 237 ml. (8 fl. oz.) bottles.

Full information is available on request.


She sees
flashing lights
that aren't
there...

Some type of aura occurs in an estimated 50 per cent of epileptic patients.[1] This premonitory symptom of a seizure may provide a valuable clue to its epileptogenic focus.

"Focal types of convulsive disorders are now known to be the most common, and some authorities believe that all epilepsy has a focal ictus."[2] MYSOLINE (primidone) has been classified as a drug of choice in psychomotor and other focal seizures,[3-5] and as an "excellent" agent for the control of grand mal.[6]

then the seizure begins

In fact, MYSOLINE has been found particularly effective in intractable cases of grand mal[1,5,7] and psychomotor epilepsy,[1,4] where other drugs, such as phenobarbital and diphenylhydantoin, had failed.

An "effective drug which has now stood the test of time,"[4] MYSOLINE may be used alone or, if needed, in combination with other anticonvulsants to advantage.

Early side effects of MYSOLINE are generally more unpleasant than dangerous, and tend to disappear as treatment is continued.[7] Some patients may exhibit excessive drowsiness which may be largely avoided by starting with a very low dose of MYSOLINE given at bedtime.[6] The low initial dose is gradually increased at weekly intervals until the effective anticonvulsant dosage is reached or tolerance is evident. [MYSOLINE is available in two potencies—in 50 mg. and in 0.25 Gm. (250 mg.) scored tablets.]

Service Aids: To help promote a better understanding of epilepsy and improve the cooperation of patients (young or adult), their relatives and friends, Ayerst Laboratories has prepared a series of service aids, including specially prepared and illustrated booklets. All of these are available in quantity upon request.

BRIEF SUMMARY

INDICATIONS: Either alone or in combination, in control of grand mal, psychomotor, and focal epileptic seizures.

PRECAUTIONS: The total daily dosage should not exceed 2 Gm. Since MYSOLINE (primidone) therapy generally extends over prolonged periods, routine laboratory tests are indicated at regular intervals.

In nursing mothers: If the nursing newborn of a MYSOLINE-treated mother appears unduly drowsy, nursing should be discontinued since substantial quantities of the drug may appear in the milk.

Use in pregnancy: Many patients have taken antiepileptic drugs, including MYSOLINE, during the entire course of their pregnancies without apparent adverse effect on the offspring. Nevertheless, the benefit of the administration of any drug during pregnancy must be weighed against any possible effect on the fetus.

ADVERSE REACTIONS: The most frequently occurring early side effects are ataxia and vertigo. These tend to disappear with continued therapy, or with reduction of initial dosage. Occasionally, the following have been reported: nausea, anorexia, vomiting, fatigue, hyperirritability, emotional disturbances, diplopia, nystagmus, drowsiness, and morbilliform skin eruptions. On rare occasion, persistent or severe side effects may necessitate withdrawal of the drug. Megaloblastic anemia may occur as a rare idiosyncrasy to MYSOLINE and to other anticonvulsants. The anemia responds to folic acid, 15 mg. daily, without necessity of discontinuing medication.

References: 1. Lennox, W. G., in Cecil, R. L., and Loeb, R. F.: A Textbook of Medicine, ed. 10, Philadelphia, Saunders, 1959, pp. 1426-1434. 2. Aird, R. B.: Mod. Med. *35*:30 (Aug. 14) 1967. 3. Forster, F. M.: Modern Therapy in Neurology, St. Louis, Mosby, 1957, p. 402. 4. Merlis, J. K.: Maryland Med. J. *12*:553 (Nov.) 1963. 5. Millichap, J. G.: Postgrad. Med. *37*:22 (Jan.) 1965. 6. Livingston, S.: Drug Therapy for Epilepsy. Anticonvulsant Drugs: Usage, Metabolism and Untoward Reactions (Prevention, Detection and Management), Springfield, Ill., Thomas, 1966, pp. 21-28. 7. Toman, J. E. P., in Goodman, L. S., and Gilman, A.: The Pharmacological Basis of Therapeutics, ed. 3, New York, Macmillan, 1965, p. 226.

in grand mal and psychomotor epilepsy

MYSOLINE®

BRAND OF

PRIMIDONE

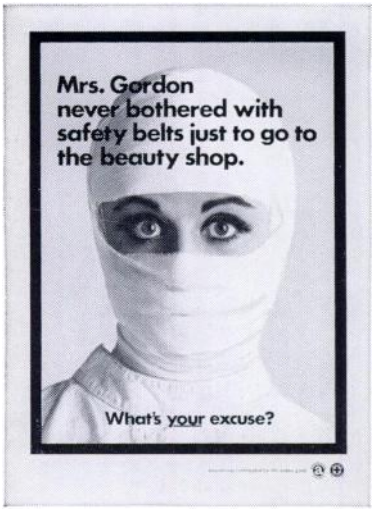
for effective seizure control

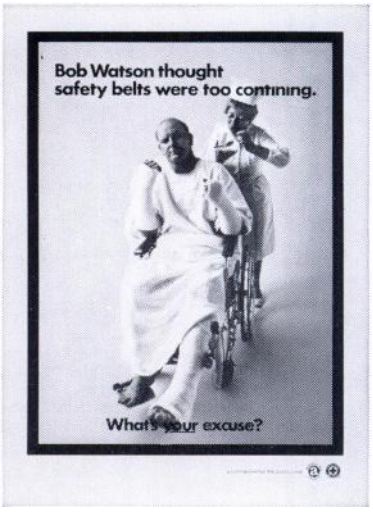
AYERST LABORATORIES
New York, N.Y. 10017 • Montreal, Canada

MYSOLINE (primidone) is available in the United States by arrangement with Imperial Chemical Industries Ltd.

6915

These people need your help.





You may have seen them before. You'll see these ads often this year in national media space contributed to the cause of traffic safety.

They're trying to keep your employees alive and healthy. By encouraging them to use safety belts, both in their private driving and on the job for you.

But they can't succeed all by themselves. And that's where you come in.

You can encourage every one of your employees to use safety belts regularly. Warn about the lethal danger of making excuses. Remind them that 7000 people died last year because they weren't wearing safety belts when they ran into trouble.

If you do your part, you'll be helping your employees stay alive and well. And on the job for you.

If you don't . . . what's your excuse?

ADVERTISING COUNCIL

Advertising contributed for the public good.

For free single copies of this ad write to:
National Safety Council, Public Information Department, 425 North Michigan Ave., Chicago, Ill. 60611.

Which baby is likely to be free of Staph infection?

