

PEDIATRICS

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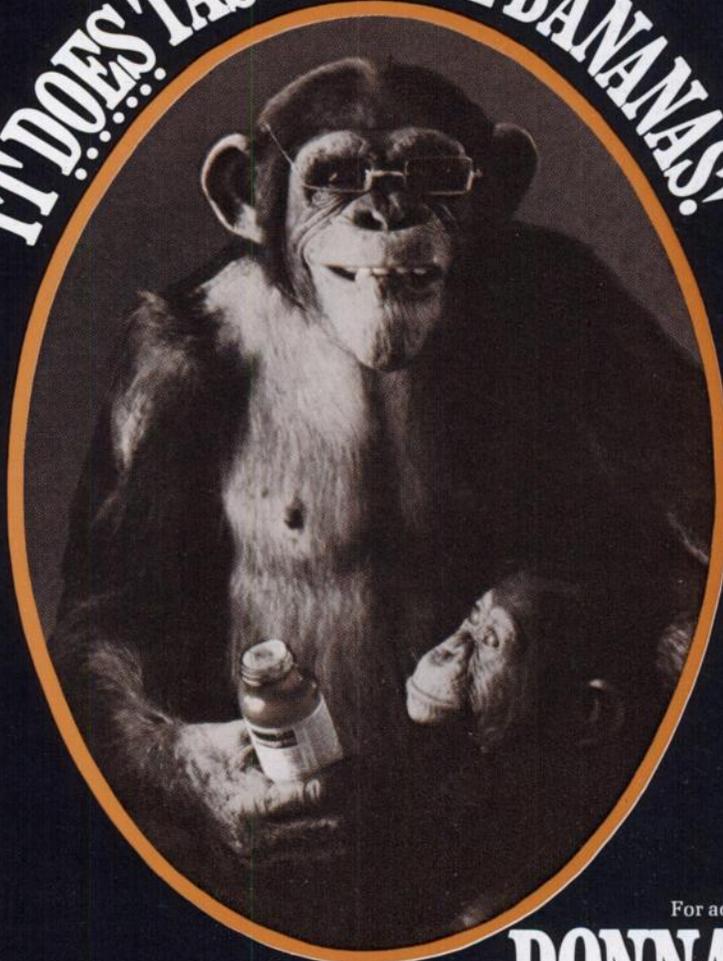
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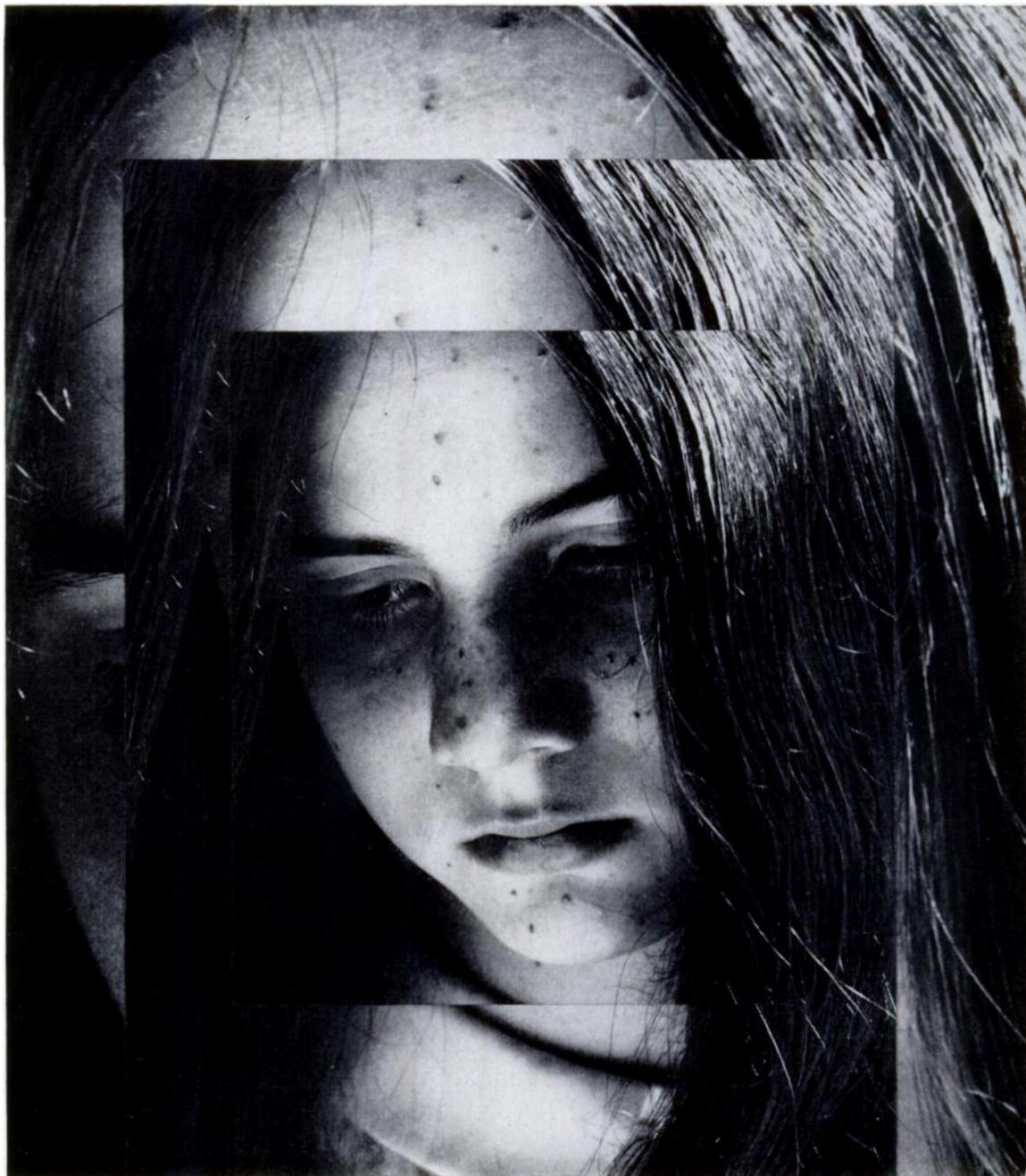
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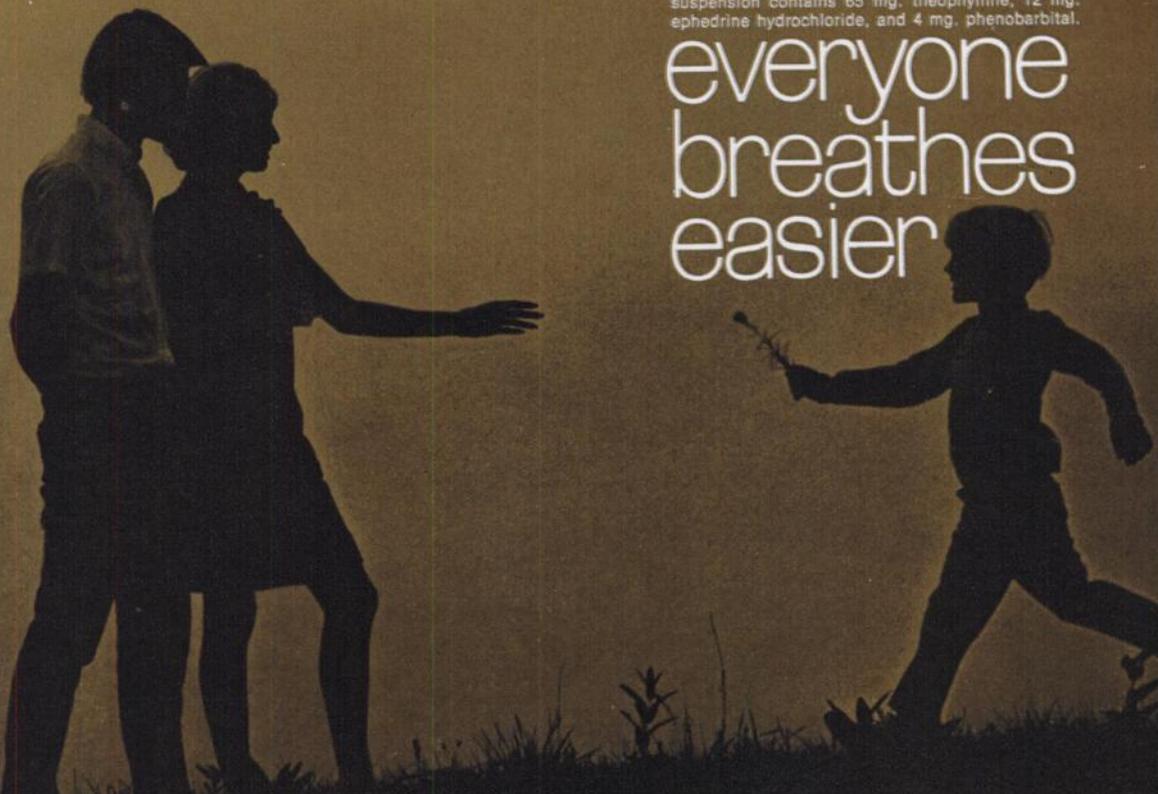
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**Precautions:** As with all antibiotics, the use of this drug may result in an overgrowth of nonsusceptible organisms, particularly monilia. Continuing observation of the patient is essential. If new infections appear during therapy, appropriate measures should be taken.

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**Side Effects:** Serious side effects reported with griseofulvin therapy are rare and are usually associated with high dosages and/or during long periods of therapy.

Reactions are commonly of the hypersensitivity type such as skin rashes, urticaria and rarely, angioneurotic edema, and may necessitate withdrawal of therapy and appropriate countermeasures. Paresthesias of the hands and feet have rarely been reported after extended therapy. Other side effects reported occasionally are oral thrush, nausea, vomiting, epigastric distress, diarrhea; headache, fatigue, dizziness, insomnia, mental confusion, and impairment of performance of routine activities; photosensitivity (patients should be warned to avoid exposure to intense natural or artificial sunlight).

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**Administration and Usual Dosage:** Dosage should be individualized, depending on age, severity of infection, and practicality of the regimen. *Adults*—0.5 Gm. daily (125 mg. q.i.d., 250 mg. b.i.d., or 500 mg./day). *Children*—10 mg./Kg. daily is usually adequate (from 30 to 50 lb., 125 mg. to 250 mg. daily; over 50 lb., 250 mg. to 500 mg. daily, in divided doses.)

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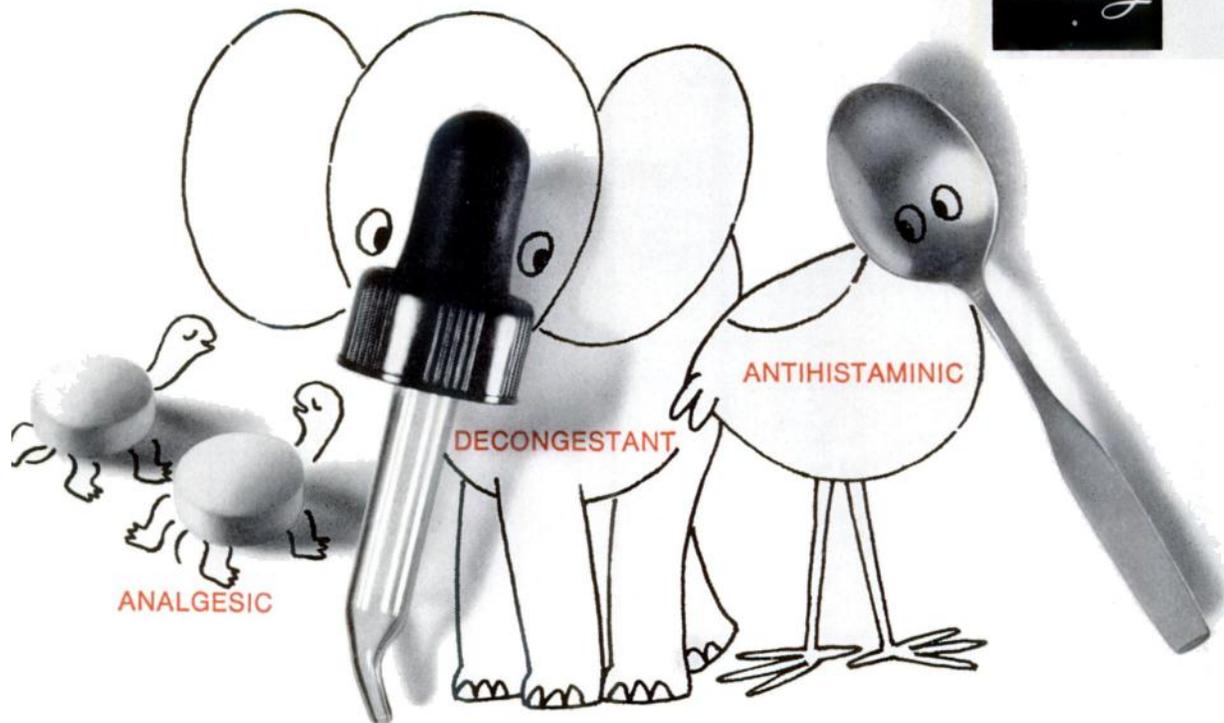
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**Contraindications:** Infections caused by nonsusceptible organisms; history of penicillin sensitivity.

**Warnings:** Acute anaphylaxis (may prove fatal unless promptly controlled) is rare but more frequent in patients with previous penicillin sensitivity, bronchial asthma or other allergies. Resuscitative (epinephrine, aminophylline, pressor amines) and supportive (antihistamines, methylprednisolone sodium succinate) drugs should be readily available. Other rare hypersensitivity reactions include nephropathy, hemolytic anemia, leucopenia and thrombocytopenia. In suspected hypersensitivity, evaluation of renal and hematopoietic systems is recommended.

