

NEW PUBLICATIONS RECEIVED

- LOOK AGAIN: The 1968 Childcraft Annual (An Annual Supplement to Childcraft—How and Why Library).** Chicago: Field Enterprises Educational Corporation (Merchandise Mart Plaza, Chicago, Illinois 60654), 1968, 287 pp., no price given.
- EXCEPTIONAL INFANT: THE NORMAL INFANT, Vol. 1,** edited by Jerome Hullmuth. Seattle, Washington: Special Child Publications, Inc. (4535 Union Bay Place, N.E., Seattle, Washington 98105), 1968, 568 pp., \$12.50.
- WHAT YOU CAN DO ABOUT CANCER,** by Joseph C. Maroon, M.D. New York: Doubleday and Company, Inc. (277 Park Avenue, New York, New York 10017), 1969, 194 pp., \$5.95.
- DISEASE IN INFANCY AND CHILDHOOD, ed. 6,** by Richard W. B. Ellis, O.B.E., M.A., M.D., F.R.C.P., and Ross G. Mitchell, M.D., F.R.C.P.E., D.C.H. Edinburgh/London: E. and S. Livingstone, Ltd. (The Williams and Wilkins Company, Baltimore, Maryland exclusive U.S. Agent), 1968, 687 pp., \$13.50.
- EMERGENCY MEDICAL GUIDE, ed. 2,** by John Henderson, M.D., F.A.C.S. New York: McGraw-Hill Book Company, The Blakiston Division (330 West 42nd Street, New York, New York 10036), 1969 556 pp., \$7.95 hard cover, \$3.95 paperback.
- A DOCTOR DISCUSSES THE PRE-SCHOOL CHILD'S LEARNING PROCESS (AND HOW PARENTS CAN HELP),** by Edward B. Rosenberg, B.S., and Silas L. Warner, M.D. Chicago: Budlong Press (5428 N. Virginia Avenue, Chicago, Illinois 60625), 1967, 102 pp., \$1.50.
- THE PHYSICIAN'S CONCISE HANDBOOK OF PSYCHIATRY,** by James A. Brussel, M.D., F.A.P.A., F.A.C.P. New York: Brunner/Mazel Publisher (80 East 11th Street, New York, New York 10003), 1969, 243 pp., \$5.95.
- CLINICAL TOXICOLOGY OF COMMERCIAL PRODUCTS: ACUTE POISONING, ed. 3,** by Marion N. Gleason, M.Sc., Robert E. Gosselin, M.D., Ph.D., D.Sc., and Roger P. Smith, Ph.D. Baltimore: The Williams and Wilkins Co., 1969, 1539 pp., \$24.50.
- HANDBOOK OF PLASTIC EMBEDDING OF ANIMALS, PLANTS AND VARIOUS OBJECTS, WITH IMPROVED C.M.E. D6 POLYESTER RESINS,** by Earnest Lutz, Sr. Healdsburg, California: Naturegraph Publishers (8339 West Dry Creek Road, Healdsburg, California 95448), 1969, 186 pp., \$3.95.
- CHANGING PATTERNS IN RESIDENTIAL SERVICES FOR THE MENTALLY RETARDED,** edited by Robert B. Kugel and Wolf Wolfensberger. Washington, D.C.: President's Committee on Mental Retardation, 1969, 435 pp., no price given.
- THE PROGNOSIS OF PATIENTS WITH EPILEPSY,** by Ernst A. Rodin, M.D. Springfield, Illinois: Charles C Thomas Publisher, 1969, 455 pp., \$19.50.
- DISEASES OF MEDICAL PROGRESS: A STUDY OF IATROGENIC DISEASE, A CONTEMPORARY ANALYSIS OF ILLNESS PRODUCED BY DRUGS AND OTHER THERAPEUTIC PROCEDURES,** edited by Robert H. Moser, M.D., F.A.C.P., with a foreword by F. Dennette Adams, M.D. Springfield, Illinois: Charles C Thomas Publisher, 1969, 925 pp., \$39.50.
- PRACTICAL MANAGEMENT OF THE ALLERGIC CHILD,** by Vincent J. Fontana, M.D. New York: Appleton-Century-Crofts, (Division of Meredith Publishing Company, 440 Park Avenue So., New York, New York 10016), 1969, 371 pp., \$15.00.
- NEW ASPECTS OF HUMAN GENETICS: BRITISH MEDICAL BULLETIN, Vol. 25, No. 1,** Scientific Editors Dr. C. E. Ford and Professor H. Harris. London: The British Council (97 and 99 Park Street, London, W1 England), 1969, 118 pp., \$6.50.
- MEDICAL STAMPS, Vol. 3, (Medical Subjects Unit-ATA, Handbook No. 63),** edited by E. Willis Hainlen, M.D. Milwaukee, Wisconsin: American Topical Association, Inc. (3306 North 50th Street, Milwaukee, Wisconsin 53216), 1968, 87 pp., \$5.00.