The one bathed daily with pHisoHex® at home

For the vulnerable newborn, the hazards of Staph do not end with his initial trip home. Sixty-seven per cent of 180 families with neonates were shown to have at least one member colonized with Staph.* But mothers can imitate a successful technic used by hospital nurseries around the world–bathing babies daily with pHisoHex to protect against colonization and to reduce the risk of infection. Some hospital nurseries give the mother the remainder of the individual 5 oz. bottle used for the infant in the hospital. When mothers also wash their hands regularly with pHisoHex, even greater protection is afforded the infant.

pHisoHex, containing 3 per cent hexachlorophene, is nonalkaline, hypoallergenic, and "kind" to baby skin. Available in unbreakable squeeze bottles of 5 oz. and 16 oz., and in plastic bottles of ½ and 1 gal. New plastic dispenser for 5 oz. bottles.

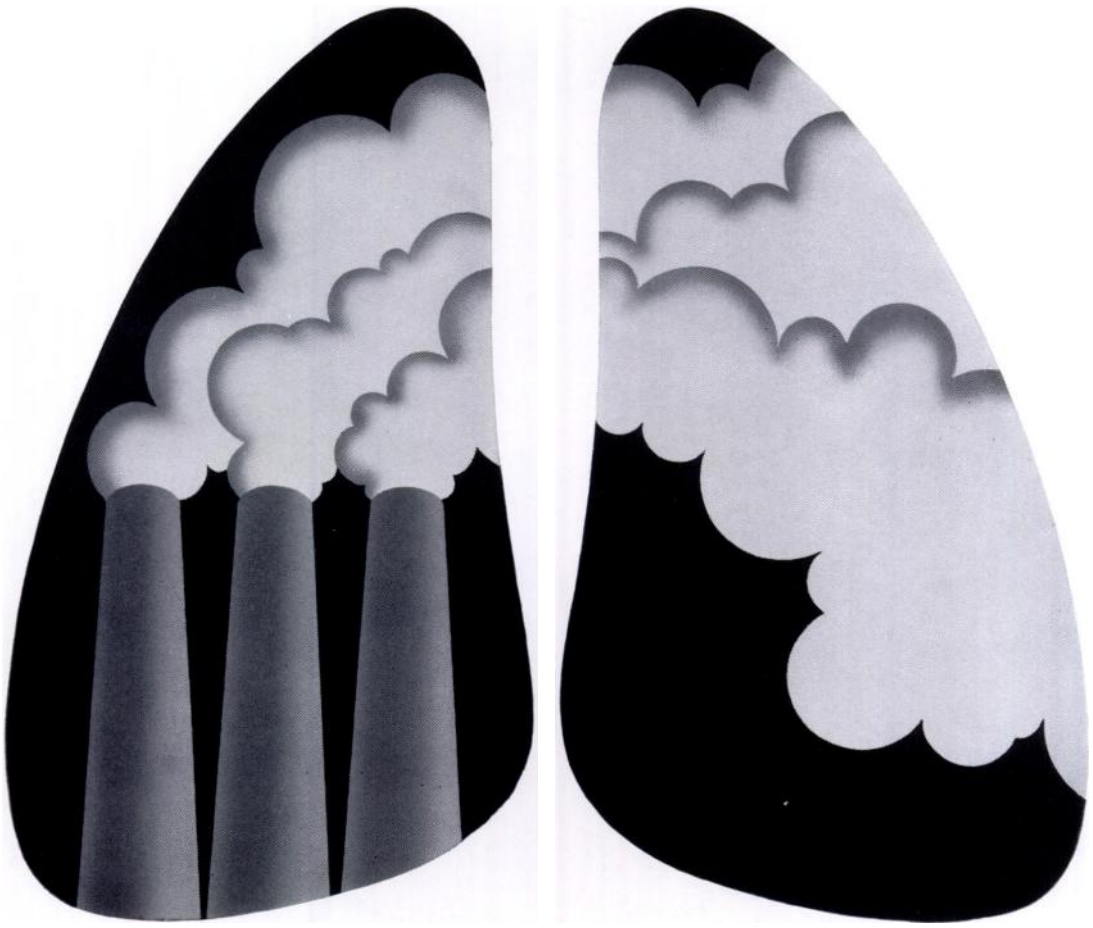
*Payne, Margaret C.; Wood, H. F.; Karakawa, Walter, and Gluck, Louis: *Am. J. Epidemiol.* 82:305, Nov., 1965.

Winthrop

Winthrop Laboratories, New York, N.Y. 10016

(1309MA)

The asthmatic has his own built-in "air pollution" problem...



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.

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

ADMINISTRATION AND DOSAGE:
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.

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

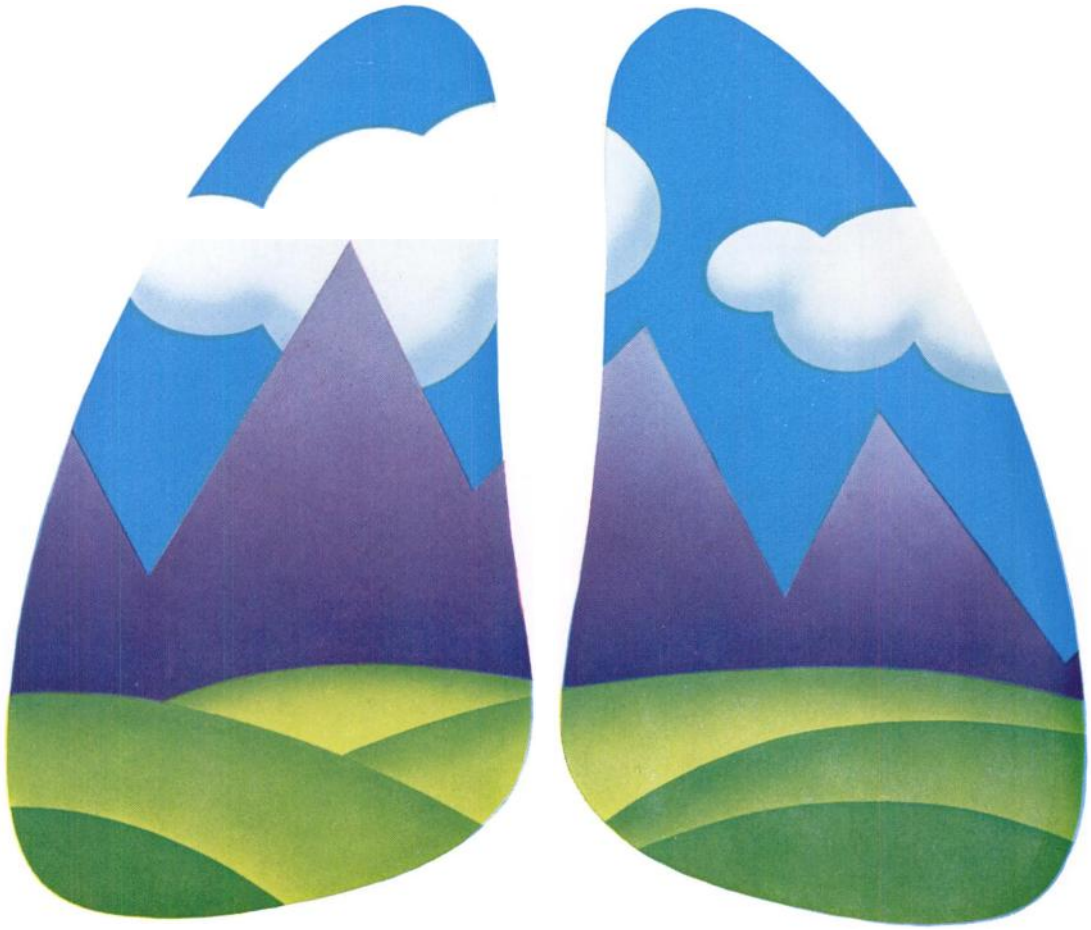
PRECAUTIONS: Do not administer more frequently than every 4 hours or within 12 hours after administration of, or concurrently with, other xanthine derivatives.

