May 1971 Volume 47 Number 5

PEDIATRICS

AMERICAN ACADEMY OF PEDIATRICS EVANSTON ILLINOIS 60204

commentaries

articles

diagnosis and treatment

experience and reason—briefly recorded

special article

book of accidents (1830)

american academy of pediatrics

New and Improved

Child Life SHOES

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Child Life SHOES

HERBST SHOE MANUFACTURING COMPANY
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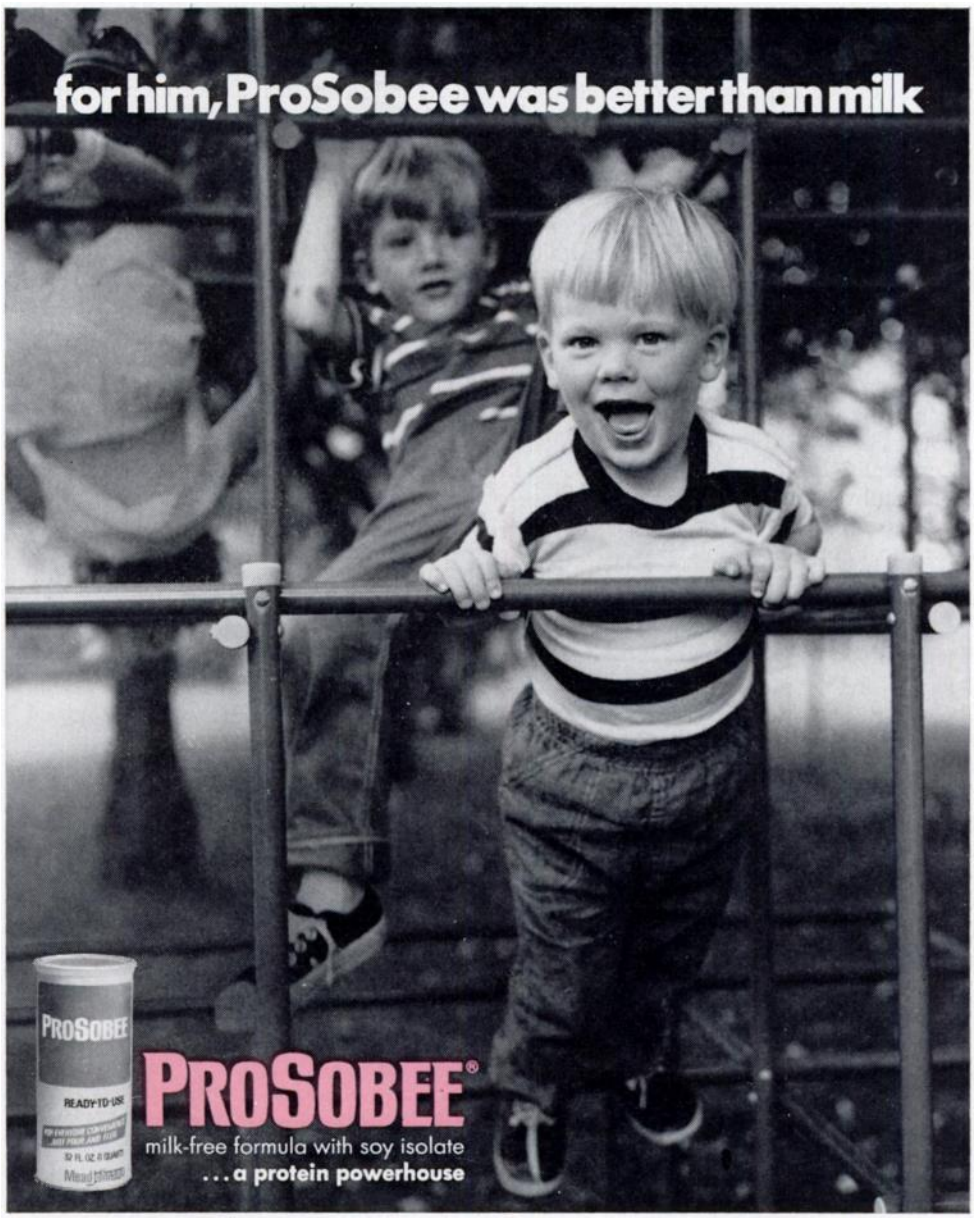
The number 1 NAME in PRESCRIPTION FOOTWEAR



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.

