

ANNOUNCEMENTS OF MEETINGS

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

October

SEMINAR OF THE CHILD EVALUATION CLINIC, Cedar Rapids, Iowa, October 25. (August, p. 330.)

SECOND ANNUAL BIRTH DEFECTS SYMPOSIUM, Gainesville, Florida, October 30-31. (July, p. 164.)

November

AMERICAN ASSOCIATION FOR LABORATORY ANIMAL SCIENCE, annual session, Chicago, November 2-6. (February, p. 355.)

FIRST ANNUAL POSTGRADUATE COURSE ON THE CHANGING FACE OF PEDIATRIC PRACTICE, New Hyde Park, New York, November 3-6. (June, p. 1048.)

RESPIRATORY FAILURE IN PEDIATRICS, postgraduate course, Philadelphia, Pennsylvania, November 4-6. (August, p. 331.)

METABOLIC PROBLEMS, newborn symposium, Louisville, Kentucky, November 5-6. (September, p. 485.)

PRACTICAL ADVANCES IN THE CARE OF THE CHILD, postgraduate course, Washington, November 5-7. (September, p. 485.)

TREATMENT OF PEDIATRIC PULMONARY DISEASE, seminar, Irvine, California, November 6-7. (August, p. 331.)

WORKSHOP COURSE IN PEDIATRIC ALLERGY AND CLINICAL IMMUNOLOGY, San Francisco, November 9-13. (June, p. 1048.)

INTERNATIONAL SYMPOSIUM ON DRUG ABUSE, Ann Arbor, Michigan, November 9-13. (September, p. 486.)

SEX AND GENDER DEVIATIONS IN CHILDREN, conference, Columbia, Missouri, November 11-12. (July, p. 165.)

CLINICAL APPLICATION OF GENETICS, pediatric symposium, Hartford, Connecticut, November 12. (October, p. 655.)

CARE OF THE NEWBORN INFANT, Pittsburgh, November 13. (October, p. 655.)

SEIZURE DISORDERS OF CHILDREN, postgraduate symposium, Houston, Texas, November 12-14. (August, p. 331.)

FLORIDA PEDIATRIC SOCIETY FALL MEETING, Miami, November 14-21. (September, p. 486.)

SOUTHERN SOCIETY FOR PEDIATRIC RESEARCH ANNUAL MEETING, New Orleans, Louisiana, November 20-21. (September, p. 486.)

PROBLEMS IN THE NEWBORN-1970, postgraduate course, Charlottesville, Virginia, November 20-21. (July, p. 165.)

SOUTHERN SOCIETY FOR PEDIATRIC RESEARCH, annual meeting, Augusta, Georgia, November 20-21. (August, p. 331.)

MYELOMENINGOCELE, postgraduate course, Hartford, Connecticut, November 22-24. (August, p. 331.)

December

ECZEMA IN CHILDHOOD, seminar, Irvine, California, December 3. (September, p. 486.)

FIRST CONGRESS OF NEONATOLOGY, Buenos Aires, Argentina, December 3-6. (July, p. 165.)

PULMONARY FUNCTION IN HEALTH AND DISEASE, postgraduate course, New Orleans, December 7-11. (October, p. 656.)

HISTOPATHOLOGY AND PATHOPHYSIOLOGY OF THE MIDDLE EAR, symposium, Washington, D.C., December 7-9. (October, p. 656.)

HEART DISEASE IN INFANTS AND CHILDREN, postgraduate course, St. Petersburg, Florida, December 9-12. (October, p. 656.)

January

PRACTICAL PEDIATRICS, postgraduate course, Miami Beach, January 24-28. (October, p. 656.)

Standards for Acceptance of Advertising in

Pediatrics

1. The Executive Director of the Academy considers and approves the application of firms whose advertising is submitted, taking into account the reputation and reliability of the company itself.

The Executive Director of the Academy reviews copy for advertisements relative to the quality of the products to be advertised, claims made for these products, their general usefulness and techniques of promotion.

The Editor and Editorial Board neither approve nor disapprove of the advertisements in PEDIATRICS.

2. All products which conform to the standards of the current editions of the U. S. Pharmacopoeia and the National Formulary may be accepted for publication, providing acceptable claims are made in their promotion.

Other products will be judged on their individual merits by the Executive Director of the Academy with the aid of consultants if indicated.

3. Advertising copy must state the names in accordance with the United States Adopted Names Council and amounts of active ingredients of all medicinal products.
4. When a trade name assigned by a company for a medicinal product is other than the name given in the U. S. Dispensatory, the latter title must be included in the text of the copy.

New products which are not listed in the current edition of the U. S. Dispensatory must use the exact chemical name until a title is assigned.

5. Acceptance of advertising for a product does not imply endorsement by the American Academy of Pediatrics.

Address inquiries to:

AMERICAN ACADEMY OF PEDIATRICS
1801 Hinman Avenue · Evanston, Illinois 60204



Cease-fire...for hot soup

It's a cease-fire that turns cowboys and Indians into allies...makes them sit down together, not for a peace pipe, but for a bowl of good hot Campbell's Soup.

Campbell's Soups will also mean a cease-fire for many of the problems mothers have with children who are finicky eaters. A child who refuses foods that mother knows are "good for him" may delight in spooning "alphabets" from Campbell's Vegetable Soup—and while he's at it put away fifteen different vegetables and more than 2500 I.U. of vitamin A in a 7 oz. serving.

Children respond to the appealing colors, textures, and tastes of Campbell's Soups. And almost all children will be quick to find favorites among Campbell's more than 50 kinds of soup, all with a variety of essential nutrients.

To catch the fancy of patients in this age group, you can recommend soups like these: Chicken Noodle with tender chicken, fine chicken broth, and enriched egg noodles; full-flavored red Tomato Soup; green Split Pea with Ham; or Vegetable Beef Soup with tender pieces of beef and nutritious garden vegetables. All these soups can be made extra nourishing by preparing them with milk.

To help you in planning diets, write today for a copy of a series of analyses of all our soups: Campbell Soup Company, Dept. 123, Camden, New Jersey. 08101.

Recommend Campbell's Soups to your patients—and enjoy them yourself. There's a soup for almost every patient and diet, for every meal.



PREPARATION OF MANUSCRIPTS

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

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

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

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

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

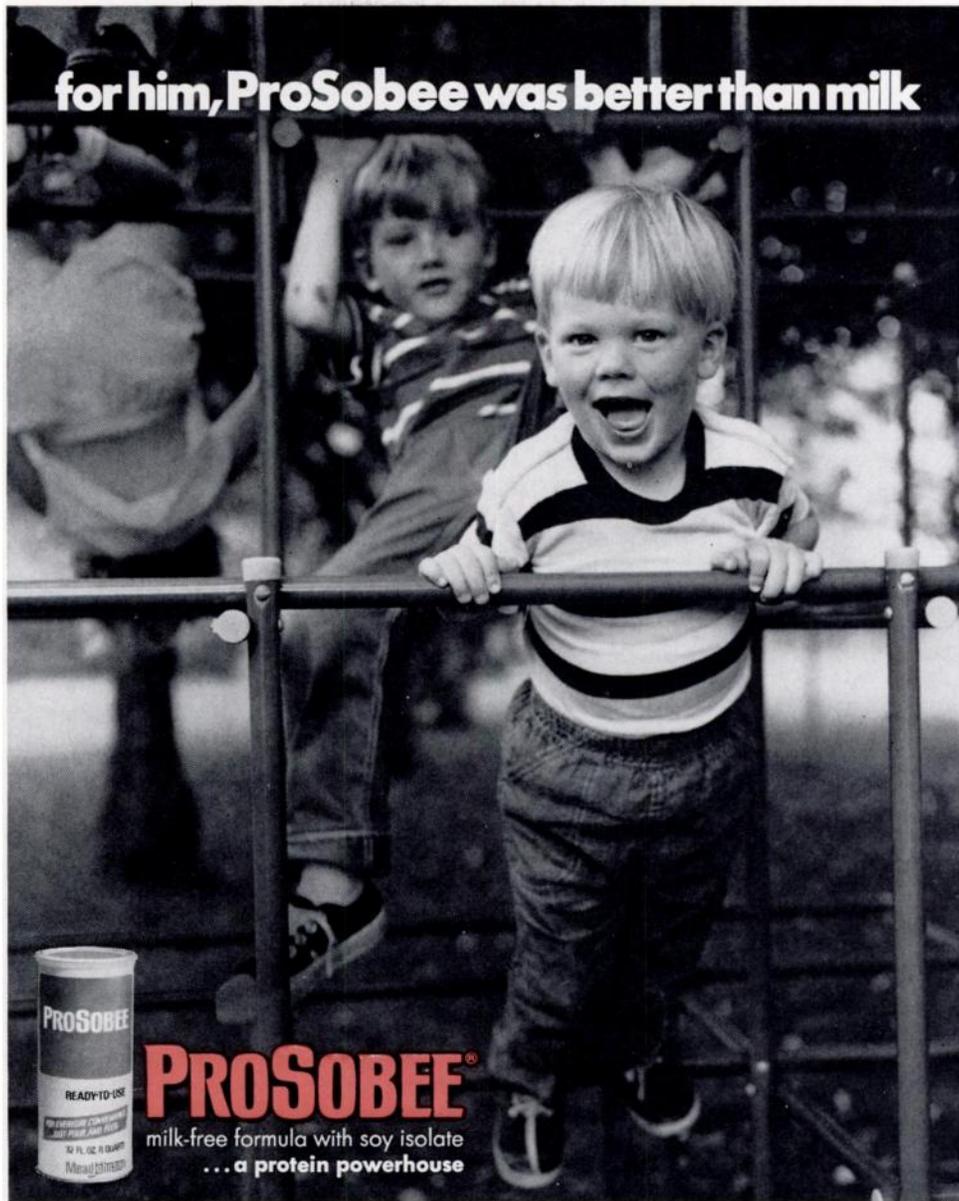
Authors are requested to furnish (in addition to the full title) a condensed title for the cover, not exceeding 60 spaces, and a running head of not more than 35 spaces. Accepted papers will also require an *Abstract*, prepared by the author in 200 words or less, accompanied by up to five key words under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

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

Illustrations must be identified by number, author's name, and "top." They should be keyed in the text. If unessential, their omission may be requested. The prints should not be stapled, clipped together, mounted or trimmed. Details to be emphasized or crop marks should be indicated on a tissue overlay, not on the illustration itself. Illustrations of poor quality may be returned for improvement. Recognizable photographs of patients should be disguised by masking or be accompanied by a statement that parental permission for the reproduction has been obtained. Use cardboard inserts to protect illustrations in the mail. Legends for figures are to be on separate sheets.

Tables must be comprehensible to the reader without reference to the text, typed rather than photographed, and accompanied by headings.

for him, ProSobee was better than milk



PROSOBEE[®]
milk-free formula with soy isolate
... a protein powerhouse

For this ex-"problem feeder" there was an extra boost of protein that helped bring protein reserves up and helped keep them there ■ he received 25% or more protein from PROSOBEE than he would have from other soy isolate formulas ■ PROSOBEE has milk-like color, smoothness and flavor for greater acceptance ■ and now, convenient 32-fl. oz. PROSOBEE Ready-To-Use—no chance for mixing error. For Hospital Use: NURSETTE[®] disposable bottles, 4- and 8-fl. oz.; for the BENIFLEX[®] disposable nurser system, 32-fl. oz. cans.