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.

ASBRON® helps keep airways open for "replacement" air

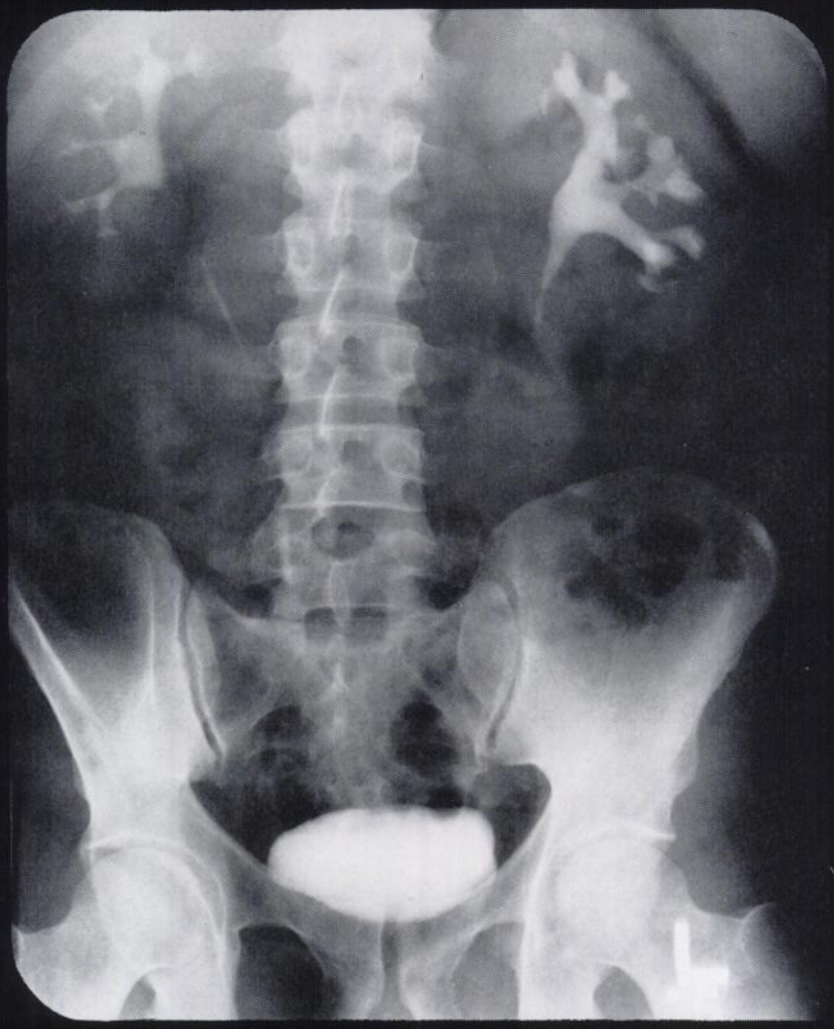


Asbron opens the airways and relieves bronchospasm, an important factor in the asthmatic's "air pollution" problem. Thus, the patient is protected from asthma symptoms with Asbron's "air supply." This support is possible because Asbron has a complete formula that improves breathing . . . decreases coughing . . . lessens wheezing . . . wins patient acceptance. Made up of a xanthine, a sympathomimetic and an effective expectorant, Asbron's clinically effective formula rarely causes gastric upset or CNS stimulation. Patients feel secure with Asbron—perhaps because their "air supply" is protected. Available in tablets for adults or elixir for children.

ASBRON® **Inlay-tabs®/Elixir**
(theophylline sodium glycinate, glyceryl guaiacolate and phenylpropanolamine hydrochloride.)
Helps you put a little living back into the life of your asthmatic patient.

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

The shadows of advancing renal disease...



often avoidable

through prevention of recurrences in urinary tract infections of children

In many adults with persistent urinary tract infection, the clinical history may date from early childhood. To prevent recurring infections and progressive renal disease in the child presenting a urinary tract infection, consideration should be given to the type of pathogens involved and the elimination, if present, of obstructive uropathies. It is recommended that antibacterial therapy be maintained after subsidence of symptoms until repeated cultures are negative.

Gantanol® (sulfamethoxazole) Suspension provides antibacterial effectiveness against a wide spectrum of sensitive pathogens most commonly implicated in urinary tract infections. Simple *b.i.d.* dosage usually assures continuous therapeutic levels in blood and urine with ready diffusion into interstitial fluids. Although in responsive conditions clinical improvement is generally seen by the third day, antibacterial therapy should be extended for sufficient periods to minimize the likelihood of relapse.

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

Indications: Acute and chronic urinary tract, respiratory and soft tissue infections due to susceptible microorganisms; prophylactically following diagnostic instrumental procedures on genitourinary tract.

Contraindicated in sulfonamide-sensitive patients, pregnant females at term, premature infants, or newborn infants during first 3 months of life.

Warnings: Use only after critical appraisal in patients with liver or renal damage, urinary obstruction or blood dyscrasias. Deaths reported from hypersensitivity reactions, Stevens-Johnson syndrome, agranulocytosis, aplastic anemia and other blood dyscrasias. In closely intermittent or prolonged therapy, blood counts and liver and kidney function tests should be performed. Clinical data insufficient on prolonged or recurrent therapy in chronic renal diseases of children under 6 years.

Precautions: Occasional failures may occur due to resistant microorganisms. Not effective in virus and rickettsial infections. Sulfonamides not recommended for therapy of acute infections caused by group A beta-hemolytic streptococci. At present, penicillin is drug of choice in acute group A beta-hemolytic streptococcal infections; although Gantanol has produced favorable bacteriologic conversion rates in this infection, data insufficient on long-term follow-up studies as to its effect on sequelae of rheumatic fever or acute glomerulonephritis. If other treatment cannot be used and Gantanol is employed in such infections, *important that therapy be continued in usual recommended dosage for at least 10 days.* Observe usual sulfonamide therapy precautions, including adequate fluid intake. Use with caution if history of allergies and/or asthma. Follow closely patients with renal impairment since this may cause excessive drug accumulation. Need for indicated local measures or surgery not obviated in localized infections.

Adverse Reactions: Depending upon the severity of the reaction, may withdraw drug in event of 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 and crystalluria.