ANNOUNCEMENTS OF MEETINGS

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

October

AMERICAN ACADEMY OF CLINICAL TOXICOLOGY, annual meeting, Chicago, October 23-25. (October, p. 623.)

November

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

MENTAL RETARDATION SEMINAR, Columbia, Missouri, November 12 and 13. (October, p. 623.)

SAINT FRANCIS HOSPITAL PEDIATRIC SYMPOSIUM, Hartford, Connecticut, November 19. (October, p. 623.)

December

SYMPOSIUM ON BIRTH DEFECTS, Miami Beach, Florida, December 4-6. (October, p. 623.)

HISTORY AND TREATMENT OF CONGENITAL HEART DEFECTS, symposium, Toronto, December 4-6. (July, p. 148.)

January

HEART DISEASE, postgraduate course, Los Angeles, January 24-26. (October, p. 623.)

CURRENT PEDIATRIC THERAPY, postgraduate course, Miami Beach, Florida, January 25-29. (October, p. 623.)

IMMUNOPROPHYLAXIS AND CHEMOTHERAPY OF INFECTIOUS DISEASES, postgraduate course, Tucson, Arizona, January 31 and February 1. (October, p. 624.)

March

CLEFT PALATE AND OTHER ANOMALIES SYMPOSIUM, Miami Beach, Florida, March 9-13. (October, p. 624.)

May

AMERICAN THORACIC SOCIETY, annual meeting, New York, May 25-27. (October, p. 624.)

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Pediatrics

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MULTIPLE short papers will be returned if they can be combined as a single contribution. A current issue of *PEDIATRICS* should be consulted for general style. Two complete copies of the manuscript (including tables and illustrations) should be supplied. All material should be in double- or triple-spaced typing on standard, white 8½ × 11 inch, bond paper with margins at least 1½ inches. Single spaced material may be returned for re-typing. Number pages consecutively. Do not staple or fold.