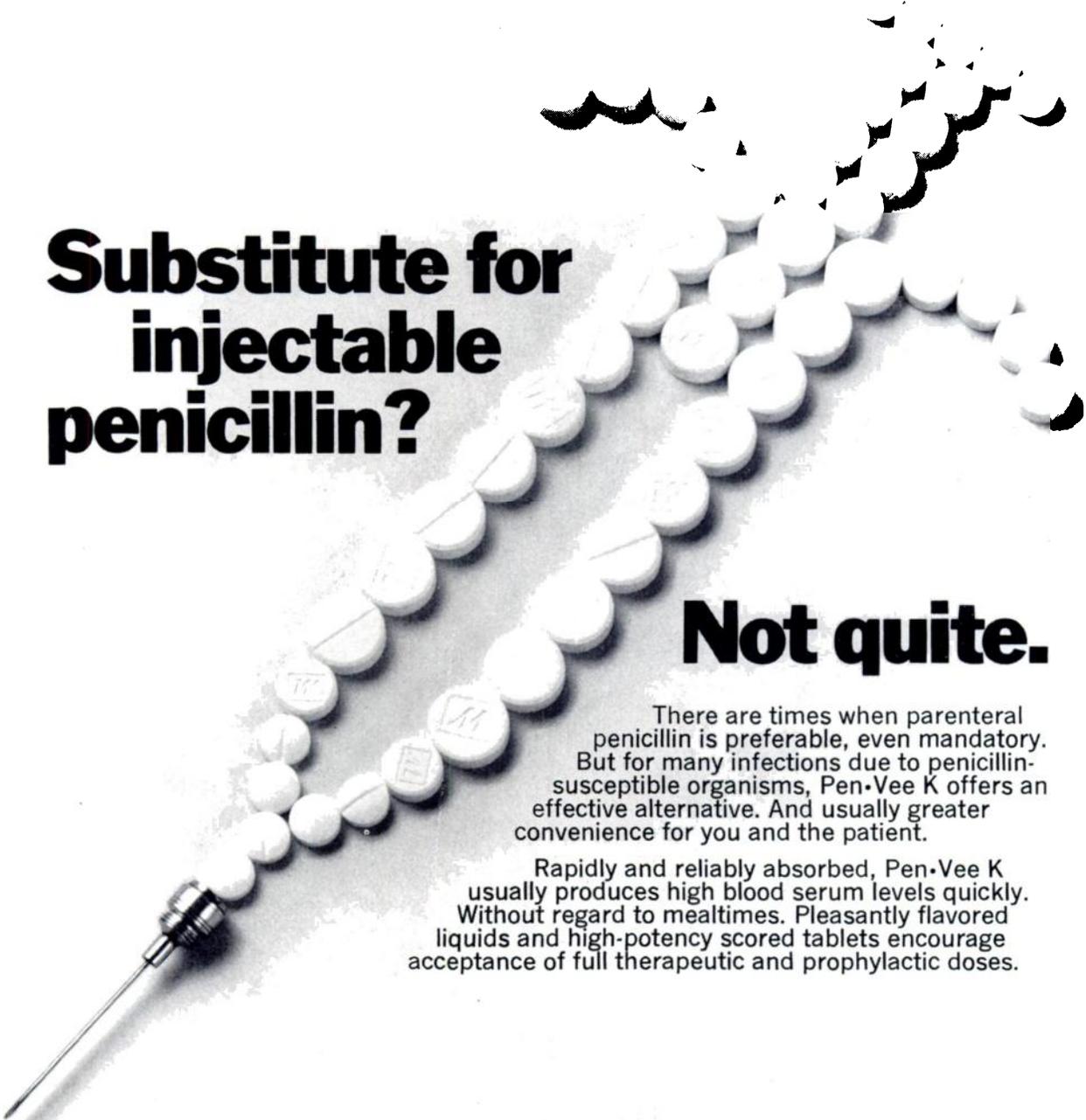
**Precautions:** In suspected staphylococcal infections, perform proper laboratory studies including sensitivity tests. If overgrowth of nonsusceptible organisms occurs (constant observation is essential), discontinue penicillin and take appropriate measures. Whenever allergic reactions occur, withdraw penicillin unless condition being treated is considered life threatening and amenable only to penicillin. Penicillin may delay or prevent appearance of primary syphilitic lesions. Gonorrhea patients suspected of concurrent syphilis should be tested serologically for at least 3 months. When lesions of primary

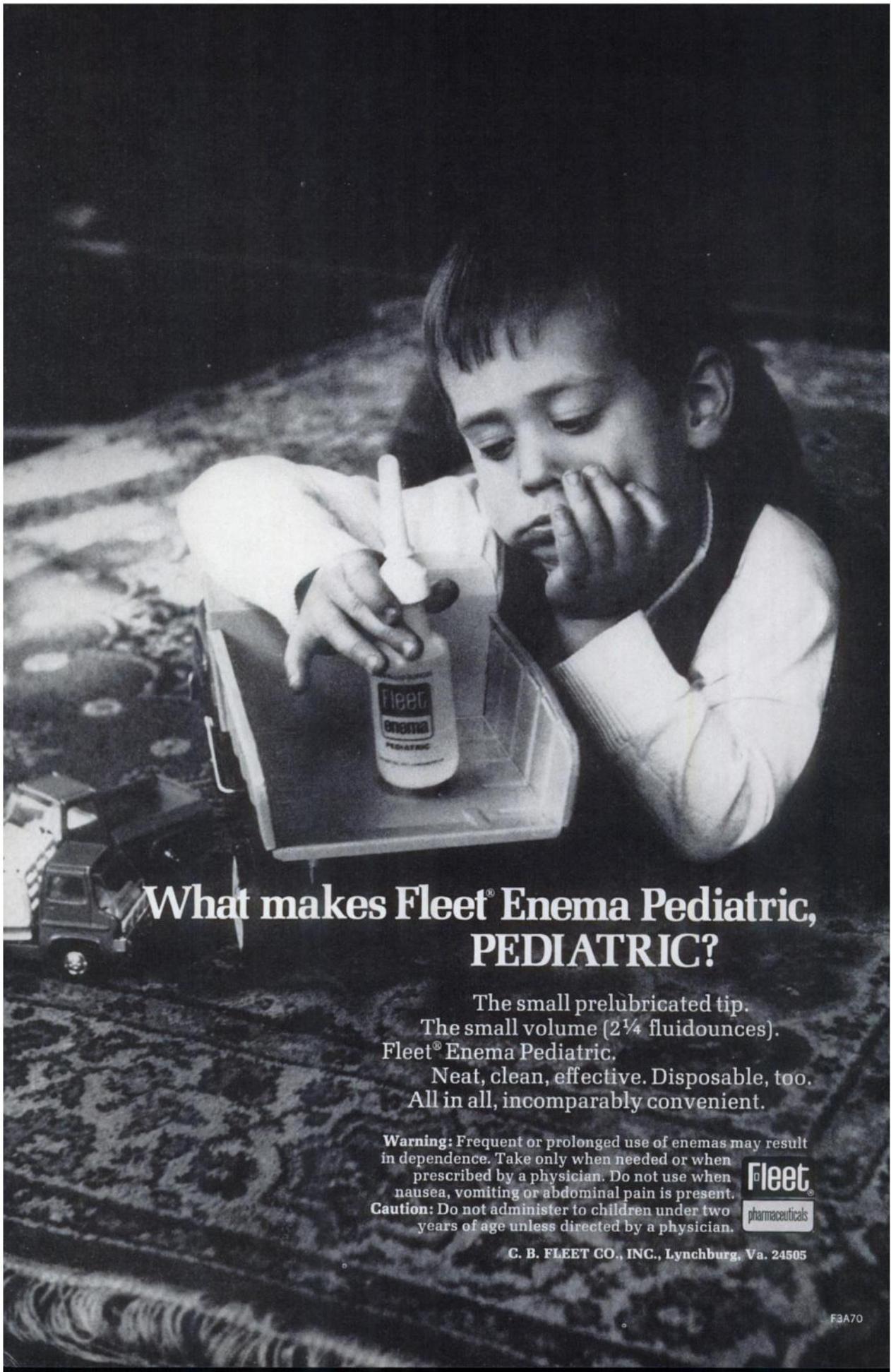
syphilis are suspected, dark-field examination should precede use of penicillin. Treat beta-hemolytic streptococcal infections with full therapeutic dosage for at least 10 days to prevent rheumatic fever or glomerulonephritis. In staphylococcal infections, perform surgery as indicated.

**Adverse Reactions** (Penicillin has significant index of sensitization): Skin rashes, ranging from maculopapular eruptions to exfoliative dermatitis; urticaria; serum sickness-like reactions, including chills, fever, edema, arthralgia and prostration. Severe and often fatal anaphylaxis has been reported (see "Warnings").

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**Warning:** Frequent or prolonged use of enemas may result in dependence. Take only when needed or when prescribed by a physician. Do not use when nausea, vomiting or abdominal pain is present.  
**Caution:** Do not administer to children under two years of age unless directed by a physician.

**Fleet**  
pharmaceuticals

C. B. FLEET CO., INC., Lynchburg, Va. 24505



for diaper area dermatoses...

**quick kill**

of infecting organisms, by the proven antimicrobial effectiveness of nystatin and the fungicidal and bactericidal potency of iodochlorhydroxyquin.

**quick quell**

of inflammatory discomforts, by the anti-inflammatory benefits of hydrocortisone.

**Description:** NYSTAFORM-HC Ointment contains nystatin U.S.P. 100,000 units/Gm., iodochlorhydroxyquin 3% and microdispersed hydrocortisone 1% in a water-dispersible white petrolatum base containing octylphenoxxyethanol. **Actions:** Nystatin acts primarily against *Candida* (*Monilia*). Iodochlorhydroxyquin is active against *Monilia* and certain other fungi, among them being the fungi that produce tinea axillae, tinea corporis, tinea cruris, tinea palmaris and tinea pedis. Iodochlorhydroxyquin also acts against a wide variety of bacteria. Hydrocortisone has anti-inflammatory, antipruritic and anti-allergic properties. **Contraindications:** Tuberculous lesions of the skin, acute herpes simplex, vaccinia or varicella. Lesions caused by pathogens not susceptible to nystatin and iodochlorhydroxyquin and on persons who have shown hypersensitivity to any of the components. **Precautions:** If irritation or sensitivity occurs and/or infection persists, discontinue use. If new infections appear, appropriate therapy should be instituted. The efficacy of this product in fungal conditions other than those listed above has not yet been established. If extensive areas are treated, the possibility of systemic absorption exists. Although topical steroids have not been reported to have an adverse effect on pregnancy, the safety of their use in pregnancy has not been absolutely established. Therefore, in cases of pregnancy, they should not be used extensively, in large amounts or for prolonged periods of time. **Caution:** For external use only. Not for ophthalmic use. **Usual Dosage:** Apply two or three times daily. Continue use for one week after clinical cure. **Supplied:** NYSTAFORM-HC Ointment — ½-oz tube.

**Nystaform-HC**<sup>TM</sup>  
ointment

(nystatin-iodochlorhydroxyquin-hydrocortisone)

**combats monilial, bacterial, and mixed infections**

...and the highly emulsified petrolatum base acts as a barrier between the baby's irritated skin and soiled diapers. Also available as a quick-drying, stable lotion.

 **DOME** LABORATORIES, WEST HAVEN, CONN. 06516, U.S.A.  
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provider,  
not only in  
infant  
nutrition**

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Child Life  
has been the best  
selling and most  
prescribed brand  
of children's  
prescription foot-  
wear since 1961.



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# but



**Enfamil** provides special infant formulas for your use in unusual or problem situations



**Enfamil** provides leadership in research and development of pediatric nutritional products



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**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<sub>1</sub>) 0.4 mg.; Riboflavin (B<sub>2</sub>) 1 mg.; Niacinamide 4 mg.; Pyridoxine (B<sub>6</sub>) 0.3 mg.; Pantothenic acid 2 mg.; Vitamin B<sub>12</sub> 1 mcg.; Choline 85 mg.; Iron 1.4 mg.; Copper 0.4 mg.; Iodine 65 mcg.

# ENFAMIL

infant formula—nearly identical to mother's milk

**Mead Johnson**  
LABORATORIES

# IPSATOL® COUGH SYRUP for children

IPSATOL is the preferred cough syrup with many pediatricians.

**Preferred** because it is designed especially for children.

**Preferred** because it is a safe and effective expectorant formulation.

**Preferred** because it is pleasant tasting.

**Preferred** because it is economical.

IPSATOL-DM® (with the addition of 10 mg. dextromethorphan hydrochloride per 5 ml. of the expectorant formulation) is available when coughs must be suppressed yet kept productive.

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



—You can recommend sterilized diapers  
—You can recommend soothing oils  
—You can recommend baby powders—  
**BUT...**



# Caldesene<sup>®</sup> inhibits the breakdown of urea into ammonia.

**The most common cause of diaper rash**

CALDESENE<sup>®</sup> is more than a once-over lightly, sweet-smelling baby powder. CALDESENE's antifungal/antibacterial barrier inhibits urea-splitting organisms and helps avoid fungal and yeast complications. It provides the protection so necessary for the prevention and treatment of Diaper Rash—especially during the toilet training period.

CALDESENE promptly relieves itching, soreness, and burning. Cools and soothes but does not cake or leave greasy stains.

Thousands of doctors with pediatric patients regularly recommend CALDESENE Powder to give mothers a head start in helping prevent (and treat) Diaper Rash.

## **Caldesene<sup>®</sup>**

**PAMPERS LIKE A POWDER, PROTECTS LIKE AN OINTMENT**

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Pharmacraft, P.O. Box 1212, Rochester, N.Y. 14603

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**Not too little, not too much...  
but just right!**

“Just right” amounts of Ilosone Liquid 250 can be dispensed easily from the pint bottle in *any* quantity you specify to meet your patients’ precise needs—without regard to package size.

ready-mixed  
**Ilosone® Liquid 250**

Erythromycin Estolate

(equivalent to 250 mg. of base per 5-cc. teaspoonful)

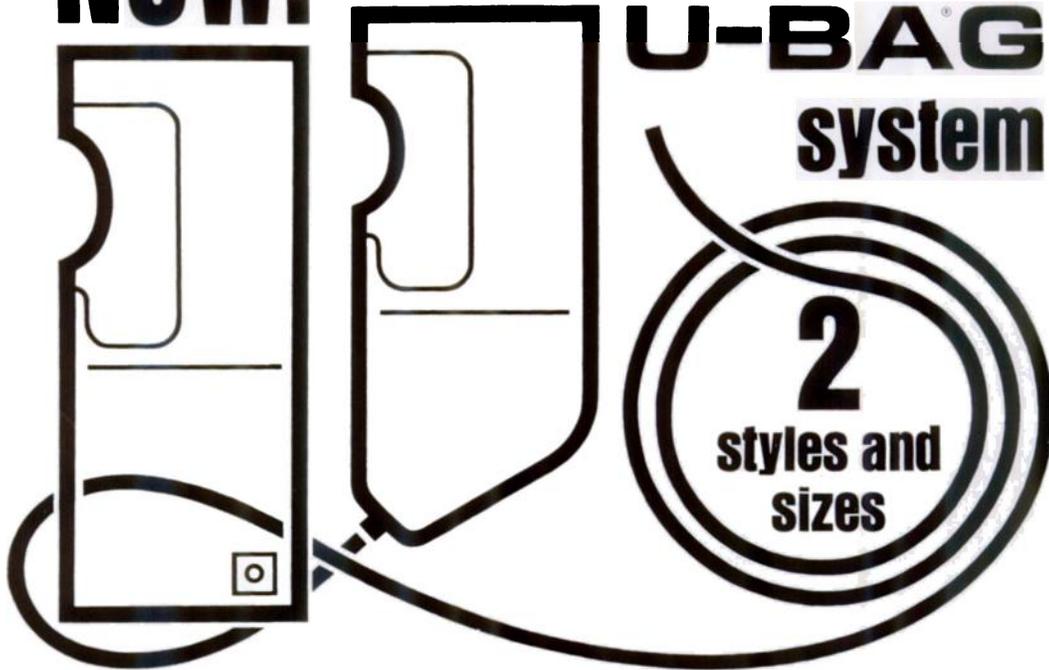
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Indianapolis, Indiana 46206



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# NOW!

## Hollister's complete U-BAG<sup>®</sup> system



**regular  
and 24-hour  
collectors  
in newborn  
and  
pediatric  
sizes**

### **get any infant urine specimen when you want it**

The sure way to collect pediatric urine specimens easily...every time...Hollister's popular U-Bag now has become a **complete system**. Now, for the first time, a U-Bag style is available for 24-hour as well as regular specimen collection, and both styles now come in two sizes...the familiar pediatric size and a new smaller size designed for the tiny contours of the newborn baby.