Dosage: *Adults*—2 Gm (4 tabs or teasp) initially, then 1 Gm b.i.d. or t.i.d. depending upon severity of infection. *Children*—0.5 Gm (1 tab or teasp)/20 lbs initially, followed by 0.25 Gm/20 lbs b.i.d.

How Supplied: *Tablets*, 0.5 Gm, bottles of 50. *Suspension*, 10%, 0.5 Gm/teasp, bottles of 16 oz.

ROCHE Roche LABORATORIES

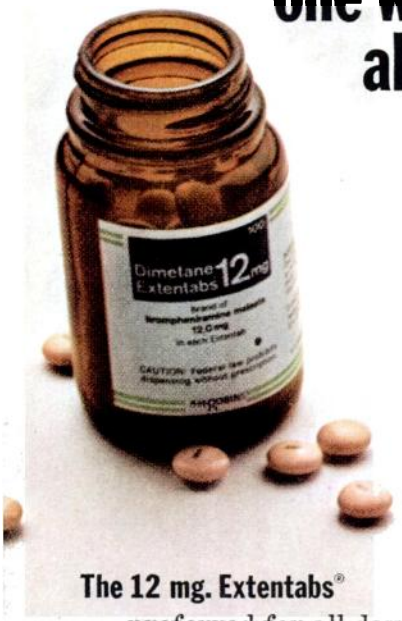
Division of Hoffmann-La Roche Inc.
Nutley, New Jersey 07110

Gantanol® Suspension B.I.D.
(sulfamethoxazole)

wide-spectrum antibacterial effectiveness • well tolerated • pleasantly cherry-flavored • relatively free from complications

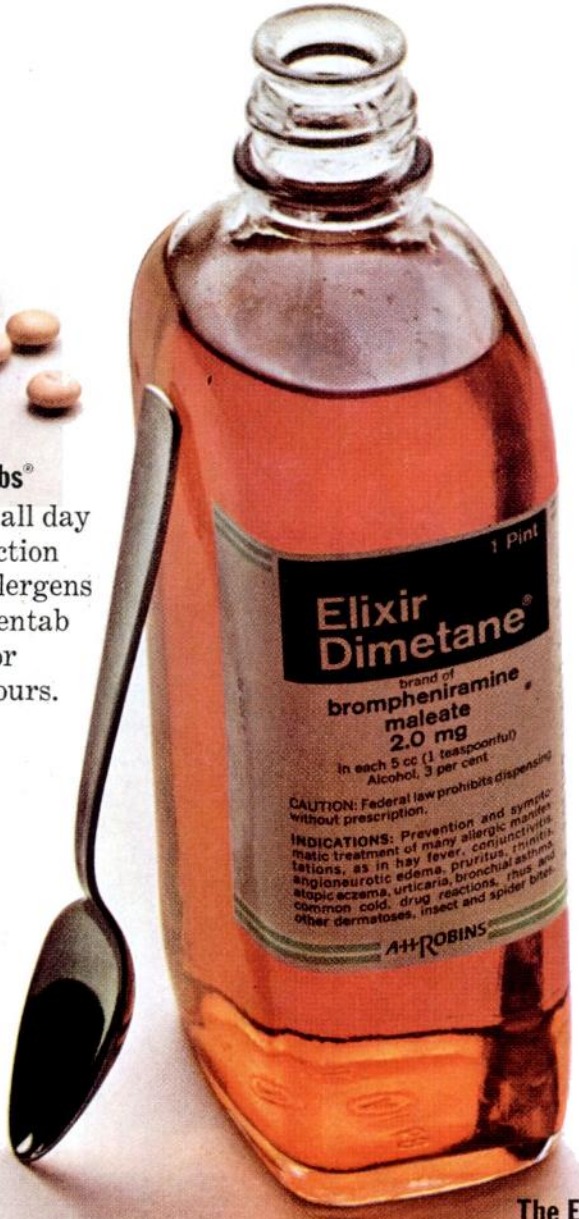
THE SIX FORMS OF DIMETANE®
(BROMPHENIRAMINE MALEATE)

one works best for each allergic situation



The 12 mg. Extentabs® preferred for all day or all night protection against allergens because each Extentab works for 10 to 12 hours.

The 8 mg. Extentabs® preferred for all day or all night protection of the elderly and of children from 6 to 12 years.



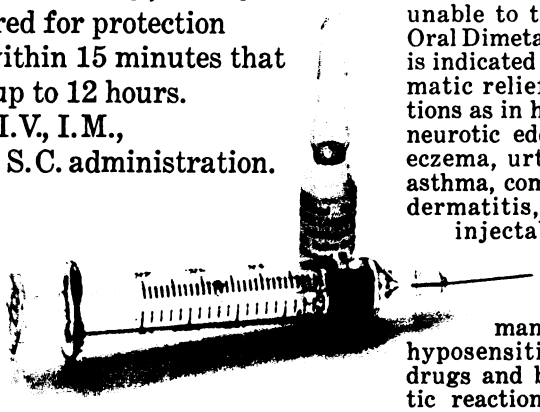
The Elixir—2 mg./5 cc. preferred for protection against allergens in patients who can't swallow tablets.

A·H·ROBINS

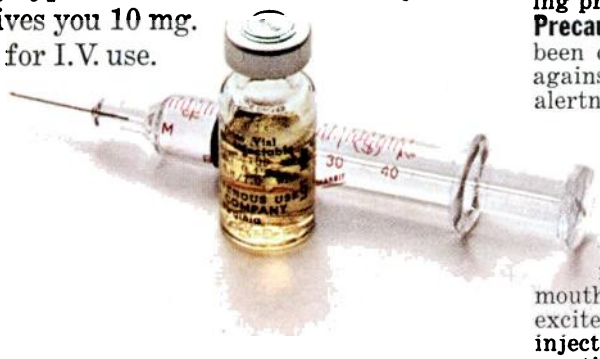
A. H. ROBINS COMPANY
RICHMOND, VA. 23220

The 4 mg. Tablets
for conventional TID or QID dosage
or to supplement other forms of Dimetane
when greater protection is needed
during times of greater sensitivity.

The Injectable—10 mg./cc. ampuls
preferred for protection
within 15 minutes that
may last up to 12 hours.
For I.V., I.M.,
or S.C. administration.



The Injectable—100 mg./cc. multiple dose vials
preferred for subcutaneous injections given
during hyposensitization because only
0.1 cc. gives you 10 mg.
Not for I.V. use.