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

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

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

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

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

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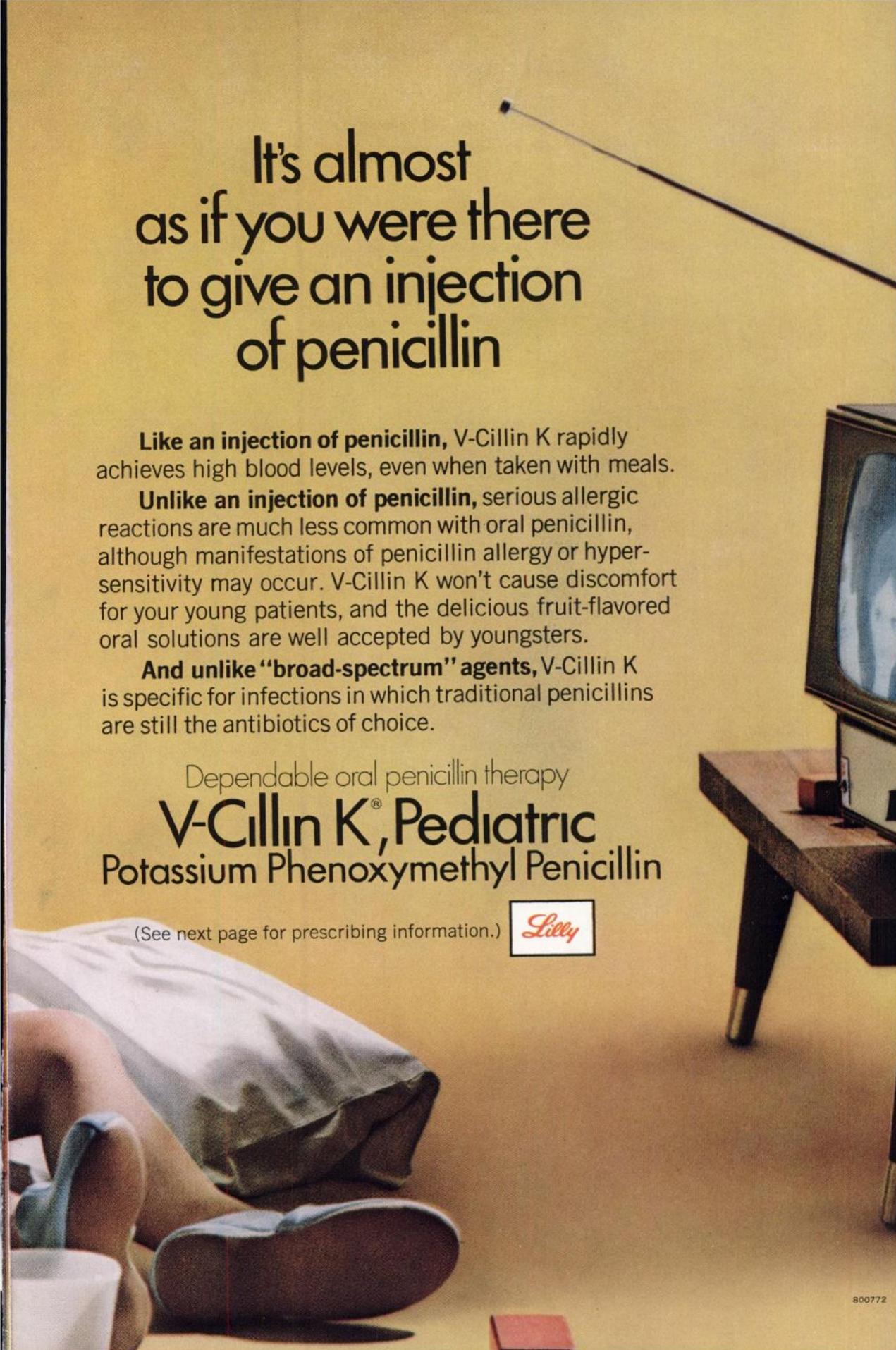


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(See next page for prescribing information.)



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Indications: Streptococcus, pneumococcus, and gonococcus infections; infections caused by sensitive strains of staphylococci; prophylaxis of streptococcus infections in patients with a history of rheumatic fever; and prevention of bacterial endocarditis after tonsillectomy and tooth extraction in patients with a history of rheumatic fever or congenital heart disease.

Contraindication: Penicillin hypersensitivity.

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

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

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

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

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

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

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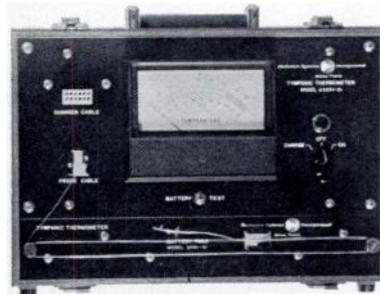
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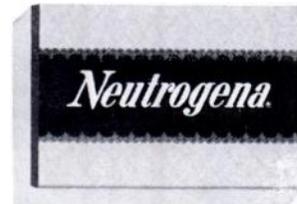


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ACCIDENTS IN CHILDREN

Results of a survey conducted by the Committee on Accident Prevention of the American Academy of Pediatrics indicated that physicians receive little education in accident prevention. The Committee conceived the idea for this booklet as a source of information for physicians or medical students who desire some basic knowledge on accidents.

The booklet is divided into two parts. Part I gives details on accidents, steps that can be and have been taken in accident prevention, and how the physician can help eliminate accidents. Part II briefly outlines first aid measures.

