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Pediatrics

Volume 44 October 1969 Number 4

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

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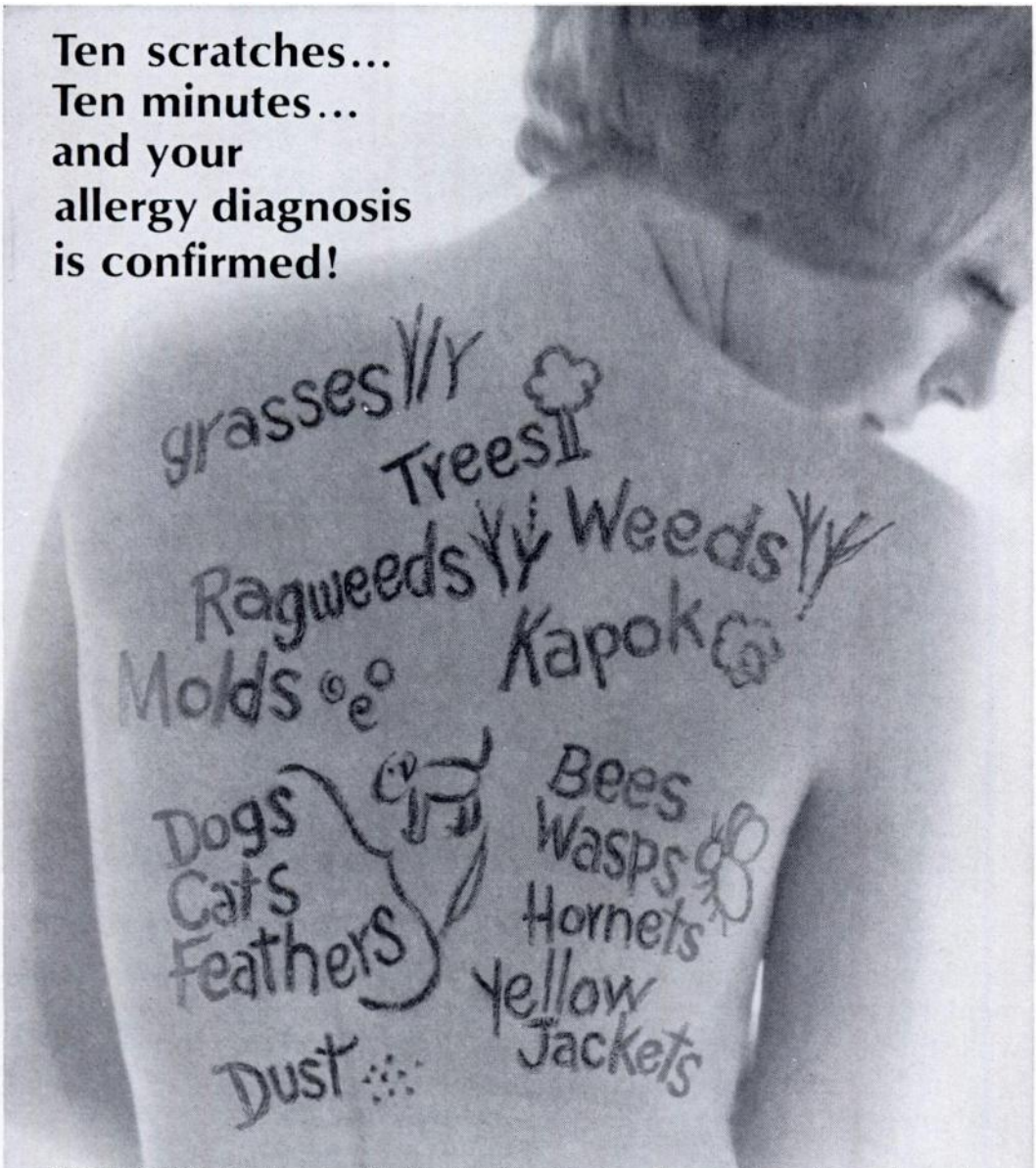

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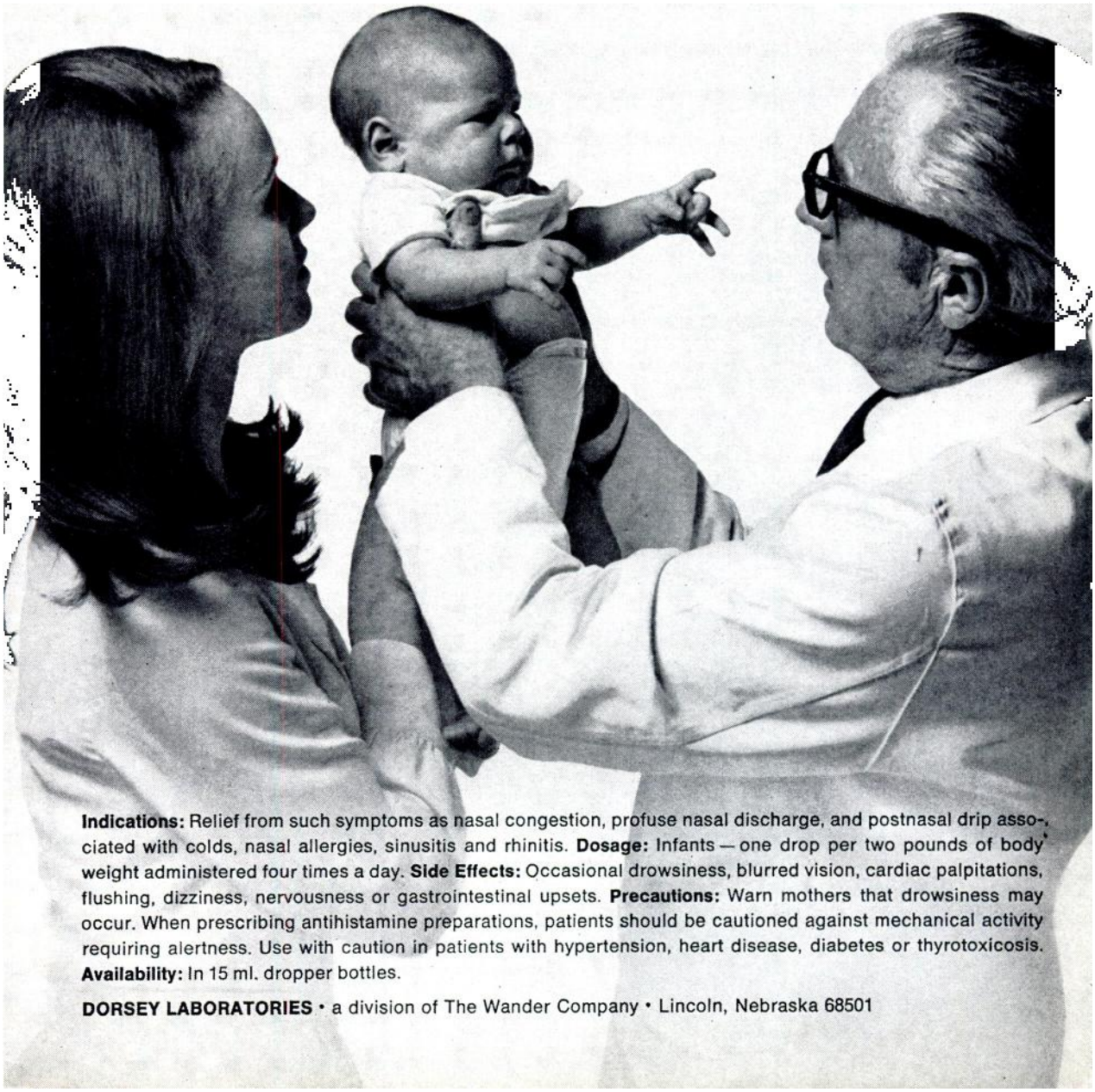

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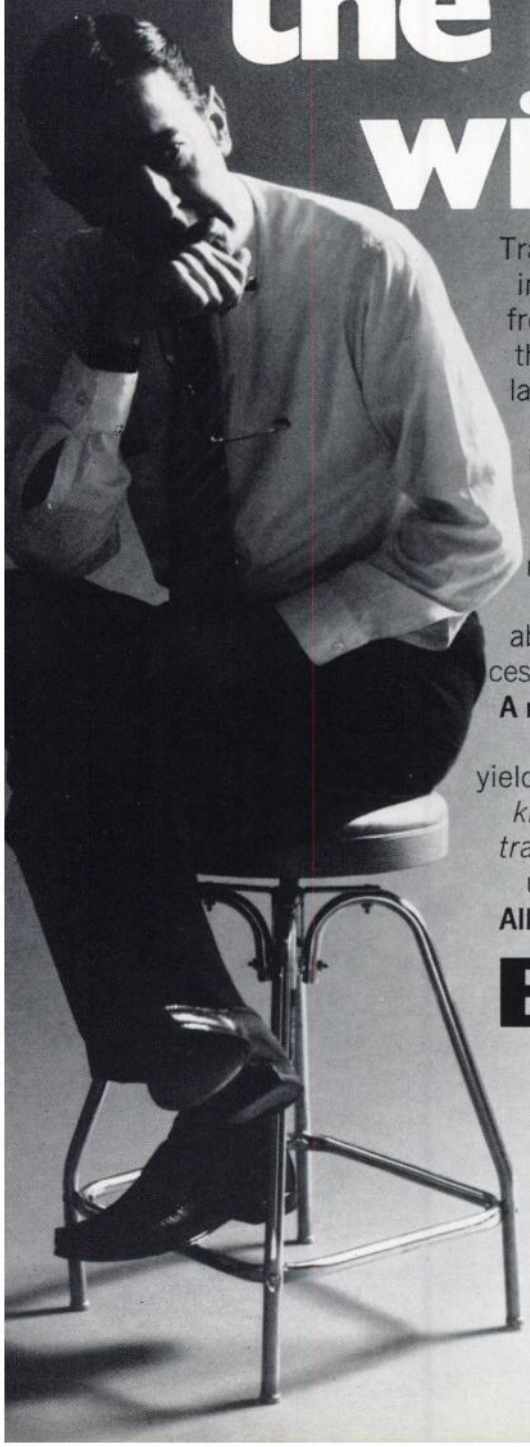

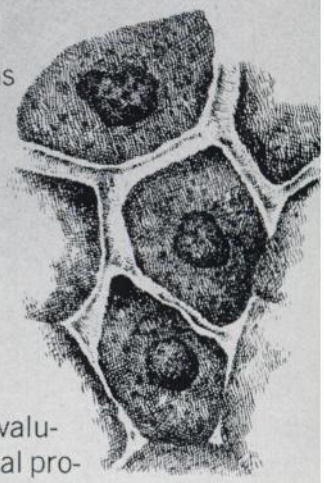

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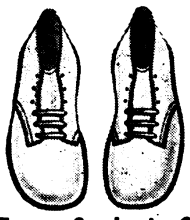

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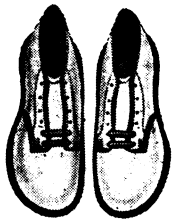

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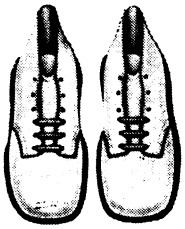

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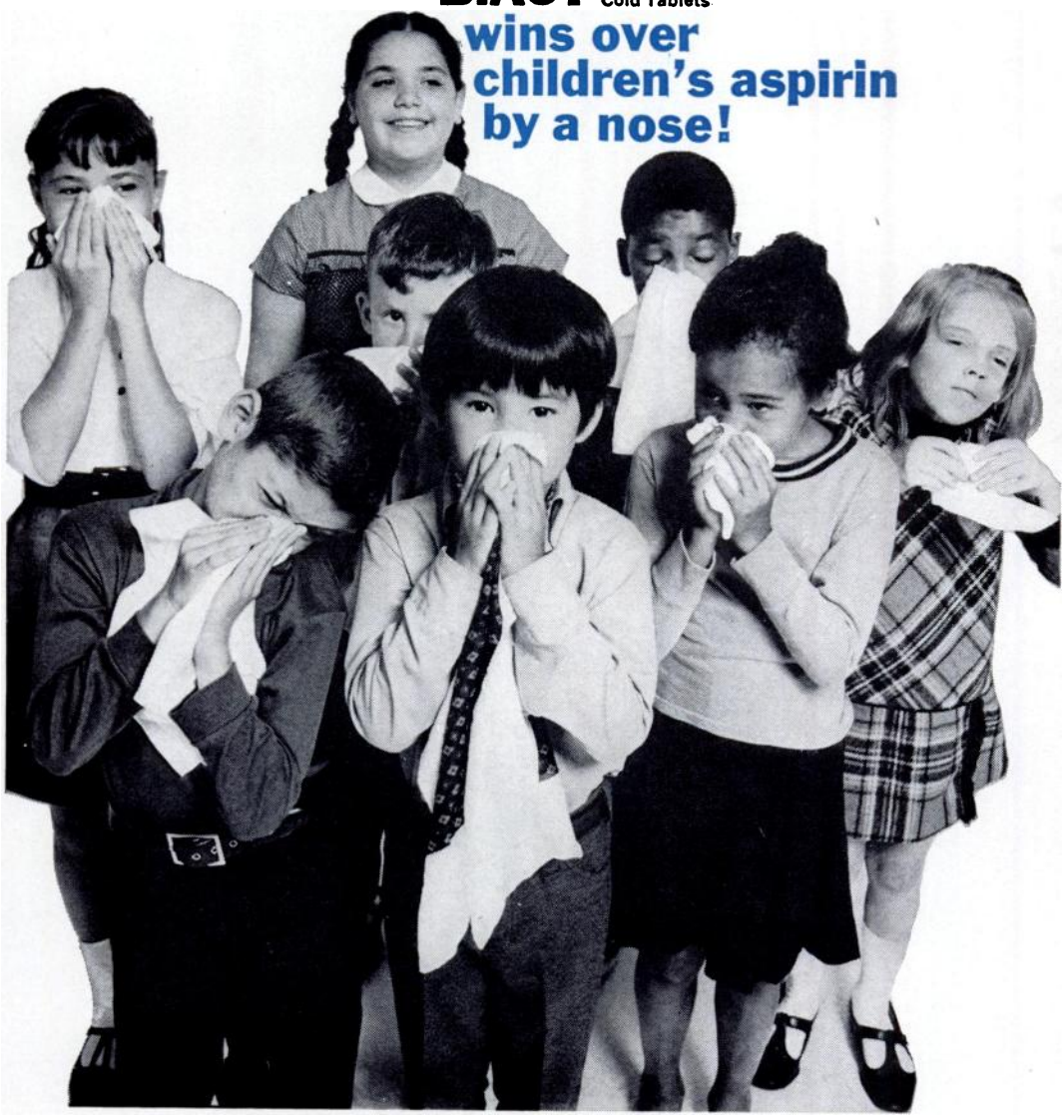