Indications: Dimetane (brompheniramine maleate) provides a high order of antihistaminic effect with a relatively low incidence of side effects. It has been effective in stubborn cases as well as routine ones. In some instances it has brought relief to patients unable to tolerate other antihistamines. Oral Dimetane (brompheniramine maleate) is indicated for the prevention and symptomatic relief of many allergic manifestations as in hay fever, conjunctivitis, angioneurotic edema, pruritis, rhinitis, atopic eczema, urticaria, dermatitis, bronchial asthma, common cold, drug reaction, rhus dermatitis, insect and spider bites. The injectable forms of Dimetane (brompheniramine maleate) are indicated for the rapid symptomatic relief of many manifestations of allergy such as hyposensitization reactions, reactions to drugs and blood transfusions, anaphylactic reactions, urticaria, allergic rhinitis and many pruritic dermatoses. The effect is usually obtained within 15 minutes and may persist for as long as 12 hours.

Contraindications: Hypersensitivity to antihistamines. Not recommended for use during pregnancy.

Precautions: Until patient's response has been determined, he should be cautioned against engaging in operations requiring alertness.

Side Effects: Hypersensitivity reactions including skin rashes, urticaria, hypotension, and thrombocytopenia have been reported on rare occasions. As with many antihistamines, drowsiness, lassitude, nausea, giddiness, dryness of the mouth, mydriasis, increased irritability or excitement may be encountered. With the injectable forms, in rare instances, local reaction, jitteriness, sweating, pallor, temporary hypotension, or syncope have been noted. In such cases it is advisable to discontinue the drug. *See package insert for full prescribing information.*

DIMETANE®
(BROMPHENIRAMINE MALEATE)

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.

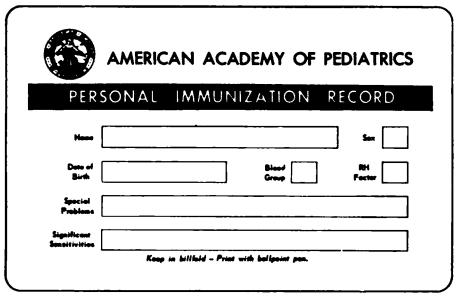
Space is also provided to record blood type, special problems, significant history of sensitivities, tuberculin tests, and other special vaccinations.

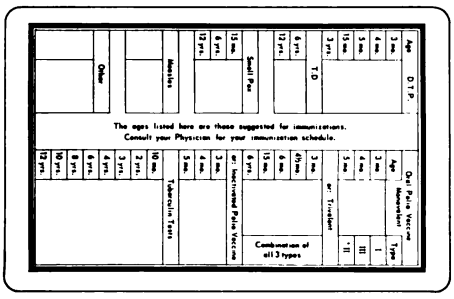
The record will also be valuable to public health agencies, schools, camps, etc., especially during epidemics, to show at a glance which children are protected.

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

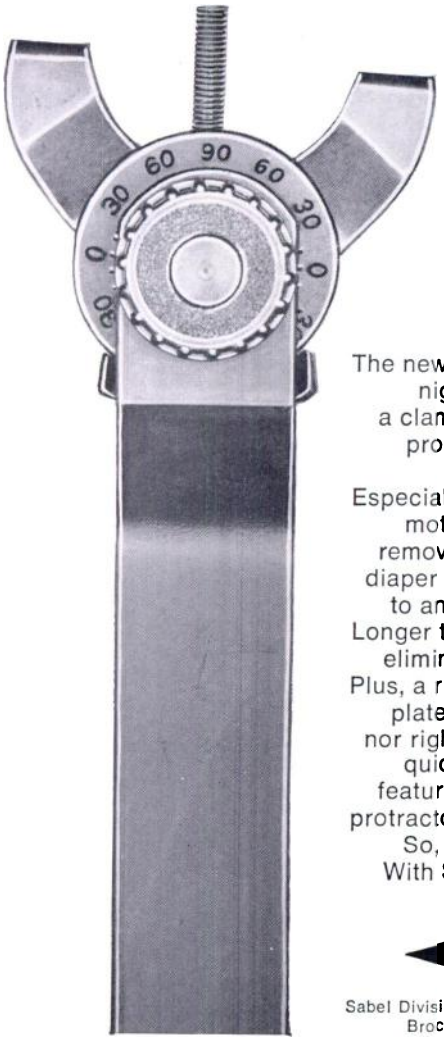
Available from: The American Academy of Pediatrics
1801 Hinman Avenue
Evanston, Illinois 60204

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





Sabel makes it child's play



Bottom View

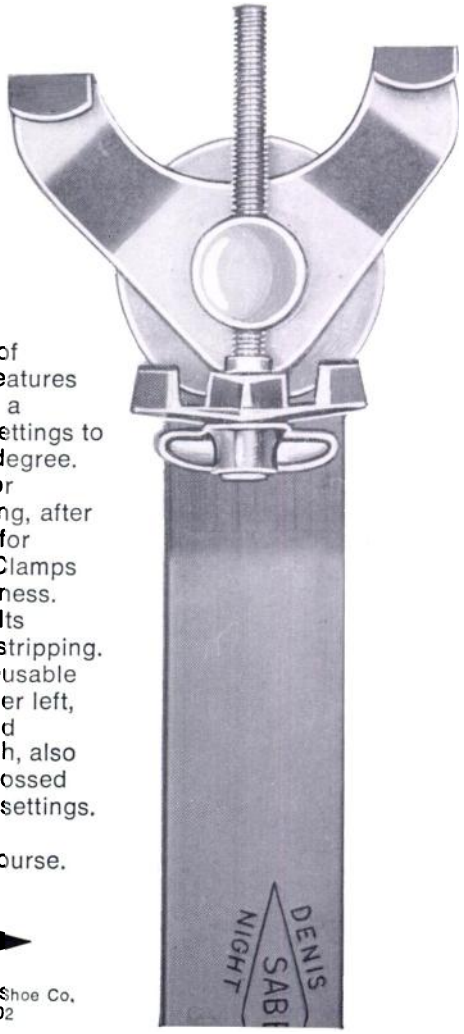
The new Sabel line of night splints features a clamp type with a protractor for settings to the exact degree. Especially helpful for mothers resetting, after removing the bar for diaper changing. Clamps to any sole thickness. Longer threaded bolts eliminate thread stripping. Plus, a rivet-on or reusable plate that's neither left, nor right, easier and quicker to attach, also featuring the embossed protractor for exact settings. So, brace up! With Sabel's of course.

SABEL'S

BASIC SHOES

Sabel Division: R. J. Potvin Shoe Co.
Brockton, Mass. 02402

I. Sabel Shoes, 1207 Chestnut St.,
Philadelphia, Pa., 19107



Top View


in the hospital
few antibiotics
are so right

neonatal sepsis...
Gram-negative pneumonias...
hospital-acquired infections...
often respond to
Kantrex® (kanamycin sulfate)

Few other antibiotics offer the broad *and bactericidal* coverage against most hospital staph as well as so many Gram-negative species. (However, most Pseudomonas strains are resistant to Kantrex.)

In serious neonatal and pediatric infections, you can often use Kantrex before culture results are known. With kanamycin-sensitive organisms, you should see a clinical response in 24-48 hours and a remission, usually, within 5-7 days.