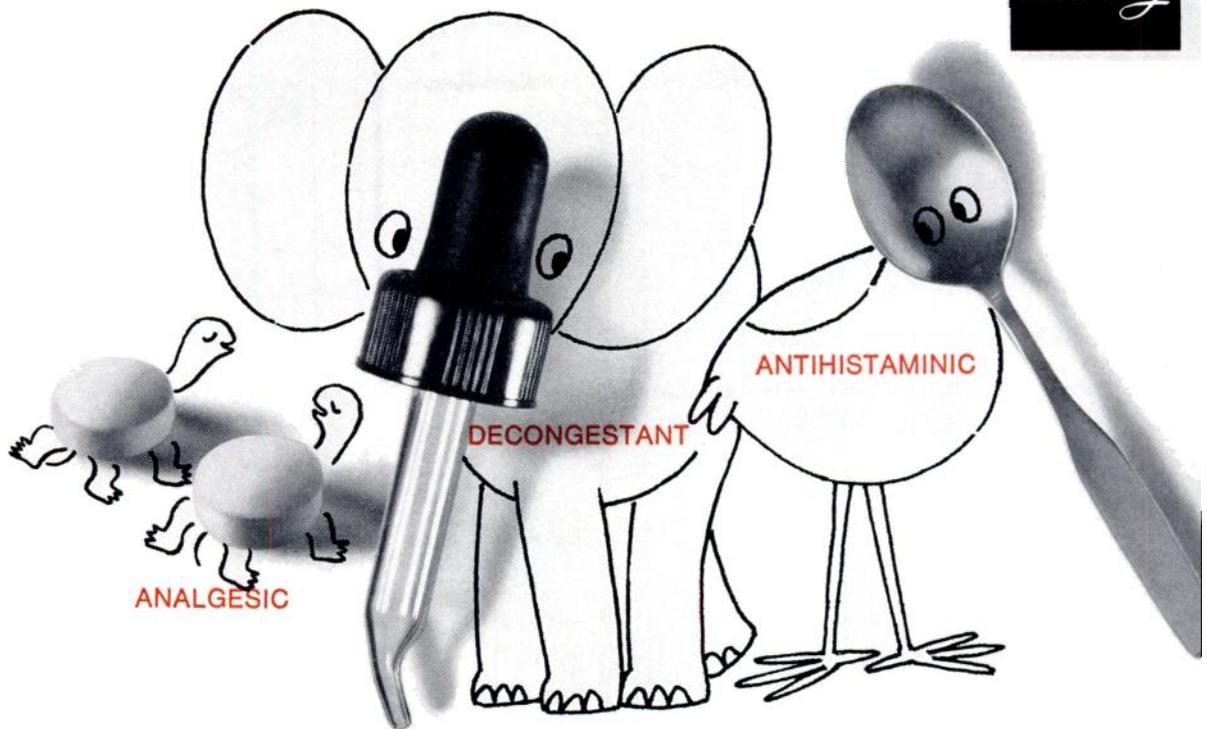
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A 3-in-1 tablet that fights colds...and fits kids



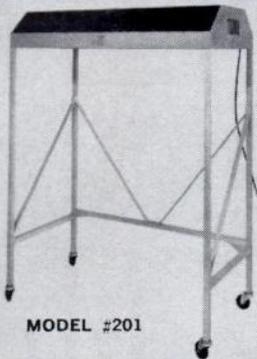
In children's congested colds, the combination of the highly regarded antihistamine (0.5 mg. CHLOR-TRIMETON® brand of chlorpheniramine maleate, U.S.P.) and the effective decongestant (2.5 mg. phenylephrine hydrochloride) produces a complementary action that quickly but gently dries and clears the nose, helps promote sinus drainage, and often obviates the need for topical nasal therapy. What's more, the children's dosage of 80 mg. aspirin, U.S.P., helps reduce fever, relieves aches and pains. And all three ingredients are in one tablet that is chewable, crushable,

has a pleasant orange-pineapple flavor. Demilets is safety-packaged in a separate-sealed pouch to discourage children from opening and taking a dangerous overdose.

Usual Dosage: One to three years: ½ to 1 tablet 4 times daily. Three to six years: 1 to 2 tablets 4 times daily. Six to twelve years: 2 tablets 4 times daily.

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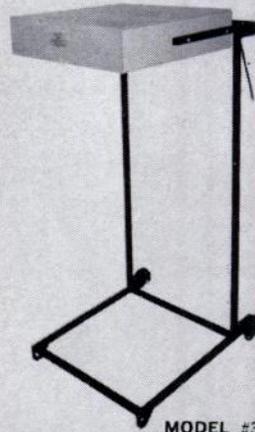
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Both units have safety shield to prevent possibility of light breaking or coming loose over crib or incubator.