Composition: 87% water, 3.9% sugar, 3.1% soy oil, 2.7% corn syrup solids, 2.7% soy protein isolate, 0.26% dicalcium phosphate, 0.26% potassium citrate, 0.10% lecithin, 0.05% calcium carbonate, 0.04% dibasic magnesium phosphate, 0.03% salt, 0.03% carrageenan, 0.03% guar gum, 0.02% DL-methionine, vitamin A palmitate, calciferol, sodium ascorbate, thiamine hydrochloride, riboflavin, niacinamide, sodium iron pyrophosphate, potassium iodide, pyridoxine hydrochloride, cyanocobalamin, calcium pantothenate, choline chloride, inositol, cupric sulfate, manganese sulfate and zinc sulfate.

© 1970 MEAD JOHNSON & COMPANY • EVANSVILLE, INDIANA 47721 77470

Mead Johnson
LABORATORIES

DIRECTORY

AMERICAN ACADEMY OF PEDIATRICS, INC.

1801 Hinman Avenue, Evanston, Illinois 60204

OFFICERS

President, Russell W. Mapes

Vice-President, Robert James McKay, Jr.

DISTRICT CHAIRMEN

Chairmen

Alternates

District I

Merritt B. Low

Sprague Whipple Hazard

District II

Stewart C. Wagoner

Abraham Gilner

District III

R. Marvel Keagy

Wilson Lyon Grubb

District IV

Jay M. Arena

Edwin L. Kendig, Jr.

District V

Robert M. Heavenrich

Bruce D. Graham

District VI

John C. MacQueen

Albert J. Schroeder

District VII

David W. Van Gelder

Halcuit Moore

District VIII

Robert A. Tidwell

Benjamin E. Katz

District IX

Saul Joel Robinson

Leo S. Bell

District X

Jorge Camacho Gamba

Luis Berlanga-Berumen

District XI

Azarias de Andrade Carvalho

Guillermo Guillen-Alvarez

District XII

Julio Meneghello R.

Helio Sebastiao de Martino

Juan Z. Montenegro Valera

STATE, PROVINCIAL AND COUNTRY CHAIRMEN

District I

Samuel D. Rowley, Connecticut
Maurice Ross, Maine
Daniel R. Rectanus, Massachusetts
Robert Colby Storrs, New Hampshire
Oscar Zigmund Dashef, Rhode Island
Arthur Dave Wolk, Vermont
Bruce S. Morton, New Brunswick
Nova Scotia-Prince Edward Island-Newfoundland
Remi Archambault and William W. Tidmarsh, Quebec

District II

Robert A. Hoekelman, Jr., (Chapter 1) New York
Moe Goldstein, (Chapter 2) New York
Albert A. Rosenberg, (Chapter 3) New York

District III

Calvin B. Hearne, Delaware
William A. Howard, District of Columbia
Marvin Mones, Maryland
William J. Farley, New Jersey
H. Eugene Hile, Pennsylvania
Forest A. Cornwell, West Virginia

District IV

Robert Grayson, Florida
Hentz Luten Teate, Georgia
Guy C. Cunningham, Kentucky
William L. London, North Carolina
Dolores Mendez-Cashion, Puerto Rico
Casper E. Wiggins, South Carolina
George S. Lovejoy, Tennessee
Virgin Islands
Harrison Clark Spencer, Virginia

District V

George Francis Parker, Indiana
John R. Wilson, Michigan
Homer A. Anderson, Ohio
Martin G. Wolfish, Ontario

District VI

Daniel J. Pachman, Illinois
Alfred Healy, Iowa
Roy C. Knappenberger, Kansas
Walter L. Wilder, Minnesota
Richard Don Blim, Missouri
Gilbert C. Schreiner, Nebraska
Robert B. Tudor, North Dakota
Willis F. Stanage, South Dakota
Frank C. Stiles, Wisconsin
Harold L. Davies, Manitoba
Oliver E. Laxdal, Saskatchewan

District VII

Jerome A. Weaver, Alabama
William Thompson Dungan, Arkansas
Herbert B. Rothschild, Louisiana
Noel C. Womack, Jr., Mississippi
Jake Jones, Jr., Oklahoma
Clarence E. Gilmore, Texas

District VIII

John C. Tower, Alaska
Robert F. Crawford, Arizona
Donald W. Schiff, Colorado
Calvin C. J. Sia, Hawaii
R. Reed Fife, Idaho
Joseph W. Brinkley, Montana
John E. Palmer, Nevada
Louis F. Kuehn, New Mexico
John A. May, Oregon
Thales H. Smith, Utah
Blackburn Smith Joslin, Washington
Lawrence Joseph Cohen, Wyoming

M. Mitchell, Alberta
Fereidoun Mirhady, British Columbia

District IX

Alexander Hatoff, (Chapter 1) California
Fremont P. Koch, (Chapter 2) California
John A. Bishop, (Chapter 3) California

District X

Hector Pedraza Mendoza, Colombia
Carlos Sáenz Herrera, Costa Rica
Emil Kasse Acta, Dominican Republic
Alfredo Ceballos Carrion, Ecuador
Juan E. Llort, El Salvador
Carlos Marc Cossich Marquez, Guatemala
Carlos A. Delgado, Honduras
Rogelio Hernandez Valenzuela, Mexico
Jorge Ramiro Arcia, Nicaragua
Ricaurte Crespo Villalaz, Panama
Pedro J. Alvarez, Venezuela

District XI

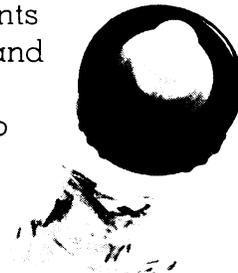
Eliezer Audiface, (Chapter 1) Brasil
Nilo M. de Oliveira, (Chapter 2) Brasil
Sebastiao Duarte de Barros Filho, (Chapter 3) Brasil
Benjamin Jose Schmidt, (Chapter 4) Brasil
Plinio Mattos Pessoa, (Chapter 5) Brasil

District XII

Angel S. Segura, Argentina
Luis Hurtado Gomez, Bolivia
Jorge Enrique Howard, Chile
Jorge Hamuy, Paraguay
Augusto Mispireta Dibarbout, Peru
Jose Obes-Polleri, Uruguay

Carnation Evaporated Milk. Baby's first taste of real food.

Nothing artificial. It's a real food. With naturally occurring protein and all other nutrients intact. Add supplementary vitamins and carbohydrate and it's a complete, nourishing diet that doesn't pretend to be anything but good, honest nutrition babies thrive on.



For natural formulas

Proximate analysis (per 100g): Moisture 73.7g; Protein 7.0g; Fat 7.9g; Ash 1.5g; Carbohydrate 9.9g; calories 138; Vitamin A 320 IU; Vitamin D 79 IU.

CARNATION® EVAPORATED MILK. CARNATION COMPANY, LOS ANGELES, CALIF. 90036

In answering advertisements please mention PEDIATRICS

INTRODUCING

the all-new

PEDIATRIC SCALE

by CONTINENTAL



*Also available with
metric graduations.*

MODEL
322

Designed and engineered especially for pediatric use, the Continental Model 322 Pediatric Scale embodies all the latest features desired for professional use. Slanted, easy-to-read chrome beam with etched black $\frac{1}{8}$ -oz. graduations and figures to 35 lbs. Stainless steel tray has smooth molded plastic protective ends—rugged and easy to sanitize. Hospital approved non-tip low safety base. 20 x 13½ x 19 high. White, black, pearl, rose, mint, beige, blue or plain walnut finish—special match colors to order.



CONTINENTAL SCALE CORPORATION

5701 S. Claremont Ave., Chicago, Illinois 60636

"Serving the Medical Profession for Over 50 Years"

In answering advertisements please mention PEDIATRICS

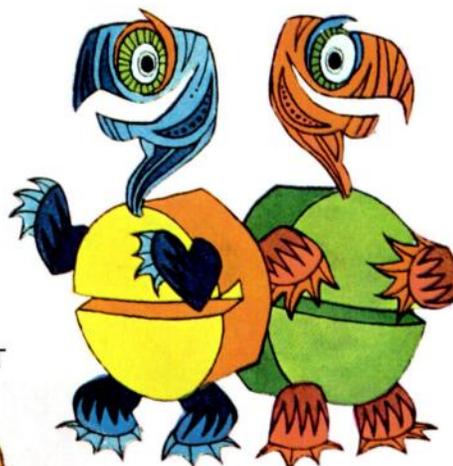


Schering



ANTIHISTAMINIC

DECONGESTANT



ANALGESIC



**Put them all together
and what have you got?**

Coricidin® Demilets® Tablets

brand of children's antihistaminic-analgesic-decongestant tablets

The 3-in-1 chewable children's tablet that fights colds.

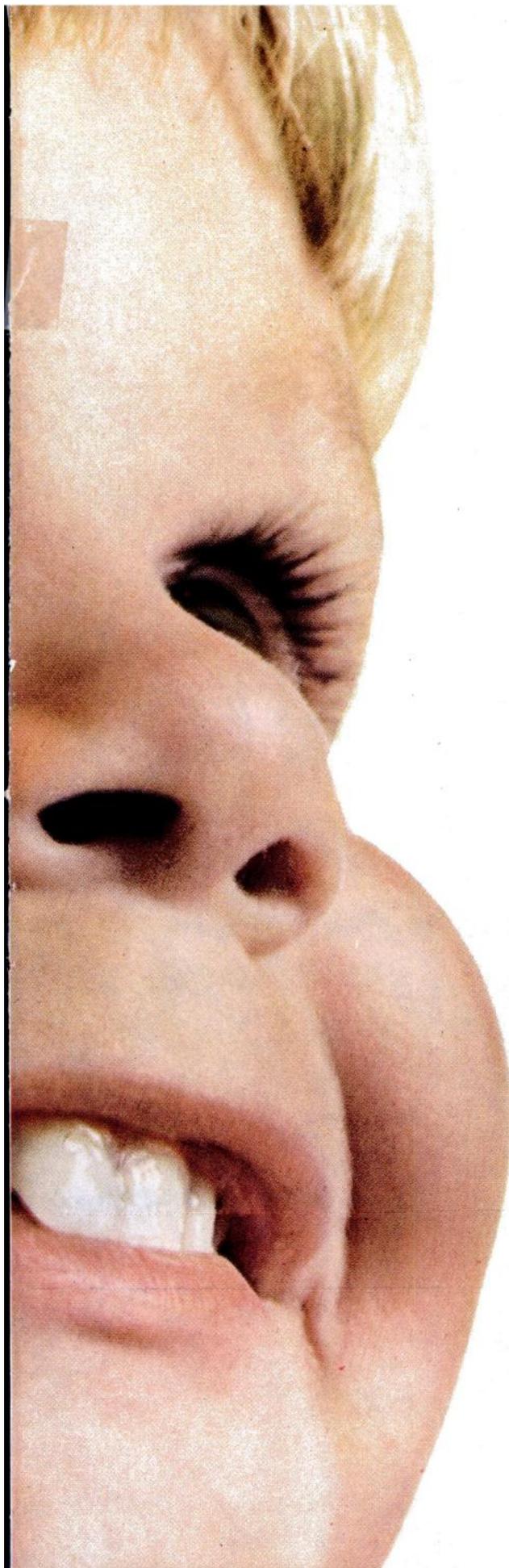
In children's congested colds, the combination of the highly regarded antihistamine (0.5 mg. CHLOR-TRIMETON® brand of chlorpheniramine maleate, U.S.P.), and the effective decongestant (2.5 mg. phenylephrine hydrochloride) produces a complementary action that quickly but gently dries and clears the nose, helps promote sinus drainage, and often obviates the need for topical nasal therapy. What's more, the children's dose of 80 mg. aspirin, U.S.P., helps reduce fever,

relieves aches and pains. And all three ingredients are in a chewable, crushable tablet with a pleasant orange-pineapple flavor. Each DEMILETS Tablet is safety-packaged in a separate-sealed pouch to discourage children from opening and taking an overdose.