Prompt use of Kantrex in neonatal sepsis may help prevent meningitis and neurologic damage. Prompt use in Gram-negative pneumonias may help avert serious consequences.

With the guidelines below, you help broaden the margin of safety—even in children with immature or impaired renal function.

Guidelines to Therapy: 1. Keep patients well hydrated. 2. Monitor renal function. 3. Calculate dose according to body weight (15 mg./Kg./day) and limit therapy to 14 days. 4. Check older children for tinnitus or unexplained fullness or pressure in the ear, and obtain occasional serial audiograms. 5. Decrease dosage and increase intervals between doses in patients with impaired renal function or preexisting hearing loss. 6. Avoid concurrent or sequential use of other potentially ototoxic drugs with kanamycin.

PRESCRIBING INFORMATION. 3–11/7/66. For complete information, consult Official Package Circular. *Indications:* Infections of the urinary, respiratory and gastrointestinal tracts and of skin, soft tissues, bone periosteum and blood due to sensitive organisms. *Contraindications:* A history of hypersensitivity to the drug. Prior auditory damage by kanamycin or other agents may be a contraindication if effective alternative therapy is available. *Warnings:* Renal malfunction can cause abnormally high serum levels of kanamycin—assess renal function periodically both before and during therapy. If renal insufficiency exists, decrease the size and frequency of dosages. Discontinue kanamycin and check hearing if azotemia increases. *Precautions:* If mycotic or bacterial superinfection occurs, discontinue kanamycin and initiate appropriate therapy. Cumulative ototoxic effects may be produced by concurrent or consecutive use of other ototoxic drugs. High doses may cause irritation at injection sites. The drug *should not* be physically mixed with other antimicrobials. *Adverse Reactions:* Severe, irreversible hearing loss can occur. Stop therapy if tinnitus or hearing loss occur. Signs of renal irritation may occur (casts, cells, proteinuria). If renal function is normal, such irritation is reversible and is not necessarily an indication for stopping therapy. Skin eruptions have been noted rarely. To avoid respiratory depression, postpone intraperitoneal instillation in postoperative patients until recovery from anesthesia and muscle relaxants is complete. *Usual Dosage:* 15 mg./Kg./day I.M. in divided doses preferably at 12 hour intervals. Reduce size and frequency of dosages when renal insufficiency is present. Patients should be well hydrated to minimize renal irritation. Inject deeply into the upper wall, outer quadrant of the gluteal muscle. Discard partially used vial after 48 hours. *Supplied:* Pediatric Injection 75 mg. in 2 ml. Also available 0.5 Gm. in 2 ml. and 1.0 Gm. in 3 ml. A.F.H.S. Category 8:12.28

BRISTOL LABORATORIES
Division of Bristol-Myers Co.
Syracuse, New York 13201

Kantrex® (kanamycin sulfate) Pediatric Injection 75 mg./2 ml.

bactericidal against susceptible Gram-negative and staph infections

Asthma need not spoil his fun...

ISUPREL® brand of isoproterenol COMPOUND ELIXIR

Each tablespoonful (15 ml.) contains:

Luminal® (brand of phenobarbital)..... *Warning: May be habit forming*	6 mg.
Isuprel (brand of isoproterenol) hydrochloride	2.5 mg.
Ephedrine sulfate.....	12 mg.
Theophylline	45 mg.
Potassium iodide	150 mg.
Alcohol	19%

Bronchodilatation helps prevent asthma attacks day after day

The child, his family, his friends, are free to enjoy each other when asthma symptoms are controlled. Routine use of pleasant-tasting Isuprel Compound Elixir can help prevent or ease bronchospasm—help extend the interval between attacks.

Isuprel Compound Elixir contains Isuprel, ephedrine and theophylline, three established bronchodilators to help control and prevent bronchospasm. Each is present in small quantity to decrease the possibility of untoward effects. Potassium iodide helps ease dry cough and thin sputum. Luminal provides a degree of antagonism to the possible adverse effects of the adrenergics. Palatable Isuprel Compound Elixir is beneficial in asthmatic bronchitis, too.

Winthrop Laboratories, New York, N.Y. 10016 Winthrop

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

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

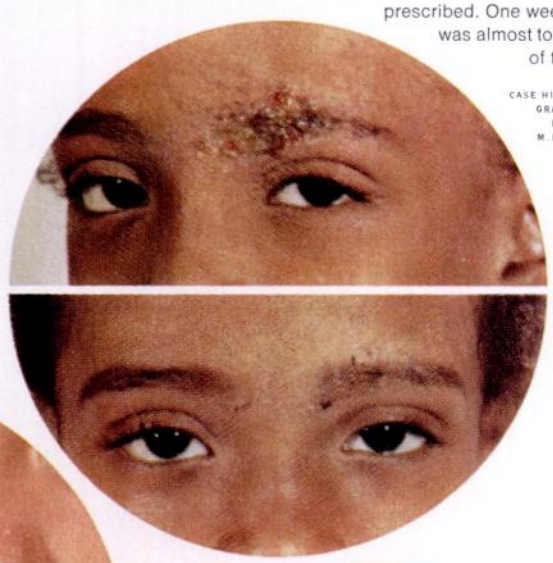
COMMENDED by PARENTS

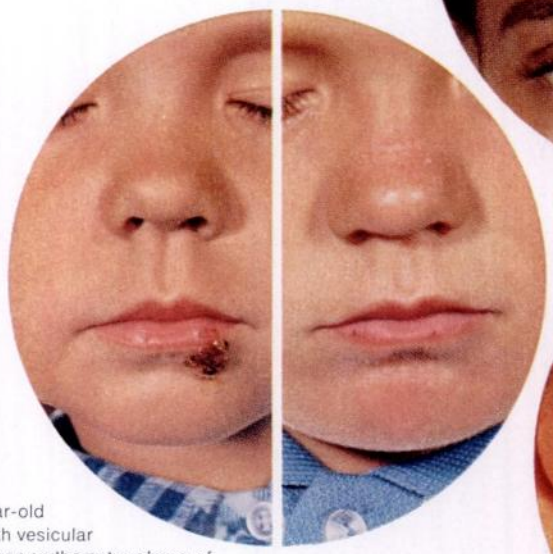
Rose-Derry Company
Newton, Mass.

Impetigo lesions cleared in a matter of days

This four-year-old girl was suffering from an oozing, crusted dermatosis with localized swelling in the left eyebrow and orbit, which had developed a week prior to examination. There was also evidence of erythema and scaling on the scalp and around alae nasi with crusting of nares and upper lip. Condition was diagnosed as impetigo, caused by hemolytic staphylococcus, coagulase-positive, and a mild seborrheic dermatitis. GARAMYCIN Cream was prescribed. One week later there was almost total clearance of the impetigo.