Each U-Bag offers these unique benefits: ■ double-chamber and no-flowback valves ■ a perfect fit on boy or girl, newborn or pediatric ■ protection of the specimen against fecal contamination ■ hypo-allergenic adhesive to hold the U-Bag firmly and comfortably in place without tapes ■ complete disposability.

Now the U-Bag system can help you to get any infant urine specimen when **you** want it. Write on hospital or professional letterhead for samples and information about the new U-Bag system.



**HOLLISTER**

211 E. CHICAGO AVE., CHICAGO, ILLINOIS 60611 • IN CANADA, HOLLISTER LIMITED



for colds  
that cough  
in the night

## Tuss-Ornade<sup>®</sup> Liquid

Trademark

Each 5 cc. teaspoonful contains 5 mg. of caramiphen edisylate; 2 mg. of Teldrin<sup>®</sup> (brand of chlorpheniramine maleate); 15 mg. of phenylpropanolamine hydrochloride; 0.75 mg. of isopropamide, as the iodide; alcohol, 7.5%.

Before prescribing, see complete prescribing information in SK&F literature or *PDR*.

**Contraindications:** Glaucoma, prostatic hypertrophy, stenosing peptic ulcer, pyloroduodenal or bladder neck obstruction.

**Precautions:** Use cautiously in the presence of hypertension, hyperthyroidism, coronary artery disease; warn vehicle or machine operators of possible drowsiness.

**Usage in Pregnancy:** Use in pregnancy, nursing mothers and women who might bear children only when potential benefits have been weighed against possible hazards.

*Note:* The iodine in isopropamide iodide may alter PBI test

results and will suppress I<sup>131</sup> uptake; discontinue 'Tuss-Ornade' one week before these tests.

**Adverse Reactions:** Drowsiness; excessive dryness of nose, throat or mouth; nervousness; insomnia. Other known possible adverse reactions of the individual ingredients: nausea, vomiting, diarrhea, rash, dizziness, fatigue, tightness of chest, abdominal pain, irritability, tachycardia, headache, incoordination, tremor, difficulty in urination. Thrombocytopenia, leukopenia and convulsions have been reported.

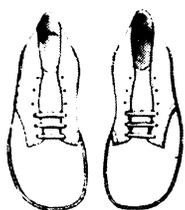
**Smith Kline & French Laboratories**



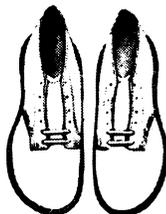
"We put the Tarso Outflares® on and he just started walking straight."

One of our new dealers recently wrote us this good news after he had fitted his first pair of Tarsos, on prescription, for a child with pigeon toe. The dealer was surprised and delighted. We're not surprised (though we are delighted). After all, we've been pleasing doctors, children, parents—and dealers—for more than thirty years.

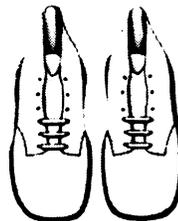
But this experience does show why our Tarso line of therapeutic shoes has been a continuing success. They really do help children to walk straight. There is a pair to treat every common toe-in or toe-out problem. They are beautifully made. Attractively styled. Comfortable. And, reasonably priced. Maybe you'll write our next letter of thanks.



**Tarso Supinator®** shoes are a standby for flat feet. They control toe-out and ankle pronation by "supinating" the heel.



**Tarso Pronator®** and related Tarso Outflare® shoes are used for pigeon toe, metatarsus varus, and corrected club feet.



**Tarso Medius®** straight lasts have no inflare or outflare. They are used particularly for mild pigeon toe.

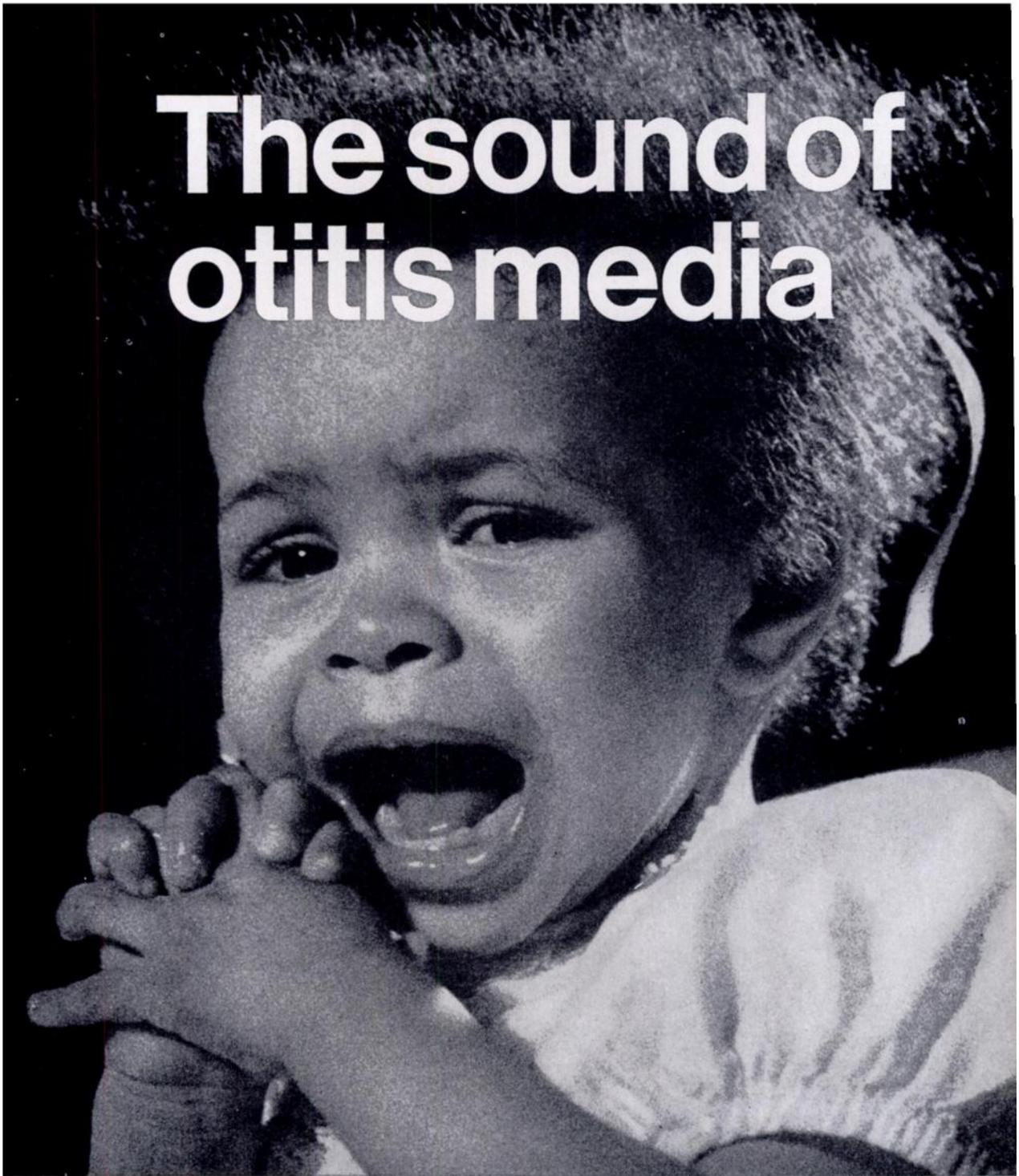
For an illustrated catalog and name of nearest dealer, write:

**MARKELL SHOE COMPANY, INC.**

504 SAW MILL RIVER ROAD,

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# The sound of otitis media



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



No need to hide, Joey.



Photo professionally posed.

You're already  
getting your  
penicillin.

Yesterday he received a penicillin with rapid onset as well as prolonged action. So the chances he'll need additional doses are small.

In a single preparation, Bicillin C-R combines procaine penicillin G for initial high penicillin levels and benzathine penicillin G for prolonged levels. As a result, one 600,000-unit injection usually suffices to control common streptococcal infections\* in children.

**This product is not indicated for continuous prophylaxis of rheumatic fever or in the treatment of venereal diseases.**

**Indications:** In treatment of many beta-hemolytic streptococcal, pneumococcal, and penicillin G-susceptible staphylococcal infections; prophylaxis of secondary infection following tonsillectomy and tooth extraction.

**FOR DEEP INTRAMUSCULAR INJECTION ONLY**

**Contraindications:** Infections caused by nonsusceptible organisms; history of hypersensitivity to penicillin or procaine.

**Warnings:** Serious and occasionally fatal hypersensitivity (anaphylactoid) reactions reported; more likely in individuals with history of sensitivity to multiple allergens. Severe hypersensitivity reactions with cephalosporins have been well documented in patients with history of penicillin hypersensitivity. Before penicillin therapy, carefully inquire into previous hypersensitivity to penicillins, cephalosporins and other allergens.

**Precautions:** Avoid intravenous or intra-arterial use, or injection into or near major peripheral nerves or blood vessels, since neurovascular damage may result. In suspected staphylococcal infections, perform proper laboratory and sensitivity studies. In meningitis, endocarditis and acute peritonitis, give aqueous soluble penicillin only, parenterally. If sensitivity history exists, inject intradermally 0.1 cc. of 1 to 2% procaine solution; erythema, wheal, flare or eruption indicates procaine sensitivity. Treat sensitivity by usual methods; do not use procaine penicillin preparations. If overgrowth of nonsusceptible organisms occurs (constant observation is essential), discontinue penicillin and take appropriate measures. Whenever allergic reactions occur, withdraw penicillin unless condition being treated is considered life-threatening and amenable only to penicillin, and use epinephrine, corticosteroids, antihistamines and/or pressor amines. \*In beta-hemolytic streptococcal infections, to prevent rheumatic fever or glomerulonephritis, in most instances, measurable penicillin blood concentrations must be maintained at least 10 days. In severe pneumococcal infections, other forms of penicillin may be necessary. In staphylococcal infections, perform surgery as indicated.

**Adverse Reactions:** (Penicillin has significant index of sensitization): skin rashes, ranging from maculopapular eruptions to exfoliative dermatitis; urticaria; serum sickness-like reactions, including chills, fever, edema, arthralgia and prostration. Severe and often fatal anaphylaxis has been reported (see "Warnings"). Rarely occurring hypersensitivity reactions also include nephropathy, hemolytic anemia, leucopenia, and thrombocytopenia. In suspected hypersensitivity, evaluation of the renal and hematopoietic systems is recommended.

**Composition:** 10-cc. multidose vials. 300,000 units (150,000 units benzathine penicillin G and 150,000 units procaine penicillin G) per cc. in a stabilized aqueous suspension with sodium citrate buffer and approx. 6 mg. lecithin, 3 mg. polyvinylpyrrolidone, 1 mg. carboxymethylcellulose, 0.5 mg. sorbitan monopalmitate, 0.5 mg. polyoxyethylene sorbitan monopalmitate, 0.14 mg. propylparaben and 1.2 mg. methylparaben per cc. 1-cc. TUBEX® (sterile cartridge-needle unit) Wyeth—600,000 units (300,000 units benzathine penicillin G and 300,000 units procaine penicillin G) in a stabilized aqueous suspension. 2-cc. TUBEX and 2-cc. single-dose disposable syringe—1,200,000 units (600,000 units benzathine penicillin G and 600,000 units procaine penicillin G) in a stabilized aqueous suspension. TUBEX and disposable syringe also contain sodium citrate buffer and, as w/v, approx. 1.1% lecithin, 0.1% polyvinylpyrrolidone, 0.4% Tween 80 SD, 0.09% methylparaben and 0.01% propylparaben.

## BICILLIN® C-R (benzathine penicillin G and procaine penicillin G suspension)

Wyeth Laboratories Philadelphia, Pa.





**Relief for the child  
taking Dimetapp® Elixir...**

- because it helps relieve stuffy and runny noses and tearing eyes caused by upper respiratory allergies and infections
- because it has a "really grape" taste

**RELIEF AT BOTH**

**INDICATIONS:** Dimetapp is indicated for symptomatic relief of allergic manifestations of U.R.I., common cold, sinusitis, rhinitis, conjunctivitis, seasonal allergies and other allergic conditions.

**CONTRAINDICATIONS:** Hypersensitivity to antihistamines. Not recommended for use during pregnancy.

**PRECAUTIONS:** Administer with care in cardiac or peripheral vascular diseases or hypertension. Caution patients against engaging in operations

requiring alertness until response has been determined.

**SIDE EFFECTS:** Hypersensitivity reactions including skin rashes, urticaria, hypotension and thrombocytopenia have been reported on rare occasions. Drowsiness, lassitude, nausea, giddiness, dryness of the mouth, mydriasis, increased irritability or excitement may be encountered.



**Relief for the mother  
giving Dimetapp Elixir...**

- because children like it so well they won't want to spill a drop
- because mothers can give it to children too young to blow, even to babies one month old
- and, because it really works

**ENDS OF THE SPOON**

**DIMETAPP<sup>®</sup> Elixir**

Each 5 cc. (1 teaspoonful) contains: Dimetane<sup>®</sup> (brompheniramine maleate), 4.0 mg.; phenylephrine HCl, 5.0 mg.; phenylpropanolamine HCl, 5.0 mg.; alcohol, 2.3%.

**A·H·ROBINS** A. H. ROBINS COMPANY,  
Richmond, Virginia 23220

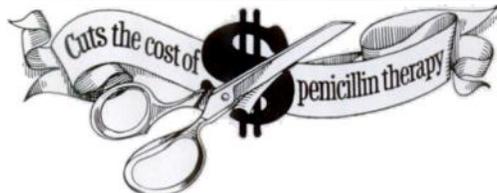
# What Price Effectiveness?

Effective therapy need not be expensive.

Take Pfizerpen (potassium penicillin G), for example.

Pfizerpen costs about 61% *less* than two leading name-brand penicillin V tablets, and 35% less than two leading name-brand penicillin V powders for syrup. Pfizerpen also costs 50% to 66% *less* than the leading name-brand penicillin G tablet and up to 17% less than the leading name-brand penicillin G powder for syrup.\*

Tablets/Powder for Syrup  
**Pfizerpen**<sup>®</sup>  
**potassium penicillin G**



Here's why cost  
often determines choice between  
penicillin G and penicillin V  
in oral therapy.

In three important clinical aspects, there is virtually no difference between penicillin G and penicillin V:

1. both agents achieve therapeutic blood levels against penicillin-sensitive group A streptococci, pneumococci, gonococci, staphylococci and other organisms against which oral penicillin is usually used.<sup>1</sup>
2. both agents achieve similar serum levels of unbound penicillin after oral administration.<sup>2</sup>
3. both agents achieve comparable tissue distribution after oral administration.<sup>3</sup>

Do your younger patients  
a flavor favor—prescribe  
Pfizerpen (potassium penicillin G)  
Powder for Syrup

Pfizerpen Syrup has a candy-like butter-scotch-caramel *flavor children love...* and a price their parents appreciate.

Pfizerpen (potassium penicillin G)  
the most economical  
name-brand oral penicillin

*A good reason to specify Pfizerpen  
for your patients.*

Pfizerpen Tablets: 200,000, 250,000,  
400,000 and 800,000 units.

Pfizerpen Powder for Syrup: 400,000  
units/5 cc., bottles of 80 and 150 cc.