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

S-048

CORICIDIN AND CORICIDIN DEMILETS ARE SCHERING CORPORATION TRADEMARKS FOR ITS COLD RELIEF PREPARATIONS.



Nice is when
your drug for a
child's otitis media
can kill not only
pneumococci and
streptococci but
H. influenzae
as well.

Principen[®]
ampicillin trihydrate
for oral suspension

One of the nicest
things that ever
happened to
broad-spectrum
penicillin therapy.

See next page for brief summary.

Now with the unique Flexidose® Spoon.

In otitis media, you've usually got to contend with *D. pneumoniae*, streptococci or *H. influenzae* — and bactericidal, great tasting Principen (ampicillin trihydrate) for Oral Suspension is simply a nice way to help combat each one of them.

What makes the oral suspension especially nice is that each bottle is now supplied with the unique Flexidose Spoon, an ingenious sort of tube-spoon that makes measurement simple and accurate and virtually eliminates spilling. Great tasting Principen: now it's easier than ever to get on the tongue. And once upon a tongue

it speaks for itself.

Principen for Oral Suspension. It's simply a nice way of doing things.



Principen® ampicillin trihydrate for oral suspension

One of the nicest things that ever happened to broad-spectrum penicillin therapy

SQUIBB

"The Priceless Ingredient of every product is the honor and integrity of its maker."SM

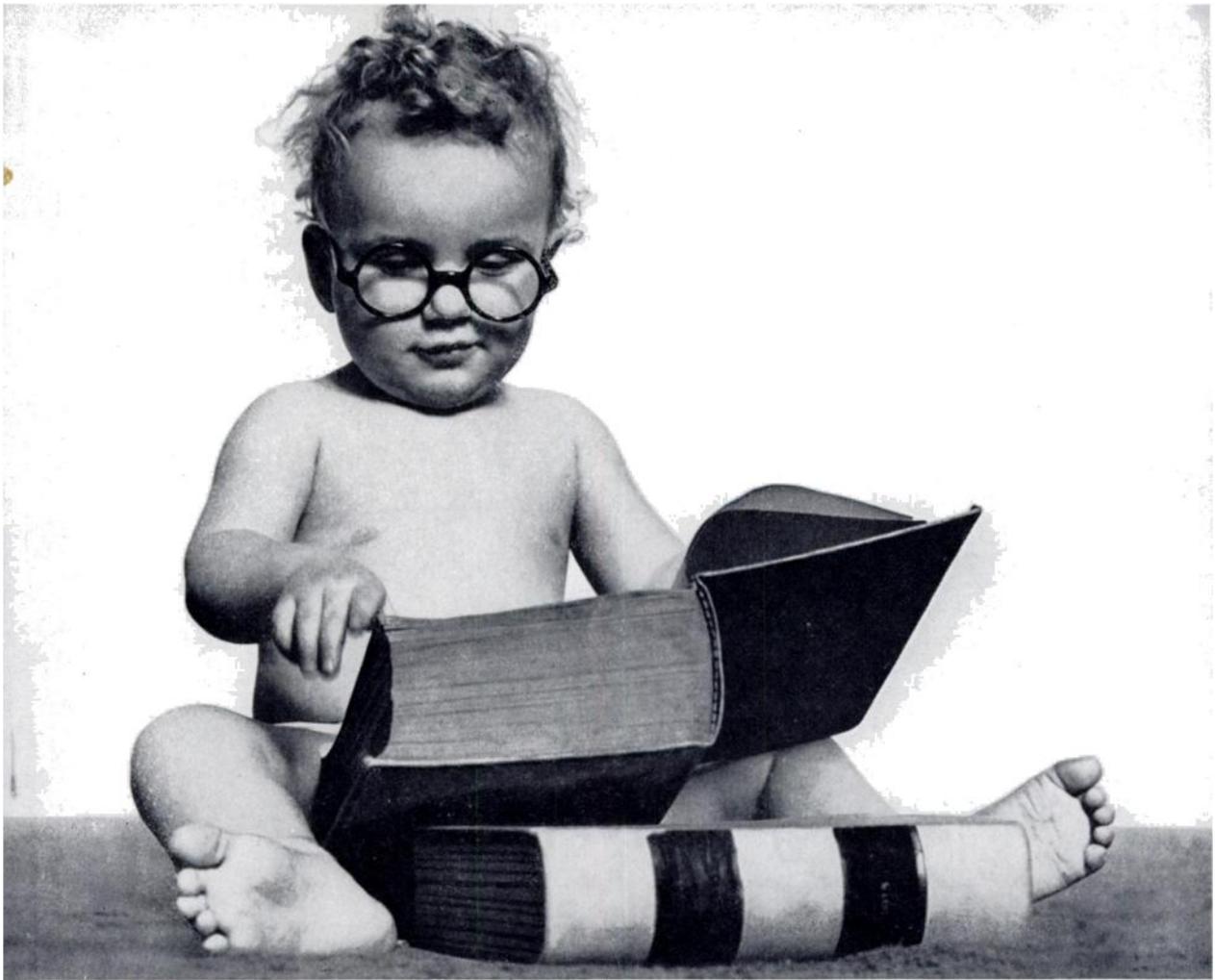


Contraindications: Ampicillin is contraindicated in individuals with a history of allergic reaction to any penicillin or in infections caused by penicillinase-producing organisms.

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 (most often diarrhea), 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.

Supply: PRINCIPEN '250' for Oral Suspension (Ampicillin Trihydrate for Oral Suspension) containing (when reconstituted) the equivalent of 250 mg. ampicillin per teaspoonful (5 cc.). Bottles for reconstitution to 80, 100, and 150 cc. PRINCIPEN '125' for Oral Suspension containing (when reconstituted) the equivalent of 125 mg. ampicillin per teaspoonful (5 cc.). Bottles for reconstitution to 80 and 150 cc. PRINCIPEN '500' Capsules (Ampicillin Trihydrate Capsules) containing the equivalent of 500 mg. ampicillin in bottles of 16 and 100, and Unimatic® Single-Dose Packs of 100. PRINCIPEN '250' Capsules containing the equivalent of 250 mg. ampicillin in bottles of 50, 100, and 500. And Unimatic Single-Dose Packs of 100. A.H.F.S. Category: 8.12.16.



let's get down to fundamentals

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

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

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

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

FUNDA-VITE® (F)

FUNDAMENTAL PEDIATRIC VITAMINS PLUS SODIUM FLUORIDE

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

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

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



*Lucky
kids.
They're in
the
Omnipen[®]
(AMPICILLIN)*



Photo professionally posed

Respiratory infections are as much a part of childhood as scabby knees. So how fortunate for today's children that there is a versatile penicillin like Omnipen to help control susceptible respiratory pathogens, gram positive and gram negative.* What's more, kids take Omnipen without argument because of its good, fruit-flavored taste.

*Exclusive of penicillinase-producing bacteria.

FOR ORAL SUSPENSION

ANHYDROUS

OMNIPEN[®]

(ampicillin) 

generation.

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. Continue 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[®] (ampicillin) Capsules: 250 or 500 mg. ampicillin anhydrous. OMNIPEN[®] (ampicillin) for Oral Suspension: Reconstituted suspension contains 125 or 250 mg. ampicillin per 5 cc. OMNIPEN[®]-N (sodium ampicillin) for Injection (IM or IV): Sodium ampicillin equivalent to 125 mg., 250 mg., 500 mg. and 1 Gm. ampicillin per vial.

Wyeth Laboratories Philadelphia, Pa.

Three Outstanding Books from Macmillan

Announcing Publication of the Fourth Edition of

Goodman and Gilman

THE PHARMACOLOGICAL BASIS OF THERAPEUTICS

Edited by Louis S. Goodman, M.D., D.Sc. (Hon.), University of Utah College of Medicine, and Alfred Gilman, Ph.D., Albert Einstein College of Medicine, Yeshiva University

In the Fourth Edition of this classic, world-renowned text and reference in pharmacology, toxicology, and therapeutics, every chapter has been thoroughly updated. All new material has been incorporated with the same careful organization, clarity of style, and authority which have made "Goodman and Gilman" the standard text in the field. The book is designed to answer the probing questions of the physician who wishes to prescribe drugs on a rational rather than an empirical basis; it is also meant to provide the medical student with a bridge between basic medical science and clinical medicine by presenting the scientific approach to medical practice without neglecting the applied aspects of a basic science discipline.

1970

1794 pages (Illus.)

\$25.00

VIRAL INFECTIONS OF THE HUMAN FETUS

By GILLES R. G. MONIF, M.D., University of Florida, College of Medicine

This authoritative monograph delineates the probable pathogenesis of those viruses which are capable of establishing *in utero* infections that influence perinatal morbidity. The author brings together research from epidemiology, clinical virology, and pathology. Individual chapters are devoted to general principles, picornaviruses, myxoviruses, herpesviruses, poxviruses, unclassified viruses, and viruses and congenital malformations.

1969

164 pages (Illus.)

\$9.95

CLINICAL GASTROENTEROLOGY

By HOWARD M. SPIRO, M.D., Yale University School of Medicine and Yale-New Haven Hospital

This authoritative, well-illustrated reference for internists, general practitioners, pediatricians, and surgeons offers 60 informative chapters on specific diseases which affect the human gastrointestinal tract. Major units deal with esophageal disorders, gastric disorders, peptic ulcer, small intestinal and lower bowel disorders, gallbladder and biliary duct disorders, pancreatic disorders, hepatic disorders, and more generalized conditions. The book contains more than 400 illustrations, including excellent reproductions of x-rays, gross specimens, histologic sections, and anatomic drawings. Up-to-date bibliographies follow each chapter.

1970

1011 pages (Illus.)