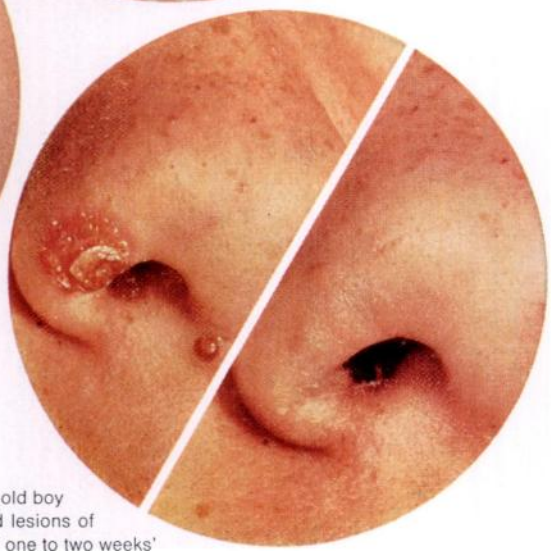
CASE HISTORY AND PHOTOGRAPHS COURTESY OF PETER KOBLENZER, M.D., PHILADELPHIA, PENNSYLVANIA.





Five-year-old child with vesicular eruption on erythematous base, of one week's duration. Lesion then became crusty and purulent (condition diagnosed as impetiginized herpes simplex). Crust was removed with olive oil and GARAMYCIN Ointment applied three times daily. Response was excellent; lesion cleared within three days.

CASE HISTORY AND PHOTOGRAPHS COURTESY OF JOHN W. FORLINE, M.D., BELLEVILLE, NEW JERSEY.



An 11-year-old boy with crusted lesions of the nose, of one to two weeks' duration and were gradually spreading. It was diagnosed as impetigo vulgaris. GARAMYCIN Cream was applied three times daily. After one week of therapy, the lesions were completely cleared.

CASE HISTORY AND PHOTOGRAPHS COURTESY OF ROGER H. BRODKIN, M.D., IRVINGTON, NEW JERSEY.

Schering

The only topical antibiotic you may ever need

- **A logical first choice in common as well as stubborn skin infections**
- **Bactericidal...covers virtually the entire bacterial spectrum in skin infections[1,2]**
- **High degree of safety**
- **Also available in ointment form**
- **Rx only for greater control**

Each gram of GARAMYCIN Cream 0.1% contains gentamicin base (as gentamicin sulfate) 1.0 mg., and the preservatives methylparaben 1.0 mg. and butylparaben 4.0 mg., in a bland base of stearic acid, propylene glycol monostearate, isopropyl myristate, propylene glycol, polyoxyethylene sorbitan monopalmitate, and sorbitol solution. Each gram of GARAMYCIN Ointment 0.1% contains gentamicin base (as gentamicin sulfate) 1.0 mg., methylparaben 0.5 mg., and propylparaben 0.1 mg. in a petrolatum base.

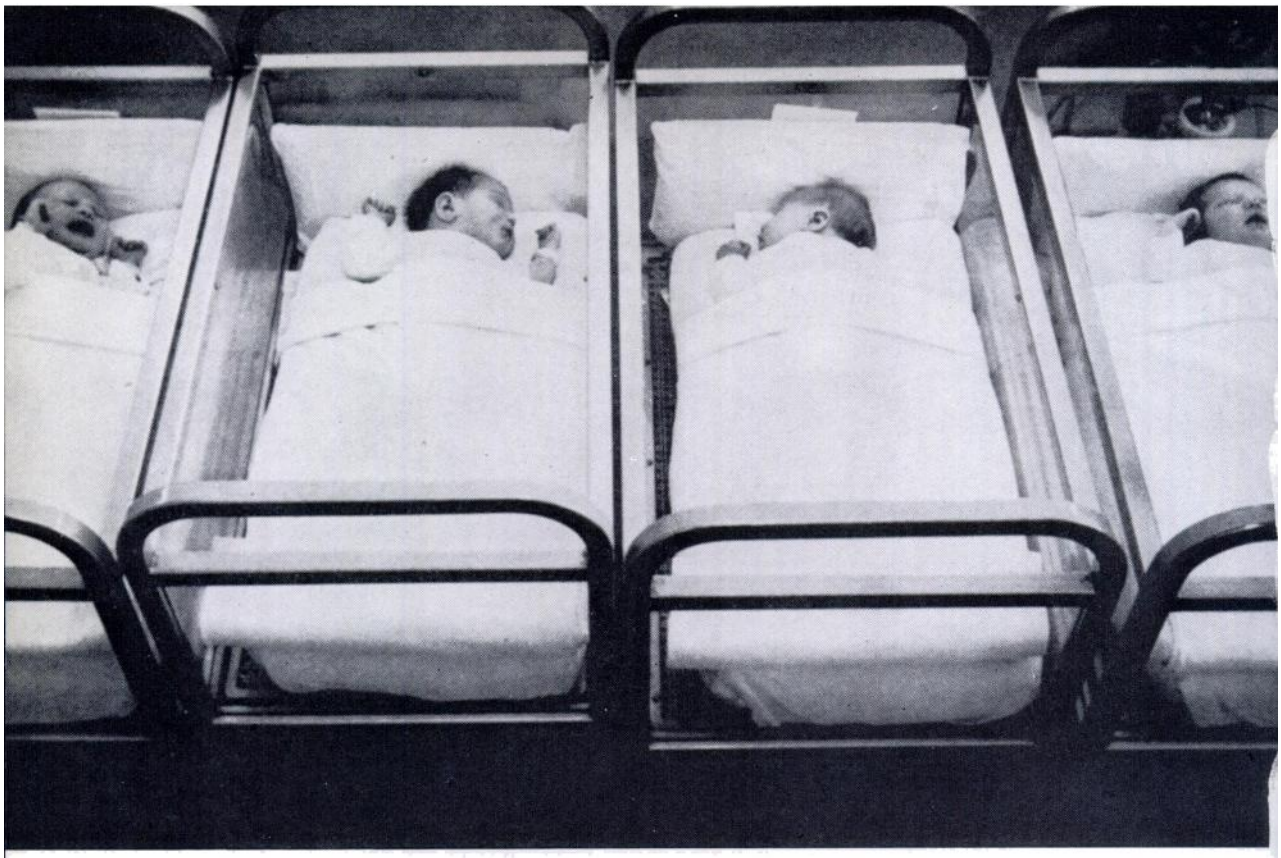
Clinical Considerations: Contraindications—The only contraindication to the use of gentamicin preparations topically is sensitivity of the patient to one of the components in the preparation. **Precautions**—Use of topical antibiotics occasionally allows overgrowth of nonsusceptible organisms such as fungi. If this occurs, or if irritation, sensitization, or superinfection develops, treatment with gentamicin should be discontinued and appropriate therapy instituted. **Side Effects** — In patients with dermatoses treated with gentamicin, mild irritation (erythema and pruritus) that did not usually require discontinuance of treatment has been reported in a small percentage of cases. There was no evidence of irritation or sensitization, however, in any of these patients patch-tested subsequently with gentamicin on normal skin. Possible photosensitization has been reported in several patients but could not be elicited in these patients by reapplication of gentamicin followed by exposure to ultraviolet radiation. **Dosage and Administration** — A small amount of GARAMYCIN Cream or Ointment should be applied gently to the lesions three or four times daily. The area treated can be covered with a gauze dressing if desired. **Supplied** — GARAMYCIN Cream 0.1%, and GARAMYCIN Ointment 0.1%, 15 Gm. tubes. Store in a cool place. **For more complete details, see package insert or consult Schering literature available from your Schering Representative or Medical Services Department, Schering Corporation, Union, New Jersey 07083.**