REFERENCES...

References cited here establish phototherapy as an accepted method of treating hyperbilirubinemia.

1. Boggs, T. R.; Hardy, J.; Frazier, T.; Correlation of Neonatal Serum Total Bilirubin Concentrations and Development Status at Eight Months of Age., J. Pediat 71:553-560, 1967.
2. Broughton, P. M.; Rossiter, E. J.; Warren, C. B., and Goulis, G.: Effect of blue light on hyperbilirubinemia. Arch. Dis. Child., 40:666, 1965.
3. Ostrow, J. E.: Photo-oxidative derivatives of 14-C bilirubin and their excretion by the Gunn rat bilirubin metabolism. Bouchier, I., and Billings, B., ed.: Bilirubin Metabolism. London: Blackwell Scientific, p. 117, 1967.
4. Lucey, J.; Ferreiro, M.; Hewitt, J.; Prevention of Hyperbilirubinemia of Prematurity by Phototherapy. Pediatrics Vol. 41, No. 6 1047-1054, June, 1968.



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1. New England. J. Med. 268:75, 1963.
2. Am. J. Dis. Child. 105:560 (June) 1963.

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This pink, cherry-flavored Suspension Forte* is especially useful for pediatric patients and for those adults who cannot or will not swallow a tablet.

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

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Full information is available on request.

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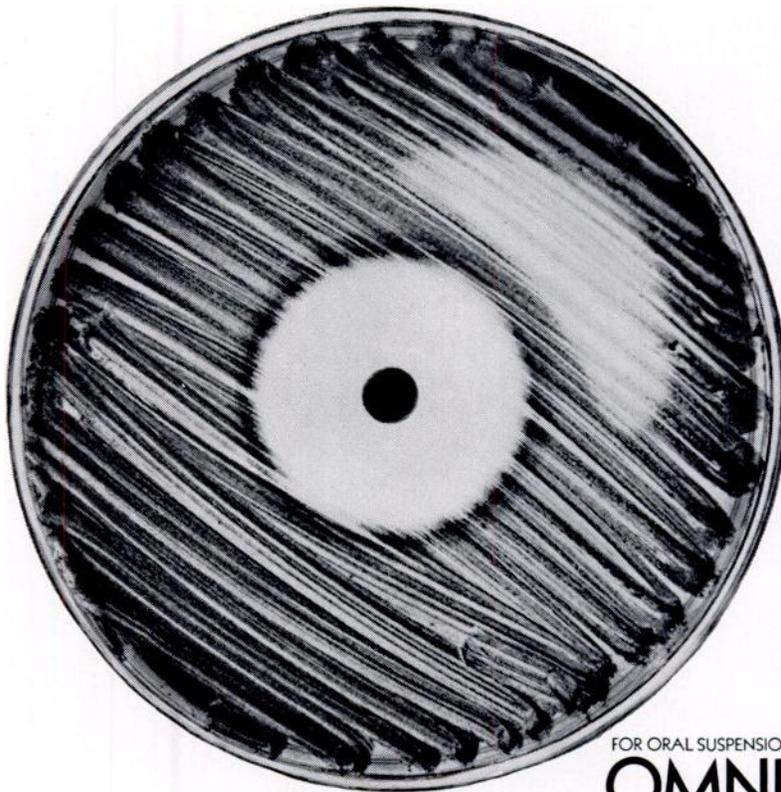