\*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 (400,000 units). For local price comparison, please ask your Pfizer Laboratories Representative.

**References:** 1. Dowling, H. F.: Clin. Pharmacol. Ther. 2:572, Sept.-Oct., 1961. 2. United States Dispensatory and Physicians' Pharmacology, ed. 26, Philadelphia, Lippincott, 1967, p. 839. 3. High, R. H. and Huang, N. N.: Pediat. Clin. N. Amer. 10:745, Aug., 1963.

Pfizerpen (potassium penicillin G) Brief Summary  
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.

Pfizerpen (potassium penicillin G) Tablets, buffered for oral administration are available in the following forms and quantities:

200,000 units—bottles of 100 and 500 tablets

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.*



**LABORATORIES DIVISION**  
New York, N. Y. 10017

New from

**baby-dri<sup>®</sup>**

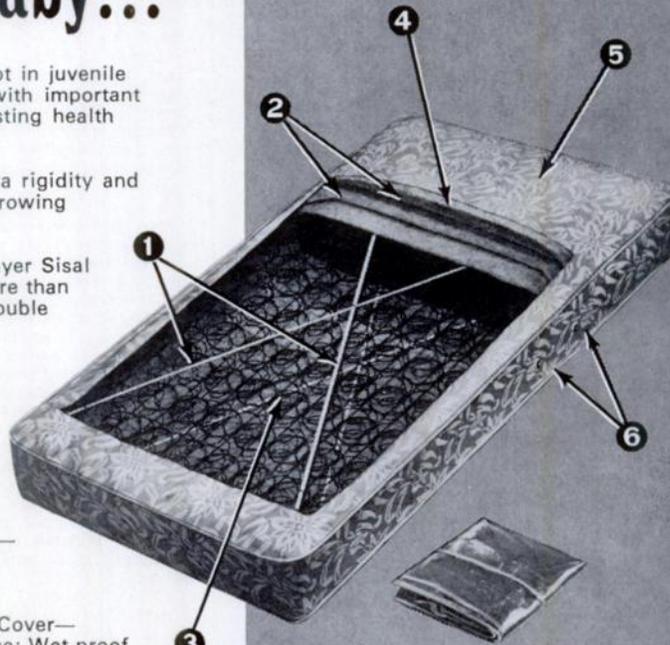
**SUPER  
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**One of  
the Very  
Best for Baby...**

An exciting new concept in juvenile mattress construction with important features that assure lasting health and comfort:

- ① **STEEL-X FRAME**—Extra rigidity and support just right for growing youngsters.
- ② **TWIN TUFF Double Layer Sisal Padding**—One layer more than ordinary mattresses—double uniform, sag-free foundation.
- ③ **COIL INNERSPRING**—Sturdy, heavy-duty coil construction—more firm support and comfort.
- ④ **COTTON FELT COMFORT PADDING**—Freshly processed for soft comfort.
- ⑤ **PERMA-DRI Pearlized Cover**—Triple layer outer surface: Wet-proof, lovely, longer wearing.
- ⑥ **DOUBLE FRESH Air Vents**—8 vents that "air out" mattress 24 hours a day.



Transparent Vinyl  
Zippered Bag Included

Available at fine stores everywhere.

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# It's a better world...

inside the Ohio Controlled Environment Tent



It's much more than just an "oxygen tent." It's a world where temperature, oxygen concentration, humidity, and air cleanliness are carefully regulated. It's a world that is compatible with all types of beds, including pediatric cribs. It's a world with a "fail-safe" oxygen system and a design that combines user convenience with superior care, comfort, and benefits for post-operative, allergic, and burn patients as well as patients with respiratory difficulties.

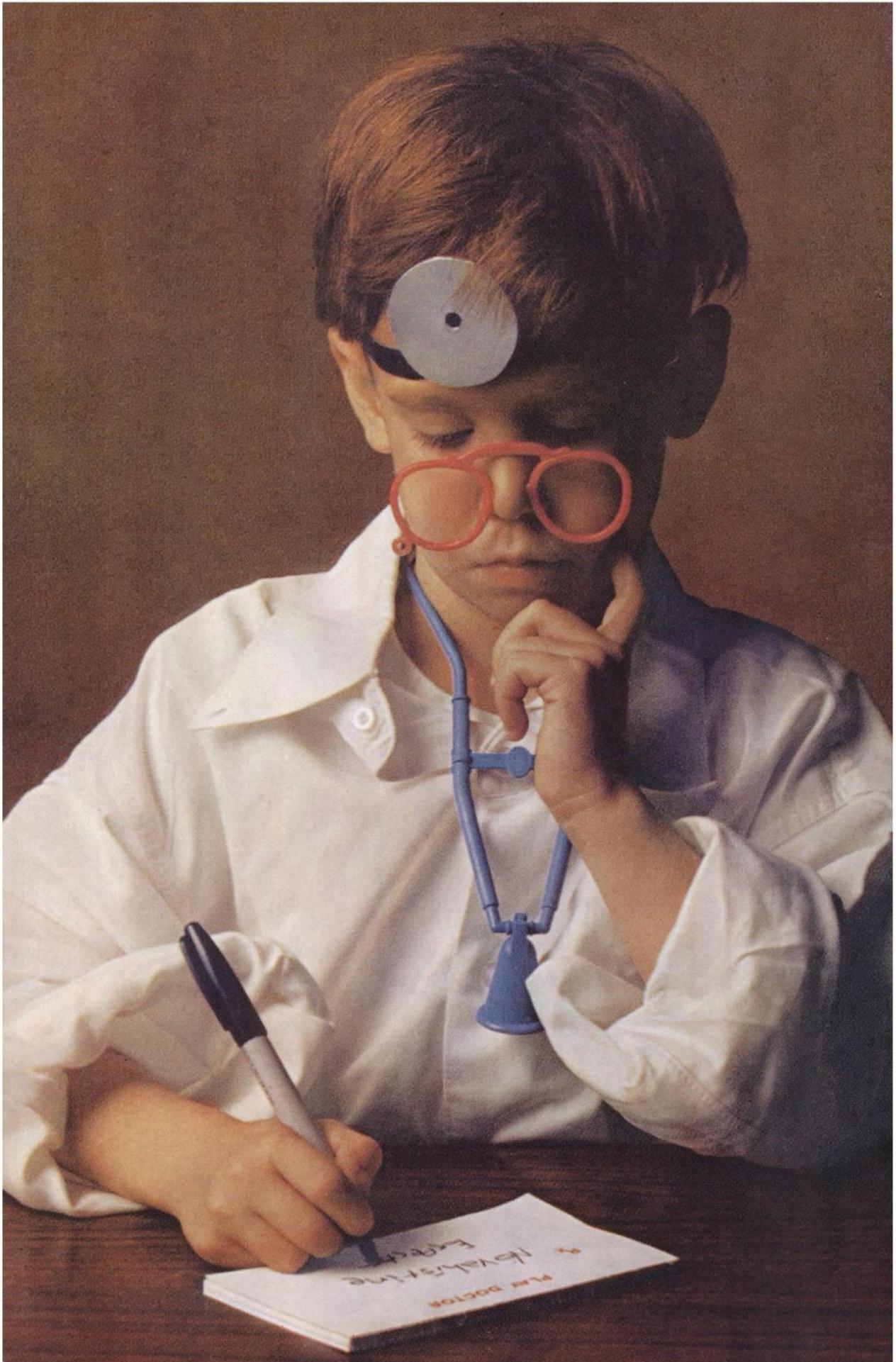
For complete details write for Catalog 9861.

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**Ohio Medical Products**  
Madison, Wisconsin 53701





# Think he'd prescribe Novahistine Expectorant for bronchitis?

You know he would. Because it tastes good, and that matters to kids. What matters to *you*, Doctor, is effectiveness. Novahistine Expectorant relieves the coughs of bronchitis complicated by thick, tenacious exudates. It not only controls the cough, it also provides decongestant action, facilitates expectoration and eases bronchial congestion.

Use with caution in patients with severe hypertension, diabetes mellitus, hyperthyroidism or urinary retention. Caution ambulatory patients that drowsiness may result. Continuous dosage over an extended period is generally contraindicated, since codeine phosphate may cause addiction.

Each 5-ml. teaspoonful of Novahistine Expectorant decongestant-antitussive contains codeine phosphate 10 mg. (warning: may be habit-forming), phenylephrine hydrochloride 10 mg., chlorpheniramine maleate 2 mg., glyceryl guaiacolate 100 mg., chloroform 13.5 mg., and alcohol 5%.



THE DOW CHEMICAL COMPANY Rx Pharmaceuticals Indianapolis



PEDIATRICS

COLLECTIONS

LEVINE, S.Z., et al. eds.  
Advances in pediatrics.  
Year Book Pub. 1968  
42-222

Discussions of prevention and treatment of  
childhood tuberculosis, erythema nodosum,  
gyrate erythema, toxoplasmosis, and Sweden's  
policy of the illegitimate

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NEALE, Albert V.

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ancient times, an

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64-57005

WALLGREN, Arvid

Tuberculosis and other problems of pedia-

trics.

Williams & Wilkins, 1950 108p.

*Long*  
**R<sub>x</sub> FOR PHYSICIANS**

**Generic**

**Penicillin VK**  
**Potassium Phenoxymethyl**  
**Penicillin**

**NOW AT YOUR LOCAL PHARMACY**

Available in convenient, palatable, reconstitutable, 80 cc.  
and 150 cc. pediatric powders; each 5 cc. dose contain-  
ing 125 mg. (200,000 units) or 250 mg. (400,000 units)  
and tablets containing 125 mg. (200,000 units) 250 mg.  
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Chemical Co., Cumberland Pharmacal, Reyman Drug Co., MASSACHUSETTS: Croyden  
Browne, MICHIGAN: Cooper Drug Company, Supreme Pharmaceutical, NEW YORK: Bioline  
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tical Co., Wayne Medical Company, OHIO: T. J. Brown, Standex Laboratories, Toledo  
Pharmaceutical, WISCONSIN: Taylor Drug Company, Werner Laboratories, Inc.

Anderson and Mary M.

Babies are human beings: an interpretation  
of growth.

2nd ed. Collier, 1954 122p.

54-12920

\$ .95

INFANT CARE

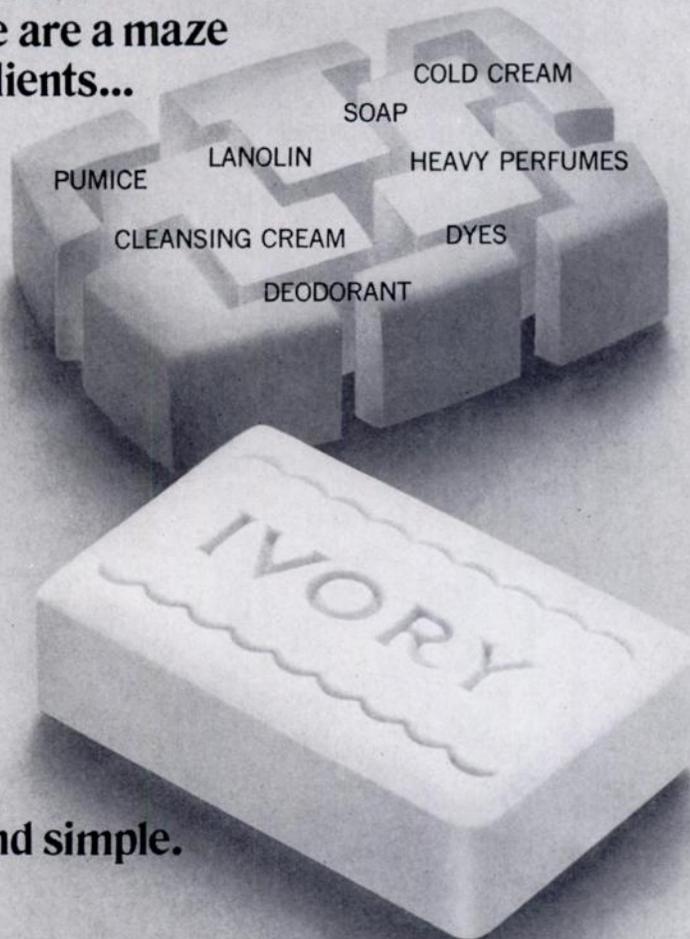
The United States Government guide.

Prentice-Hall 1968 230p.

68-16499

\$4.50

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



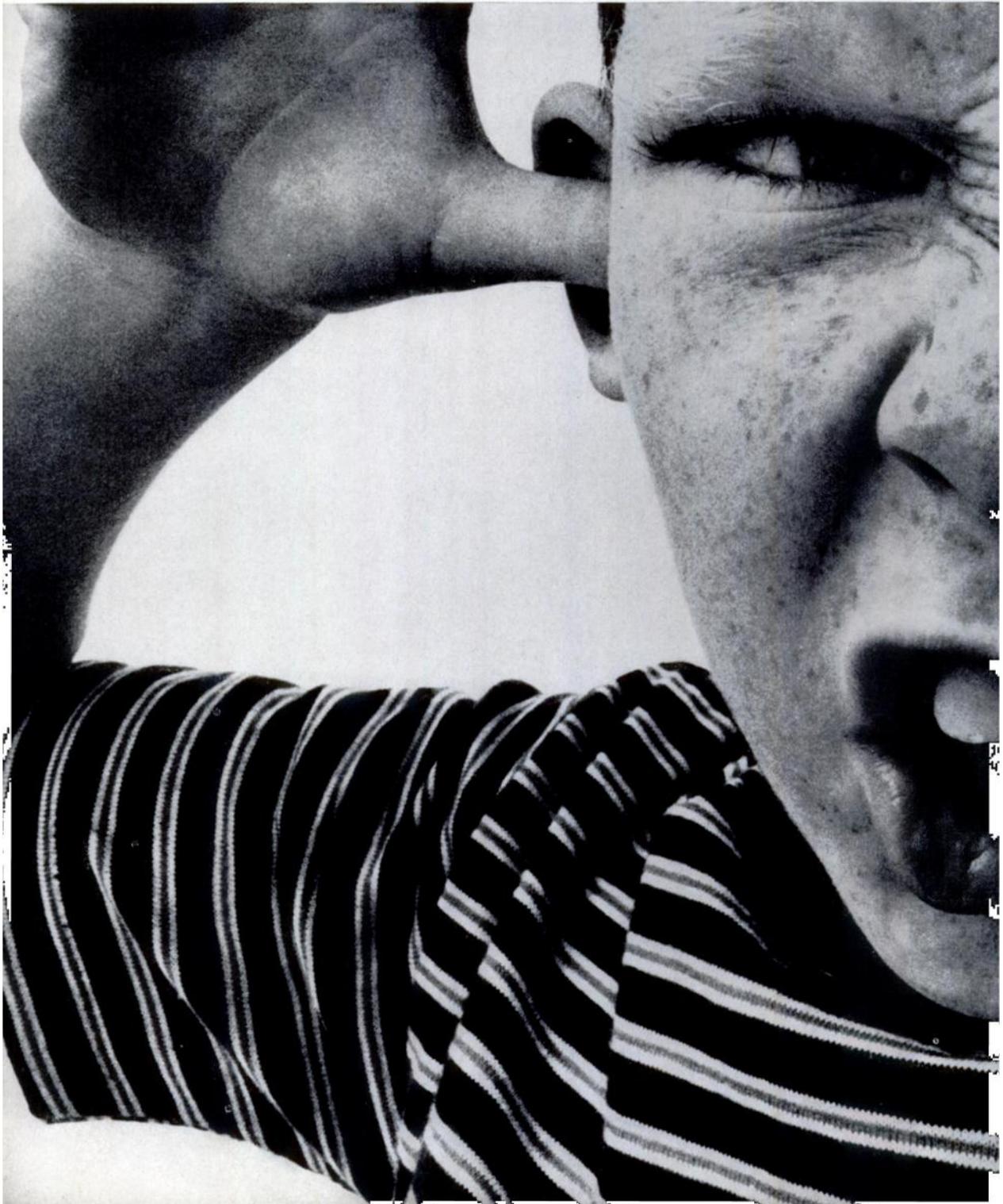
**this one is  
pure and simple.**

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

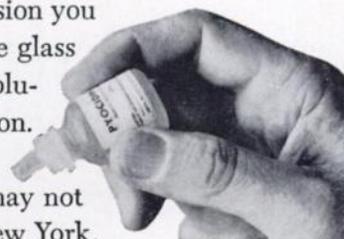
**Ivory- One of the safest possible soaps you can recommend for sensitive skin.**