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Johnson
LABORATORIES

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Pediatrics

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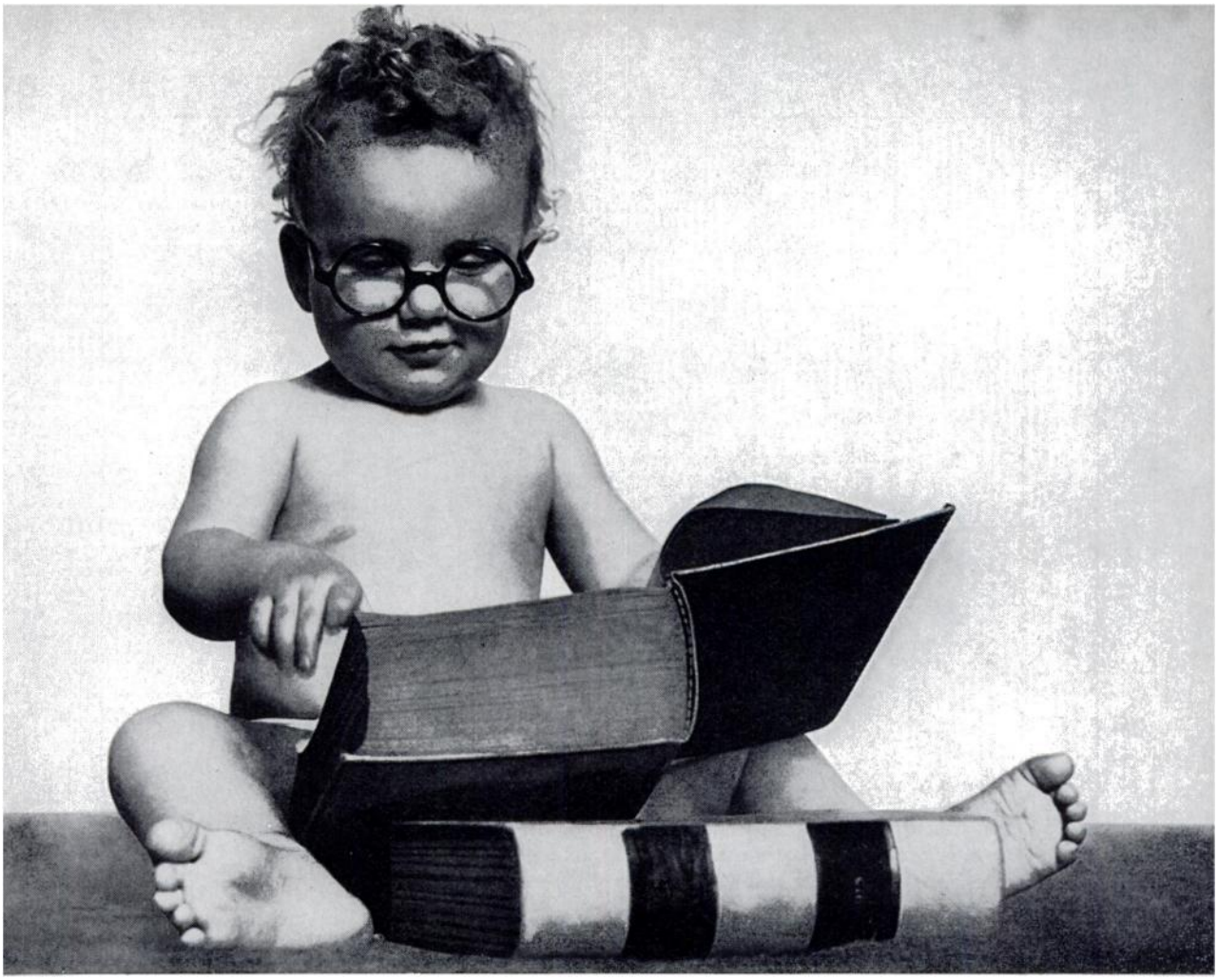
Volume 47 MAY 1971 Number 5

CONTENTS

(Continued on next page)

FORTHCOMING MEETING
AMERICAN ACADEMY OF PEDIATRICS

Annual Meeting, October 16–21, 1971
Palmer House, Chicago



let's get down to fundamentals

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

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

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

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

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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.