\$35.00

THE MACMILLAN COMPANY

P.O. Box 1725, New York, N.Y. 10022

ATTENTION: Professional Service Desk

Please send me on approval the book(s) I have indicated below:

- 34479 Goodman and Gilman: **THE PHARMACOLOGICAL BASIS OF THERAPEUTICS**, Fourth Edition, \$25.00
- 38196 Monif: **VIRAL INFECTIONS OF THE HUMAN FETUS**, \$9.95
- 41527 Spiro: **CLINICAL GASTROENTEROLOGY**, \$35.00

I understand that the book(s) is (are) fully returnable within 10 days if I am not completely satisfied.

I enclose my check or money order made out in full to The Macmillan Company (Macmillan pays postage and mailing).

Please bill me (plus small charge for postage and handling).

Name _____

Street _____

City _____ State _____ Zip Code _____

Note: Books used in connection with your work are tax-deductible.

In answering advertisements please mention PEDIATRICS

for dry • sensitive • irritated skin...



A HELPING HAND

IN
ALL SEASONS



NIVEA® CREME NIVEA® SKIN OIL

and their companion—

SUPERFATTED **BASIS® SOAP**

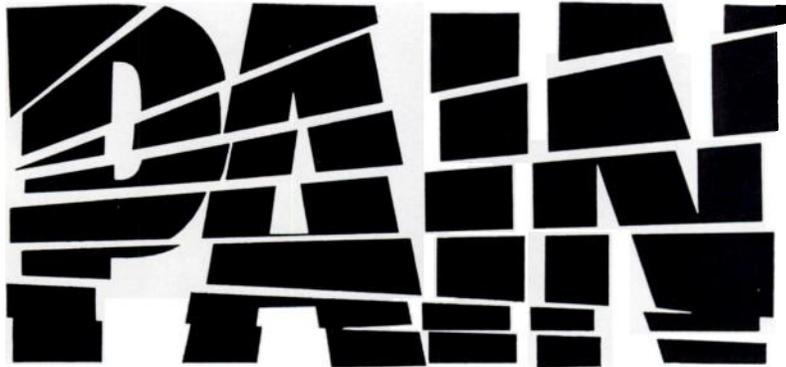
DUKE

LABORATORIES, INC.
SOUTH NORWALK, CONN. 06856

trial quantities
on request

MAKERS OF ELASTOPLAST®—THE ORIGINAL E-L-A-S-T-I-C ADHESIVE BANDAGE AND UNIT DRESSINGS

for the pain in
**ACUTE
OTITIS MEDIA**



BRIEF SUMMARY

AURALGAN relieves pain fast...reduces aural congestion. It is fully compatible with systemic antimicrobial therapy.

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.) | |

Supplied: No. 1000—AURALGAN Otic Solution, in package containing 15 cc. bottle with separate dropper-screw cap attachment.

AURALGAN® OTIC SOLUTION



AYERST LABORATORIES, New York, N.Y. 10017

7058

In answering advertisements please mention PEDIATRICS



Here comes Susie. Here comes Tad. Bringing home pinworms, For Mommy and Dad.

Nobody's too rich or too old for pinworms.

Infections have been estimated to occur in a third to a half of all American youngsters. And each time an infection occurs the child may transmit his pinworms easily and democratically to classmates and friends, siblings, and parents alike.

Meticulous hygiene *could* check the spread, but normal children rarely stay hygienically clean. So by the time Susie and Tad recover, they may have infected half the neighborhood.

Therapeutically and epidemiologically, POVAN permits a practical approach:

suspect pinworms in every child in nursery school, kindergarten, and grammar school.

check children routinely for pinworms, particularly where there are such symptoms as itching or disturbed sleep.

correct existing infection promptly. A single oral dose of POVAN is usually all that is needed.

protect the child's family by prescribing POVAN for each member, young or old. And, for the sake of the neighbors, you may wish to notify the school physician or nurse.

Povan[®] Tablets / Suspension (pyrvinium pamoate) PARKE-DAVIS

ACTIONS: Pyrvinium pamoate appears to exert its anthelmintic effect by preventing the parasite from using exogenous carbohydrates. The parasite's endogenous reserves are depleted, and it dies. Povan is not appreciably absorbed from the gastrointestinal tract.

INDICATION: Povan is an effective and well-tolerated anthelmintic used in the treatment of pinworm (*Enterobius vermicularis*) infections. A single dose will clear the majority of pinworm infections.

CONTRAINDICATIONS: Povan Tablets are contraindicated in aspirin-sensitive individuals because of cross-sensitivity to the tartrazine in the tablet coating.

WARNINGS: No animal or human reproduction studies have been performed. Therefore, the use of this drug during pregnancy requires that the potential benefits be weighed against its possible hazards to the mother and fetus.

PRECAUTIONS: To forestall undue concern and help avoid accidental staining, patients and parents should be advised of the staining properties of Povan. Tablets should be swallowed whole to avoid staining of teeth. Care should be exercised not to spill the suspension because it will stain most materials. Parents and patients should be informed that pyrvinium pamoate will color the stool a bright red. This is not harmful to the patient. If emesis occurs, the vomitus will probably be colored red and will stain most materials.

ADVERSE REACTIONS: Nausea, vomiting, cramping, diarrhea, and hypersensitivity reactions (photosensitization and other allergic reactions) have been reported. These reactions occur more often in older children and adults who have received large doses. Emesis is more frequently seen with Povan Suspension than with Povan Tablets.

HOW SUPPLIED: Povan Tablets contain pyrvinium pamoate equivalent to 50 mg. pyrvinium; bottles of 25. Povan Suspension is a pleasant-tasting, strawberry-flavored preparation containing pyrvinium pamoate equivalent to 10 mg. pyrvinium per milliliter; 2-oz. bottles.

PARKE-DAVIS

Detroit, Michigan 48232

42170

Announcing the first liquid analgesic with acetaminophen in suspension

Improved formula
Liquiprin® Liquid analgesic
for children



The only liquid APAP formula that *contains no alcohol*.
As effective as aspirin, without aspirin's side effects.

An independent survey of a national panel of pediatricians showed that almost half of the doctors did not like to recommend medications for children that contain alcohol. To meet this need, improved formula LIQUIPRIN was developed to bring pediatricians all the advantages of an acetaminophen formula *without alcohol*.

Improved formula LIQUIPRIN is the only liquid analgesic that contains acetaminophen in the form of a suspension. The particles have been micronized so there's no need to dissolve the acetaminophen in alcohol solution as is the case with every other liquid product on the market.

The result is that improved formula LIQUIPRIN is as highly effective an antipyretic and analgesic as aspirin or other acetaminophen products. Yet, LIQUIPRIN is unlikely to produce the side reactions associated with the use of aspirin.

Improved LIQUIPRIN still has the famous taste that babies love. And it still comes in the patented safety-valve bottle that can't leak—even when held upside down.

Next time, recommend the most advanced liquid analgesic of its kind. The first liquid analgesic with acetaminophen in suspension. LIQUIPRIN. The liquid analgesic that contains no alcohol.

We would like to send you a handsome Temp-Timer Kit for your desk consisting of a timer to tell you when to read the thermometer and holder . . . along with a generous supply of LIQUIPRIN samples. Simply fill out and mail coupon to: Temp-Timer Offer, Department S, P.O. Box 5307, Grand Central Station, New York, N.Y. 10017.

Name _____

Office Address _____

City _____ State _____ Zip _____



In answering advertisements please mention PEDIATRICS

lxxx

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. 99⁴⁴/100% pure®...it floats.®

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

In answering advertisements please mention PEDIATRICS

Thirst Aid.

It's the real thing.  Coke.



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

Double indemnity against diaper rash and wet beds

MITEY-DRYE washable diaper liner keeps entire body
dry . . . all night long. Worn under diaper, Mitey-Drye
locks wetness in diapers . . . then dries quickly every time
baby wets. Prevents urine from decomposing on skin. Fast-
drying action produced by harmless chemical.

SLEEPY-DRYE cotton-knit diaper cover lets cool air cir-
culate . . . permitting burning ammonia to escape. Unlike
hot rubber or plastic, lets baby's body breathe. Confines
wetness to diapers underneath. Ends wet beds, nighties.
Available at leading department and infantswear stores,
or write to:

MODELLA MFG. CO., INC.

PORT CHESTER, N.Y.

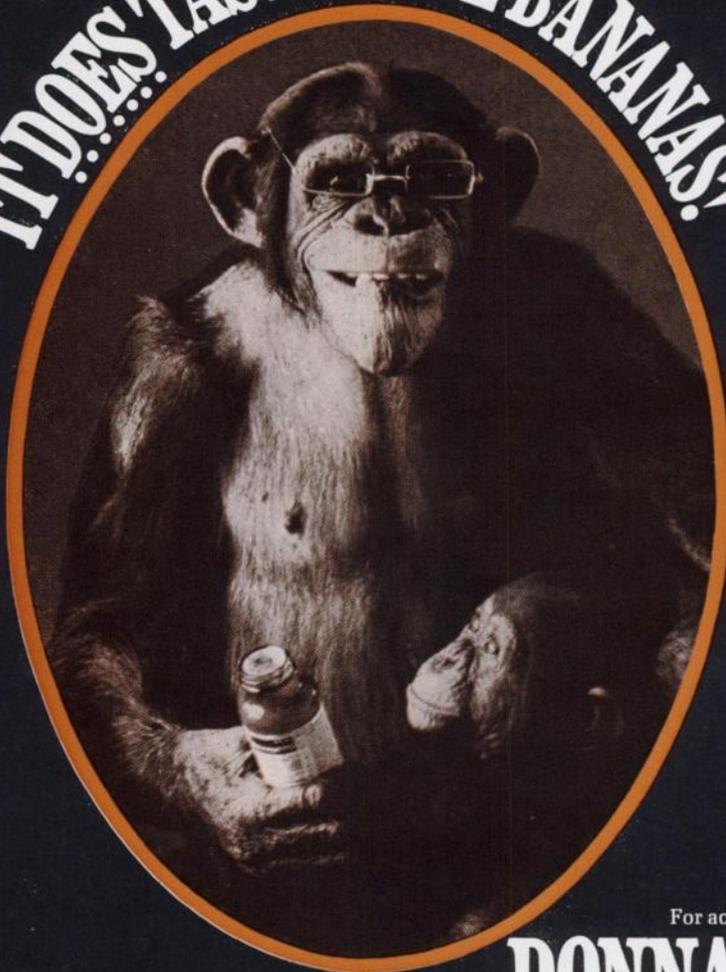
One gift works many wonders



 **THE UNITED WAY** 

WELL, I'LL BE
A MONKEY'S UNCLE!

IT DOES TASTE LIKE BANANAS!



For children of all ages, banana-flavored Donnagel®-PG offers the benefits of paregoric without the unpleasant taste. Donnagel®-PG treats not only diarrhea, but accompanying cramping, tenesmus, and nausea as well. Instead of unpleasant-tasting paregoric, it contains the therapeutic equivalent, powdered opium, to promote the production of formed stools and lessen the urge. It provides the demulcent-detoxicant effects of kaolin and pectin plus the antispasmodic benefits of belladonna alkaloids. But it's the great banana flavor that your patients will understand. No matter how small—or big—they are.