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IN BRIEF. Indications: Urinary, respiratory and gastrointestinal infections due to susceptible strains of gram-negative or gram-positive organisms: *E. coli*, *N. gonorrhoeae* (acute urethritis in males), *P. mirabilis*, *Shigella*, *Salmonella* (including *Sal. typhosa*), *H. influenzae*, *D. pneumoniae*, beta-hemolytic streptococci, non-penicillinase-producing *S. aureus*, and *S. faecalis* and viridans. Appropriate sensitivity studies should be performed as indicated. Reserve parenteral form for moderately severe or severe infections and where patients cannot take oral forms, and change to oral therapy when appropriate. **Contraindications:** Hypersensitivity to penicillin; infections due to penicillinase-producing bacteria. **Warning:** Serious, occasionally fatal hypersensitivity (anaphylactoid) reactions have been reported with penicillin. Although anaphylaxis is more frequent following parenteral therapy, it has occurred in patients on oral penicillins. These reactions are more likely in individuals with history of sensitivity to multiple allergens. There have been well-documented reports of individuals with a history of penicillin hypersensitivity reactions who have experienced severe hypersensitivity reactions when treated with a cephalosporin. Before penicillin therapy, inquire carefully into previous hypersensitivity reactions to penicillins, cephalosporins, and other allergens. **Precautions:** If allergic reaction occurs, discontinue ampicillin and administer epinephrine, corticosteroids, antihistamines and/or pressor amines as indicated. Transient moderate elevation of SGOT values of undetermined significance was noted in a few infants. Liver and kidney function as well as hematopoietic tests are advisable during therapy, particularly in infants. As with any antibiotic, overgrowth of nonsusceptible organisms, particularly fungi, may occasionally occur. Observe patient constantly; take appropriate measures if resistant infection develops. Treatment of gram-negative infections is often complicated by emergence of resistant organisms (*A. aerogenes*, *Ps. aeruginosa* and others) possibly causing superinfections. Chronic GU or GI infections require frequent bacteriologic and clinical appraisal, plus several months' post-treatment follow-up. Con-

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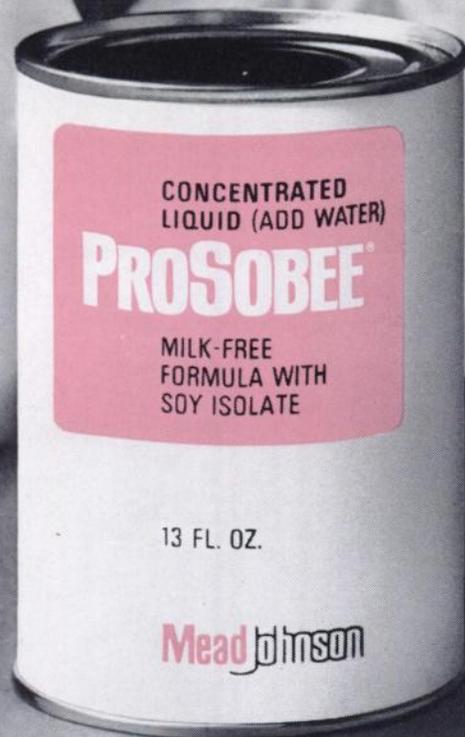
tinue treatment at least 48 to 72 hours after symptoms disappear or bacterial eradication is evidenced. Treat beta-hemolytic streptococcal infections with full therapeutic dosage for at least 10 days to help prevent acute rheumatic fever or glomerulonephritis. In gonorrheal complications such as prostaticitis and epididymitis, prolonged and intensive therapy is recommended. Cases with suspected primary lesion of syphilis should have pretreatment dark-field examinations. In suspected concomitant syphilis, monthly serological tests for at least 4 months are necessary. Safety for use in pregnancy has not been established. **Adverse Reactions:** Occasionally urticaria, skin rash, pruritus, diarrhea, nausea and vomiting. There have been no reports of blood dyscrasias, liver or kidney damage. Anaphylaxis has been reported. A few instances of moderate elevation of SGOT of unknown significance were observed after larger (2 to 4 times) than usual and often repeated IM injections. SGOT appears to be released at site of IM injection; increased SGOT blood levels do not necessarily indicate liver involvement. **Composition:** OMNIPEN[®] (ampicillin) for Oral Suspension: Reconstituted suspension contains 125 or 250 mg. ampicillin per 5 cc. Also available: OMNIPEN[®] (ampicillin) Capsules: 250 or 500 mg. ampicillin anhydrous. OMNIPEN[®]-N (sodium ampicillin) for Injection (IM or IV): Sodium ampicillin equivalent to 125, 250 and 500 mg., and 1 Gm. ampicillin per vial.