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Contains a full
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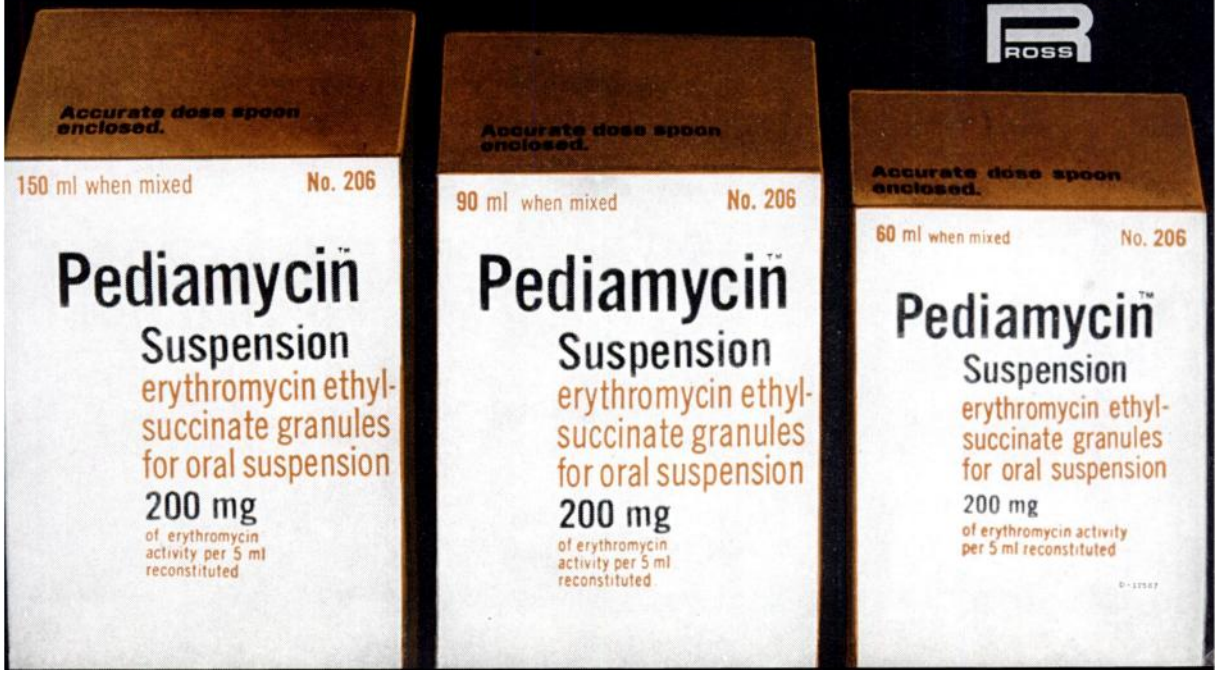


It's enough to make him throw up.

That's one trouble with oral antiemetic agents, especially when it comes to youngsters with motion sickness, for instance. The odor, the taste, even just the sight of oral medication may aggravate the very symptoms you're trying to relieve.

Fortunately, Phenergan in rectal suppository form is usually well tolerated, even when other antiemetic dosage forms are not. It helps control and prevent nausea and vomiting—whether from motion sickness or associated with anesthesia and surgery. And its sedative effect is often useful too.

RECTAL SUPPOSITORIES PHENERGAN®
(PROMETHAZINE HCl)

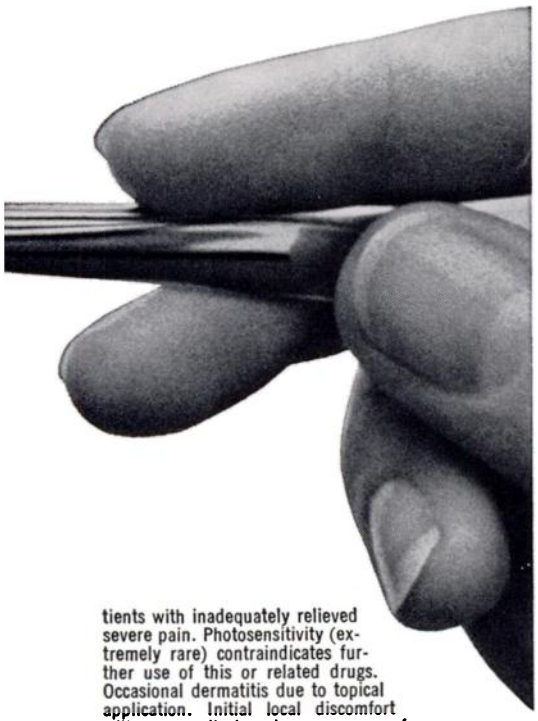
Wyeth

Wyeth Laboratories
Philadelphia, Pa.

Indications: As a sedative, *e.g.*, for nighttime, surgical and obstetrical sedation; as an adjunct to analgesics and anesthetics; and to prevent and control motion sickness, nausea and vomiting; and for allergic conditions amenable to antihistaminic therapy.

Precautions: PROMETHAZINE POTENTIATES CNS DEPRESSANTS; THEREFORE, ELIMINATE OR REDUCE CONCOMITANT BARBITURATE DOSES BY AT LEAST ONE-HALF AND REDUCE DOSES OF MEPERIDINE, MORPHINE AND OTHER ANALGESIC DEPRESSANTS BY ONE-QUARTER TO ONE-HALF. Caution patients against operating vehicles or dangerous machinery until absence of drowsiness or dizziness is established. Do not give intravenously in concentrations greater than 25 mg. per cc. and do not administer at a rate in excess of 25 mg. per minute. Avoid perivascular extravasation (may cause chemical irritation). Intra-arterial injection is contraindicated.

Side Effects: Drowsiness (administer full therapeutic dosage cautiously to ambulatory patients); autonomic reactions such as dry mouth, blurred vision; minor increases in blood pressure and occasional mild hypotension; rarely, dizziness. One case of agranulocytosis and, very rarely, leukopenia, almost always when other known toxic agents had been administered. "Athetoid-like" movements of the upper extremities have rarely been noted following parenteral administration in patients with inadequately relieved severe pain. Photosensitivity (extremely rare) contraindicates further use of this or related drugs. Occasional dermatitis due to topical application. Initial local discomfort with suppositories in presence of abraded or denuded rectal lesions. Paradoxical excitation in children after single oral doses of 75 to 125 mg. Suicidal attempts have resulted in deep sedation, coma, rarely convulsions and cardiorespiratory symptoms compatible with depth of sedation present.