For acute, non-specific diarrhea:

DONNAGEL®-PG

Donnagel with paregoric equivalent

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

A-H-ROBINS



The shadows of advancing renal disease...



often avoidable through adequate treatment of acute urinary tract infections of children



In many adults with persistent urinary tract infection, the clinical history may date from early childhood. To prevent recurring infections and progressive renal disease in the child presenting a urinary tract infection, consideration should be given to the type of pathogens involved and the elimination, if present, of obstructive uropathies and other pathology.

Gantanol® (sulfamethoxazole) Suspension provides antibacterial effectiveness against sensitive pathogens most commonly implicated in acute urinary tract infections. Simple *b.i.d.* dosage usually assures continuous therapeutic levels in blood and urine with ready diffusion into interstitial fluids. It is recommended that antibacterial therapy be maintained after subsidence of symptoms until repeated cultures are negative.

For possible adverse reactions (*e.g.*, nausea, headache, vomiting) that may occur, as well as the precautions, etc., that should be employed with the use of sulfonamides, consult product information.

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

Indications: Acute and chronic urinary tract infections due to susceptible organisms (usually *E. coli*, *Klebsiella-Aerobacter*, *Staphylococcus aureus*, *Proteus mirabilis*, and, less frequently, *Proteus vulgaris*).

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

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

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

Adverse Reactions: Depending upon the severity of the reaction, may withdraw drug in event of headache, nausea, vomiting, urticaria, diarrhea, hepatitis, pancreatitis, blood dyscrasias, neuropathy, drug fever, Stevens-Johnson syndrome, skin rash, injection of the conjunctiva and sclera, petechiae, purpura, hematuria and crystalluria.

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

How Supplied: *Tablets*, 0.5 Gm, bottles of 100. *Suspension*, 10%, 0.5 Gm /teasp, bottles of 16 oz.

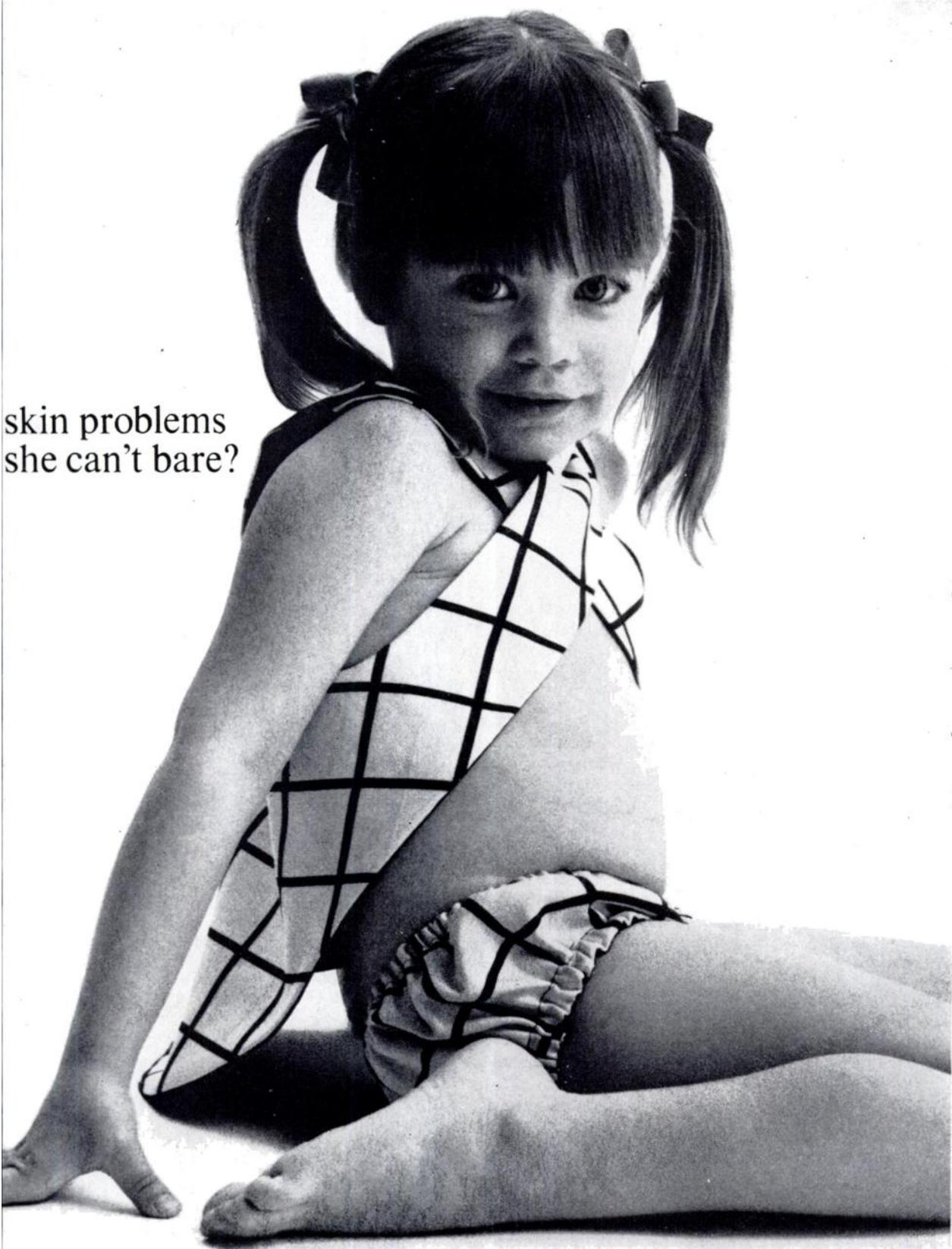


Roche
LABORATORIES

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

Gantanol® Suspension B.I.D.

(sulfamethoxazole)



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), moniliasis, 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 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.

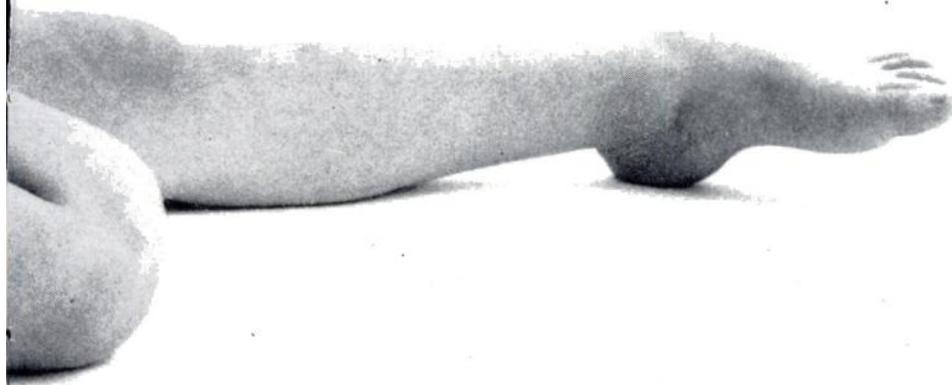
When pediatric dermatoses are equally extensive, topical steroid therapy can become expensive. In such cases Vioform-

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?

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 ½ and 1 ounce. *Mild Ointment*, 3% iodochlorhydroxyquin and 0.5% hydrocortisone in a petrolatum base; tubes of ½ and 1 ounce. *Before starting therapy, consult complete product literature.*

The family that sniffles together...



The Orange Medicine acts promptly to restore nasal patency. Controls the runny nose and postnasal drip due to colds and respiratory allergies.

coughs together



When coughs are unproductive, Triaminic® Expectorant increases respiratory tract fluid to help make coughs more productive.

Indications: Triaminic Syrup — Relief from such symptoms as nasal congestion, profuse nasal discharge and postnasal drip associated with colds, nasal allergies, sinusitis and rhinitis. Triaminic Expectorant — For use in providing temporary relief of coughs and nasal congestion due to the common cold. **Dosage:** Children 1-6, 1/2 tsp.; children 6-12, 1 tsp.; adults, 2 tsps. Administer every four hours. **Side Effects:** Occasional drowsiness, blurred vision, cardiac palpitations, flushing, dizziness, nervousness or gastrointestinal upsets. **Precautions:** Patients should not drive a car or operate dangerous machinery if drowsiness occurs. Use with caution in patients with hypertension, heart disease, diabetes or thyrotoxicosis. **Availability:** In 8 fl. oz. Family Size, 4 fl. oz. and pint bottles.

DORSEY LABORATORIES • Lincoln, Nebraska 68501

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.

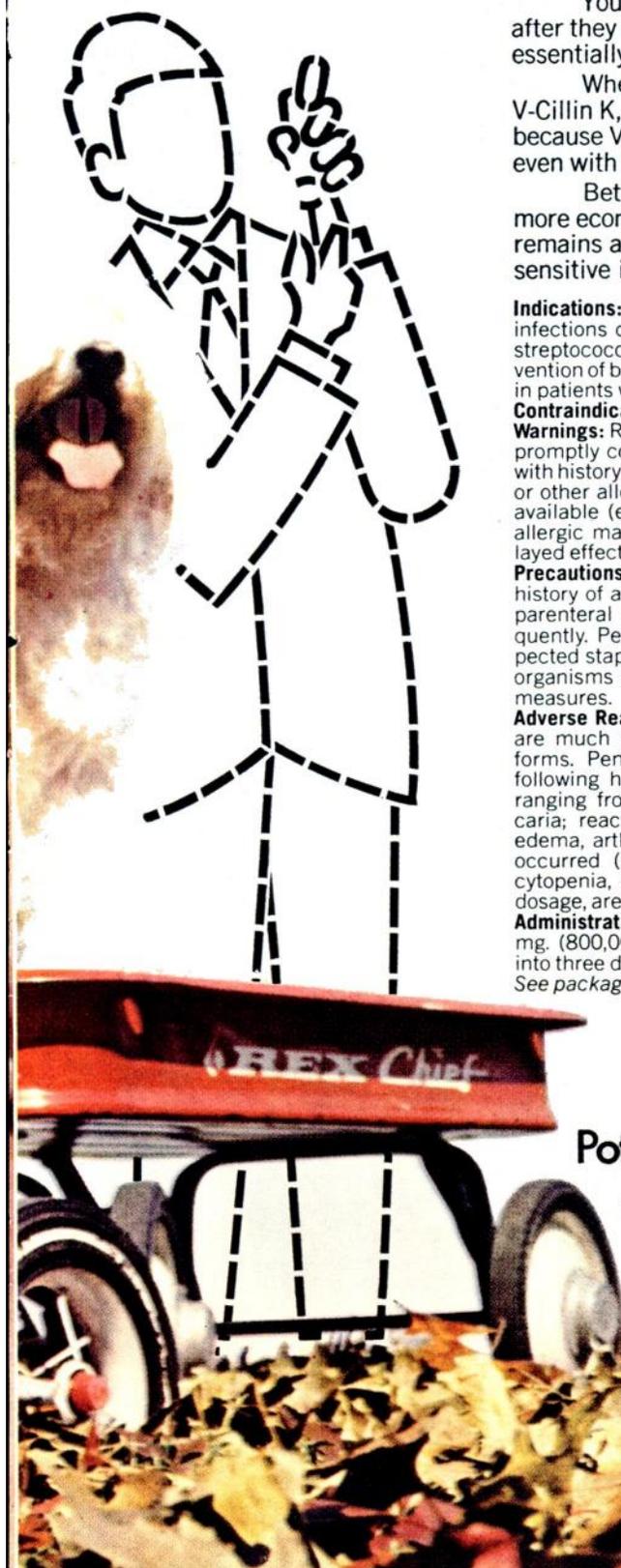
(052669)

V-Cillin K[®], Pediatric Potassium Phenoxymethyl Penicillin

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



000311



Smiles speak louder than words for the good taste of Soyalac

Milk-free, hypo-allergenic Soyalac has a pleasing taste that is eagerly accepted by most infants. It's similar to mother's milk in composition and assimilation, much like cow's milk in consistency and completely free of fibre. Extensive clinical data support Soyalac's value in promoting growth and development. Soyalac is also excellent for growing children and adults.