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<sup>44</sup>/100% pure®...it floats.®

**Your biggest problem in  
treating Alfred's otitis externa  
isn't the infection.  
It's Alfred.**

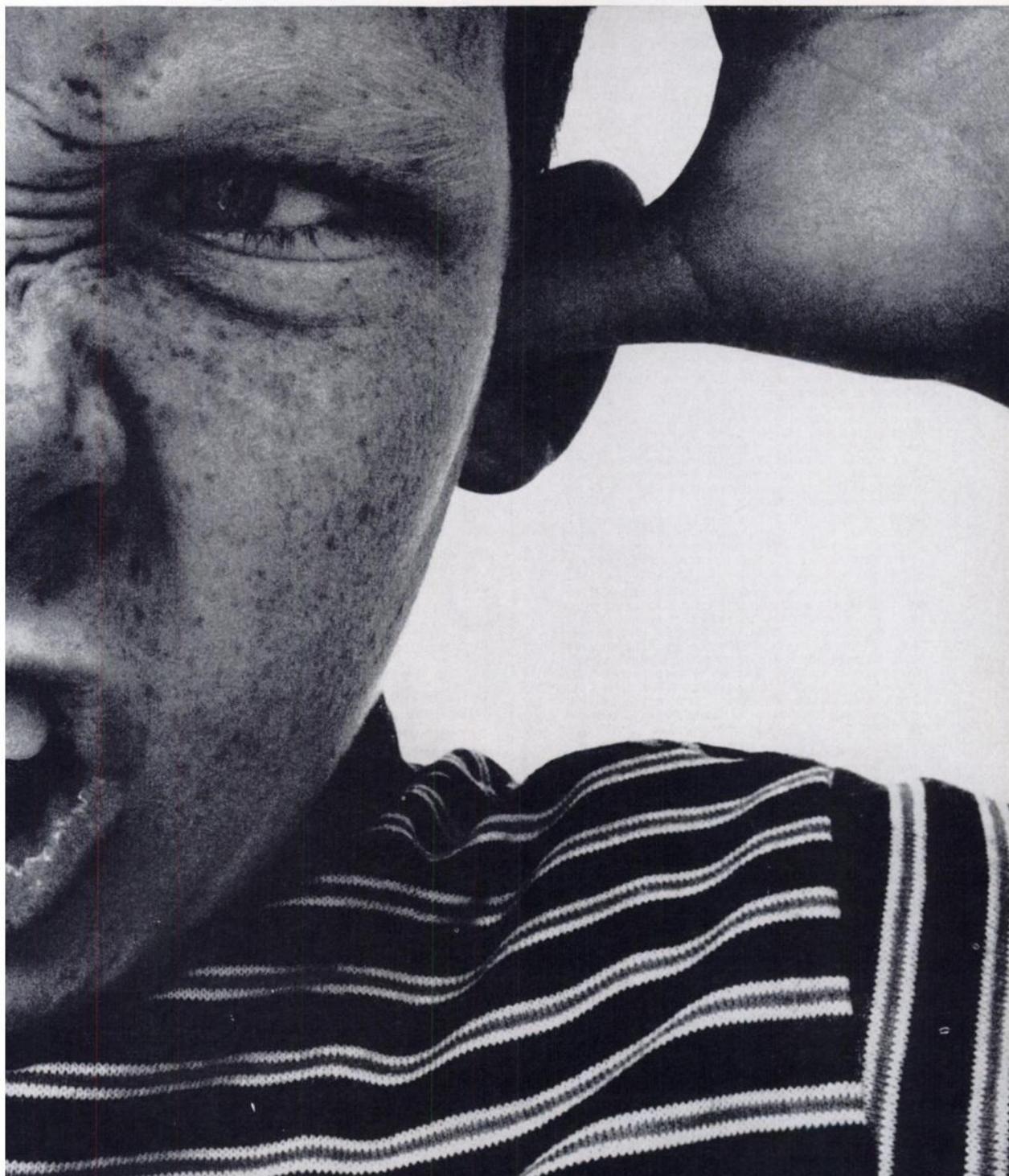


His type can be rough. He won't let his mother use the otic suspension you prescribed because it crusts in his ear. To make sure, he breaks the glass bottle on the bathroom tile. Can't happen with Pyocidin-HC Otic Solution. It combines neomycin, polymyxin and hydrocortisone in solution. Solutions don't crust in kids' ears. The bottle is plastic. You squeeze it to get stream administration. No mess or broken glass. Alfred may not be lovable, but he can be helped. Smith, Miller & Patch, Inc., New York.



## Pyocidin<sup>®</sup>-HC Otic Solution

(neomycin-polymyxin-hydrocortisone) Prescribing information on following page.



For Alfreds everywhere



**PYOCIDIN®-HC OTIC DROPS**

(Neomycin-Polymyxin-Hydrocortisone)

**STERILE**

**COMPOSITION** Each cc contains:

Hydrocortisone .....	10 mg.
*Polymyxin B Sulfate .....	10,000 Units
Neomycin Sulfate .....	5 mg.

(equivalent to 3.5 mg. Neomycin base)

In a Glycerine Propylene Glycol base.  
Thimerosal 0.01% as preservative.

**ACTION:** Pyocidin-HC Otic Drops are effective in the treatment of many varieties of infectious otitis externa susceptible to the action of the antibiotics Polymyxin and Neomycin. Polymyxin B Sulfate is effective against the gram-negative *Pseudomonas Aeruginosa* Bacillus, one of the most resistant microorganisms commonly causing otitis externa. Neomycin is effective against a wide variety of the gram-positive and gram-negative bacteria, such as *Staphylococci* and *Proteus*. The addition of Hydrocortisone to the antibiotics affords an anti-inflammatory effect and relief against allergic manifestations and reduces the possibility of sensitivity and tissue reaction.

**INDICATIONS:** Indicated for the treatment of external otitis either due to or complicated by bacterial infection caused by organisms susceptible to polymyxin B sulfate or neomycin sulfate. Pyocidin-HC Otic Drops may also be valuable in the therapy of infectious otitis media and in infections of mastoidectomy and fenestration cavities. See CAUTION heading. The drops may be used prophylactically to aid in the prevention and complications of infection in dermatoses of the ear due to allergic neurogenic and seborrheic factors.

**CONTRAINDICATIONS:** This drug is contraindicated in tuberculosis, fungal or viral lesions of the skin (herpes simplex, vaccinia, varicella particularly) and in patients with a history of sensitivity to any of its components.

**CAUTION:** As with all antibiotic preparations, overgrowth of non-susceptible organisms is possible. If irritation, sensitivity or overgrowth occur, discontinue use and institute appropriate measures. It is important to avoid contamination of the dropper tip with material from the affected ear or surrounding areas. In otitis media and severe conditions concomitant use of appropriate systemic antibiotic therapy is recommended. To insure against relapse, it is advisable to continue treatment at least one day after healing is complete. Use with care in cases of perforated ear drum and in long standing cases of otitis media, because of the possibility of ototoxicity.

Articles in current medical literature indicate an increase in the prevalence of persons sensitive to Neomycin.

**DOSAGE AND ADMINISTRATION:** The external canal should be gently cleaned and dried before treatment by the physician. The usual dosage is 3-4 drops instilled three to four times daily. If preferred, the drops may be used to saturate a gauze loosely packed in the affected ear. Development of a slight change in color will in no way affect the potency of this preparation.

**CAUTION:** Federal law prohibits dispensing without prescription. \*Licensed under U.S. Patent #2,565,057.

**HOW SUPPLIED:** 10 cc plastic squeeze bottle, dropper tip. This product is sterile when packaged. To prevent contaminating the dropper tip and solution, care should be taken not to touch infected areas in the ear or surrounding areas with the dropper tip of the bottle. Store in cool place.

Manufactured for  
**Smith, Miller & Patch, Inc.**  
New York, N. Y. 10010

**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.

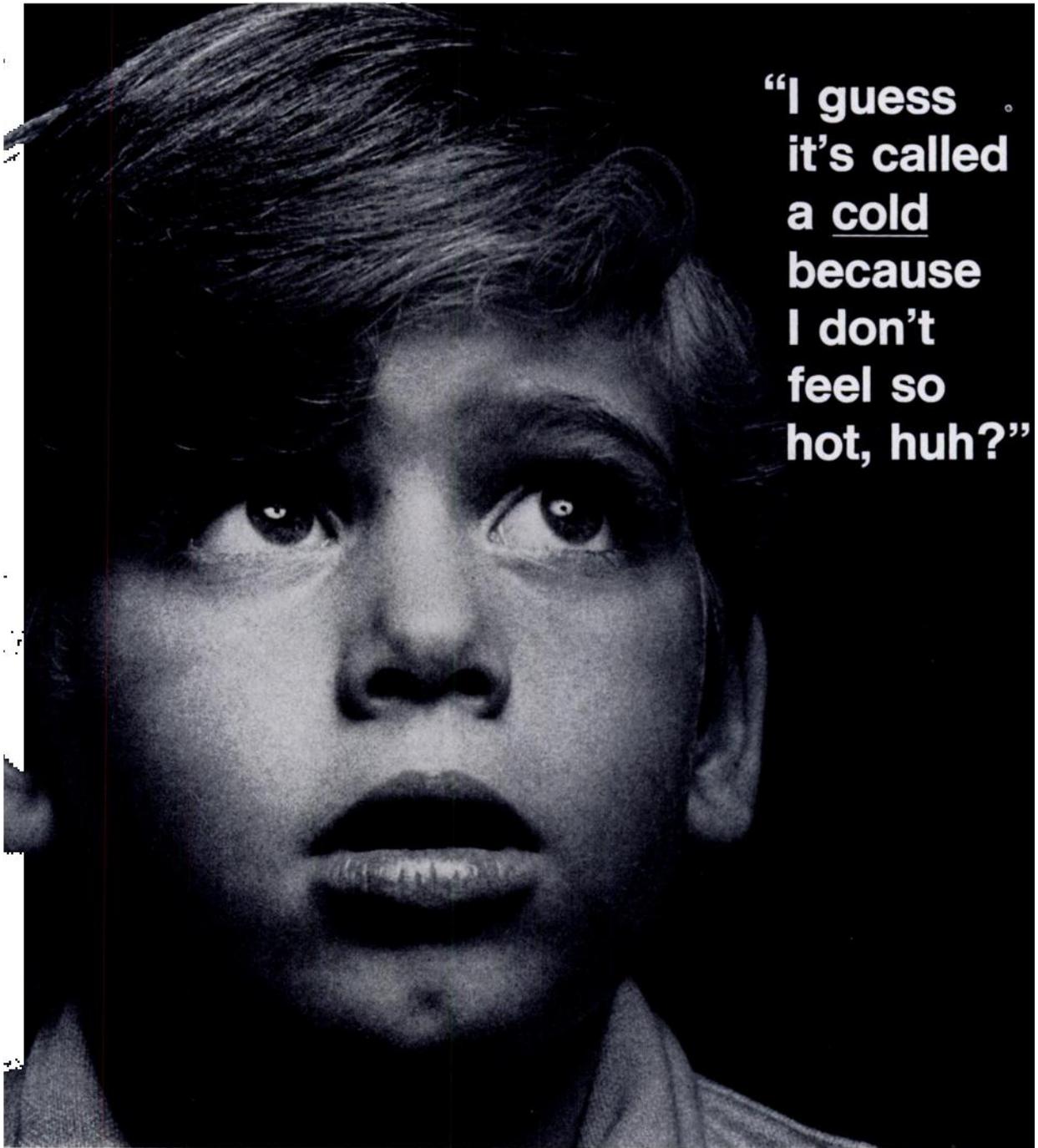


THE NAME MOTHERS KNOW AND TRUST  
**KANTWET**  
*Fitz-All*  
**SAFETY SEAT**



Rose-Derry Company  
Newton, Mass.

*In answering advertisements please mention PEDIATRICS*



“I guess  
it’s called  
a cold  
because  
I don’t  
feel so  
hot, huh?”

# conar<sup>®</sup>-A SUSPENSION

ANTITUSSIVE • EXPECTORANT • DECONGESTANT • ANALGESIC • ANTIHISTAMINIC

**DOSAGE:** Children over twelve years of age and adults, 2 teaspoonfuls four times daily (every 3 or 4 hours) or as directed by physician. Children six to twelve, ½ adult dose. Dosage for children under six to be determined by physician.

**WARNING:** Persons with high fever, persistent cough, high blood pressure, heart disease, diabetes or thyroid disease should use only as directed.

**CAUTION:** Patients should be advised not to drive or operate machinery if drowsiness occurs.

**FORMULA:**

Each 5 cc. of suspension contains:

Noscapine	5 mg.
Chlorpheniramine Maleate	1 mg.
Phenylephrine Hydrochloride	5 mg.
Acetaminophen	150 mg.
Glyceryl Guaiacolate	50 mg.

**Also available: Conar<sup>®</sup>-A Tablets**

*Class "M" narcotic. Registry number required.*



*Pharmaceuticals* DIVISION OF THE S. E. MASSENGILL COMPANY, BRISTOL, TENN. 37620



Norman  
Rockwell

# Family life is never free of discomforts and disappointments.

## But mumps need not be one of them.

## Mumps is now preventable.

Mumps can certainly take credit for many postponed trips, canceled parties, ruined vacation plans. And, "as a cause of continuing school absenteeism and year-long disruption of teaching schedules, mumps has no equal."\* Family life is hectic enough without the emotional (and physical) pain of mumps. Fortunately, it is now possible to *be without mumps!* In clinical studies, MUMPSVAX induced an effective antibody response in approximately 97 percent of susceptible children and approximately 93 percent of susceptible adults.

**IMMUNIZATION OF CHILDREN ONE YEAR AND OLDER IS APPROVED.** The U.S. Public Health Service and the American Academy of Pediatrics have recommended the use of mumps virus vaccine in children older than one year. However, both authorities also recommend that its use be considered only when programs of higher priority will not be compromised.

Further, the Academy reaffirmed its recommendation that all males in preadolescent or older age groups, who have not had mumps, as well as children in closed population groups, be immunized with the vaccine.