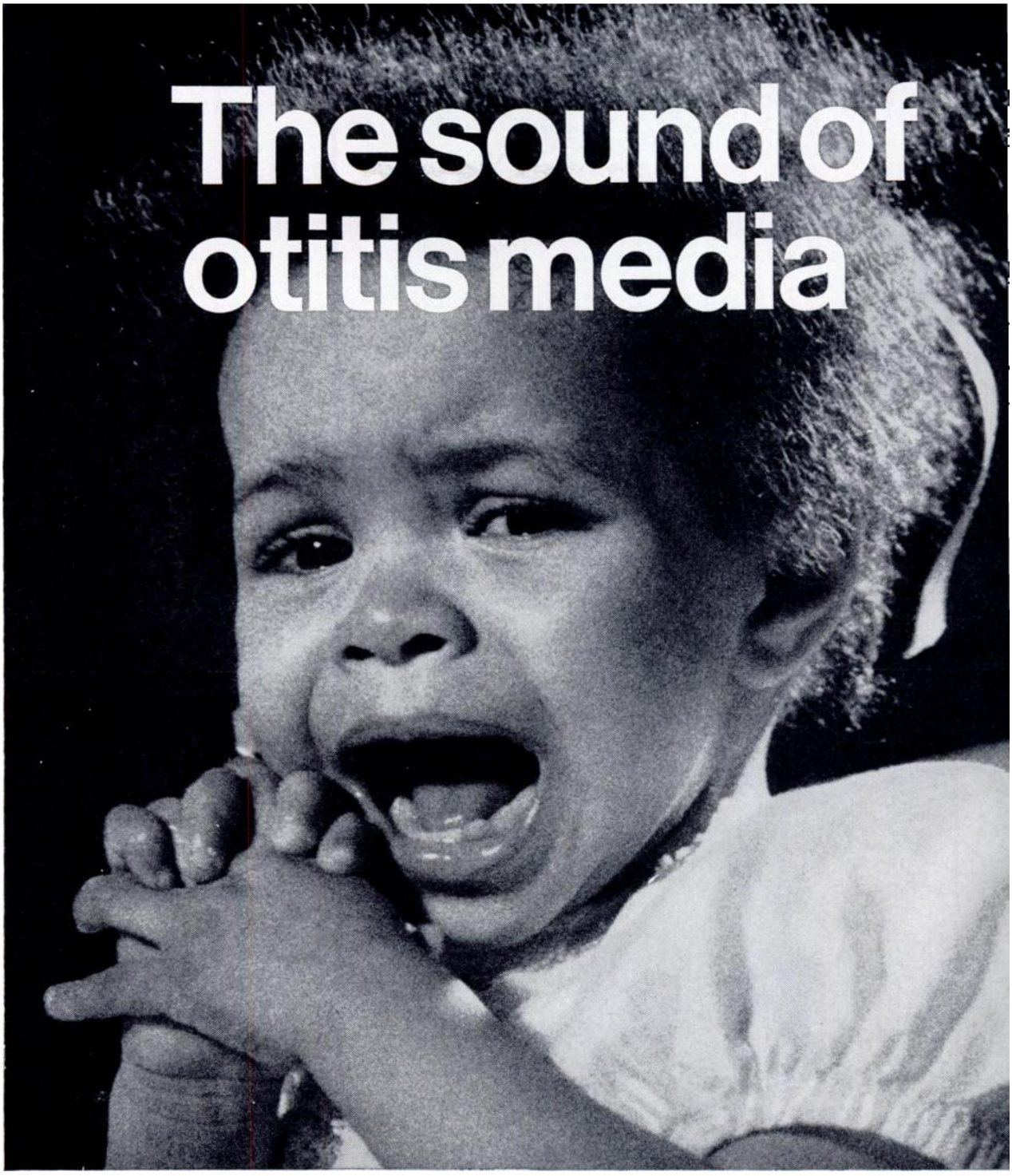

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pinworms in this school?

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

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

INDICATION: Pinworm infection.

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

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

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

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

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(pyrvinium pamoate)

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PUBLISHED TO REPLACE A PREVIOUS AD IN THIS SPACE WHICH THE FOOD AND DRUG ADMINISTRATION CONSIDERED TO CREATE MISLEADING IMPRESSIONS CONCERNING THE PROPER USE OF PEDIAMYCIN.

choice of an antibiotic for pediatric use should be determined by the susceptibility of the infecting pathogen

Pediamycin™
erythromycin ethylsuccinate, Ross

is indicated in these common infections* in pediatrics when caused by susceptible organisms.

Culture and sensitivity tests should be undertaken when antibiotic therapy is considered. Pending outcome of these tests, Pediamycin may be administered to children with diseases likely to respond. When Group A beta-hemolytic streptococci is isolated or suspected, therapy should be continued for 10 days.

- *• **tonsillitis**
- • **pharyngitis**
- • **otitis media**
- • **bronchitis**
- • **pneumonia**
- • **sinusitis**
- • **skin and soft tissue infections**

Pediamycin is therapeutically active against the gram-positive cocci—staphylococci (most strains), pneumococci and streptococci, including enterococci. Erythromycin is bactericidal against streptococci, pneumococci and many strains of staphylococci. Erythromycin exhibits marked clinical efficacy against "Eaton agent" pneumonia caused by Mycoplasma pneumoniae. Erythromycin has been demonstrated in vitro to be effective in inhibition of Hemophilus influenzae and Hemophilus pertussis.

TM - TRADEMARK

Side effects with administration of Pediamycin are infrequent compared to those with other antibiotics and usually minor when present.

- **occasional abdominal discomfort**—An occasional patient may experience abdominal discomfort or cramping; nausea or vomiting may occur. Usually these discomforts diminish with reduction of dosage or restriction in physical activity. Pediamycin is rarely associated with diarrhea.

- **mild allergic reactions**—Mild allergic reactions such as urticaria and other skin rashes have occurred. Serious allergic reactions have been extremely infrequent.

- **rare monilial overgrowth**—With prolonged or repeated course of therapy, or especially when another antibiotic is administered concurrently, the possibility of overgrowth of nonsusceptible bacteria, yeasts or molds should be kept in mind. Overgrowth is rare with Pediamycin.

Brief Summary For Pediamycin

Indications

Pediamycin is indicated for the great majority of everyday bacterial infections in infants and children. Infections susceptible to erythromycin are primarily those caused by the gram-positive cocci—staphylococci (most strains), pneumococci and streptococci, including enterococci. Activity in vitro has been demonstrated against Hemophilus influenzae and Hemophilus pertussis. It is also active against other pathogens such as Corynebacterium, Clostridium, Neisseria, Treponema pallidum and Mycoplasma pneumoniae (Eaton agent). It is advisable to establish the susceptibility of infecting pathogens when practical.

Contraindication

Known hypersensitivity to erythromycin.

Precautions, Side Effects

Side effects are infrequent compared with other antibiotics. Occasionally, mild abdominal discomfort, cramping, nausea or vomiting may occur; it is generally controlled by reduction of dosage. Mild allergic reactions (such as urticaria and other skin rashes) have occurred. Serious allergic reactions have been extremely infrequent. If hypersensitivity is encountered, appropriate countermeasures (e.g., epinephrine, steroids, etc.) should be administered and the drug withdrawn. With prolonged or repeated courses of therapy, or especially when another antibiotic is administered concurrently, the possibility of overgrowth of nonsusceptible bacteria yeasts or molds should be kept in mind. Overgrowth of nonsusceptible organisms is rare; if it should occur, withdraw the drug and institute appropriate treatment.

Administration and Dosage

The dosage of Pediamycin should be adjusted to the needs of the individual case. The severity and type of infection and the clinical response of the patient determine dosage and duration of therapy.

The recommended dosage of Pediamycin for infants and young children is 15 mg to 25 mg per pound of body weight per day in four or five divided doses. For larger children a dosage of 1 to 2 grams per day, depending on the severity of the infection, is recommended. In fulminating or life-threatening infections a parenteral form of erythromycin is preferred.

For prevention of rheumatic fever, rheumatic heart disease and glomerulonephritis, following streptococcal infection, therapeutic dosage of Pediamycin should continue for at least 10 days. In treatment of other systemic infections, therapy should continue for 48 hours or more after symptoms have subsided and temperature has returned to normal. In any case, therapy should continue long enough to minimize the possibility of recurrence. In localized infections, treatment with Pediamycin does not preclude the need for local measures or surgery when indicated.

Supply

For infants: Pediamycin Drops: erythromycin ethylsuccinate granules for oral suspension, cherry-flavored, 30 ml bottles, 100 mg of erythromycin activity per dropperful (2.5 ml), calibrated dropper included in package.

For small children: Pediamycin Suspension: erythromycin ethylsuccinate granules for oral suspension, cherry-flavored, 60 ml and 90 ml bottles, 200 mg erythromycin activity per teaspoonful (5 ml), full and half teaspoon measure included in package.

For children: Pediamycin Chewable: erythromycin ethylsuccinate chewable tablet, scored, cherry-flavored, 200 mg erythromycin activity. For professional identification each tablet bears the Ross R and list number 205.

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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.

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Current literature differentiates between those tests which simply indicate lead levels and those which demonstrate lead intoxication. Primary among the indices of lead intoxication is the urinary ALA measurement. As reported in *Lancet*, "By far the closest correlation between clinical findings and a biochemical test (for lead poisoning) was the amount of ALA in the urine and the symptom score."[1]

The Davis urinary ALA test—first introduced by Bio-Rad as a simple, disposable screening test—has now been modified so that pediatric populations can be tested for lead damage for less than 50 cents per child.

References:

1. Editorial (Leading Article), *Lancet, 1*, 191 (1966).
2. Davis, J. R., and Andelman S. L., Urinary Delta-Aminolevulinic Acid (ALA) Levels in Lead Poisoning.
   I. A Modified Method for the Rapid Determination of Urinary Delta-Aminolevulinic Acid Using Disposable Ion-Exchange Chromatography Columns, *Arch. Environ. Health, 15*, 53 (1967).
3. Saita, G. and Moreo, L., Determination of Blood and Urinary Delta-Aminolevulinic Acid in the Diagnosis of Past Lead Poisoning, *Med. Lavoro, 55*, 357 (1964).

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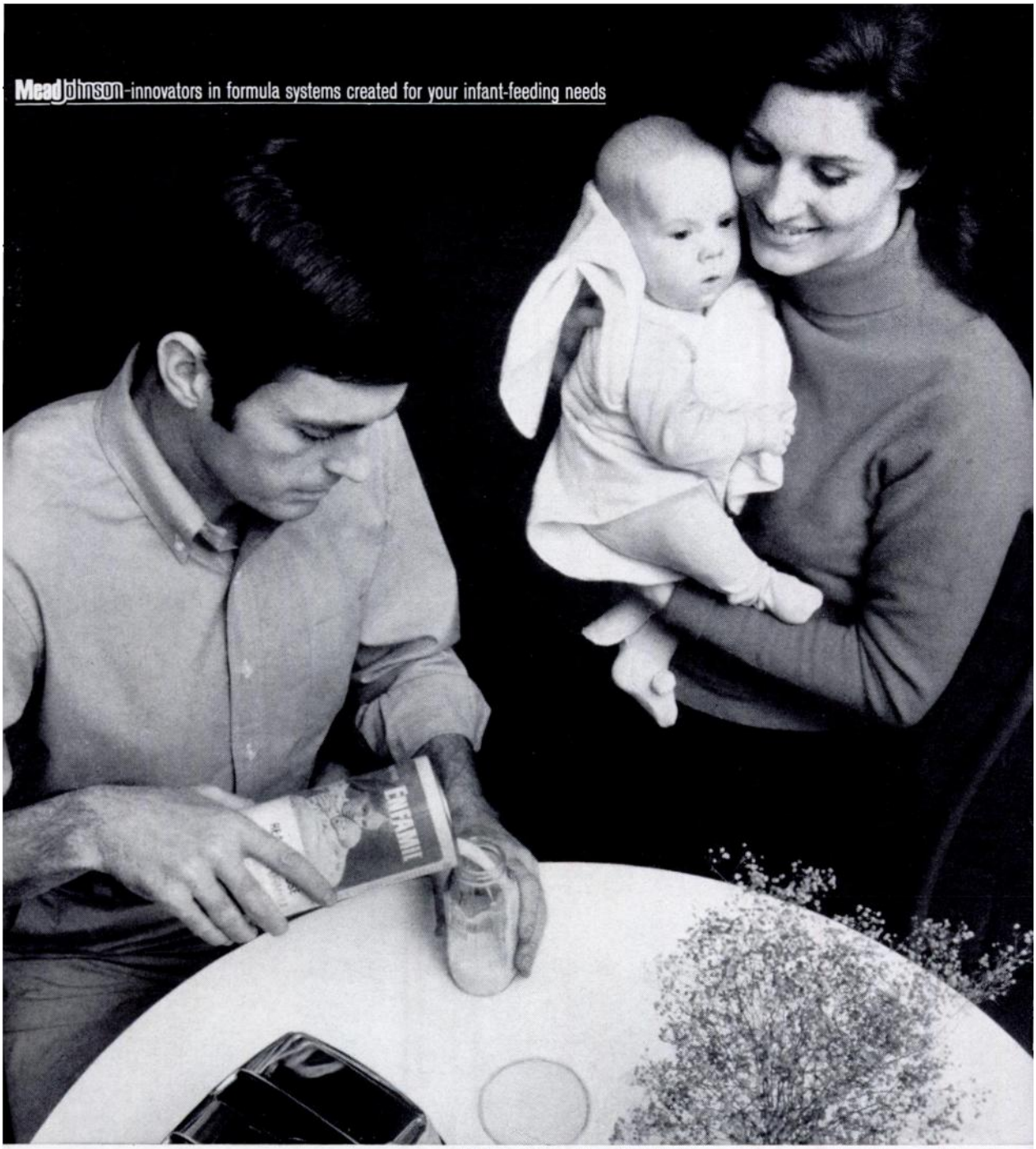