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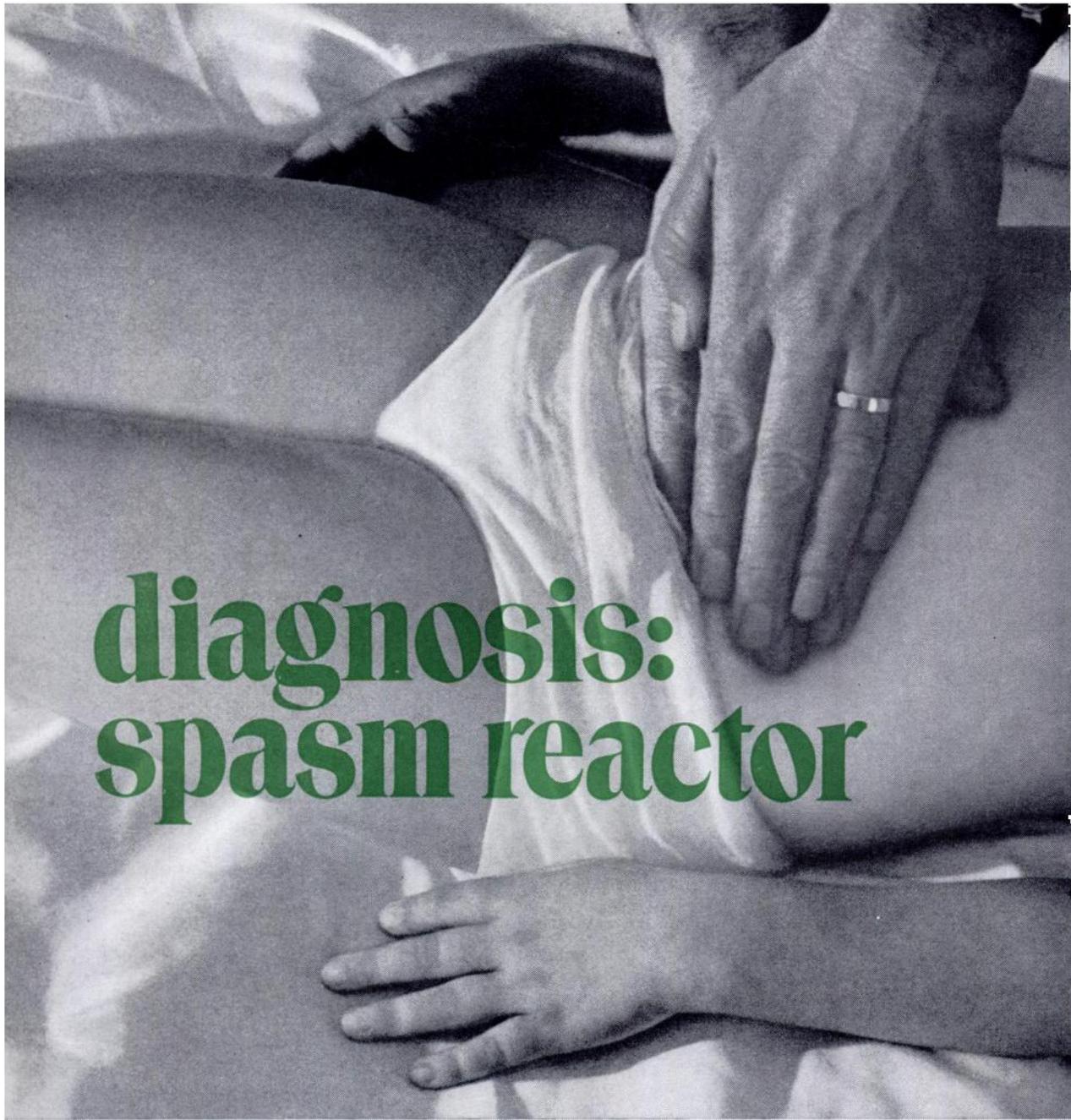
Diphenhydramine has an atropine-like action which should be considered when prescribing **BENYLIN EXPECTORANT**.