Composition: 75.6% water, 8.54% soybean solids, 5.29% soybean oil, 5.29% sucrose, 4.84% corn syrup, .112% disodium phosphate, .066% iodized salt, .18% calcium carbonate, .11% lecithin, .04% calcium citrate, .005% ferrous sulfate, .006% vitamin C (ascorbic acid), .0308% vitamin A palmitate, .0003% vitamin D (activated ergosterol), .000006% vitamin B₁ (thiamine), .000005% vitamin B₆ (pyridoxine), .0000004% vitamin B₁₂ (cobalamin).

Free Booklet and Samples

A request on your professional letterhead or prescription form will bring to you complete information and a supply of samples.



Available in
Concentrated Liquid or Powdered



a product of
LOMA LINDA FOODS
MEDICAL PRODUCTS DIVISION
RIVERSIDE, CALIFORNIA
Mount Vernon, Ohio, U. S. A.



NOW... 4 BILI-LITES TO CHOOSE FROM



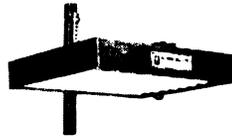
FLOOR MODEL

TO SUIT EVERY NURSERY REQUIREMENT

With the addition of the new ceiling-hung and wall-mounted models, there is now a choice of four Bili-Lites for the treatment of neonatal jaundice. All Bili-Lites incorporate features based on latest research in phototherapy: Concentrated, high intensity, radiant energy light source. Reflective hoods no wider than incubator with minimum light "spillage". Height adjustment on all Bili-Lites to fit any type incubator or bassinet. Variable light intensity. Safety shield. Swivel casters on floor models. Compact. Widely used; and proven reliable.



CEILING-HUNG



WALL-MOUNTED



2-BABY MODEL

PAPOOSE BOARD™

Child restraint



For immobilizing the frantic child (age 2-5). Applied in seconds. 3 pairs of flaps, headstrap, and armstraps — with Velcro closure. Selective restraint permits access to any part of child's body while maintaining full restraint.

OXYHOOD™

Oxygen hood for infants under 2½ to 18 pounds



Oxyhood's unique removable top permits complete access to baby—with minimal disruption of environment. O₂ concentrations of more than 97% can be obtained in a 40% O₂ incubator. Integral thermometer. Total visualization of infant. I.V. and probe inlets, extension. 3 sizes.

CIRCUMSTRAINT™



Newborn immobilizer

Fast, safe infant immobilizer for circumcisions, transfusions and other procedures. Firm but gentle 4-point restraint with Velcro straps. No escapes. Baby's body can be fully visualized. Radiolucent.



INFA-LENGTH™

For accurate measurement of infant length

New, precise way to measure infant length—with reproducible accuracies of 1/8". Faster, easier, safer than existing methods. Length in cm. and in. (30" max.) displayed in separate windows. Portable, compact, easily cleaned. Tough, high-impact plastic.

OLYMPIC SURGICAL COMPANY INC.

For information about Olympic products, write or call collect: Customer Service Department.

1117 SECOND AVE • SEATTLE, WASH 98101 • 206-624-0426

In answering advertisements please mention PEDIATRICS



The many faces of pediatric practice— *reflected in clinically oriented new Mosby books!*

A New Book! **THE ADOLESCENT PATIENT.** By William A. Daniel, M.D., with 19 contributors. Neither children nor adults, adolescents have special problems of their own! This well-rounded new study describes the physical and emotional changes of adolescence, discusses virtually all age-related medical problems, and guides your management of handicapped youngsters. A unique dual viewpoint examines both the affluent society and the culture of poverty. May, 1970. 456 pages, 76 illustrations. \$20.50.

A New Book! **THE CLINICAL APPROACH TO ENDOCRINE PROBLEMS IN CHILDREN.** By Matthew M. Steiner, M.D. This unique schematic guide can help you recognize these unusual conditions and distinguish them from non-endocrine disorders with similar manifestations. Chapters examine problems of abnormal height, weight, and sexual maturation, logically outlining each step from initial observation to the final differential diagnosis. December, 1970. Approx. 416 pages, 403 illustrations. About \$25.00.

A New Book! **THE FACE IN GENETIC DISORDERS.** By Richard M. Goodman, M.D., and Robert J. Gorlin, D.D.S., M.S. A painstaking analysis of facial features noted in 75 heritable disorders, this unusual atlas can furnish important diagnostic clues. More than 270 illustrations depict clinical manifestations of each condition; the accompanying text clearly outlines modes of inheritance, treatment, and prognosis. September, 1970. 181 pages, 276 illustrations, 2 color plates. \$19.00.

A New Book! **CONGENITAL AND PEDIATRIC GLAUCOMAS.** By Robert N. Shaffer, M.D., F.A.C.S., and Daniel I. Weiss, M.D. A helpful guide to recognition and understanding of these unusual conditions, this new book emphasizes the need for early diagnosis to prevent severe visual damage. The noted authors carefully detail symptoms, differential diagnosis, and management of both hereditary and acquired glaucomas. August, 1970. 231 pages, 259 illustrations, 3 color plates. \$20.50.

MOSBY
TIMES MIRROR

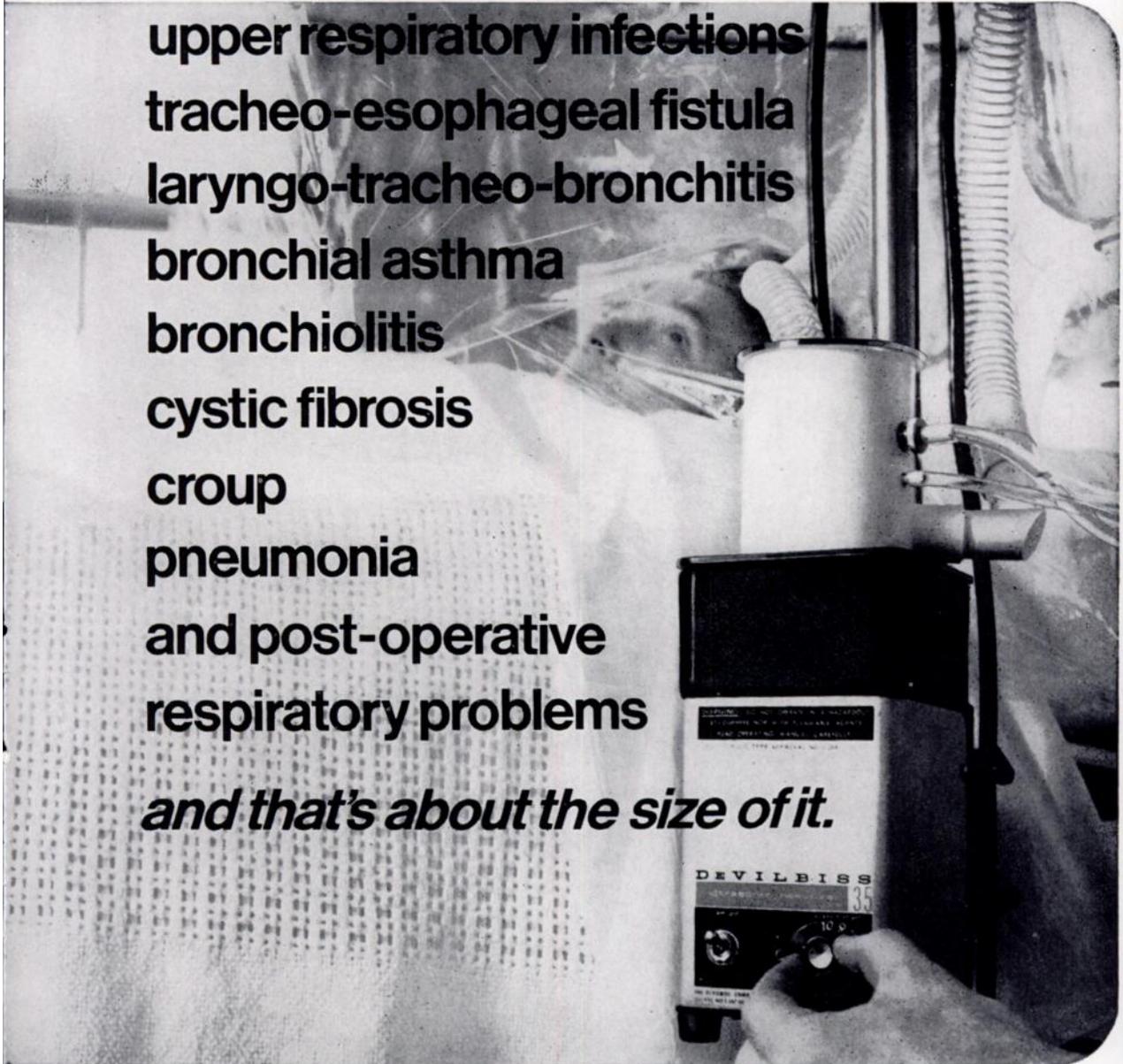
THE C.V. MOSBY COMPANY • 3207 WASHINGTON BLVD. • ST. LOUIS, MISSOURI 63103

In answering advertisements please mention PEDIATRICS

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 De Vilbiss 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.



The De Vilbiss 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 _____

PEDIATRICS

COLLECTIONS

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

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

\$2.25

\$10.50

\$9.50

presented
values
try, and
al ther-
of the
many
to the
who

re-

do

00

PED

ASK

A

John

Pres

fifth

pital

Pedi

Hosp

67-16

CLEMEN

eds.

Child he

Williams

65-7166

DORFMAN,

Child care

Year Book

1968 400

This sympo

tion to clinic

because of i

proach and i

child care, inc

law, social pr

and basic scienc

68-24403

NEALE, Albert V.

The advancem

Oxford Univ. Pre

Surveys the devel

ancient times, an

greater care during

vention of prenatal

64-57005

WALLGREN, Arvid

Tuberculosis and other problems of pedia-

trics.

Williams & Wilkins, 1950 108p.

Pres

R_x 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.
(400,000) units and 500 mg. (800,000 units).