Composition: Injection—25 mg/cc (IV or IM use) and 50 mg/cc (IM use only). Available in vials, ampuls and TUBEX® sterile cartridge-needle units. Each cc. also contains 0.75 mg. sodium formaldehyde sulfoxylate, 0.25 mg. sodium metabisulfite, 0.1 mg. disodium ethylenediaminetetraacetate, 0.04 mg. calcium chloride, and 5 mg. phenol with sodium acetate buffer. (Following initial use, vials should be stored under refrigeration.) Tablets—12.5, 25 and 50 mg. Syrup—6.25 mg/5 cc and Syrup Fortis 25 mg/5 cc (Alcohol 1.5%). Rectal Suppositories—25 and 50 mg. Each suppository also contains ascorbyl palmitate, silicon dioxide, white wax and cocoa butter.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Periactin® HCl
(cyproheptadine HCl) (MSD)

one prescription you can write for symptomatic relief of many skin allergies...

whether they itch or not

A single-entity agent, both antiallergic and antipruritic in effect, PERIACTIN® HCl helps manage a broad range of skin allergies*—even when itching is not the primary symptom.

*For example, such conditions as urticaria, angioneurotic edema, dermatitis (including neurodermatitis), eczema, eczematoid dermatitis, drug and serum reactions, poison ivy, pruritus ani, and pruritus vulvae have all responded successfully to treatment with PERIACTIN HCl.

Contraindications: Glaucoma, predisposition to urinary retention, concurrent monoamine oxidase inhibitor therapy, hypersensitivity to this drug. Should not be prescribed for elderly, debilitated patients.

Warnings: In pregnancy, lactation, or women of childbearing age, weigh potential benefits against possible hazards.

Precautions: *Overdosage* of antihistamines, particularly in infants and children, may produce convulsions and death. May impair alertness in some patients, including children attending school; operation of automobiles and other activities made hazardous by diminished alertness should be avoided. Caution patients against ingestion of alcohol and other CNS depressants. Rarely, prolonged therapy with antihistamines may cause blood dyscrasias, but none has been reported as yet with this drug. Total daily dose not to exceed 0.5 mg/kg/day. Dosage must be individualized; daily dose should not exceed 12 mg for children 2 to 6 years, 16 mg for children 6 to 14 years, and 32 mg for adults.

Adverse Reactions: Drowsiness and somnolence appear frequently, but may disappear after three or four days of therapy. Dry mouth, dizziness, jitteriness, faintness, dryness of mucous membranes, headache, nausea, and skin rash have been reported in low incidence. Rarely, CNS stimulation (such as agitation, confusion, visual hallucinations) may occur.

How Supplied: Tablets containing 4 mg cyproheptadine HCl each, in bottles of 100; Syrup, containing 2 mg cyproheptadine HCl per 5 cc, with alcohol 5% and sorbic acid 0.1%, in bottles of 473 cc.

For more detailed information, consult your MSD representative or see the Direction Circular. Merck Sharp & Dohme, Division of Merck & Co., Inc., West Point. Pa. 19486

Periactin® HCl
(Cyproheptadine HCl|MSD)

MSD MERCK SHARP & DOHME

"I have a strong allergy to bees and was stung yesterday. Your kit saved my life..."*

*original letter on file with Center Laboratories

Fatal or near-fatal reactions to Hymenoptera stings occur every year. It could happen this spring, summer or fall to one of your patients sensitive to the sting of bees, wasps, hornets or yellow jackets.