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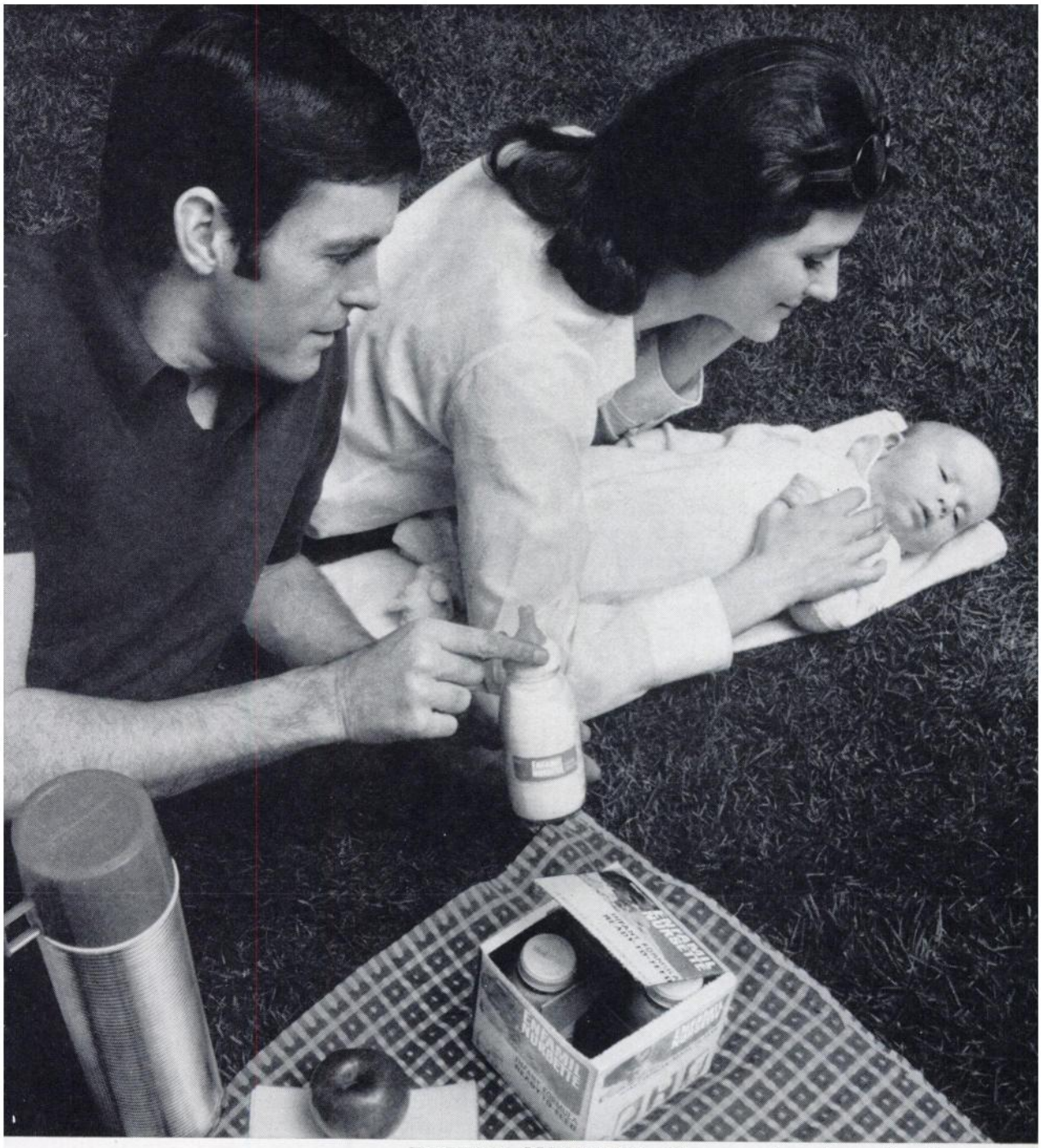

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has been shown clinically to have good acceptance and to promote good weight gain and normal stool patterns.[2] Its caloric distribution is comparable to breast milk.

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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.

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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.

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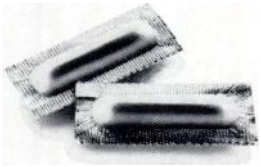

Before prescribing, please consult complete product information, a summary of which follows:
Indications: Prevention and treatment of most clinically significant types of nausea and vomiting.
Contraindications: Known hypersensitivity to trimethobenzamide. Suppositories not for premature or newborn infants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

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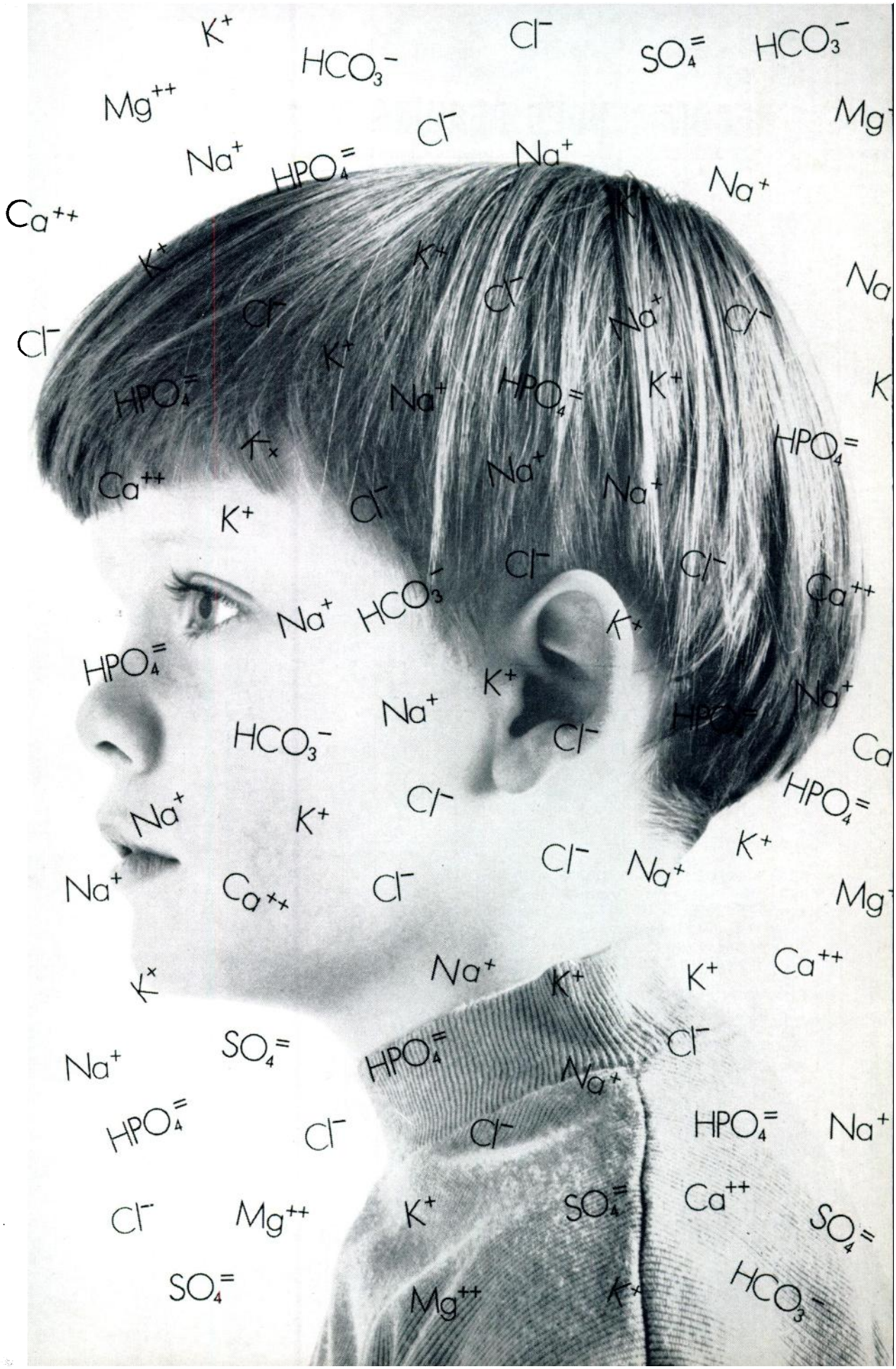
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RECOMMENDED READING IN PEDIATRICS

☐ **POISONING: Toxicology-Symptoms-Treatments (2nd Ed.)** *by* **Jay M. Arena,** *Duke Univ. Medical Center, Durham, N.C.* '69, about 714 pp. (7 × 10), 23 il. (1 in color), 105 tables

☐ **RHEUMATIC FEVER: Clinical, Ecological and Familial Aspects** *by* **Eli Davis,** *Hadassah Univ. Hospital, Jerusalem.* '69, 176 pp., 66 tables, $9.75

☐ **TROPICAL NUTRITIONAL DISORDERS OF INFANTS AND CHILDREN** *by* **C. C. de Silva** *and* **N. G. Baptist,** *both of Univ. of Ceylon, Colombo.* '69, 240 pp., 15 il., 5 tables, $11.50

☐ **IMMUNOGLOBULINOPATHIES: Immunoglobulins, Immune Deficiency Syndromes, Multiple Myeloma, and Related Disorders** *by* **Ralph L. Engle, Jr.,** *and* **Lila A. Wallis,** *both of Cornell Univ. Medical College, New York City.* '69, 282 pp. (6¾ × 9¾), 50 il. (3 in color), 23 tables, $17.50

☐ **PRENATAL ENVIRONMENT** *by* **Antonio J. Ferreira,** *San Jose State College, Calif.* '69, 232 pp., 2 il., 8 tables, $10.50

☐ **REFLEX TESTING METHODS FOR EVALUATING C.N.S. DEVELOPMENT (4th Ptg.)** *by* **Mary R. Fiorentino,** *Newington Hosp. for Crippled Children, Conn.* '69, 72 pp. (6¾ × 9¾), 74 il., $6.50

☐ **THE PHYSIOPATHOGENESIS OF THE EPILEPSIES** *edited by* **Henri Gastaut, Herbert Jasper, Jean Bancaud,** *and* **Alain Waltregny.** *(49 Contributors)* '69, 340 pp. (7 × 10), 176 il., 14 tables, $27.00

☐ **BRAIN-INJURED CHILDREN: With Special Reference to Doman-Delacato Methods of Treatment** *by* **Evan W. Thomas.** *With a Chapter by* **Edward B. LeWinn.** *Both of the Institutes for the Achievement of Human Potential, Philadelphia.* '69, 196 pp., 9 il., $7.00

☐ **THE LUNG AND PARANASAL SINUSES: The BEGINNINGS and PROGRESSION of DISEASE with the INFLUENCE of ALLERGY and INFECTION** *by* **William Walter Wasson,** *Co-founder and former Director, The Selmene Winter Foundation and the Child Research Council;* **Sam H. Sanders,** *Univ. of Tennessee College of Medicine, Memphis; and* **D. Eugene Cowen,** *Univ. of Colorado Medical Center, Denver.* '69, 368 pp. (7 × 10), 454 il. (3 in full color), 6 tables, $23.50

☐ **THE MULTIPLE HANDICAPPED CHILD** *compiled and edited by* **James M. Wolf,** *Balboa Heights, Canal Zone, and* **Robert M. Anderson,** *Illinois State Univ., Normal. (33 Contributors)* '69, 488 pp. (6⅜ × 9⅝), 42 il., 61 tables, $21.00

☐ **GALACTOSEMIA** *compiled and edited by* **David Yi-Yung Hsia,** *Northwestern Univ. Medical School, Chicago. (26 Contributors)* '69, 336 pp. (6¾ × 9¾), 131 il. (2 in full color), 55 tables, $18.50