Manufactured by BIOCRAFT LABORATORIES, INC., East Paterson, N. J. 07407 for:
CALIFORNIA: B & B Laboratories, Beverly Medical, H. R. Cenci Laboratories, Inc., Daylin
Medical & Surgical Supply Co., General Medical Supply, Hilco Drug Distributors,
Penta Products, Rabin Winters Div., Robinson Laboratory, Inc., United Pharmaceutical,
CONNECTICUT: H. L. Moore Drug Exchange, FLORIDA: Barry Martin Company, Generix
Drug Sales, Gulf Coast Drug, ILLINOIS: Arno Laboratories, Inc., Generic Pharmaceu-
tical, KENTUCKY: Midway Medical Company, MARYLAND: Barre Drug Company, Carroll
Chemical Co., Cumberland Pharmaceutical, Reymart Drug Co., MASSACHUSETTS: Croyden
Browne; MICHIGAN: Cooper Drug Company, Supreme Pharmaceutical, NEW YORK: Bioline
Laboratories, Inc., Columbia Medical Company, Interstate Drug Exchange, Jenkins Laboratories,
NEW JERSEY: Rondex Laboratories, Inc., Sherry Pharmaceutical, Spencer Mead, Inc., Vita-
Drug Co., Halsey Drug Company, INTERSTATE: T. J. Brown, Standex Laboratories, Toledo
Raway Pharnacal, Henry Schein, Inc., NORTH CAROLINA: Southern State Pharmaceu-
tical Co., Wayne Medical Company, OHIO: T. J. Brown, Standex Laboratories, Inc.
Pharmaceutical, WISCONSIN: Taylor Drug Company, Werner Laboratories, Inc.

Infants are human beings: an interpretation
of growth.

2nd ed. Collier, 1954 122p.

54-12920

\$ 95

INFANT CARE

The United States Government guide.

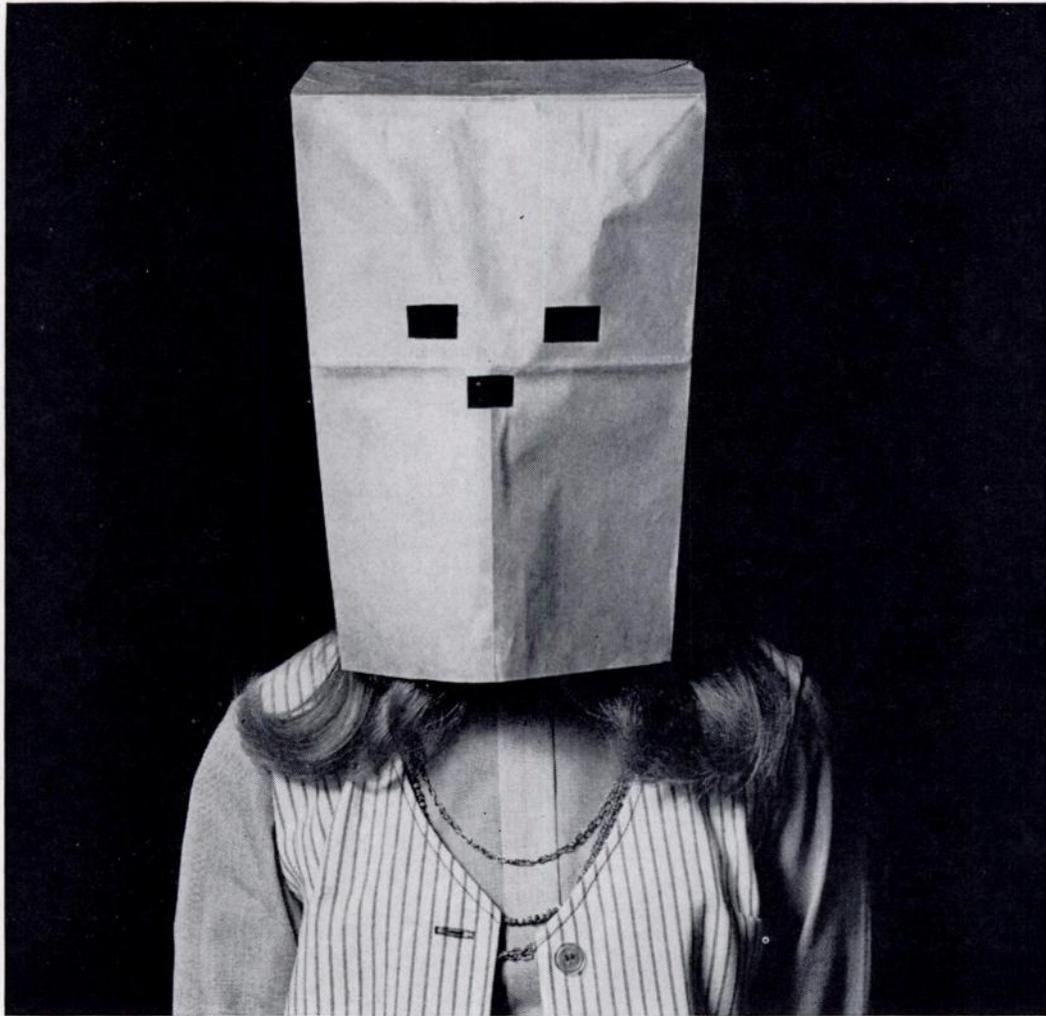
Prentice-Hall 1968 230p.

68-16499

\$4.50

ADVERTISEMENT

**Acne won't let
them show their faces.**



Fostex[®] will.

It's the acne wash that's used instead of soap.
Fostex degreases, dries and mildly peels.
Penetrates plugged pores to help remove blackheads. Degerms.
Economical Fostex Cake 3¾ oz. bar, or Cream 4½ oz. jar.
From Westwood, of course, the specialist
in dermatology products. See PDR.

Westwood Pharmaceuticals Inc.

Buffalo, New York 14213

In answering advertisements please mention PEDIATRICS

xcvii

INDEX TO ADVERTISERS



- Ayerst Laboratories (Auralgan)viii, lxxvii
- Biocraft Laboratories (Penicillin-VK)xcvi
- Borden Company (Bremil)lx
- Borden Company (Cho-Free)xxxviii, xxxix
- Borden Company (Methakote)xxv
- Borden Company (Neo-Mull-Soy) Fourth Cover
- Bristol-Myers Co. (Congespirin)xlvi
- Campbell Soup Company (Soup)lxiii
- Carnation Company (Evaporated Milk)lxvii
- Center Laboratories (Diagnostic '10')xliv
- Ciba Pharmaceuticals (Vioform-HC) .lxxxvi, lxxxvii
- Coca-Cola Company (Coke)lxxxii
- Continental Scale Corp. (Pediatric Scale)lxviii
- Davies-Rose-Hoyt (Funda-Vite (F))lxxiii
- Davies Rose Hoyt (Ipsatol/Ipsatol-DM)v
- DeVilbiss Company, Inc. (Ultrasonic Nebulizer) .xcv
- Dorsey Laboratories (Triaminic Syrup & Expectorant)lxxxviii, lxxxix
- Dow Chemical Co. (Novahistine Expectorant)xlvi, xlvi
- Duke Laboratories (Nivea Products)lxxvii
- Extracorporeal Medical Specialties, Inc. (Holter Pump)xxiii
- Fleet, C. B. Co., Inc. (Pediatric Enema)xlix
- Herbst Shoe Manufacturing Co. (Child Life)liii
- Hollister, Inc. (Karaya Seal)xiv
- IMI Division of Becton Dickinson and Company (Infant Care Center)xxxiv, xxxv
- International Pharmaceutical Corp. (Gly-Oxide) .lvii
- Lilly, Eli & Company (Ilosone)xlv
- Lilly, Eli & Company (V-Cillin K)xc, xci
- Liz'beth Designs (Uniforms)lii
- Loma Linda Foods (Soyalac)xcii
- Macmillan Company (Medical Books)lxxvi
- Markell Shoe Company (Tarso Outflares)xx
- Mead Johnson Laboratories (Nursette-RN) ...xxxvii
- Mead Johnson Laboratories (ProSobee)xv, lxx
- Modella Mfg. Co. (Mitey Drye & Sleepy Drye) .lxxxii
- Mosby, The C. V. Company (Medical Books) ...xciv
- Neutrogena Corp. (Neutrogena Soap)lii
- Ohio Medical Products (Transport Incubator) .xxix
- Ohio Medical Products (Kreiselman Bassinet Resuscitator)xcix
- Ohio Medical Products (Pneumatic Nebulizer) ..viii
- Olympic Surgical Company (Bili-Lite)xciii
- Parke Davis & Company (Benylin)i
- Parke Davis & Company (Povan)lxxviii lxxix
- Peanut Growers of Alabama and Georgia, The (Peanut Butter)xxxvi
- Pfizer Laboratories Div. Pfizer Inc. (Pfizerpen)xxii, xxiii
- Pharmacraft Div. of Pennwalt Corp. (Caldesene) .xxx
- Plough, Inc. (St. Joseph Aspirin for Children & Liquid A)Second Cover
- Procter & Gamble Co. (Ivory Bar)lxxxi
- Purdue Frederick Co. (Cerumenex)xxviii
- Robins, A. H. & Company (Dimetapp)xl, xli
- Robins, A. H. & Company (Donnagel-PG) ...lxxxiii
- Robins, A. H. & Company (Robitussin-DM)xxi
- Roche Laboratories (Gantanol Suspension)lxxxiv, lxxxv
- Roche Laboratories (Gantrisin)liv, lv
- Roche Laboratories (Tigan)xviii, xix
- Ross Laboratories (Rondec-DM)ix, x, xi, xii
- Ross Laboratories (Pediamicin)lviii, lix
- Ross Laboratories (Vi-Daylin)c
- Schering Corp. (Coricidin Demilets)lxix
- Squibb, E. R. & Sons (Pentids)I, li
- Squibb, E. R. & Sons (Principen)lxx, lxxi, lxxii
- Squibb, E. R. & Sons (Veetids)vi, vii
- Strasburgh Div. of Pennwalt Corp. (Tussionex)xxxii
- Thayer Laboratories (Liquiprin)lxxx
- Thomas, Charles C, Publisher (Medical Books) ..lvi
- VioBin Corp. (Viokase)lxxxii
- Warner-Chilcott Laboratories (Tedral Suspension)xxxii
- Westwood Pharmaceuticals (Fostex)xcvii
- Wyeth Laboratories (Injection Bicillin CR)xxvi, xxvii
- Wyeth Laboratories (Omnipen Oral Suspension) .lxxxiv, lxxxv
- Wyeth Laboratories (Pen-Vee K)xiii