A disease doesn't have to be clinically serious to be taken seriously.

*Mumps is preventable.*

LYOVAC®  
**MUMPSVAX®** (mumps virus vaccine,  
live, attenuated | MSD)  
JERYL LYNN STRAIN

**CANDIDATES FOR IMMUNIZATION:** Children over one year of age; adolescents and adults.

**SIDE EFFECTS:** Mild fever occurs occasionally. Fever above 103° is uncommon. Parotitis and CNS reactions have occurred rarely in vaccinees, but there is no present evidence relating these occurrences to the vaccine.

**PRECAUTIONS:** For subcutaneous use only. Do not administer MUMPSVAX with other vaccines, but allow at least one month to elapse between elective immunizations. Epinephrine should be available for immediate use if needed.

**CONTRAINDICATIONS:** Sensitivity to eggs, chicken, chicken feathers, or neomycin; gamma globulin deficiency; patients with leukemia, lymphomas, or other generalized malignancies, or those receiving corticosteroids, irradiation, alkylating agents, or antimetabolites; pregnancy. Defer immunization in patients with active infections, unless withholding vaccination involves greater risk.

There is some evidence that the injection of immunizing agents during an epidemic of poliomyelitis may result, on rare occasions, in localization of paralysis in the inoculated arm or leg in those who subsequently develop paralytic poliomyelitis.

**DOSAGE AND ADMINISTRATION:** Single subcutaneous dose of reconstituted vaccine, containing not less than 5000 TCID<sub>50</sub> of mumps virus vaccine. Each dose of reconstituted vaccine contains 25 mcg. of neomycin.

**STORAGE:** Prior to reconstitution, store the vaccine in a refrigerator at 2 to 8°C (35.6 to 46.4°F). Reconstitute just before using. If not used immediately, return to refrigerator. Discard after eight hours. Protect from light.

**SUPPLIED:** Lyovac MUMPSVAX (mumps virus vaccine, live, attenuated, MSD), containing not less than 5000 TCID<sub>50</sub> of mumps virus vaccine grown in chick embryo cell culture medium.

\*Rosenau cited by McCroan, J. E.: New Eng. J. Med. 278:682, Mar. 21, 1968.

For more detailed information consult your Merck Sharp and Dohme representative or see the package insert.

 **MERCK SHARP & DOHME**  
Division of Merck & Co. Inc. West Point Pa 19486  
where today's theory is tomorrow's therapy

# VIOKASE

Powder and Tablets

Pancreatin 4 N.F.

**Replaces enzymes  
human pancreas**

"Life after Total Pancreatectomy for  
Chronic Pancreatitis" (Ann. Surg. 164, 830 (1966))

Diabetic state stable. Adequate nutrition  
and weight maintained in patients 10  
years after pancreatectomy.

Indicated in treatment of cystic fibrosis;  
pancreatitis; post-gastrectomy; post-  
cholecystectomy; post-pancreatectomy;  
functional dyspepsias.

● Costs less than any other pancreatin  
of the same potency.

**Viokase from Beef Pancreas  
for patients allergic to pork**

Write for literature  
**VIOBIN** MONTICELLO, ILLINOIS 61856

**Work is something  
the handicapped  
can do.  
Hire them.**

The President's Committee  
on Employment of the Handicapped  
Washington, D.C. 20210

## AMERICAN ACADEMY OF PEDIATRICS

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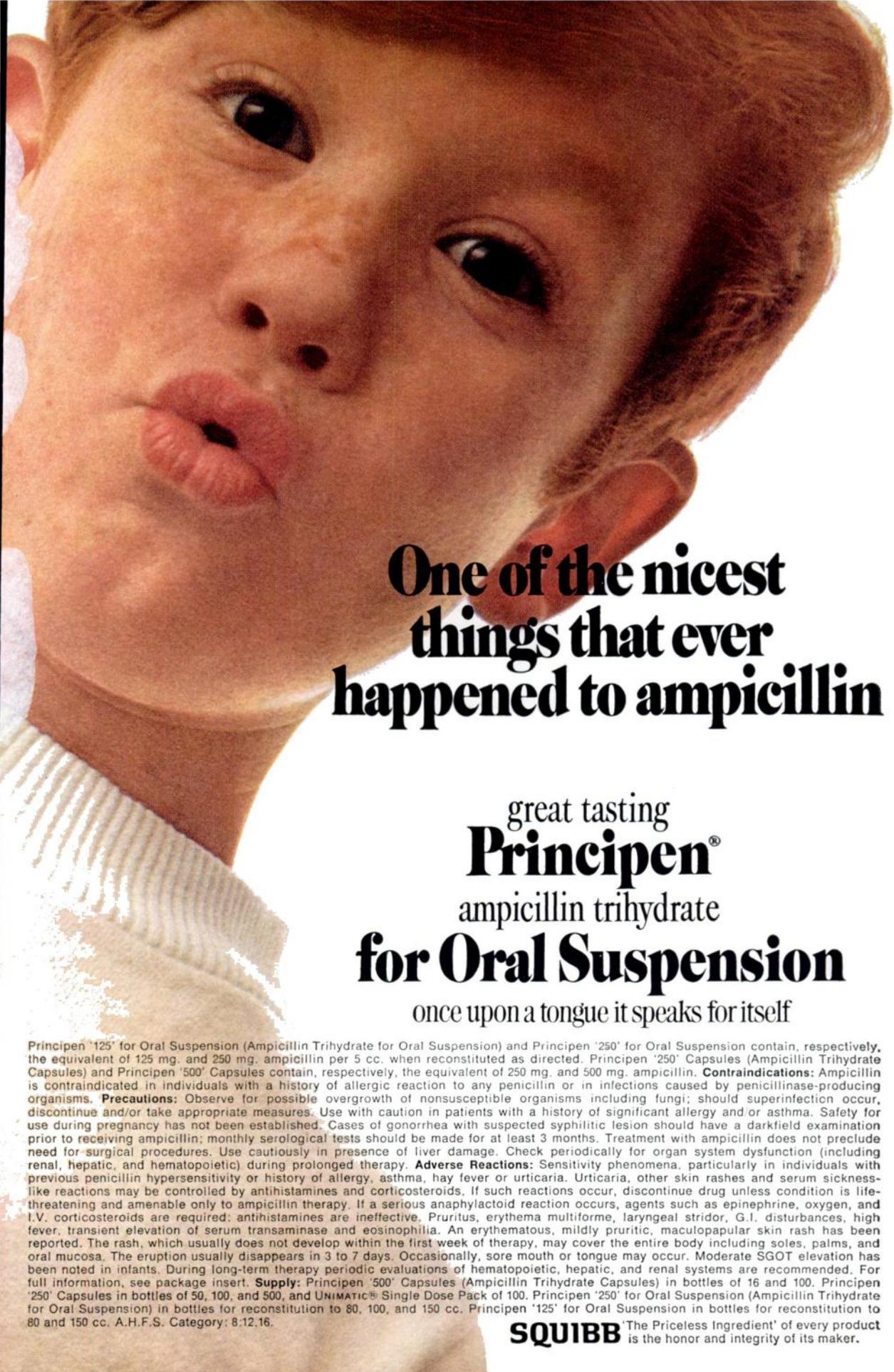
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cation 10¢

Prepared by committees of the Acad-  
emy, these bibliographies list books  
and articles of interest to pediatri-  
cians and parents.

For quantity prices write to:

American Academy of Pediatrics  
1801 Hinman Avenue  
Evanston, Illinois 60204

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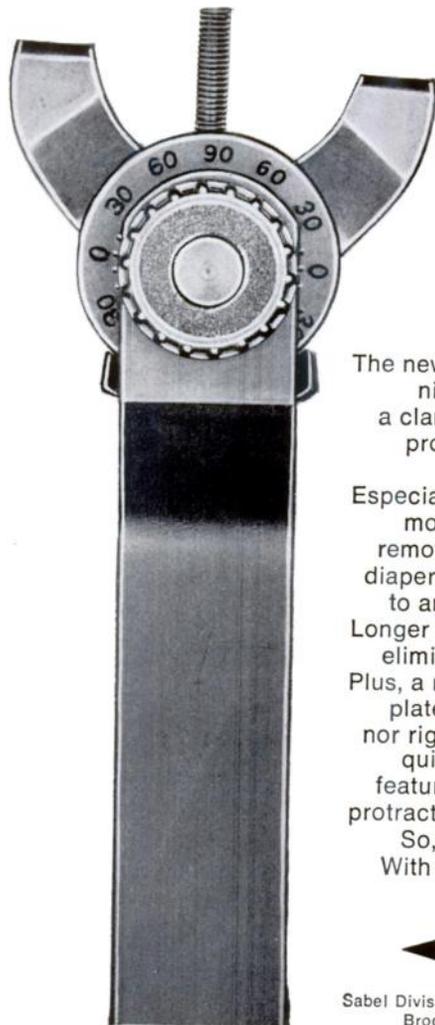
**One of the nicest  
things that ever  
happened to ampicillin**

great tasting  
**Principen<sup>®</sup>**  
ampicillin trihydrate  
**for Oral Suspension**  
once upon a tongue it speaks for itself

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<sup>®</sup> 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<sup>®</sup> of every product  
is the honor and integrity of its maker.

# Sabel makes it child's play



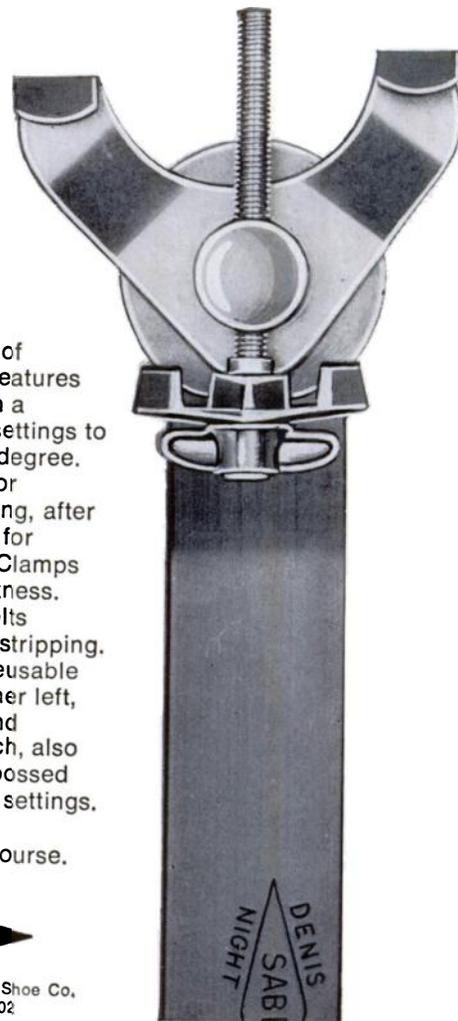
Bottom View

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.



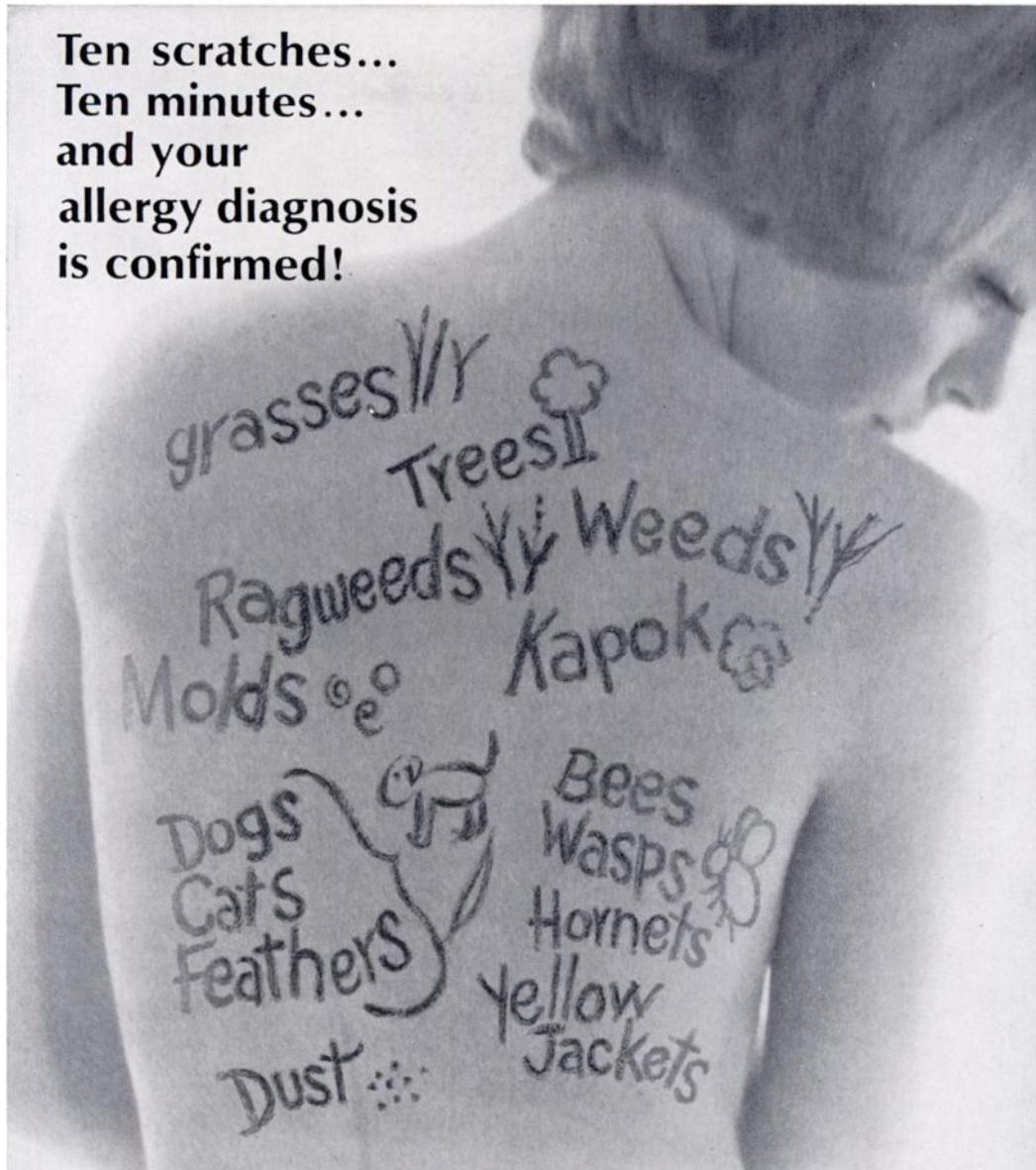
Sabel Division: R. J. Potvin Shoe Co.  
Brockton, Mass. 02402

E. J. Sabel & Co.  
Bens on-East, P. O. Box 644  
Jenkintown, Pa. 19046

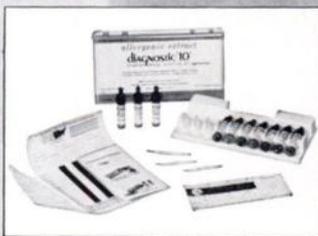


Top View

Ten scratches...  
Ten minutes...  
and your  
allergy diagnosis  
is confirmed!