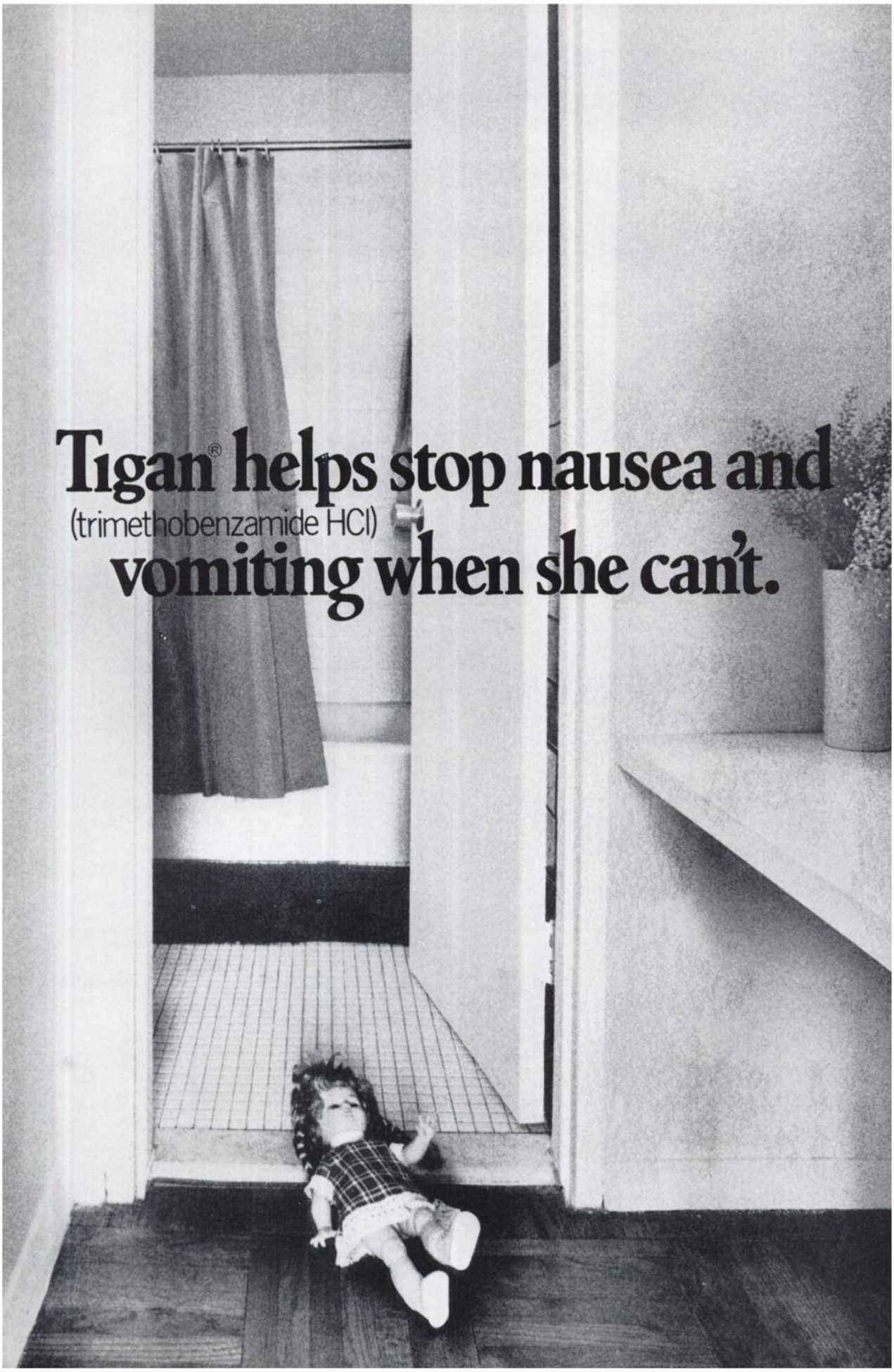
Fortunately, a simple form of protection against the consequences of such stings is available — the Center Insect Sting First Aid Kit. If self administered promptly after Hymenoptera stings, the contents of the kit afford immediate relief and may be life saving.

Each Insect Sting First Aid Kit contains a sterile, ready-to-use syringe pre-filled with Epinephrine USP 1:1000, an alcohol swab and tourniquet, plus complete instructions for use. The kit also contains two tablets each of Center EF-Barb (Ephedrine sulfate, 3/8 gr. — Phenobarbital 1/4 gr.) and Center Hist (Chlorpheniramine maleate, 4 mg.). Small enough to fit pocket or purse, the kit can always be kept close at hand by sensitive persons.

Rx as: Center Insect Sting First Aid Kit. Available at local pharmacies. It might save your patient's life.

DESCRIPTION: Sterile syringe delivers: epinephrine (as hydrochloride) 0.1%, sodium bisulfite (not more than) 0.15%, sodium chloride 0.9%, chlorbutanol (chloral derivative) 0.5%, water for injection q.s. 0.3 ml. Each Center-Hist Tablet contains: chlorpheniramine maleate USP (chlorprophenpyridamine maleate) 4 mg. Each Center EF-Barb Tablet contains: phenobarbital 1/4 gr. INDICATIONS: For prophylaxis against systemic reactions to Hymenoptera stings (bees, wasps, hornets, yellow jackets) in susceptible persons. CONTRAINDICATIONS: Not to be used by persons hypersensitive to any of the ingredients. WARNING: For emergency use only when medical care is not immediately available. Do not use if solution is discolored. PRECAUTIONS: Use with caution in elderly persons or those with cardiovascular disease, diabetes, high blood pressure, or hyperthyroidism. ADVERSE REACTIONS: Operation of cars or machinery should be avoided during therapy as occasional side effects of sedation, drowsiness, blurred vision, dizziness and disturbed coordination may occur. In sensitive individuals, palpitation, anorexia, tremors, urinary frequency, muscular weakness and gastrointestinal disturbances may occur. DOSAGE AND ADMINISTRATION: Epinephrine hydrochloride: Inject 0.3 ml subcutaneously. Center-Hist and Center EF-Barb: *Adults*, 1 tablet of each. *Children*, 1/2 tablet of each.