Garamycin®

brand of gentamicin sulfate

cream

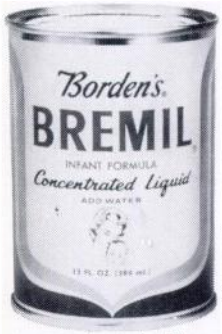
References: (1) White, A., in Sylvester, J. C.: Antimicrobial Agents and Chemotherapy—1963, Ann Arbor, American Society for Microbiology, 1964, pp. 17-19. (2) Weinstein, M. J.; Luedemann, G. M.; Oden, E. M., and Wagman, G. H., in *op. cit.* (1), pp. 1-7.



Doctor? Lawyer? Merchant? Chief?

Bremil® builds for the future.

Infant Formula



Bremil meets the nutritional needs of the normal infant because it matches the nutritional pattern and acceptance of breast milk.

Bremil and human milk are approximately equal in quantity, biological value and digestibility of protein. In both Bremil and average human milk, lactose is the only carbohydrate and provides approximately 40 per cent of the calories...fat provides approximately 50 per cent of the calories and is readily assimilated. In mineral content, too, Bremil measures up to breast milk. And normal infants fed Bremil need no supplementary vitamins.

Approximate Analysis	
Calories, per fl. oz.	20
Moisture	87.5%
Protein	1.5%
Fat	3.5%
Carbohydrate	7.0%
Minerals (Ash)	0.5%
Calcium	0.06%
Phosphorus	0.04%
	per quart
Vitamin A, U.S.P. units	2500
Vitamin D, U.S.P. units	400
Vitamin C, mg.	50.0
Thiamine, mg.	0.4
Riboflavin, mg.	1.0
Niacin, mg.	6.0
Pyridoxine HCl, mg.	0.4
Vitamin E, Int'l. units	5.0
Iron (Bremil Powder only) mg.	8.0

Supplied: Bremil Liquid—13 fl. oz. cans. Bremil Powder—1 lb. cans with measure. Bremil Ready-To-Feed Formula—available to hospitals only—4 oz. glass bottles, 13 calories per fl. oz. and 20 calories per fl. oz.; 8 oz. glass bottles, 20 calories per fl. oz.

Borden's Pharmaceutical Division (B) 350 Madison Avenue, New York, N.Y. 10017. Makers of Neo-Mull-Soy™, Mull-Soy®, Methakote®

Pediatrics

VOLUME 43 JUNE 1969 NUMBER 6

COMMENTARY

BISEXUALITY GONE AWRY—THE CHILD IS FATHER TO THE MAN

PEDIATRICS has persisted in retaining its interest in all children and in not limiting its concern to certain kinds of children or to one set of influential factors in the development of children. Although his biological training is crucial, the pediatrician, as a generalist, has a critical interest in psychological aspects of child development and in the social-economic conditions that have a bearing on child and family life.[1]

Deisher, Eisner, and Sulzbacher's article, "The Young Male Prostitute"[2] (page 936 in this issue), demonstrates the pediatrician's scientific and humanitarian concern about a group of homosexual boys. This study, an excellent model of exploratory social science research, touches upon an extreme outcome of childhood psychopathology, lesser degrees of which are more frequently seen in the pediatrician's office. As this report illustrates, pediatricians, concerned with children not with diseases, are usually among the first in any community to give leadership to the understanding and rehabilitation of children suffering from the damage caused by life. Male homosexual prostitution is a striking, usually tragic, outcome of such damage to children.

Homosexuality appears to be increasing in the Western World at a time when the publicly written, spoken, and photographed depictions of this human deviation are also more evident. Although the study and treatment of the sexual deviant is primarily the responsibility of psychoanalysts and psychiatrists, pediatricians may be significantly involved in the prevention of this developmental deviation.[3,4]

Freud first published "Three Essays on the Theory of Sexuality,"[5] a vital contribution to the understanding of the child and human development, in 1905. In this basic paper, Freud presented psychoanalytic observations and theory to demonstrate that sensuality, as physical and psychological phenomena (i.e., sexuality) had its origins in earliest childhood; that the child and adult are bisexual in their potential capacities; and that there are characteristic deviations in respect to the aims and human object of sexual gratification. "No healthy person, it appears, can fail to make some addition that might be called perverse to the normal sexual aim; and the universality of this finding is, in itself, enough to show how inappropriate it is to use the word perversion as a term of reproach."[5]

Freud explained how sexual perversions represent the persistence of infantile sexual aims and modalities into later childhood and adult life. In healthy development, these infantile attitudes and impulses gradually become subordinate to the predominant masculine or feminine attitudes and behavior of adolescents and adults who seek exclusive, affectionate, heterosexual relationships. Homosexual attachments and attitudes are importantly represented in

Donna Carrie carried out the age 2 assessments of the children. Dr. G. K. Martin, Dr. C. M. Hoffman, and Miss Margaret Neilson of the Ontario Department of Health made available the records of the Ontario Perinatal Mortality Study from which the samples were drawn. Dr. D. A. Hutchison, Miss Eola Scott, and the nursing division of the London Board of Health assisted in tracing withdrawals. The principals and teachers in both the London and out-of-town schools provided detailed information on the school progress, behavior, and physical status of the children. A very great debt is owed to the hundreds of parents who gave repeatedly of their time and to the children themselves who participated cheerfully in many tedious tests. Finally, the writers acknowledge the financial support given during the initial period of the investigation by the Department of National Health and Welfare and thereafter by the Association for the Aid of Crippled Children.

CLINICAL CENTER STUDY OF CYSTINOSIS

The cooperation of physicians is requested in the referral of patients with cystinosis to participate in studies being conducted by the National Institute of Arthritis and Metabolic Diseases at the Clinical Center, National Institutes of Health in Bethesda, Maryland.

Of particular interest are pregnant women who are mothers of cystinotic patients. There is reason to believe that *in-utero* diagnosis of cystinosis can be achieved. Thus, we are especially interested in studying women, as early in pregnancy as possible, who are at risk for giving birth to a cystinotic child.

Physicians who wish to have their patients considered for these studies may write or telephone: Jarvis E. Seegmiller, M.D., or Joseph D. Schulman, M.D., Clinical Center, Room 8-D-19, National Institutes of Health, Bethesda, Maryland 20014; telephone, 301/496-4781.