☐ **HUMAN NEUROLOGICAL ORGANIZATION** *by* **Edward B. LeWinn,** *Albert Einstein Medical Center, Philadelphia. Foreword by* **Evan W. Thomas.** '69, 244 pp., 40 il., 6 tables, $8.50

☐ **NEUROSURGERY OF INFANCY AND CHILDHOOD (2nd Ed.)** *by* **Donald D. Matson,** *Children's Hosp. Medical Center, Boston. A complete revision of the original monograph by* **Franc D. Ingraham** *and* **Donald D. Matson.** '69, 952 pp. (7 × 10), 1000 il. (2 in full color), 15 tables, $38.50

☐ **A RADIOGRAPHIC STANDARD OF REFERENCE FOR THE GROWING KNEE** *by* **S. Idell Pyle,** *Case Western Reserve Univ., Cleveland, and* **Normand L. Hoerr.** '69, 152 pp. (8½ × 11), 110 il., $6.25

☐ **LIMB DEVELOPMENT AND DEFORMITY: Problems of Evaluation and Rehabilitation** *edited by* **Chester A. Swinyard,** *New York Univ. Medical Center, New York City. (53 Contributors)* '69, 692 pp. (7 × 10), 342 il., $19.25

☐ **LEARNING DISABILITIES: Introduction to Educational and Medical Management** *compiled and edited by* **Lester Tarnopol,** *City College of San Francisco. (16 Contributors)* '69, 408 pp. (6¾ × 9¾), 103 il., 25 tables, $16.75

☐ **VISION SCREENING OF PRESCHOOL CHILDREN** *by* **Leon J. Taubenhaus,** *Beekman Downtown Hosp., New York City, and* **Anne A. Jackson,** *Boston Dept. of Health and Hospitals, Mass.* '69, 120 pp., 8 il., $8.75

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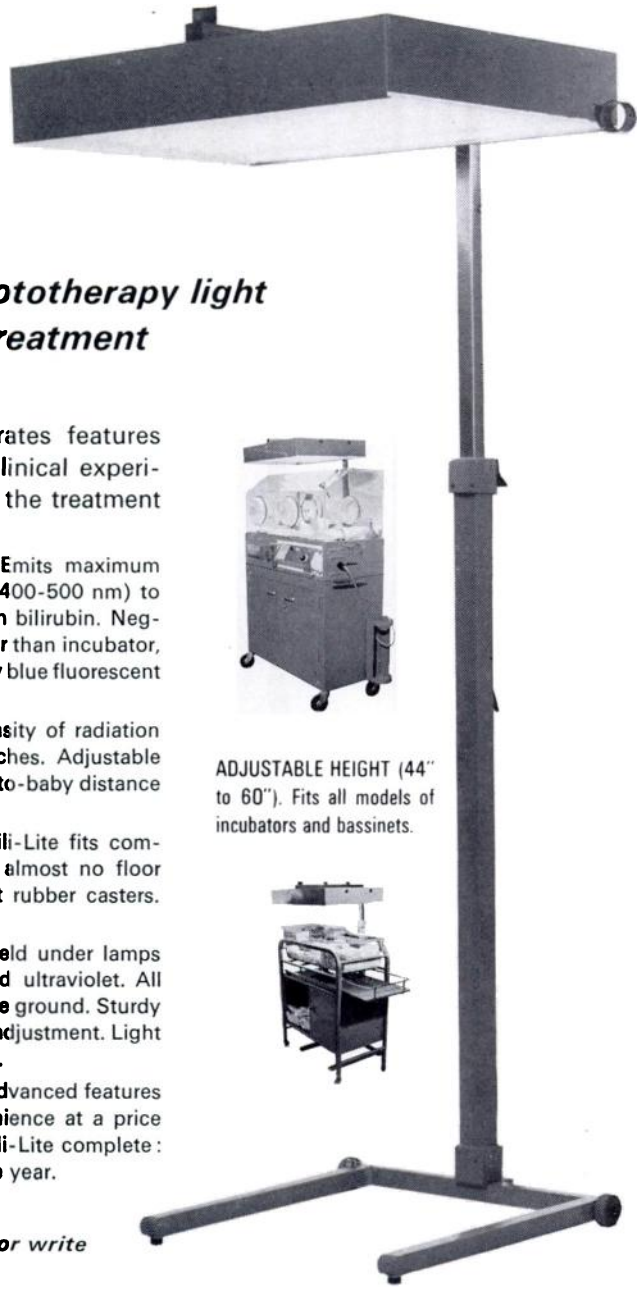

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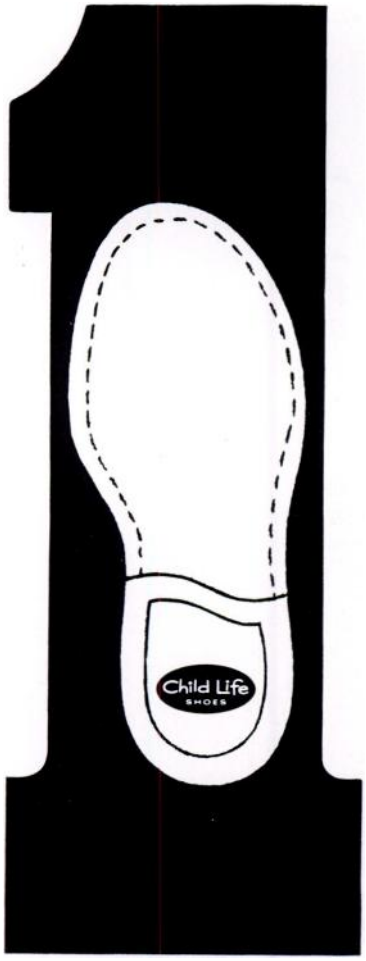
Child Life IS THE BEST SELLING CHILDREN'S PRESCRIPTION SHOE BECAUSE:



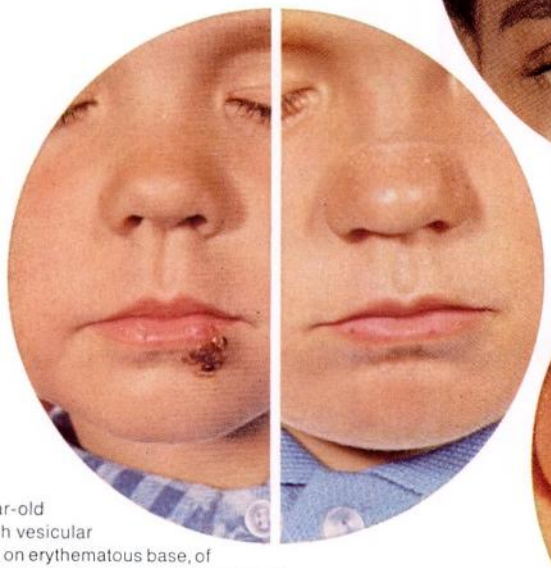
- **Child Life offers the greatest range of sizes and widths to assure a proper fit.**
- **Child Life is the fashion leader in prescription footwear.**
- **Child Life's "Mismate Program" provides immediate service, the lowest cost, and the broadest selection to children requiring different sizes for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

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.**

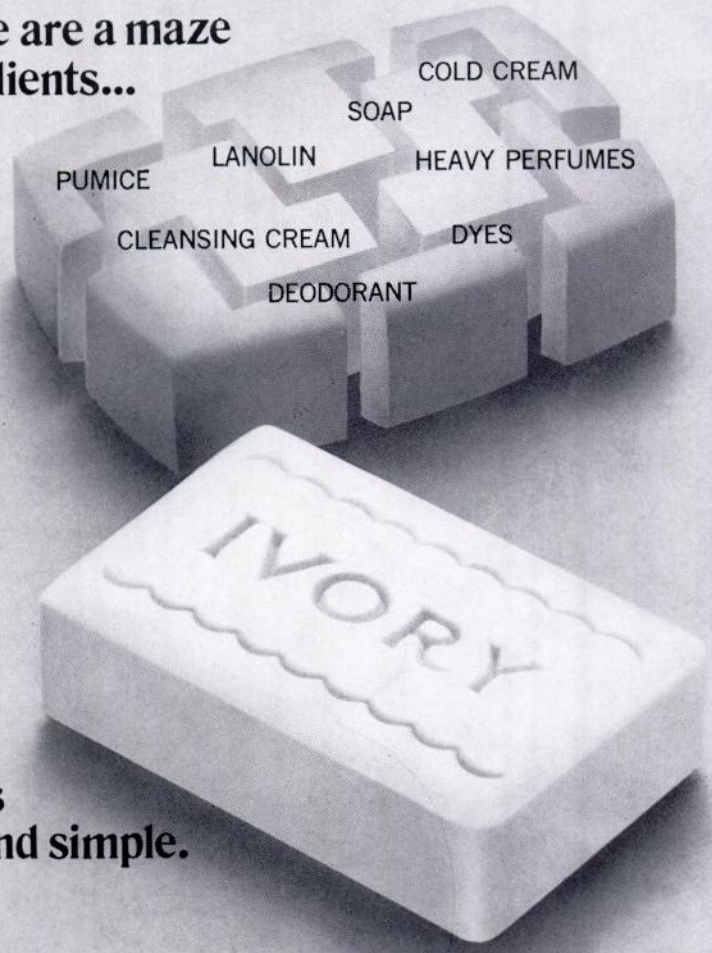
Garamycin®

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.

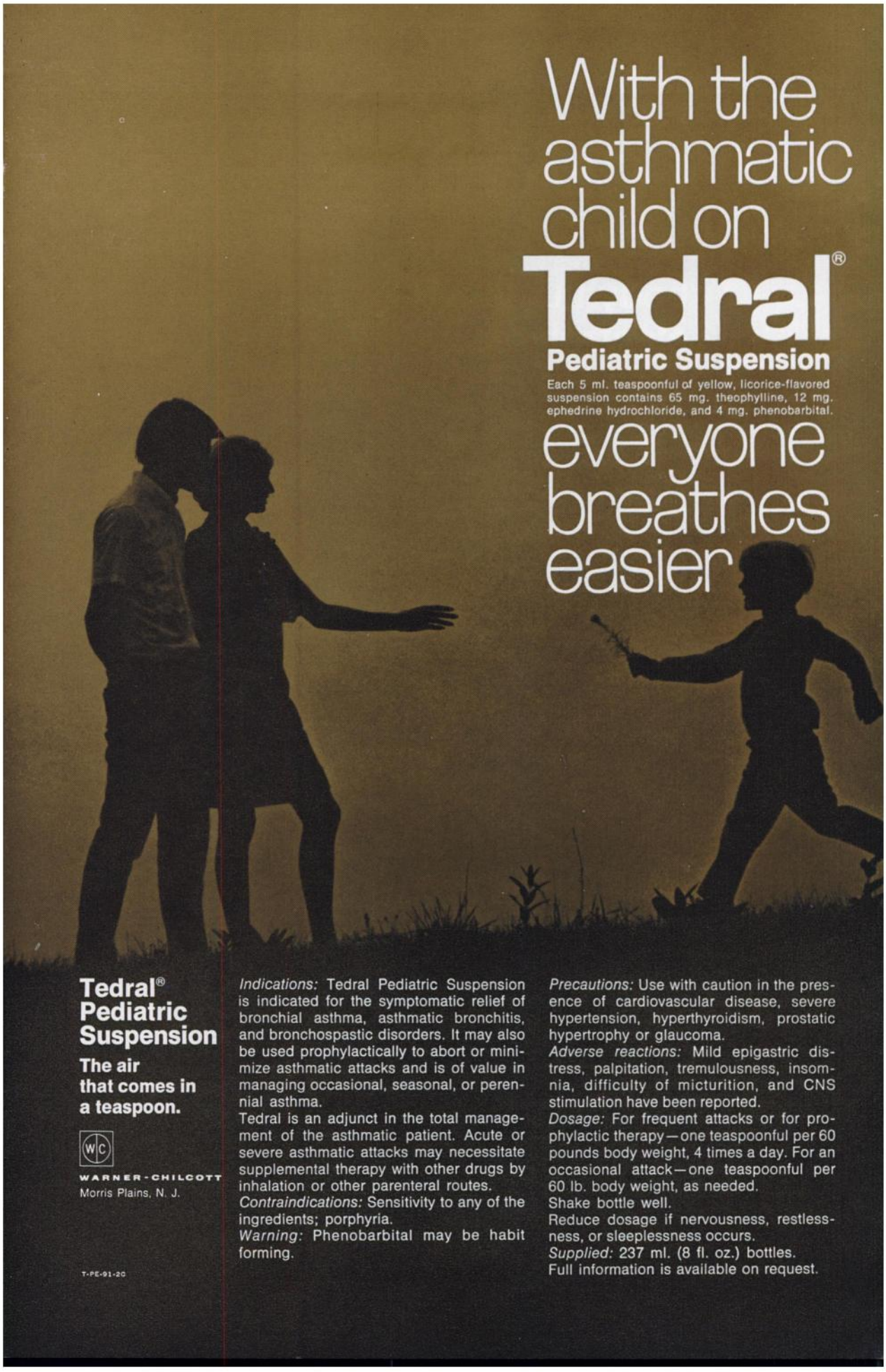
Recommending a soap for sensitive skin? Some are a maze of ingredients...



this one is pure and simple.

Deciding which soap to recommend can be a problem. Certain ingredients in soaps can complicate your decision. But pure, mild Ivory is one of the safest possible soaps you can recommend for sensitive skin. Its absence of extra ingredients helps minimize chances of irritation. Decades of extensive laboratory tests and 89 years of safe consumer use give Ivory an unsurpassed safety record. A recent survey shows more doctors still recommend Ivory than any other soap—even with many other soaps to choose from. You can stay out of the maze of ingredient soaps by recommending pure, mild Ivory. $99^{44}/_{100}\%$ pure®...it floats.®

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



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.

in acute and chronic diarrheas
LOMOTIL® SAVES...