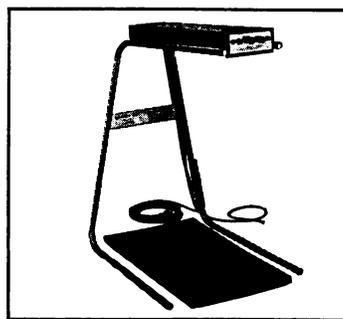
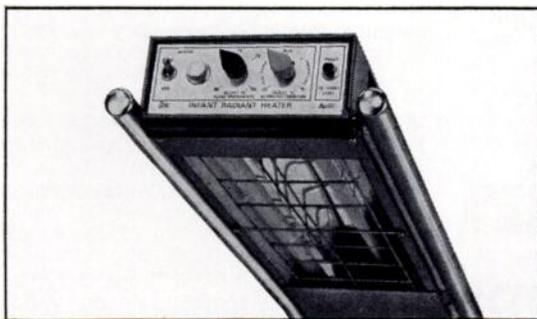
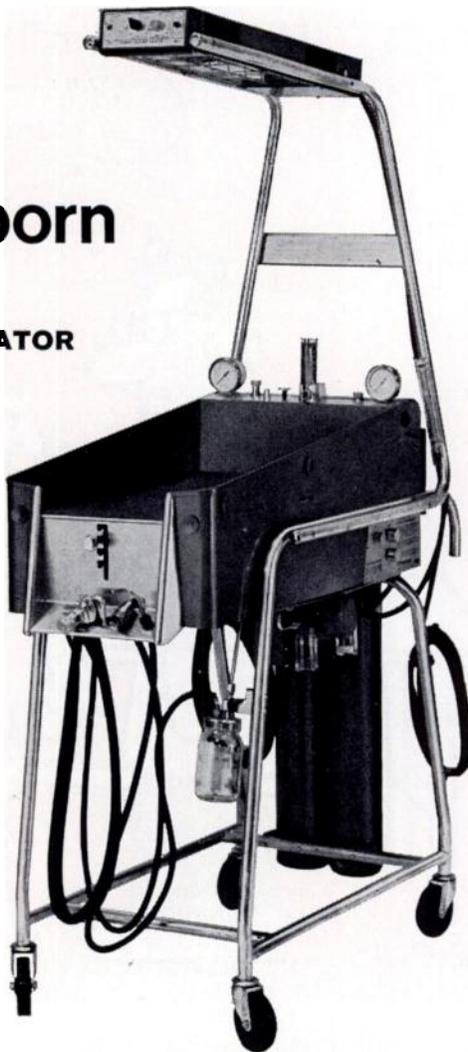
We try to present an accurate index. Occasionally this may not be possible because of a last-minute change or an omission.

New warmth for the newborn

Kreiselman®

BASSINET R24 RESUSCITATOR WITH RADIANT HEAT

- For the critically ill newborn and distressed premature infants
- Even distribution of infrared radiant heat
- Solid state dual controls for heat selection
- Built-in fluorescent light
- Built-in ambient temperature thermometer
- And all the standard Kreiselman Bassinet Resuscitator features: resuscitation, inhalation, aspiration. Cylinders and pipeline models



For more details please phone or write for Catalog 1832 or contact your Ohio Representative.

Ohio Medical Products

MADISON, WISCONSIN 53701

Radiant Heater Kit Available: Kreiselman Bassinet Series 24 Resuscitators now in use may be quickly and economically modified with a radiant heater kit which includes frame, heater, light, mattress, and thermometer.

AIRCO

In answering advertisements please mention PEDIATRICS

Vignettes from Vi-Daylin



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

fresh-fruit flavored

Vi-Daylin® Drops/ADC Drops

now available...
in new, economical 50 cc bottles

from Ross...the makers of Similac®
Infant Formula

Convenient Dosage: 1 dropperful (1 cc) daily.

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

Vi-Daylin ADC Drops: 1 dropperful provides vitamin A (1500 I.U.), vitamin D (400 I.U.) and vitamin C (ascorbic acid) (30 mg).

Vi-Daylin Plus Iron Drops/Vi-Daylin Plus Iron ADC Drops: 1 dropperful provides vitamin quantities stated above plus 10 mg of elemental iron (as 49.78 mg ferrous sulfate).

Supplied: Vi-Daylin/ADC Drops, 30 cc and 50 cc bottles with calibrated dropper. Vi-Daylin Plus Iron Drops/Plus Iron ADC Drops, 50 cc bottles with calibrated dropper.

Vi-Daylin Drops/Vi-Daylin ADC Drops also available with fluoride.

And for older children:

Vi-Daylin Liquid
Vi-Daylin Chewable
Vi-Daylin Plus Iron Chewable
Vi-Daylin with Fluoride Chewable



In answering advertisements please mention PEDIATRICS

AMERICAN ACADEMY OF PEDIATRICS

1801 Hinman Avenue
Evanston, Illinois 60204

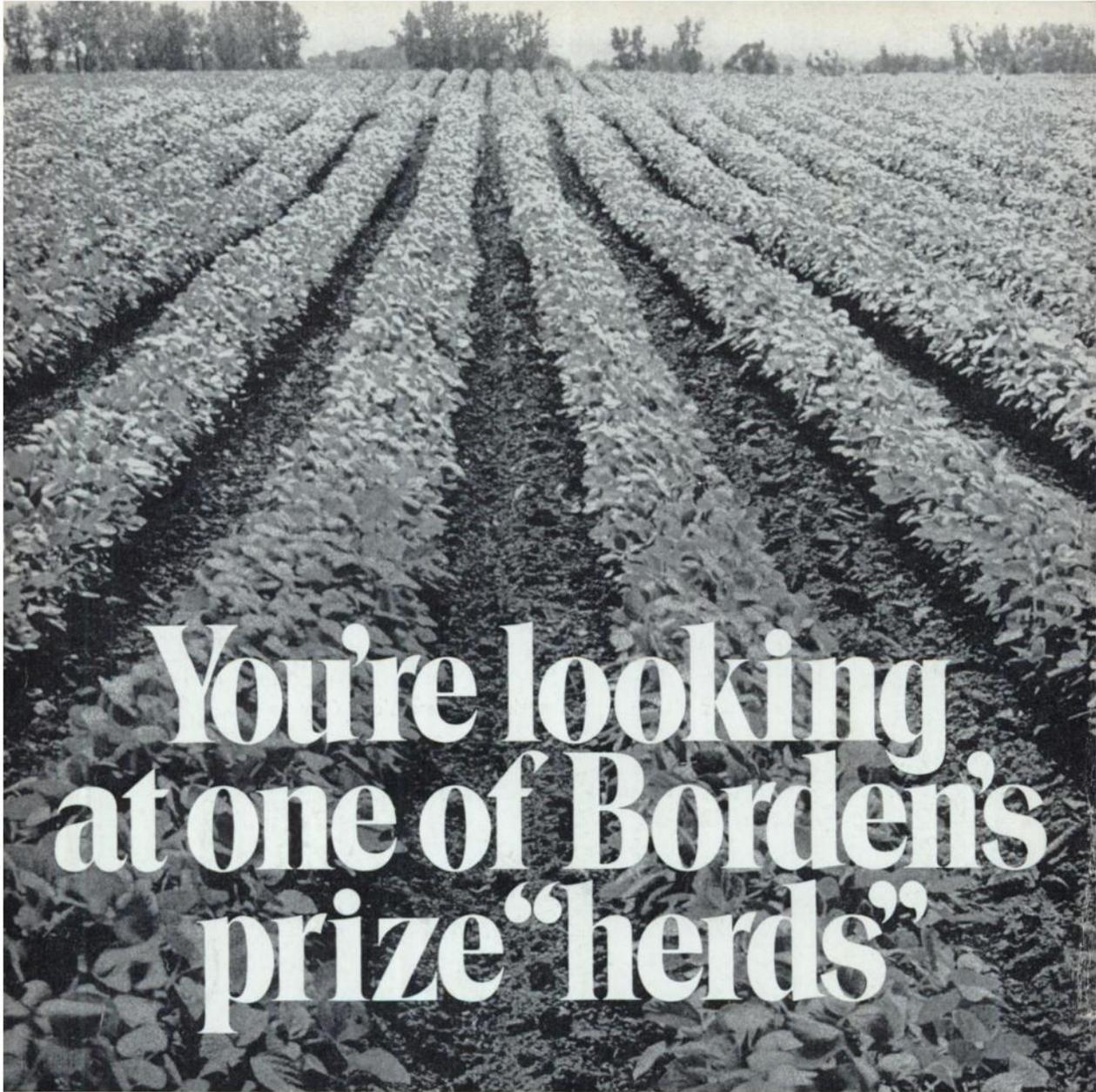
SCHEDULE OF MEETINGS

ANNUAL MEETINGS

| | |
|--|------------------|
| 1970—Thirty-Ninth | October 17 to 22 |
| San Francisco Hilton, San Francisco | |
| 1971—Fortieth | October 16 to 21 |
| Palmer House, Chicago | |
| 1972—Forty-First | October 14 to 19 |
| New York Hilton and Americana, New York City | |
| 1973—Forty-Second | October 20 to 25 |
| Palmer House, Chicago | |
| 1974—Forty-Third | October 19 to 24 |
| San Francisco Hilton, San Francisco | |

SPRING SESSIONS

| | |
|------------------------------------|----------------|
| 1971—Chase-Park Plaza | April 19 to 22 |
| St. Louis, Mo. | |
| 1972—Town and Country Hotel | April 24 to 27 |
| San Diego, Calif. | |
| 1973—Sheraton Boston | April 9 to 12 |
| Boston, Mass. | |
| 1974—Americana Hotel | April 22 to 25 |
| Bal Harbour, Fla. | |
| 1975—Denver Hilton | April 14 to 17 |
| Denver, Colo. | |



You're looking at one of Borden's prize "herds"

Satisfy problem feeders without sacrifice of nutritional quality

Neo-Mull-Soy is the only soy isolate formula with published clinical evidence demonstrating it to be nutritionally equivalent to milk formulas.

And it comes from a bean—not from a cow.

A recent clinical study¹ shows Neo-Mull-Soy nutritionally equivalent to milk formulas in supporting growth and development of infants. The study also points out, "... one should not conclude that all soy isolates or soy isolate formulas perform in

this manner."

Animals studies show that added methionine is necessary to improve the protein efficiency ratio of soy isolates². And Neo-Mull-Soy has a higher level of added methionine than any other soy isolate.

Neo-Mull-Soy is now available in ready-to-feed quart cans. And as a liquid concentrate in 13-fluid oz. cans. In drugstores and supermarkets. Also in ready-to-feed 4 and 8-oz. bottles for the hospital nursery.

References

1. Bates, R. D., Barrett, W. W., Anderson, D. W., Jr. and Saperstein, S.: Milk and soy formulas: A comparative growth study. *Annals of Allergy* 26:577, 1968.

2. Longnecker, J. B., Martin, W. H., and Sarett H. P.: Improvement in the protein efficiency of soybean concentrates and isolates by heat treatment. *Agr. Chem.*, 12:411, 1964.

Borden, Inc.
Pharmaceutical Products
350 Madison Avenue
New York, New York 10017



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

Diluted with an equal quantity of water Neo-Mull-Soy supplies per U.S. quart: Vitamin A 2000 U.S.P. units, Vitamin D 400 U.S.P. units, Vitamin E 10 Int'l units, Vitamin C 52 mg., Vitamin B₁₂ 2 mcg., Thiamine 0.5 mg., Riboflavin 1.0 mg., Pyridoxine 0.4 mg., Folic Acid 70 mcg., Niacin 7.0 mg., Inositol 100 mg., Choline 85 mg., Calcium Pantothenate 2.5 mg., Calcium 0.8 Gm., Phosphorus 0.6 Gm., Iron 8.0 mg., Iodine 0.15 mg., Magnesium 75 mg., Zinc 3.0 mg., Manganese 2.5 mg., Copper 0.4 mg.