DIAGNOSTIC '10' is the *simplified* screening set that enables you to confirm a diagnosis of allergy in the time it takes to make ten scratch tests! Compact, convenient, timesaving,



DIAGNOSTIC '10' is 39 characteristic allergens grouped in nine vials of selectively formulated extracts, a tenth vial of diluent control, plus scarifiers, reaction guide, instructions, and self-mailing History-Test-Order forms to facilitate filling your prescription. DIAGNOSTIC '10' is *regionalized*—contains those allergens encountered in your patients' own environment.

DIAGNOSTIC '10'... One of the new diagnostic and treatment developments by Center Laboratories for use by every physician.

Available through your local Medical-Surgical supplier, or write:



**CENTER LABORATORIES INC.**

PORT WASHINGTON, NEW YORK 11050

# Kid stuff when it comes to taste.



Photo professionally posed.

**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-

# A killer when it comes to susceptible respiratory pathogens-- gram-negative and positive.

Good, fruit flavored taste: so kids will take it. Bactericidal action against susceptible gram-positive\* cocci and many gram-negative pathogens. Even against the pathogen often responsible for otitis media and bronchitis—*H. influenzae*.



FOR ORAL SUSPENSION  
**OMNIPEN<sup>®</sup>**  
**(AMPICILLIN)**   
ANHYDROUS AMPICILLIN

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 prostatitis and epididymitis, prolonged and intensive therapy is recommended. Cases with suspected primary lesion of syphilis should have pretreatment dark-field examinations. In suspected concomitant syphilis, monthly serological tests for at least 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<sup>®</sup> (ampicillin) for Oral Suspension: Reconstituted suspension contains 125 or 250 mg. ampicillin per 5 cc. Also available: OMNIPEN<sup>®</sup> (ampicillin) Capsules: 250 or 500 mg. ampicillin anhydrous. OMNIPEN<sup>®</sup>-N (sodium ampicillin) for Injection (IM or IV): Sodium ampicillin equivalent to 125, 250 and 500 mg., and 1 Gm. ampicillin per vial.

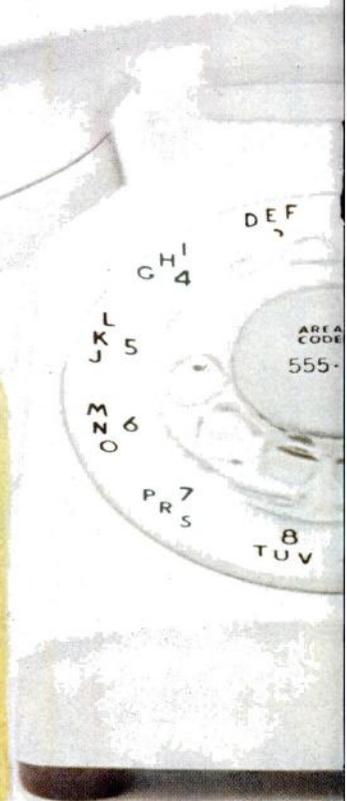
\*Exclusive of penicillinase-producing bacteria.

Wyeth Laboratories Philadelphia, Pa.

# You can Telescribe Dorsey cough and cold therapy

**Triaminic® Syrup** The "orange medicine" relieves runny nose, stuffed-up nasal passages, postnasal drip due to colds and respiratory allergies.

**Triaminic® Expectorant** Increases respiratory tract fluid to make coughs more productive.



# Relieve your patients' discomfort, their mothers' anxiety and save your valuable time.

No Rx needed for these Dorsey ethical products. Just recommend them over the phone. Tell mother to pick up medication by name at her pharmacy.

**Triaminicol®** Non-narcotic antitussive diminishes frequency of coughing. Decongests obstructed nasal passages.

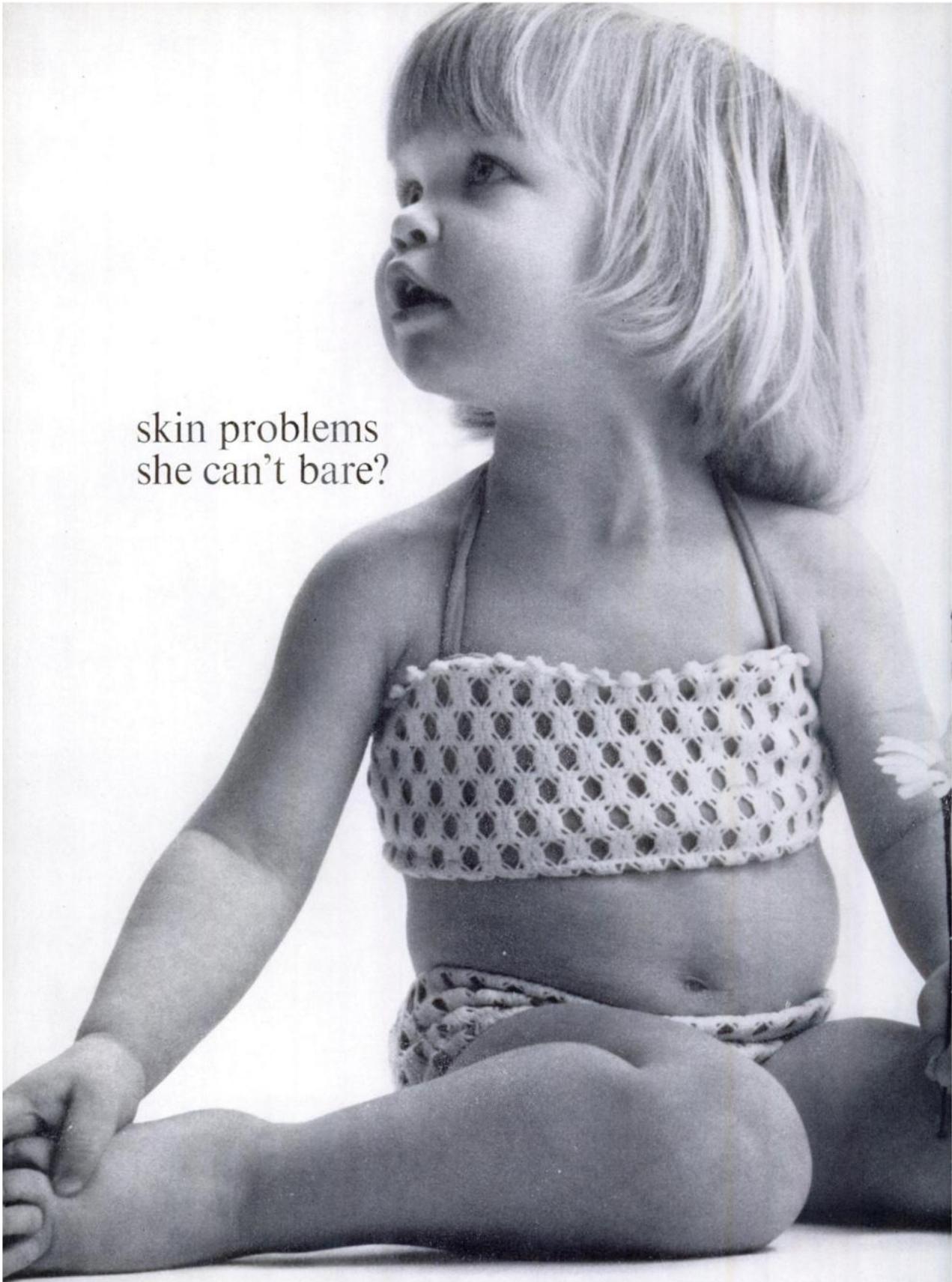
**Dorcol®** Decongests, increases respiratory tract fluid, suppresses cough, without antihistamines.

ABC  
2

11  
368



Saves you many prescription phone calls to and from pharmacy, many anxious mother callbacks, many needless office visits. Dorsey Laboratories, Lincoln, Nebraska 68501



skin problems  
she can't bare?

**Indications:** Contact or atopic dermatitis; impetiginized eczema; nummular eczema; infantile eczema; endogenous chronic infectious dermatitis; stasis dermatitis; pyoderma; nuchal eczema and chronic eczematoid otitis externa; acne urticata; localized or disseminated neurodermatitis; lichen simplex chronicus; anogenital pruritus (vulvae, scroti, ani); folliculitis; bacterial dermatoses; mycotic dermatoses, such as tinea (capitis, cruris, corporis, pedis), monilliasis, etc.; intertrigo; and many similar conditions. **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

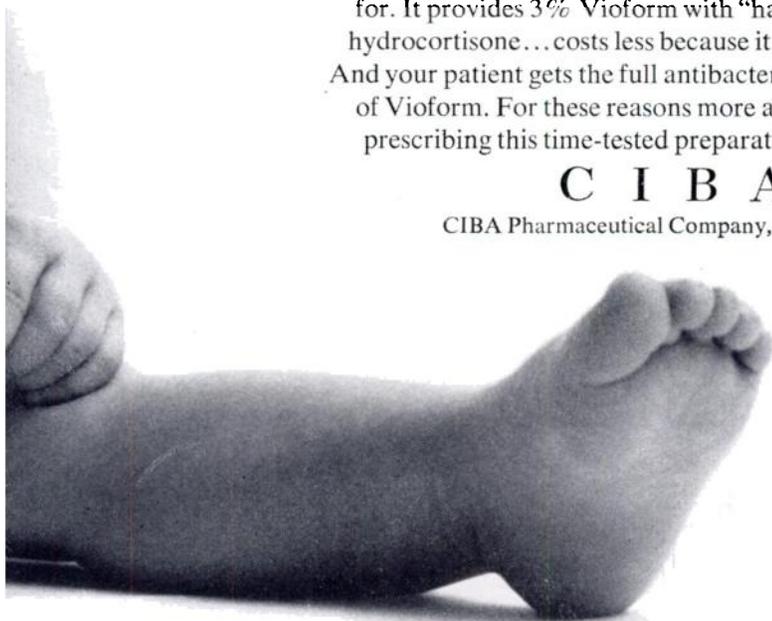
**When a wider skin expanse  
means more expense  
economical topical steroid therapy**

**Vioform-<sup>®</sup>  
Hydrocortisone Mild**  
**(iodochlorhydroxyquin and hydrocortisone)**

Today even toddlers' styles rely heavily on greater skin exposure. When pediatric dermatoses are equally expansive, 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?

**C I B A**

CIBA Pharmaceutical Company, Summit, N.J.



for long periods in intertriginous areas. **Dosage:** Apply a small amount to affected areas 3 or 4 times daily. **Supplied:** *Cream*, 3% iodochlorhydroxyquin and 1% hydrocortisone in a water-washable base containing stearyl alcohol, spermaceti, petrolatum, sodium lauryl sulfate, and glycerin in water; tubes of 5 and 20 Gm. *Ointment*, 3% iodochlorhydroxyquin and 1% hydrocortisone in a petrolatum base; tubes of 5 and 20 Gm. *Lotion*, 3% iodochlorhydroxyquin and 1% hydrocortisone in a water-washable base containing stearic acid, cetyl alcohol, lanolin, propylene glycol, sorbitan trioleate, polysorbate 60, triethanolamine, methylparaben, propylparaben, and perfume Flora in water; plastic squeeze bottles of 15 ml. *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 1/2 and 1 ounce. *Mild Ointment*, 3% iodochlorhydroxyquin and 0.5% hydrocortisone in a petrolatum base; tubes of 1/2 and 1 ounce. *Before starting therapy, consult complete product literature*

Back at play but still  
on penicillin therapy...



## ...and it's almost as if you were there to give an injection

Your patients often must continue taking an antibiotic after they are clinically improved and have resumed essentially normal activities.

When this is the case, as in strep infections, V-Cillin K, Pediatric, provides dependable oral therapy. That's because V-Cillin K rapidly produces high blood levels, even with food in the stomach.

Better absorbed than less acid-stable penicillins and more economical than extended-spectrum types, V-Cillin K remains an oral antibiotic of choice for penicillin-sensitive infections.

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

**Contraindication:** Penicillin hypersensitivity.

**Warnings:** Rare occurrences of acute anaphylaxis may prove fatal unless promptly controlled. This reaction appears more frequently in patients with history of sensitivity reactions to penicillin or with bronchial asthma or other allergies. Have resuscitative drugs and other measures readily available (e.g., epinephrine, pressor drugs, and oxygen for immediate allergic manifestations and antihistamines and corticosteroids for delayed effects).

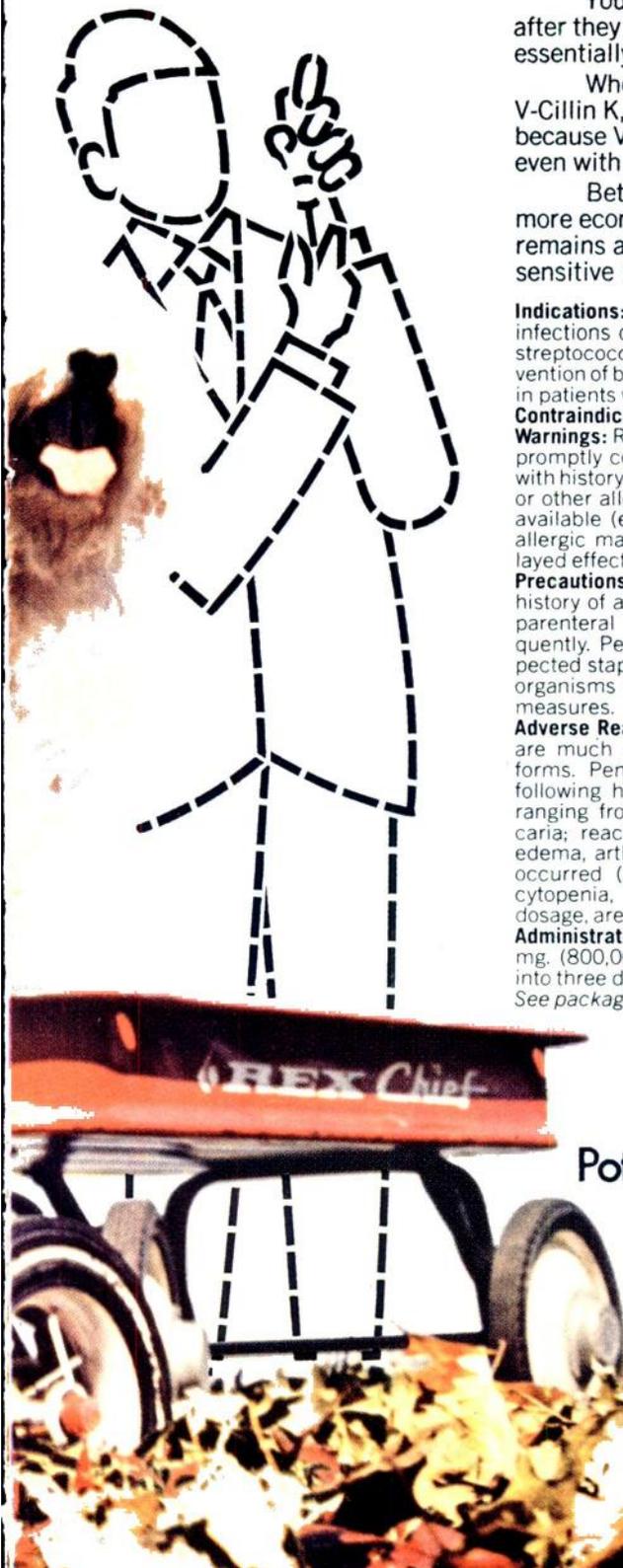
**Precautions:** Use cautiously, if at all, in patients with strongly positive history of allergy. In prolonged penicillin therapy (particularly with high parenteral dosages), evaluate renal and hematopoietic function frequently. Perform laboratory studies, including sensitivity tests, in suspected staphylococcus infections. If overgrowth of penicillin-insensitive organisms develops, discontinue administration and take appropriate measures.