TABLETS/LIQUID

Each tablet and each 5 cc. of liquid contain:
diphenoxylate hydrochloride . . . . . 2.5 mg.
(Warning: May be habit forming)
atropine sulfate, 0.025 mg. (1/2,400 grain)

body fluids...
electrolytes...
patients from exhaustion

Lomotil acts promptly and directly to lower the excessive intestinal motility of diarrhea. This therapeutic restraint on the overactive bowel allows a normal or more nearly normal reabsorption of water and electrolytes.

The proficiency of Lomotil in conserving body fluids and electrolytes often saves patients from the exhaustion that accompanies prolonged diarrhea.

Lomotil acts to control the intestinal mechanisms of diarrhea; therefore, it is highly useful in controlling diarrhea associated with:

gastroenteritis · acute infections · functional hypermotility
irritable bowel · ileostomy · drug-induced diarrhea

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

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

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

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

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

*Based on 4 cc. per teaspoonful.

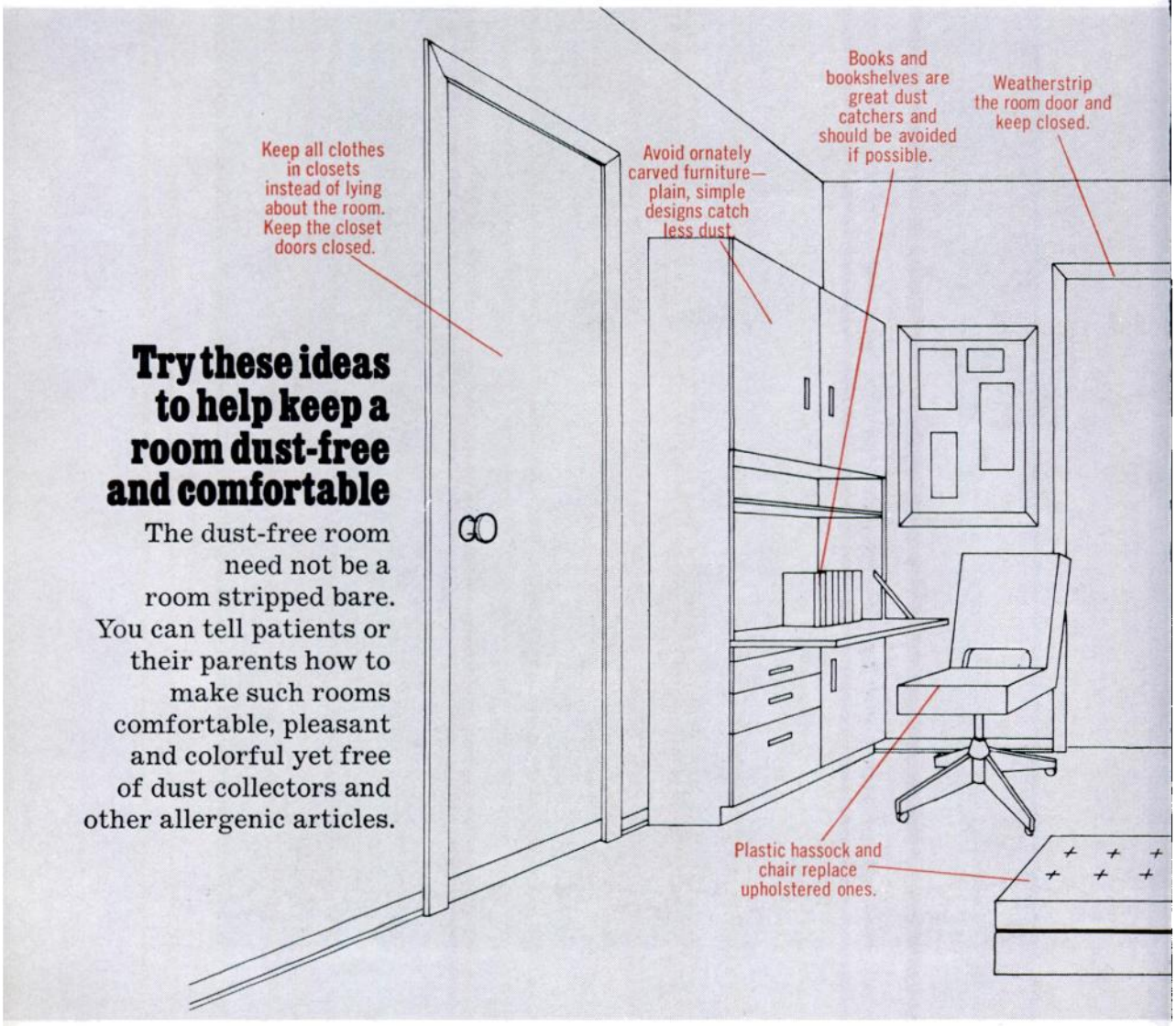
Maintenance dosage may be as low as one-fourth the initial daily dosage.

G. D. SEARLE & CO.
Research in the Service of Medicine
951

To keep the dust-sensitive patient comfortable...

When patients are sensitive to dust and other inhalant allergens, Dimetane® (brompheniramine maleate) works hard. Each Extentab® helps keep patients symptom free for 10 to 12 hours and does this with little chance of drowsiness or overstimulation. Dimetane works in stubborn as well as routine allergies and in patients who can't tolerate other antihistamines.

Try Dimetane first whenever allergic symptoms appear and give it if allergens cannot be completely avoided or hyposensitization completely achieved.



Try these ideas to help keep a room dust-free and comfortable

The dust-free room need not be a room stripped bare. You can tell patients or their parents how to make such rooms comfortable, pleasant and colorful yet free of dust collectors and other allergenic articles.

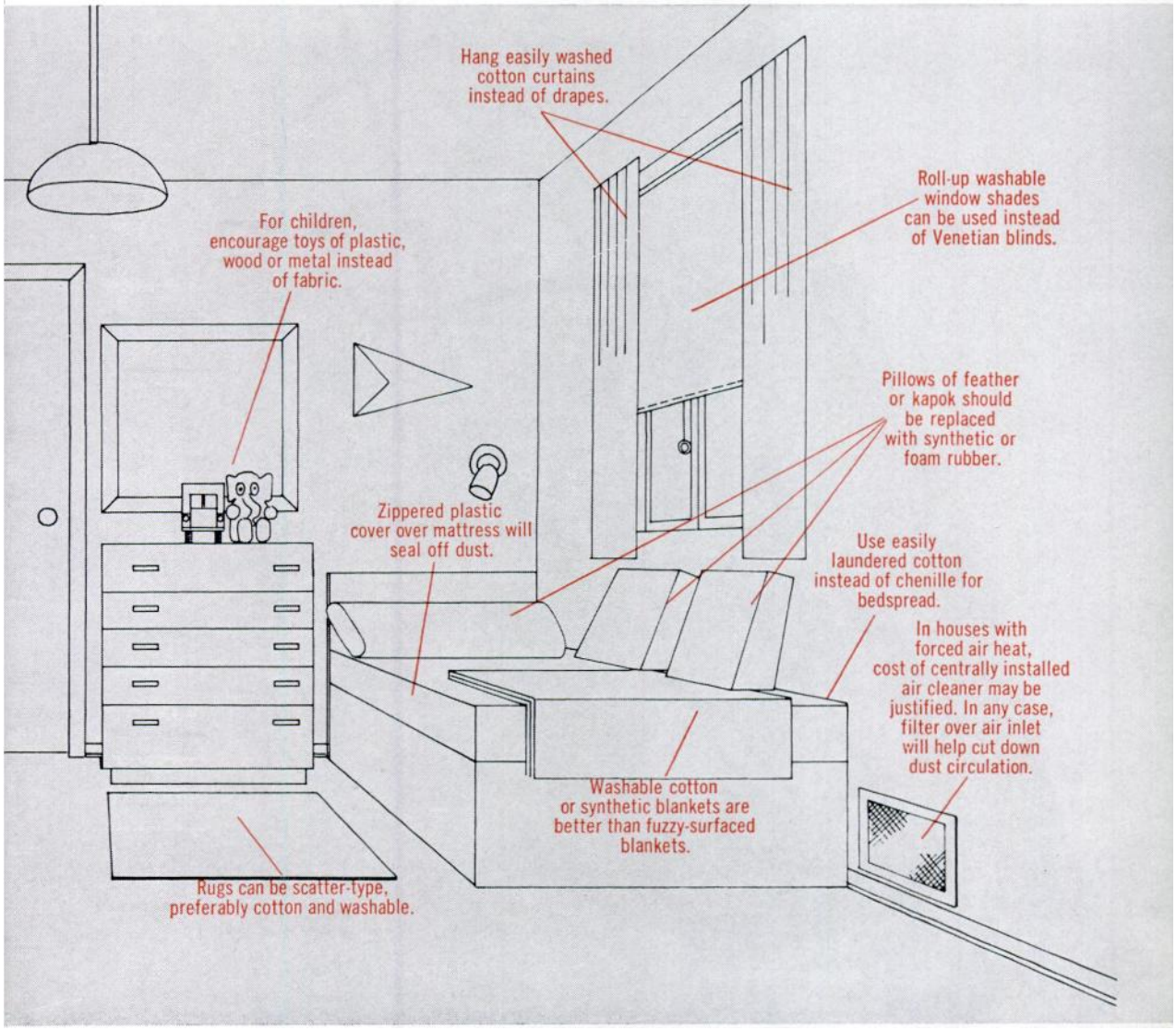
GIVE DIMETANE Extentabs® FIRST!

(BROMPHENIRAMINE MALEATE)

INDICATIONS: For the prevention and symptomatic relief of many allergic manifestations as in hay fever, conjunctivitis, angioneurotic edema, pruritus, rhinitis, atopic eczema, urticaria, dermatitis, bronchial asthma, common cold, drug reaction, rhus dermatitis, insect and spider bites.
CONTRAINDICATIONS: Hypersensitivity to antihistamines. Not recommended for use during pregnancy.
PRECAUTIONS: Until response is determined, patient should be cautioned against engaging in mechanical operations requiring alertness.
SIDE EFFECTS: Hypersensitivity reactions, including skin rashes, urticaria, hypotension, and thrombocytopenia, have been reported rarely. Occasional transitory drowsiness, lassitude, nausea, giddiness, dryness of the mouth, mydriasis, increased irritability or excitement may be encountered.
See package insert for full prescribing information.

Works all day or all night protecting the "sensitives"

A·H·ROBINS
A. H. ROBINS COMPANY
RICHMOND, VA. 23220



skin problems
she can't bare?

When more exposure means more expense

economical topical steroid therapy

Vioform®-Hydrocortisone Mild

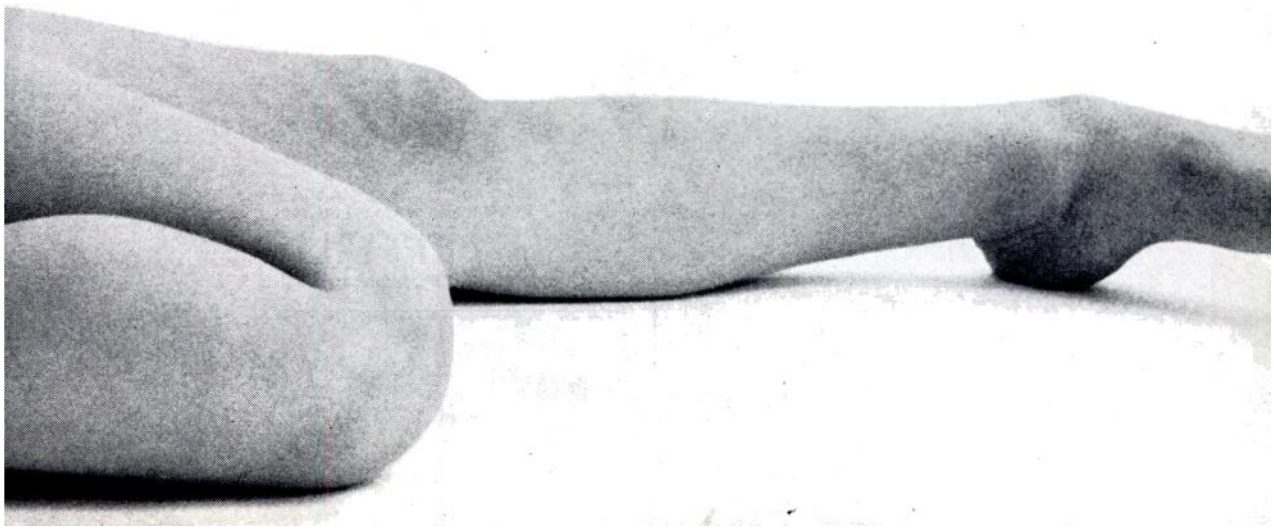
(iodochlorhydroxyquin and hydrocortisone)

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.