Center Laboratories Inc.
Port Washington, New York 11050


Tigan® helps stop nausea and
(trimethobenzamide HCl)
vomiting when she can't.

Works quickly

A Tigan® (trimethobenzamide HCl) Suppository begins working promptly to provide the vomiting child with badly needed relief. A single dose is often enough. And it can be administered even during active emesis.

Gentle, dependable

More than ten years of clinical experience has demonstrated the usefulness of Tigan in combating emesis associated with some childhood illnesses, such as viral gastroenteritis. It is also well tolerated. (See Precautions.) Occasional reports of hypersensitivity reactions and Parkinson-like symptoms have been observed, but side effects were generally infrequent and seldom severe enough to warrant withdrawal of therapy.

Easy to administer

Each Tigan Suppository is self-lubricating for easy administration. And the beeswax body of the suppository is easy to divide into just the right doses. For children under 30 pounds, prescribe one-half suppository (100 mg). For children 30 to 90 pounds, prescribe one-half to one suppository (100 to 200 mg). Note: The suppository form is contraindicated in premature or newborn infants.

ROCHE

Roche Laboratories
Division of Hoffmann-La Roche Inc.
Nutley, N.J. 07110

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

Indications: Prevention and treatment of nausea and vomiting due to gastritis and gastroenteritis caused by infections, radiation therapy and operative procedures.

Contraindications: Known hypersensitivity to trimethobenzamide. Suppositories not for premature or newborn infants or patients with known sensitivity to benzocaine or similar local anesthetics.

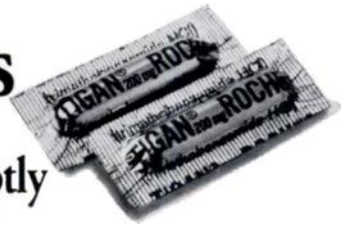
Warnings: Since drowsiness may occur, patients should not drive or operate machinery until response is determined. Use of any drug in pregnancy or lactation requires that its potential benefits be weighed against its possible hazards. See package insert section, *Usage in Pregnancy.*

Precautions: During acute febrile illness, encephalitides, gastroenteritis, dehydration and electrolyte imbalance, especially in children, the elderly or debilitated, CNS reactions (*e.g.*, opisthotonos, convulsions, coma and extrapyramidal symptoms) have been reported with or without use of Tigan (trimethobenzamide HCl) or other antiemetic agents. In such disorders, exercise caution in administering Tigan (trimethobenzamide HCl), particularly in patients recently receiving other CNS-acting agents (phenothiazines, barbiturates, belladonna derivatives). Treatment of severe emesis with an antiemetic alone is not recommended. Avoid overhydration. Antiemetic effects may impede diagnosis of such conditions as appendicitis or obscure toxicity from overdosage of other drugs.

Adverse Reactions: Occasional instances of hypersensitivity reactions and Parkinson-like symptoms, and rare occurrences of blood dyscrasias, blurring of vision, coma, convulsions, depression of mood, diarrhea, disorientation, dizziness, drowsiness, headache, jaundice, muscle cramps and opisthotonos have been reported. If these occur, determine if symptoms are associated with the underlying condition or are drug-induced, in which case, reduce or discontinue medication. Allergic-type skin reactions have been reported; discontinue use at first sign of sensitization.

How supplied: *Suppositories*, each containing 200 mg trimethobenzamide HCl and 2% benzocaine in a base compounded with polysorbate 80, white beeswax and propylene glycol monostearate; boxes of 10 and 50.

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



to control

It's never too early to start saving their hearts

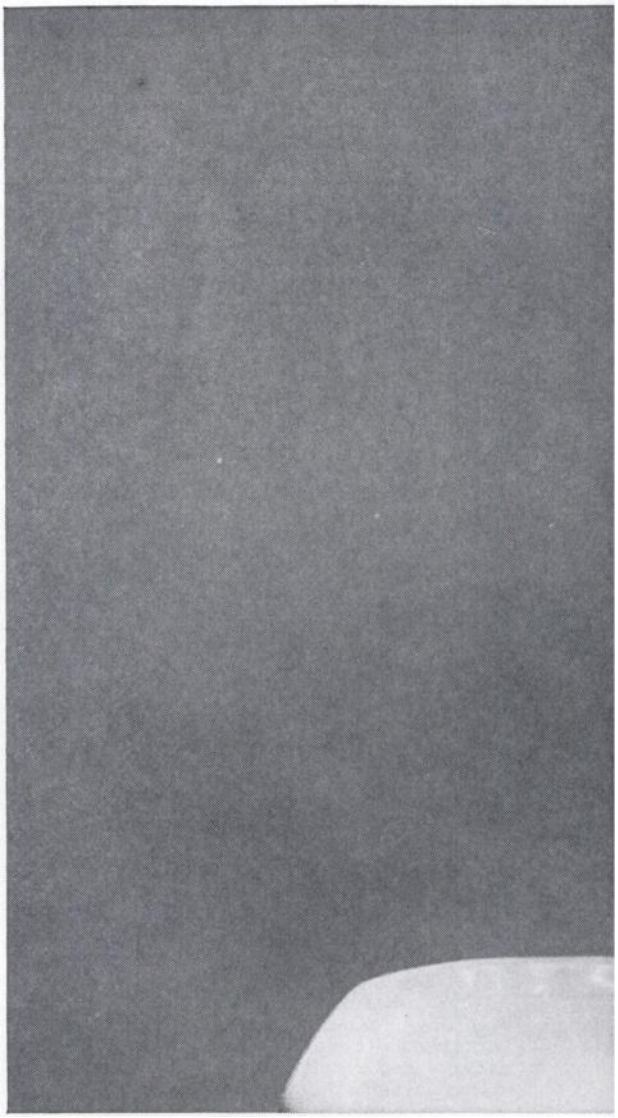
Help your children form good health habits now to reduce risk of heart attack later:

- Encourage normal weight; obesity in youth may persist throughout life;
- Build body health through regular physical activity;
- Serve them foods low in saturated fats;
- Teach them that cigarette smoking is hazardous to health;
- Make medical check-ups a family routine.

Set a good example. Follow the rules yourself and guard *your* heart, too.

GIVE...
so more will live
HEART FUND

Contributed by the Publisher



Temaril (trimeprazine, SK&F) won't *cure* chickenpox. But it will usually relieve the itching quickly—often within an hour. Your young patients will be more comfortable and cooperative. And, there's less risk of scratch-induced infection and delayed healing. Children who are acutely ill or dehydrated should be supervised carefully because of their greater susceptibility to neuromuscular reactions.

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

Indication: For relief of moderate to severe pruritus.

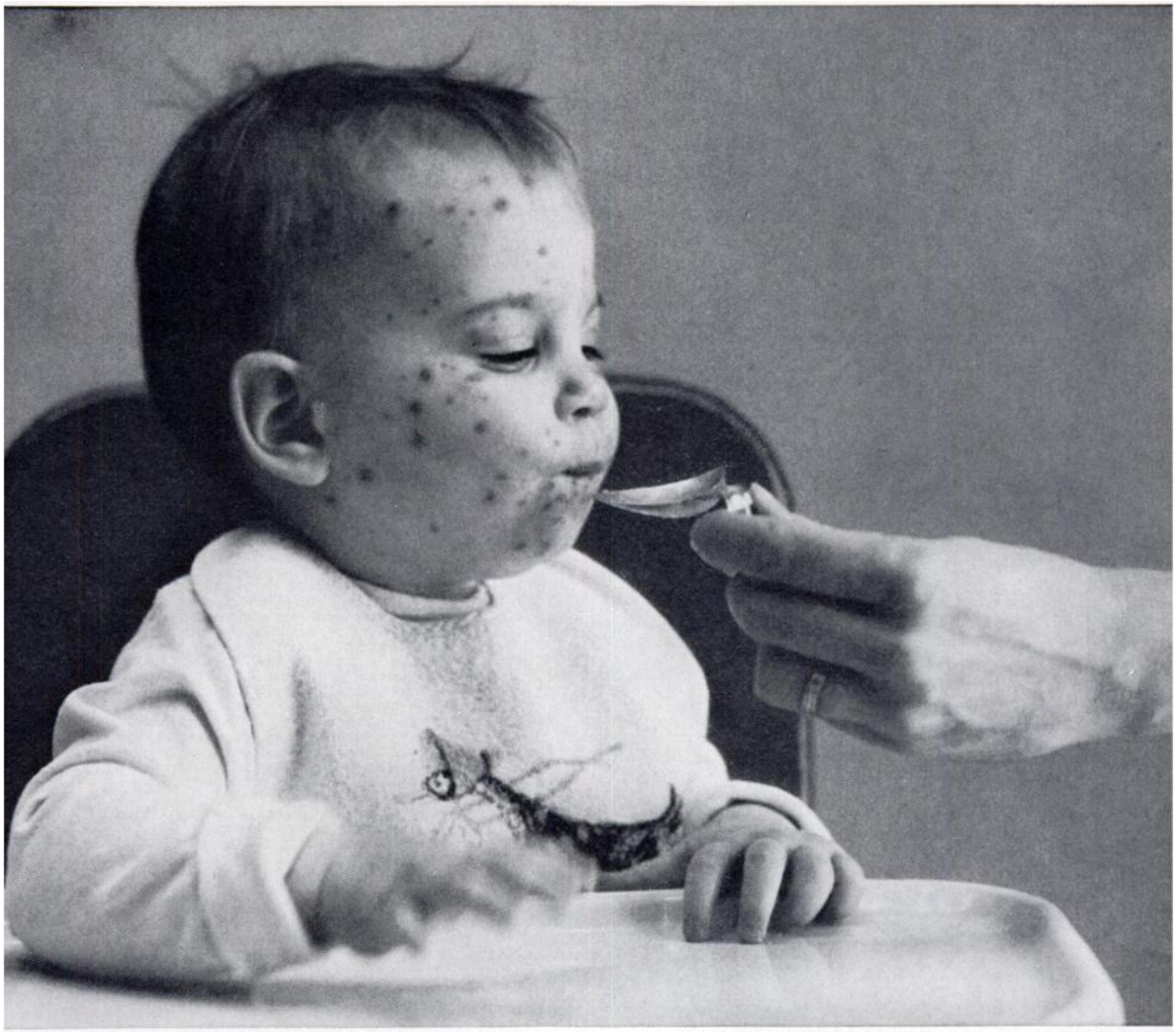
Contraindications: C.N.S. depression from depressant agents. Previous blood dyscrasias or severe allergic reactions related to phenothiazine therapy.