**Adverse Reactions:** Serious allergic reactions may occur, although they are much less common with oral penicillin than with intramuscular forms. Penicillin possesses a significant index of sensitization; the following hypersensitivity reactions have been reported: skin rashes ranging from maculopapular eruptions to exfoliative dermatitis; urticaria; reactions resembling serum sickness (including chills, fever, edema, arthralgia, prostration). Severe and often fatal anaphylaxis has occurred (see Warnings). Hemolytic anemia, leukopenia, thrombocytopenia, and nephropathy, usually associated with high parenteral dosage, are observed rarely.

**Administration and Usual Dosage:** 125 mg. (200,000 units) t. i. d. to 500 mg. (800,000 units) q. 4 h. orally. For infants, 50 mg./Kg./day divided into three doses.

See package literature for detailed dosage instructions in all indications.

(052669)



## V-Cillin K<sup>®</sup>, Pediatric Potassium Phenoxymethyl Penicillin

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Normally, a bout of nausea and vomiting will mean little more than discomfort for the patient. But when the emesis is repeated and prolonged, and the patient is young in age and light in weight... that is when dehydration and electrolyte imbalance can become a threat.

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While there have been occasional reports of hypersensitivity reactions and Parkinson-like symptoms, side effects have been generally infrequent and have seldom required discontinuance of therapy.

Tigan Suppositories: to help control emesis which, on occasion, may be a possible threat to the pediatric patient.

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. Do not use injectable in children. Injectable not for intravenous use. 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, encephalitis, 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. Hypotension has been reported after parenteral use.



help control nausea and vomiting promptly with  
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(trimethobenzamide HCl)



# FOR A FAMILY OF COUGHS AND

## ORGANIDIN® SOLUTION, TABLETS, ELIXIR Rx (iodinated glycerol)

### Dosage:

**Solution:** Adults—20 drops, 4 times a day with liquids. Children—up to 5-10 drops, 4 times a day with liquids. **Tablets:** Adults—2 tablets, 4 times a day with liquids. Children—up to 1 tablet, 4 times a day with liquids. **Elixir:** Adults—1 teaspoonful, 4 times a day. Children—½ teaspoonful, 4 times a day.

**Composition:** Organidin (iodinated glycerol) is a stable complex of iodinated glycerol ethers and contains no free iodine. **Solution:** (5%) 50 mg. Organidin (iodinated glycerol) containing 25 mg. organically bound iodine per cc. **Each Tablet:** 30 mg. Organidin (iodinated glycerol) containing 15 mg. organically bound iodine. **Elixir:** 60 mg. Organidin (iodinated glycerol) containing 30 mg. organically bound iodine per 5 cc.

**Contraindications:** Marked sensitivity to iodides. If skin rash appears, discontinue use.

**How Supplied:** Organidin (iodinated glycerol) **Solution** 5% in 30 cc. dropper bottles. **Tablets** 30 mg. in bottles of 100. **Elixir** 1.2% in 1 pint bottles.

## THEO-ORGANIDIN® ELIXIR Rx

**Dosage:** Adults—1-2 tablespoons 3 times a day followed by a glass of water for proper hydration. Children—1 teaspoon (5 cc.) per 20 lbs. body weight, 2-3 times daily. (Children weighing over 100 lbs. may require adult doses.) When initiating therapy and in severe attacks the usual dose may be increased by one-half for the first day.

**Composition:** Each tablespoon (15 cc.) provides: theophylline, 120 mg.; Organidin (iodinated glycerol), 30 mg. (containing 15 mg. organically bound iodine); alcohol by volume, 15%.

**Side Effects:** Theophylline may irritate the stomach and cause nausea and vomiting. Theo-Organidin, therefore, is best taken after meals.

**Precautions:** Theo-Organidin should not be taken more often than every 6 hours, or within 12 hours after rectal administration of any preparation containing theophylline or aminophylline. Other formulations containing xanthine derivatives should not be given concurrently with Theo-Organidin.

**Contraindications:** Theo-Organidin is contraindicated in cases of marked sensitivity to iodides. If a skin rash appears discontinue use.

**How Supplied:** Bottles of 16 fluid ounces.

## TUSSI-ORGANIDIN®

### TUSSI-ORGANIDIN® DM Rx

**Dosage:** Adults—1-2 teaspoonfuls every 4 hours. Children—½-1 teaspoonful every 4 hours.

**Composition:** Each teaspoonful contains: Organidin (iodinated glycerol) 30 mg. (containing 15 mg. organically-bound iodine); Chlorpheniramine Maleate, 2 mg.; Alcohol (by volume) 15%, and in addition: Tussi-Organidin contains Codeine Phosphate. (*Warning:* May be habit forming) 10 mg.; Tussi-Organidin DM contains Dextromethorphan Hydrobromide 10 mg., (non-narcotic antitussive).

**Precautions:** May produce drowsiness in patients hypersensitive to antihistamines (or codeine in the case of Tussi-Organidin). These individuals should not drive a car or operate machinery while taking these products.

**Contraindications:** Contraindicated in cases of marked sensitivity to iodides. If skin rash appears, discontinue use.

**Warning:** Codeine phosphate may be habit forming (Tussi-Organidin only).

**How Supplied:** Tussi-Organidin, bottles of 16 fl. oz. Exempt Narcotic. Tussi-Organidin DM, bottles of 16 fl. oz.

Also available:

## EPHED-ORGANIDIN® ELIXIR, TABLETS Rx

### Dosage:

**Elixir:** Adults—1 teaspoonful every 2 to 4 hours as needed. Children (over 6 yrs. of age)—½ teaspoonful per 60 lbs. body weight, every 2 to 4 hours as needed. **Tablets:** For daily maintenance—1 tablet four times a day. For the acute attack—1-2 tablets at one time.

**Composition:** Each 5 cc. (teaspoonful) of Ephed-Organidin Elixir contains: Ephedrine Sulfate, 16 mg.; Organidin (iodinated glycerol) 30 mg. (containing 15 mg. organically bound iodine); Phenobarbital 8 mg. (*Warning:* May be habit forming); Benzyl Alcohol 62 mg.; Alcohol (by volume) 15%. Each Ephed-Organidin tablet contains: Ephedrine Sulfate, 24 mg.; Organidin (iodinated glycerol), 60 mg. (containing 30 mg. organically bound iodine); methapyrilene fumarate, 70 mg.

**Indications:** For the symptomatic treatment of asthma, chronic bronchitis, and other bronchospastic conditions.

**Warning:** Ephed-Organidin should not be used in patients with marked sensitivity to iodides. If a skin rash appears, discontinue use. Ephedrine can cause dysuria, nervousness, insomnia, headache or palpitation. The Elixir contains phenobarbital—may be habit forming.

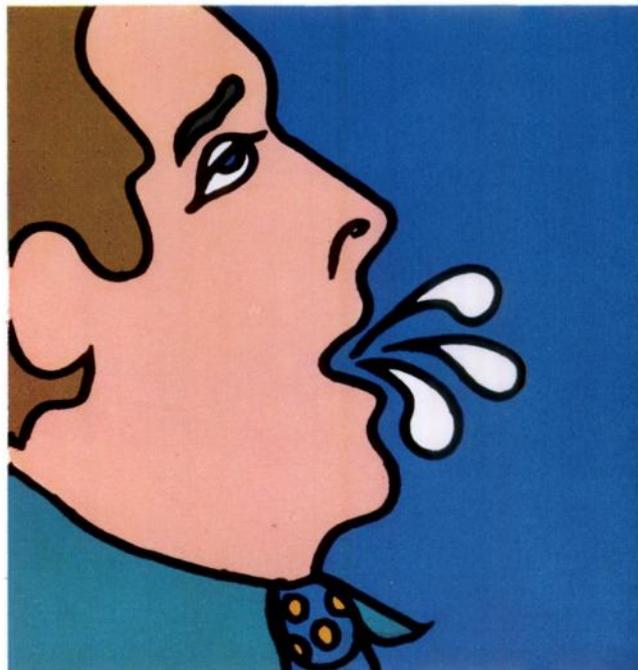
Individuals known to be sensitive to the sedative effect of antihistamines should be cautioned against driving or operating machinery while taking Ephed-Organidin Tablets.

**Contraindications:** As with all ephedrine-containing preparations, Ephed-Organidin Elixir and Tablets are contraindicated in hypertension, glaucoma, cardiovascular disease. Cardiac arrhythmias may occur if given to digitalized patients. It is further contraindicated in hyperthyroidism, angina pectoris, prostatic hypertrophy and diabetes.

**How Supplied:** Elixir—one pint bottles. Tablets—bottles of 100.

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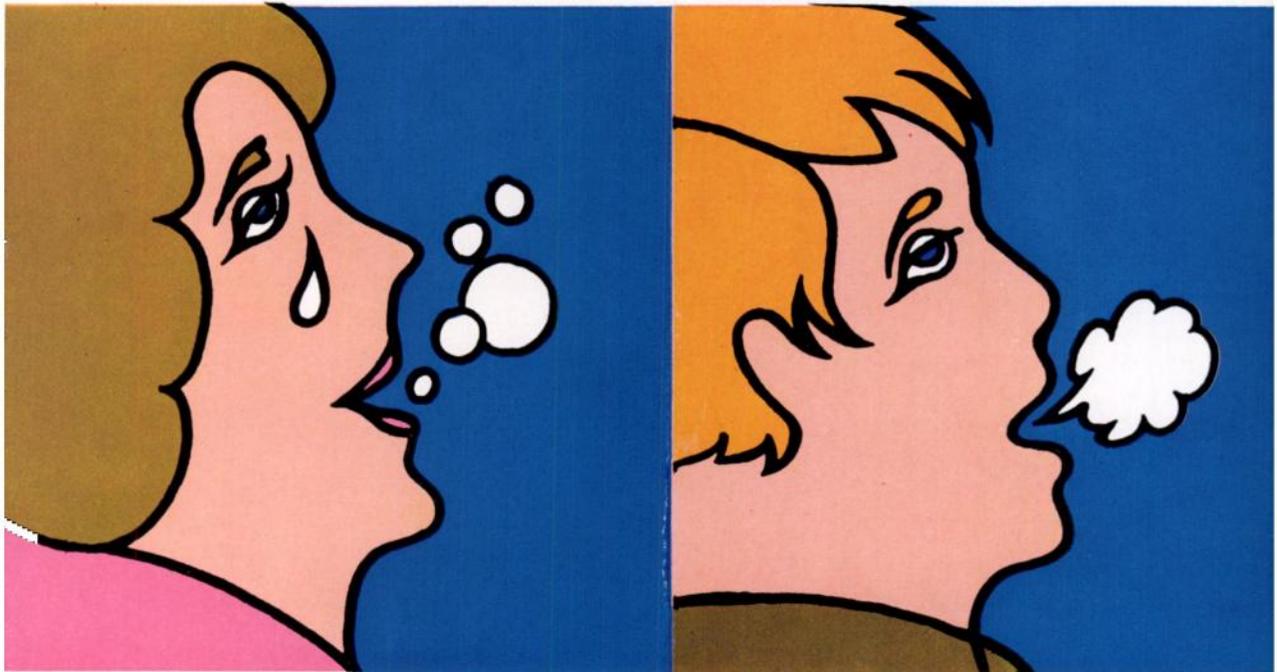
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removes dry, 'ropy' clinging mucous and  
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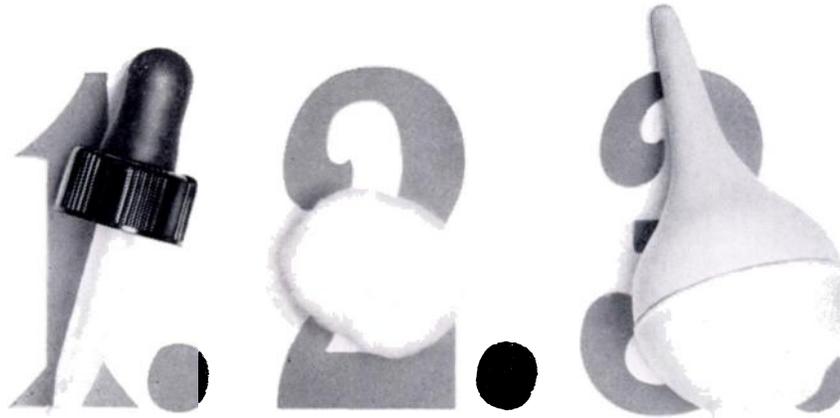
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\*Additional Iron should be supplied from other sources as prescribed by your physician.

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# Pediatrics

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VOLUME 45

FEBRUARY 1970

NUMBER 2

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## COMMENTARIES

### THE MOTHER'S TIE TO HER CHILD

SEVERAL years ago John Bowlby wrote a paper entitled "The Nature of the Child's Tie to His Mother."<sup>1</sup> This and the growing literature on "imprinting" pioneered by the ethologists have focused attention on the significances of early experiences for the development of the young organism—human and nonhuman.

The nature of "the mother's tie to the child" has not received as much attention. Therefore, it is heartening to note an early report of a study, "Neonatal Separation: The Maternal Side of Interactional Deprivation," in this issue.<sup>2</sup> Maternal behavior has been explored thus far mainly in animal studies. Some years ago we demonstrated that brief separation of newborn goats from their mothers resulted in a significant interference with the specificity of the mother's affection for her young.<sup>3</sup> Postnatal separation for periods as brief as 1 hour resulted in the mother's loss of specificity in caring for her young as evidenced by the nursing of any of the kids in the herd—a distinctly abnormal behavior for this species. A point of interest was that this happened in only 50% of the mothers, indicating that there is considerable individual variation in maternal capacity, even in subhuman species.

It was also possible for us to demonstrate the capacity of sheep and goats to adopt strange kids and lambs within their species as well as between species.<sup>4</sup> The arrangements under which the adoptions were at-

tempted needed to be delicately managed; when this was done, there was no instance of failure in the adoption process. The time over which the adoption was permitted to take place while the adoptive mother was restrained from destroying the strange infant was an important variable.

The study published in this issue is significant in many ways. First, it takes advantage of the advances in the control of infections which have been taking place over many years. Without these advances it would have been difficult—if not impossible—to contemplate the bringing of parents into intimate contact with prematurely born babies. The concomitant systematic collection of microbiological data in this study is a valuable and needed contribution. Studies of patterns of infection in newborn nurseries support the trend toward a more flexible policy of parental visiting in nurseries.<sup>5</sup> Second, the study takes advantage of the growing awareness of psychological factors relevant to early development. There is remarkable clinical sensitivity reflected in the observations and in the report. There is no effort to quantify exquisitely, through psychological tests, matters which lend themselves to good clinical observation. The sensitivity of the clinical team is reflected in their description of individual differences among mothers and their sensitive comments concerning those mothers who did not find it possible to enter the intimate caretaking

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