Vioform-Hydrocortisone

(iodochlorhydroxyquin and hydrocortisone)

Indications: Most acute and chronic skin disorders (consult product literature).
Contraindications: Should not be used in the eye, or topically in the presence of tuberculosis, vaccinia, varicella, or other viral skin conditions.
Precautions: May prove irritating to sensitized skin in rare cases. If this occurs, discontinue therapy. May stain. If used under occlusive dressings or for a prolonged period, watch for signs of pituitary-adrenal axis suppression. May interfere with thyroid function tests. Wait at least one month after discontinuance of therapy before performing these tests. The ferric chloride test for phenylketonuria (PKU) can yield a false positive result if Vioform is present in the diaper or urine.
Adverse Reactions: Rare: local burning, irritation, itching. May cause striae at site of application when used for long periods in intertriginous areas.
Dosage: Apply a small amount to affected areas 3 or 4 times daily.
Supplied: *Mild Cream,* 3% iodochlorhydroxyquin and 0.5% hydrocortisone in a water-washable base containing stearyl alcohol, spermaceti, petrolatum, sodium lauryl sulfate, and glycerin in water; tubes of ½ and 1 ounce. *Mild Ointment,* 3% iodochlorhydroxyquin and 0.5% hydrocortisone in a petrolatum base; tubes of ½ and 1 ounce.
Also Available: *Cream,* 3% iodochlorhydroxyquin and 1% hydrocortisone in a water-washable base containing stearyl alcohol, spermaceti, petrolatum, sodium lauryl sulfate, and glycerin in water; tubes of 5 and 20 Gm. *Ointment,* 3% iodochlorhydroxyquin and 1% hydrocortisone in a petrolatum base; tubes of 5 and 20 Gm. *Lotion,* 3% iodochlorhydroxyquin and 1% hydrocortisone in a water-washable base containing stearic acid, cetyl alcohol, lanolin, propylene glycol, sorbitan trioleate, polysorbate 60, triethanolamine, methylparaben, propylparaben, and perfume Flora in water; plastic squeeze bottles of 15 ml. 2/3960MB-1

CIBA Pharmaceutical Company
Summit, New Jersey

C I B A

PEDIATRICIAN

Pediatrician needed for a new agency for the mentally retarded located in suburbia between Ann Arbor and Detroit. Must be progressive in his thinking and be desirous of participating in clinical investigations. An on-going research program in genetics exists with many opportunities to consult and work with physicians from the nearby universities.
Must be board certified or board eligible in pediatrics and eligible for Michigan licensure in medicine. Annual salary $20,796 to $27,290 depending on education and experience. All Michigan Civil Service benefits. For further information contact Chief of Medicine, Plymouth State Home, Northville, Michigan. An equal opportunity employer.

Clinical use of the

TITMUS VISION TESTER

Saves Time . . . Space . . . Effort

Usable information gathered quicky and dependably. Tests for specific purposes are available for all ages above 3½. May be administered by technician. Appreciated by patients. Most widely used instrument for mass screening. Rewarding in so many ways.

Division of Applied Sciences

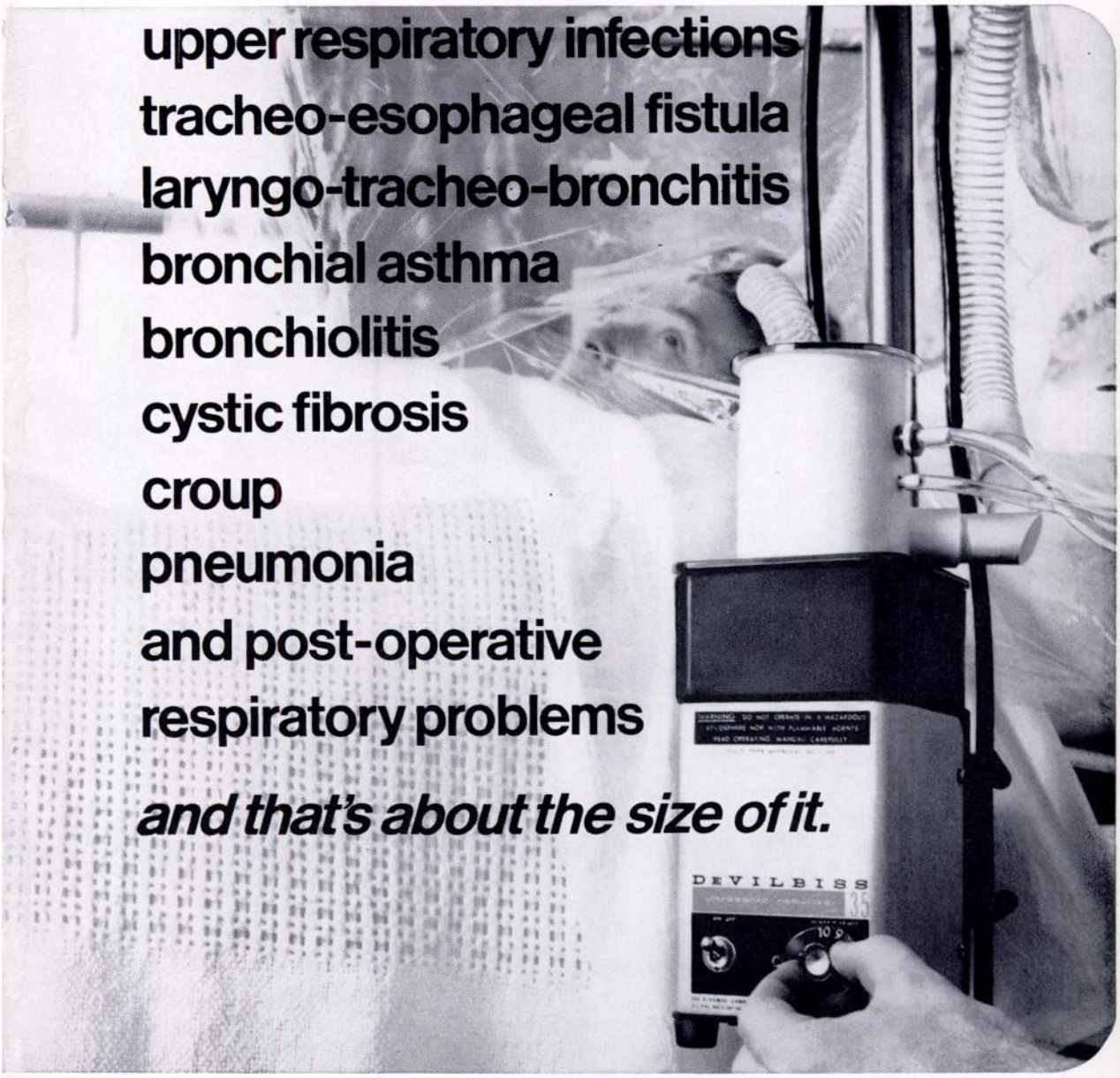
TITMUS

OPTICAL CO., INC., Petersburg, Virginia 23803

a solid state ultrasonic nebulizer provides aerosol therapy for

upper respiratory infections
tracheo-esophageal fistula
laryngo-tracheo-bronchitis
bronchial asthma
bronchiolitis
cystic fibrosis
croup
pneumonia
and post-operative respiratory problems

and that's about the size of it.



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

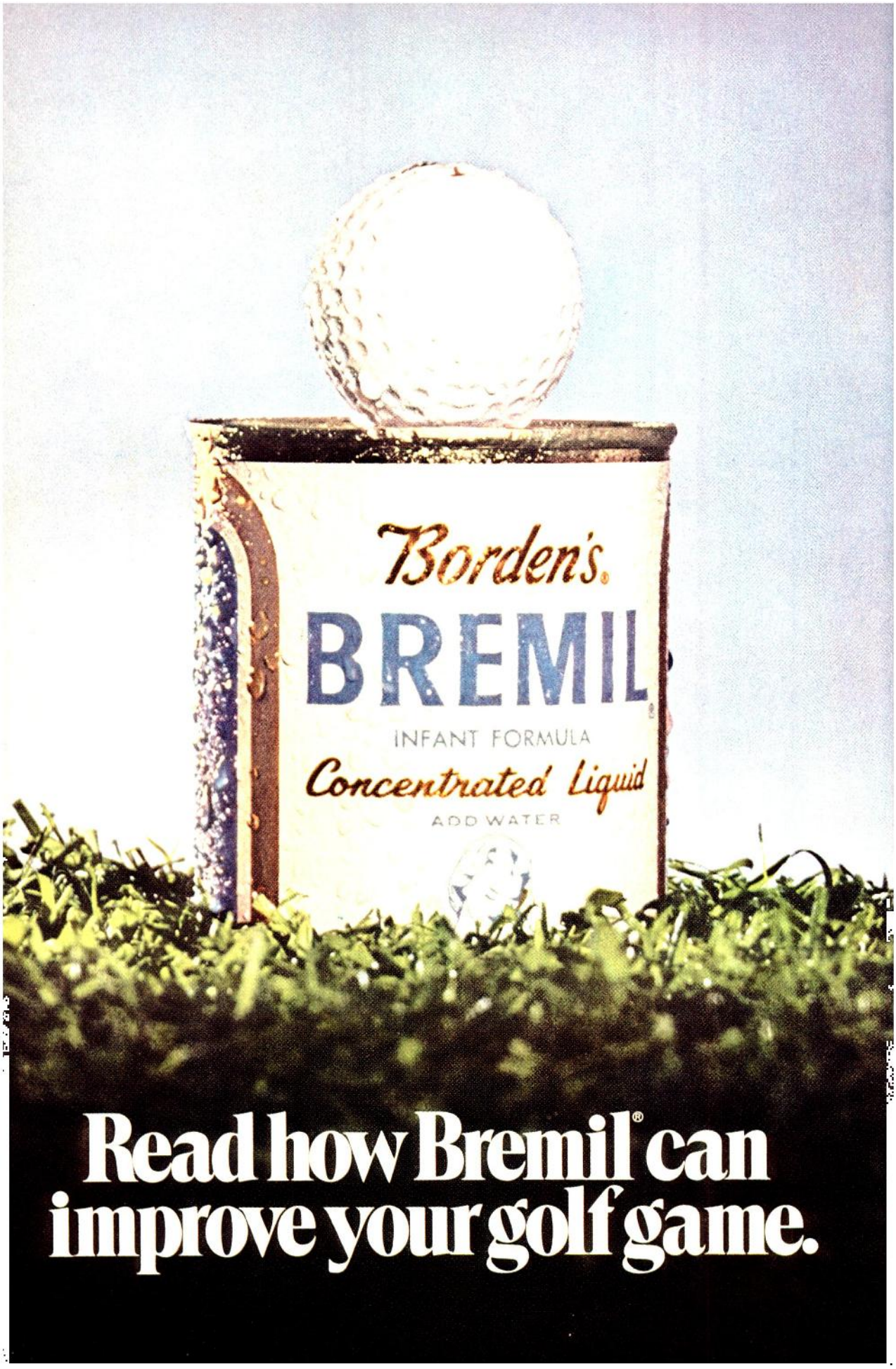
Please send me more information on Solid State Ultrasonic Nebulizers

Name_____

Hospital_____

Address_____

City_____ State_____ Zip_____



Read how Bremil® can improve your golf game.

When you start your babies on Bremil you can start spending more of your free time on the fairways.

Instead of on the phone.

Bremil is a physiologic infant formula that closely approximates mother's milk. And minimizes problems, frees you of bothersome distress calls during your free time.

And it's from Bordens. Par for the course. After all, who should know more about how and why milk (and milk substitutes) contributes to a baby's healthy growth pattern.

The methionine added to Bremil assures an adequate level of sulfur-containing amino acids. That's why the protein in Bremil just about matches human milk in quantity, digestibility and biological value. And, by approximating the protein and electrolyte patterns of breast milk, Bremil keeps the renal solute load within normal limits.

As in mother's milk, the only carbohydrate content is lactose which provides approximately 40% of the calories. The fat proportion is high in linoleic acid to aid growth and skin health and provides approximately 50% of the calories. Bremil approximates breast milk in calcium content and in mineral balance (the ratio of calcium to phosphorous in Bremil is 1.5:1).

And when the infant is on Borden's Bremil, he doesn't need supplementary vitamins. Bremil provides all the elements needed to assure normal physical growth and development and supplies all the vitamins recommended by the committee on nutrition of the American Academy of Pediatrics. [Pediatric, 40:916-922 (1967)].

Improve your putting by putting your babies on Bremil. The infant formula that can put freedom into your free time.

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

Borden, Inc., Pharmaceutical Products, 350 Madison Ave., N.Y., N.Y. 10017

Approximate Analysis (Diluted with equal volume of water): Water 87.5%, Protein 1.5%, Fat 3.5%, Carbohydrate 7.0%, Minerals (Ash) 0.4% (Calcium 0.06%, Phosphorus 0.04%, Iron, Trace*), Calories per fl. oz. 20.

One Quart of Bremil Liquid, normal dilution, supplies: Vitamin A, 2500 U.S.P. Units; Vitamin D, 400 U.S.P. Units; Vitamin E, 5 Int. Units; Vitamin C, 52 mg.; Thiamine, 0.4 mg.; Riboflavin, 1.0 mg.; Niacin, 6.0 mg.; Pyridoxine, 0.4 mg.; Calcium Patothenate, 2.5 mg.; Folic Acid, 70 mcg.; Vitamin B_{12}, 2 mcg.; Calcium, 0.6 gm.; Phosphorus, 0.4 gm.; Iron, Trace*; Magnesium, 65 mg.; Copper, 0.4 mg.; Iodine, 40 mcg.

*Additional iron should be supplied from other sources as prescribed by your physician.

™

Mebaral®
brand of
mephobarbital, NF

CONTRAINDICATION: Large doses are contraindicated in patients with nephritis.

WARNING: May be habit forming.

PRECAUTIONS: As with other barbiturates, caution is advisable during use in debilitated and senile patients, and in patients with pulmonary disease.