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

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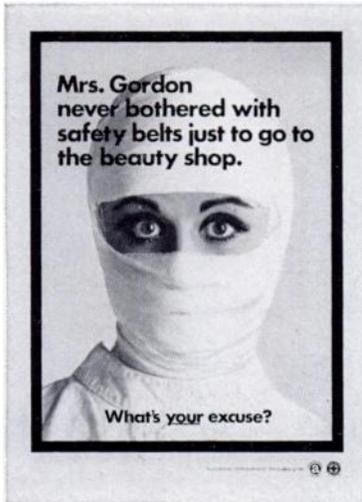
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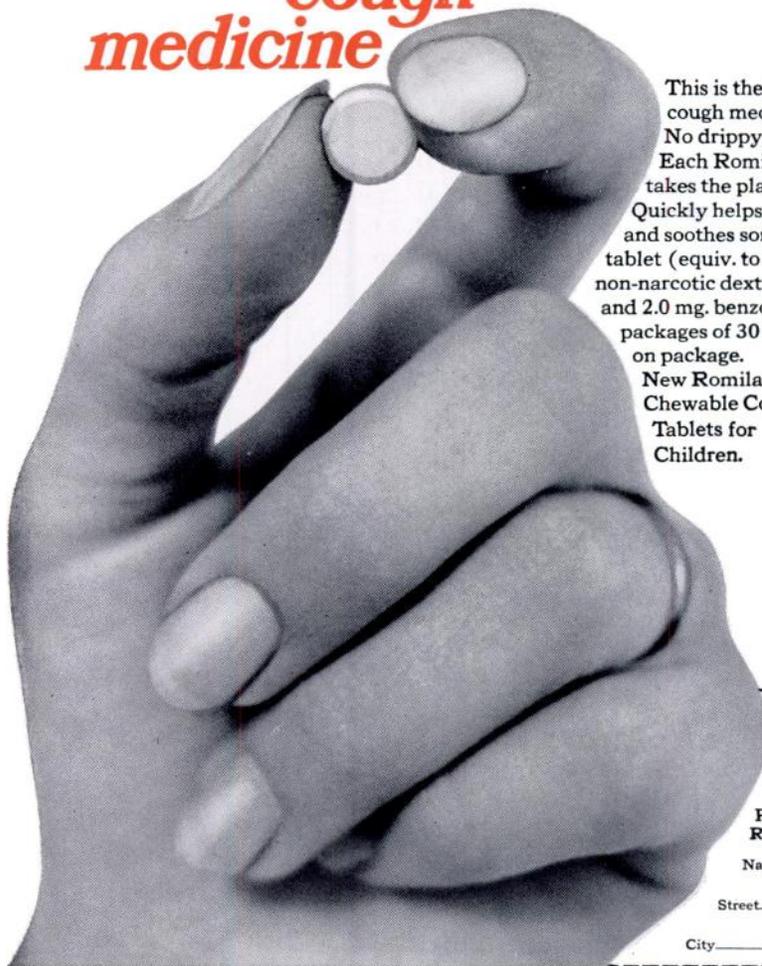
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New Romilar®
Chewable Cough
Tablets for
Children.



**SAUTER
LABORATORIES**

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



Please send professional samples of
Romilar Chewable Cough Tablets.

Name _____ M. D.
(Please Print)

Street _____

City _____ State _____ Zip _____

**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

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**

AMERICAN ACADEMY OF PEDIATRICS

1801 Hinman Avenue
Evanston, Illinois 60204

SCHEDULE OF MEETINGS

ANNUAL MEETINGS

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

SPRING SESSIONS

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

ANNALS OF ALLERGY, Volume

... of isolated soy protein
... comparison of such a formula
... development in height, ...

MILK AND
COMPARATIVE

RD. BATES

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.¹

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

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

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

Borden Pharmaceutical Products, 350 Madison Avenue, New York 10017



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

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

Diluted with an equal quantity of water Neo-Mull-Soy supplies per U.S. quart: Vitamin A 2000 U.S.P. units, Vitamin D 400 U.S.P. units, Vitamin E 10 Int'l units, Vitamin C 50 mg., Vitamin B₁ 2 mcg., Thiamine 0.5 mg., Riboflavin 1.0 mg., Pyridoxine 0.4 mg., Niacin 7.0 mg., Inositol 100 mg., Choline 85 mg., Calc. Pantothenate 2.5 mg., Calcium 0.8 Gm., Phosphorus 0.6 Gm., Iron 8.0 mg., Iodine 0.15 mg., Magnesium 75 mg., Zinc 3.0 mg., Manganese 2.5 mg., Copper 0.4 mg.