ADVERSE REACTIONS: Although Mebaral is generally well tolerated over long periods, the possibility of idiosyncrasy to barbiturates (as manifested by drowsiness, vertigo, and cutaneous eruptions) should be considered.

When combined with diphenylhydantoin — Side effects of sodium diphenylhydantoin include tremor, dizziness, restlessness, ataxia, skin reactions, gastrointestinal symptoms, hypertrophy of the gums, hepatitis, hirsutism, and blood dyscrasias (periodic blood examination is advisable). A drug-induced pseudolymphoma has occurred following the use of diphenylhydantoin. Discontinuance of the drug resolved all abnormalities spontaneously in 7 to 14 days. Some patients may be able to take the drug for many years without untoward symptoms, and then severe ataxia may develop rapidly. However, this ataxia subsides on withdrawal of the drug (which should be gradual).

DOSAGE AND ADMINISTRATION: *Epilepsy*—Average dose for adults: 400 to 600 mg. (6 to 9 grains) daily; children under 5 years, 16 to 32 mg. (¼ to ½ grain) three or four times daily; children over 5 years, 32 to 64 mg. (½ to 1 grain) three or four times daily. Mebaral (brand of mephobarbital) is best taken at bedtime if seizures generally occur at night, and during the day if attacks are diurnal.

Treatment should be started with a small dose which is gradually increased over four or five days until the optimum dosage is determined. If the patient has been taking some other antiepileptic drug, it should be tapered off as the doses of Mebaral are increased, to guard against the temporary marked attacks that may occur when any treatment for epilepsy is changed abruptly. Similarly, when the dose is to be lowered to a maintenance level or to be discontinued, the amount should be reduced gradually over four or five days.

Combination with Other Drugs — Mebaral may be used in combination with phenobarbital, either in the form of alternating courses or concurrently. When the two drugs are used at the same time, the dose should be about one-half the amount of each used alone. The average daily dose for an adult is from 50 to 100 mg. (¾ grain to 1½ grains) of phenobarbital and from 200 to 300 mg. (3 to 4½ grains) of Mebaral.

Mebaral may also be used with sodium diphenylhydantoin; in some cases, combined therapy appears to give better results than either agent used alone, since sodium diphenylhydantoin is particularly effective for the psychomotor type of seizure but relatively ineffective for petit mal. When the drugs are employed concurrently, a reduced dose of sodium diphenylhydantoin is advisable, but the full dose of Mebaral may be given. Satisfactory results have been obtained with an average daily dose of 230 mg. (3½ grains) of sodium diphenylhydantoin plus about 600 mg. (9 grains) of Mebaral (brand of mephobarbital).

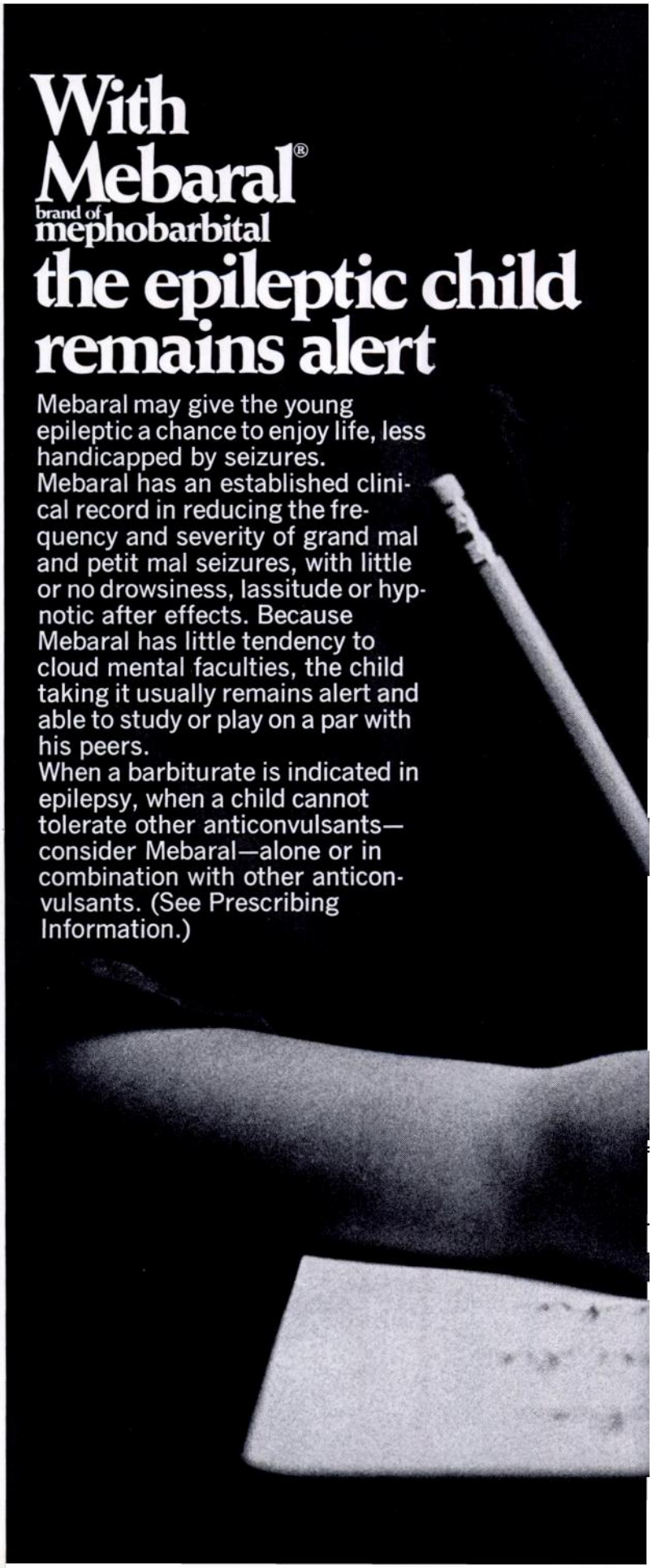
HOW SUPPLIED: Tablets—
32 mg. (½ grain)—bottles of 100 and 1000.
50 mg. (¾ grain)—bottles of 100 and 1000.
100 mg. (1½ grains)—bottles of 100, 500, and 1000.
200 mg. (3 grains)—bottles of 100 and 500.

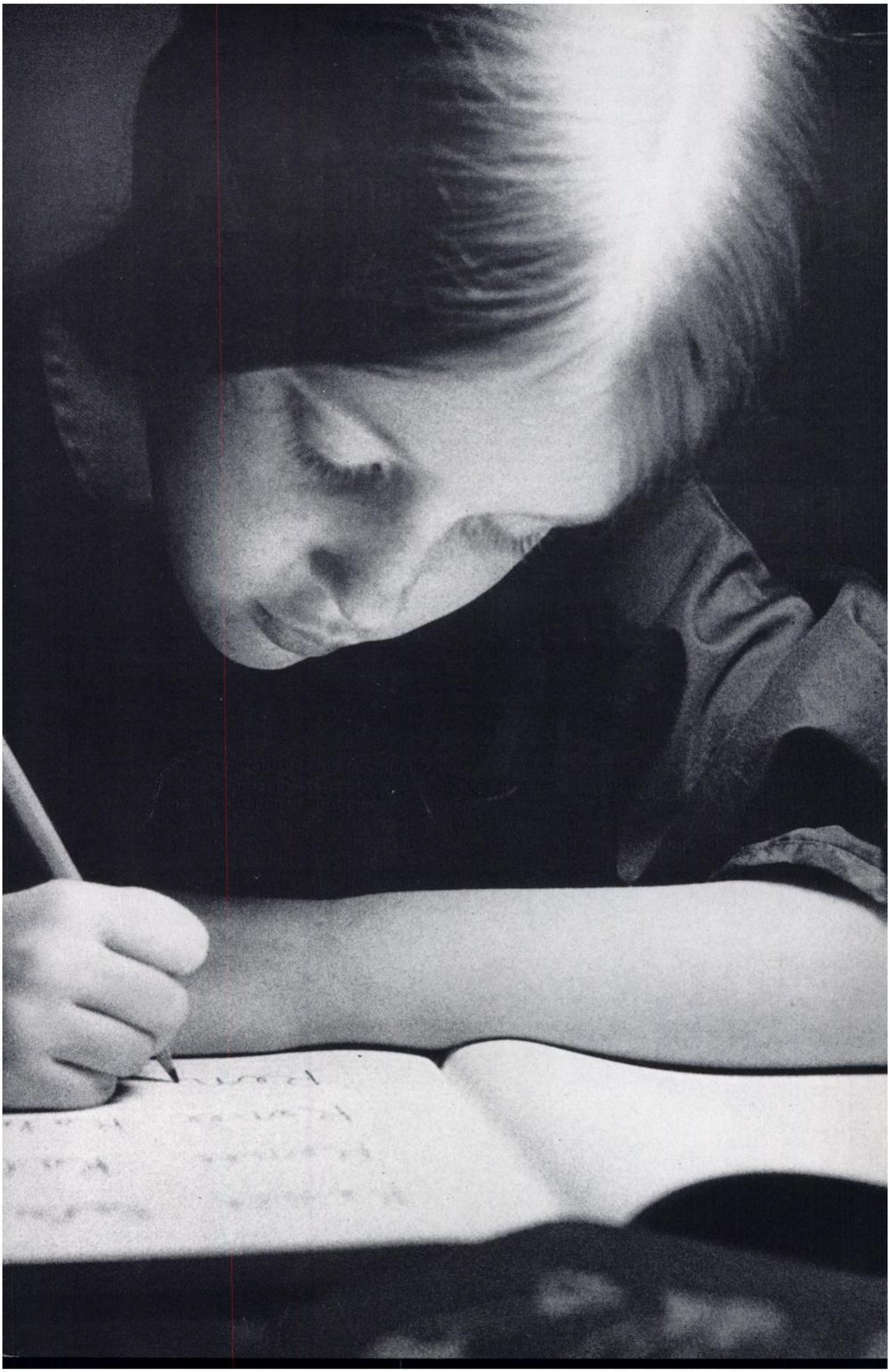
Winthrop

Winthrop Laboratories
New York, N.Y. 10016

With Mebaral®
brand of
mephobarbital
the epileptic child remains alert

Mebaral may give the young epileptic a chance to enjoy life, less handicapped by seizures.
Mebaral has an established clinical record in reducing the frequency and severity of grand mal and petit mal seizures, with little or no drowsiness, lassitude or hypnotic after effects. Because Mebaral has little tendency to cloud mental faculties, the child taking it usually remains alert and able to study or play on a par with his peers.
When a barbiturate is indicated in epilepsy, when a child cannot tolerate other anticonvulsants—consider Mebaral—alone or in combination with other anticonvulsants. (See Prescribing Information.)





Indications: Cordran® (flurandrenolone, Lilly), 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.

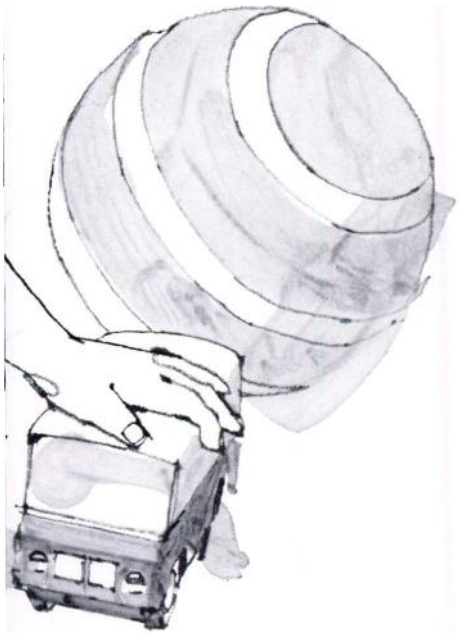
Precautions: Do not use in the eyes; apply with caution around the eyes and in otitis externa in patients with a perforated eardrum. Treat secondary bacterial infections with the appropriate antibiotic. If prompt response does not occur, discontinue Cordran® (flurandrenolone, Lilly) until the infection is adequately controlled by anti-infective measures. Treat superficial fungus or yeast infections with additional appropriate methods and observe frequently. Safety of use on pregnant women has not been absolutely established. Cordran should not be used unnecessarily during pregnancy, especially on extended areas, in large amounts, or for long periods.

Adverse Reactions: 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

Before therapy | After 2 days | After 4 days | After 7 days

This 2½-year-old male with atopic dermatitis was treated with Cream Cordran, 0.05%, t.i.d.

Cordran®... fast acting by design
Flurandrenolone



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.
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Both agents achieve similar serum levels of unbound penicillin after oral administration

". . . blood levels alone may not be an accurate indication of therapeutic effectiveness. The degree of binding of penicillin V by human plasma is significantly higher than that of penicillin G and when the respective degrees of binding are taken into consideration in comparing published serum levels of penicillins G and V after peroral administration, the calculated levels of unbound penicillin are very similar in magnitude."[2]

Both agents achieve comparable tissue distribution after oral administration

"When the distribution of these compounds [penicillin V and phenethicillin] in body fluids and tissues is compared to that noted with . . . [penicillin G], no significant differences are found."[3]

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*Based on manufacturers' published direct price to retailer per single bottle of 150 cc. (400,000 units/5 cc.), and per single bottle of 100 tablets. For local price comparisons, please ask your Pfizer Laboratories Representative.

1. Dowling, H. F.: Clin. Pharmacol. Ther. 2:572, Sept.-Oct., 1961.
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BRIEF SUMMARY
Pfizerpen (potassium penicillin G)
Tablets/Powder for Syrup

CONTRAINDICATIONS: This drug is contraindicated in individuals who have shown hypersensitivity to it.

PRECAUTIONS: Reactions to penicillin have increased in recent years. They appear to occur more frequently in patients with bronchial asthma, allergic rhinitis, skin allergies, other allergies, or in those who have previously demonstrated a sensitivity to penicillin. In the event of such reactions, resuscitative measures such as the administration of epinephrine and other antiallergic medication, maintenance of the respiratory passage, and general supportive treatment should be applied immediately.

Urticaria, serum sickness-like reactions (fever, rash, arthralgia), and other skin rashes may be provoked by penicillin. They may be controlled by antihistamines and, if necessary, corticosteroids. Whenever such reactions occur, penicillin should be withdrawn unless, in the opinion of the physician, the condition being treated is life-threatening and amenable only to penicillin therapy.

In the penicillin treatment of gonorrhea in patients in whom there is reason to suspect concomitant syphilis, darkfield examinations should be made of all suspect lesions before treatment, and monthly serologic tests for syphilis should be made for at least four months afterwards.

Staphylococcal and hemolytic streptococcal infections often require a somewhat higher dosage than other infections amenable to oral penicillin therapy. The dosage for prophylaxis in rheumatic fever is from 200,000 to 250,000 units, once or twice daily. In the treatment of infections caused by hemolytic streptococci, therapy should be continued for at least 10 days for prophylaxis against rheumatic fever or glomerulonephritis.

Penicillin treatment of staphylococcal infections, and infections caused by other organisms, should be accompanied by indicated surgical procedures in all cases.

The use of antibiotics may result in an overgrowth of nonsusceptible organisms, particularly Monilia and resistant staphylococci. Careful observation of patients for this possibility is essential. If a new infection caused by a resistant pathogen should appear, appropriate specific therapy should be instituted as indicated by antibiotic susceptibility testing.

Oral therapy is not indicated in treatment of meningitis, syphilis, endocarditis, or other infections in which high serum levels of penicillin are required. If response to oral therapy in other infections is unsatisfactory, recourse should be had to parenteral therapy.

ADVERSE REACTIONS: In the absence of hypersensitivity, penicillin is virtually nontoxic in maximum therapeutic dosage. However, allergic reactions to penicillin, ranging from mild hypersensitivity reactions to acute anaphylactic shock, may occur.

SUPPLY: Pfizerpen (potassium penicillin G) Powder for Syrup buffered, for oral administration, when reconstituted as directed is available in the following forms:
400,000 units per 5 cc.—bottles of 80 cc. and 150 cc.

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250,000 units—bottles of 100 tablets
400,000 units—bottles of 100 and 1000 tablets
800,000 units—bottles of 100 tablets
Tablets are white, and are scored for easy calibration of dosage.

More detailed professional information available on request.

Pfizer
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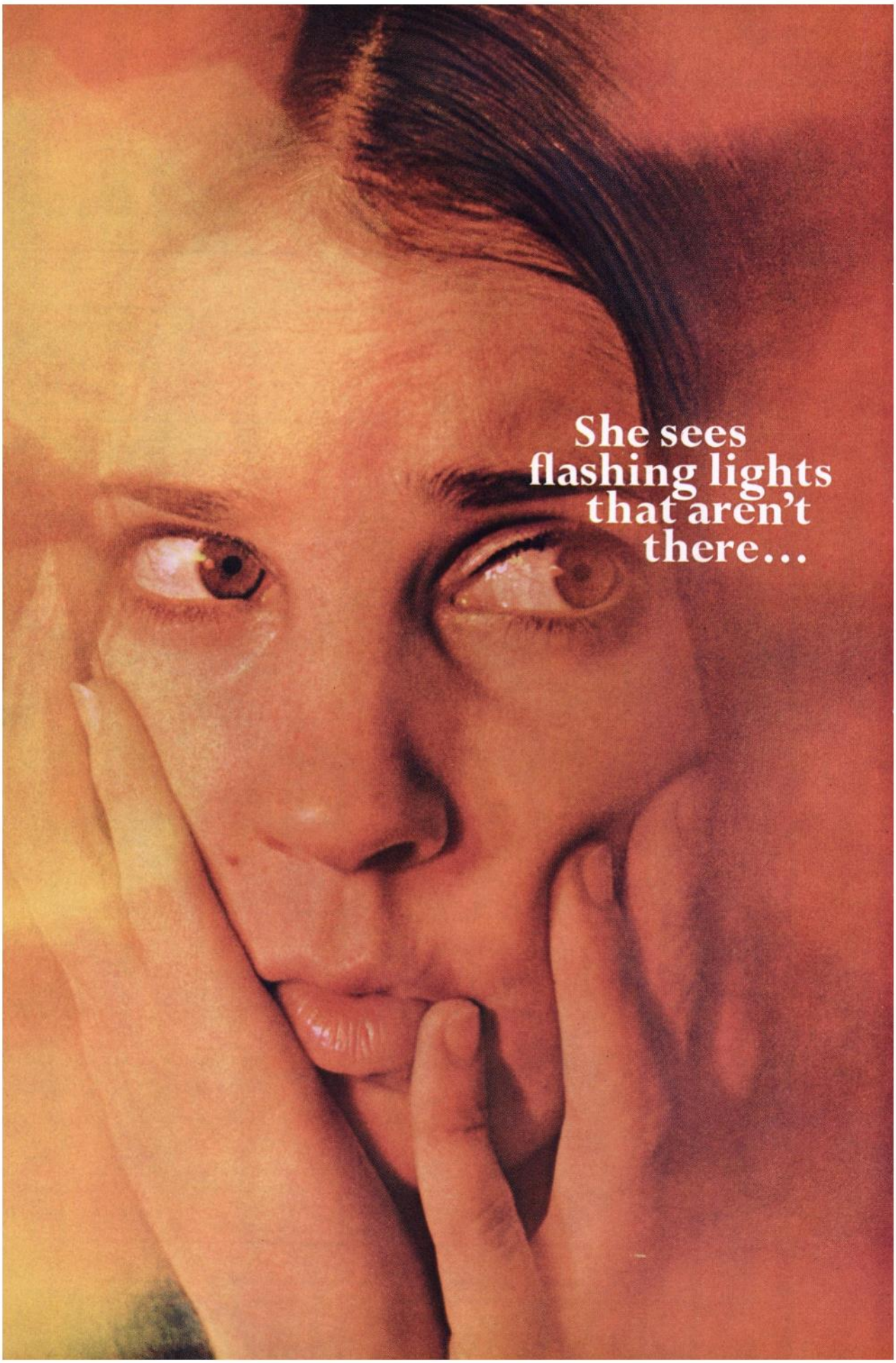
New York, N.Y. 10017


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

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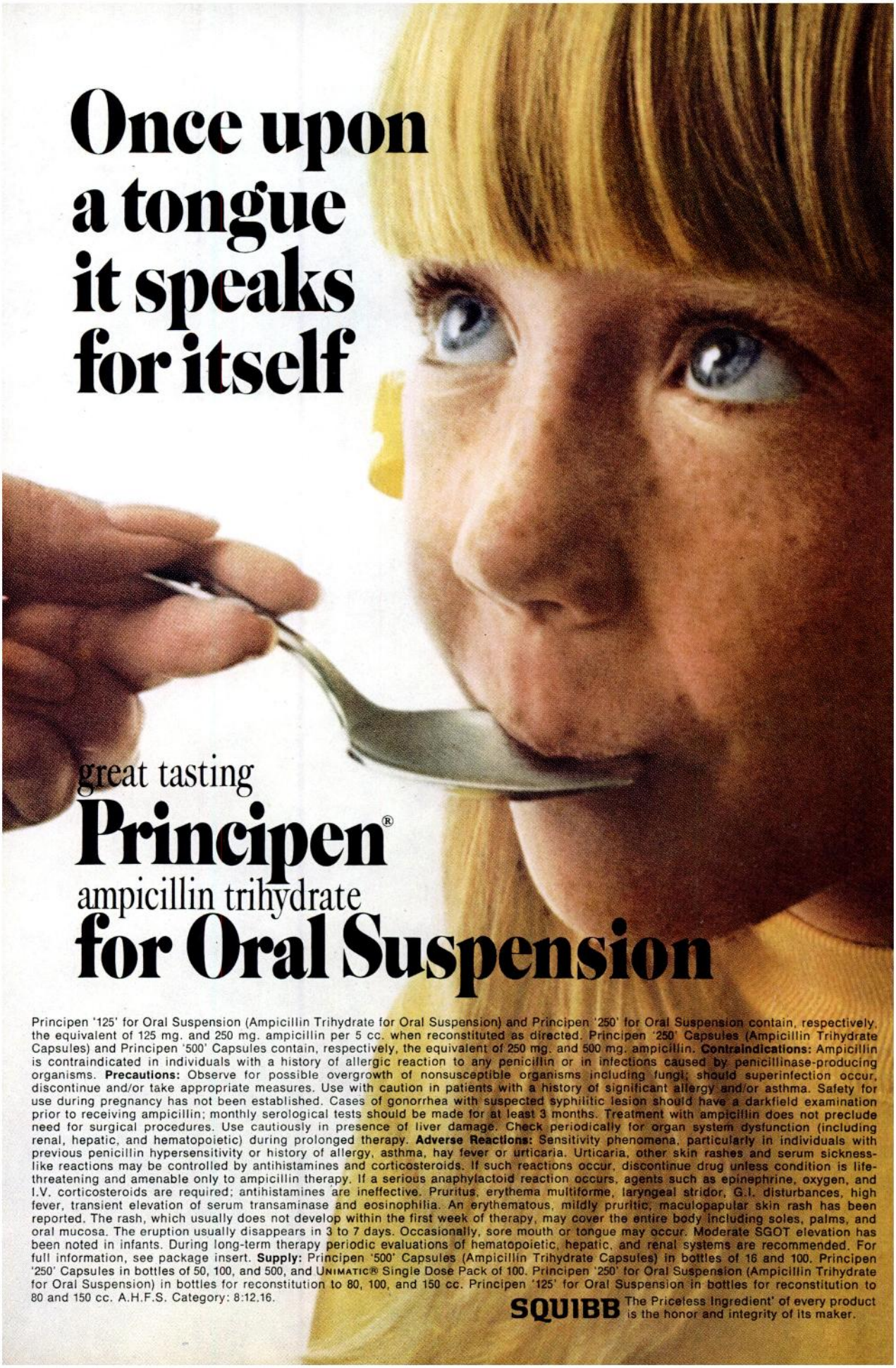

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Although some infants suffer from primary lactase deficiency, ". . . more commonly the condition results from secondary damage to the mucosa through enteric infection. . . ."[2]

"Acquired disaccharide intolerance may be secondary to other diseases . . ."[3]

"The observed intolerance to dietary lactose may have been caused by a direct effect of an infecting organism on the intestinal mucosa."[1] "The clinical symptoms and signs of these patients with acquired intolerance to disaccharides were identical to those of patients with congenital absence of intestinal disaccharidases."[5]

The loss of lactase and other sugar-splitting enzymes, as a result of such intestinal infections, can lead to a situation where the ingestion of lactose and other disaccharides (i.e. in sweet tea and skim milk) perpetuates the diarrheal condition—even though the original infection has been controlled.

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Pediatrics

VOLUME 44 OCTOBER 1969 NUMBER 4

COMMENTARIES

DIAGNOSTIC LUNG PUNCTURE

THE normal lower respiratory tract is free of viable bacteria,[1,2] whereas the throat and nasopharynx become colonized by several common species of bacteria soon after birth.[3,4] Moreover, in patients with physical and roentgenographic signs of lower respiratory tract pathology, there often are great discrepancies between the organisms seen in smears or grown in cultures of exudates obtained from the affected sites in the lungs and in those of sputum or secretions from the throat or nasopharynx when similarly examined. In infants and children, and even in many adults, particularly women, sputum representative of exudate from the lower respiratory tract often is not available or, when raised, is mixed with secretions from the upper respiratory tract. In an era when therapy to be effective must be specifically directed against the susceptible organism that is causing the infection in the patient, failure to identify the causative organism may be a source of considerable difficulty.

The diagnostic lung puncture, never accepted as a routine procedure, has been used only for circumscribed periods by a few physicians responsible for large numbers of patients with pneumonias, in circumstances allowing proper studies of the material obtained. The purpose of such punctures was thus to achieve more accurate diagnosis and more rational therapy. Most physicians have continued to prefer other methods for obtaining culture material—the raising of sputum by gagging or other procedures, such as direct laryngoscopy[5] or tracheal intubation, both of which may also be uncomfortable and sometimes traumatic to the patient.

There is a natural reluctance to subjecting the sick patient, especially an infant or young child, to the trauma of lung puncture,[6] to say nothing of the risks of such complications as hemoptysis or pneumothorax (usually benign) and, though very rare, even sudden death.[7] Thus, some authors have expressed the view that lung puncture, if it is to be practiced, must be shown to be simple, safe, and productive of information.[8] The expected benefits must far outweigh the potential risk. Most authors who have employed the procedure in any large numbers of patients have concluded that it meets these requirements.[8,9]

This issue of PEDIATRICS contains two contributions[10,11] on diagnostic lung punctures in selected pediatric patients of two quite different hospitals. Each paper presents rationale, methods, indications, and results, as well as a brief review of the experience of others, put into perspective. The impression given by both communications is that, in such patients, the value of lung puncture warrants the risks.

The indications for lung puncture have changed with our increased knowledge concerning the causative agents of pulmonary lesions, the methods for their identification, and the wider selection of suitable therapy. Under these newer circumstances, lung puncture also contributes to more reliable