Warnings: In pregnancy and in patients with previous phenothiazine-induced jaundice, use only when necessary for patient's welfare. Use cautiously in patients who may operate vehicles or machinery and warn of possible drowsiness. Alcohol effects may be potentiated.

Precautions: Use with caution where C.N.S. depressants (opiates, analgesics, antihistamines, barbiturates, alcohol) may be potentiated; in jaundice; in patients with history of convulsive

the itching–Temaril®

brand of **trimeprazine**



disorders or liver disease. Epinephrine effect may be reversed. Children, acutely ill or dehydrated, must be supervised carefully because of increased susceptibility to neuromuscular (extrapyramidal) reactions. Antiemetic effect may mask overdosage of toxic drugs or other conditions.

Adverse Reactions: Although rare, cholestatic jaundice, leukopenia, agranulocytosis and extrapyramidal symptoms (tremors, spasticity, painful constriction of skeletal muscles, or dystonias) have occurred. Patients should be kept under regular observation. Mild drowsiness, dizziness, dryness of mucous membranes and gastrointestinal upset may occur. In a few children, paradoxical hyperactivity, irritability, insomnia and hallucinations have been reported.

Other Adverse Reactions reported with one or more phenothiazines: Some adverse reactions are dose-related, others involve patient sensitivity; still others occur more frequently in patients with special medical problems, e.g., mitral insufficiency or pheochromocytoma patients have experienced severe hypotension following recommended doses of certain phenothiazines. Opisthotonos, oculogyric crisis, hyperreflexia, dystonia, akathisia, dyskinesia, parkinsonism (although rare, extrapyramidal symptoms have persisted, especially in elderly patients with previous brain damage); grand mal convulsions; altered cerebrospinal fluid proteins; cerebral edema; potentiation of atropine, heat, phosphorus insecticides; dry mouth, nasal congestion, headache, nausea, constipation, obstipation, adynamic ileus, inhibition of ejaculation; reactivation of psychotic processes, catatonic-like states; hypotension (sometimes fatal; cardiac arrest); pancytopenia, thrombocytopenic purpura, leukopenia, agranulocytosis, eosinophilia; jaundice, biliary stasis; lactation, galactorrhea, gynecomastia, menstrual irregularities, false positive pregnancy tests; photosensitivity, itching, erythema, urticaria, eczema up to exfoliative dermatitis; asthma, laryngeal edema, angioneurotic edema, anaphylactoid reactions; peripheral edema; hyperpyrexia; pigmentary retinopathy; with prolonged substantial therapy—skin pigmentation, epithelial keratopathy, lenticular and corneal deposits.

EKG changes—particularly nonspecific, usually reversible Q and T wave distortions—have been noted, but relationship to myocardial damage is not confirmed. Sudden discontinuance in long-term patients may cause temporary nausea, vomiting, dizziness, tremulousness.

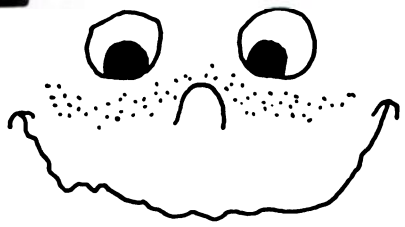
NOTE: There are occasional reports of sudden death but a relationship between phenothiazine administration and these deaths has not been established. In some cases, the cause appeared to be asphyxia due to cough reflex failure; in others cause could not be determined.

Supplied: Tablets, 2.5 mg., in bottles of 100; Spansule® capsules, 5 mg., in bottles of 50; Syrup, 2.5 mg./5 cc.

Smith Kline & French Laboratories

SK&F

ouchless penicillin



For many mild to moderately severe infections often treated with injectable penicillin, oral Pen•Vee K offers a painless alternative. In either liquid or tablet form, it encourages acceptance of full therapeutic and prophylactic doses.

Pen•Vee K is also rapidly absorbed, producing high serum levels quickly—and without regard to mealtimes.

Tablets are scored for easy dosage adjustment. Liquid for oral solution available in raspberry and orange-mint flavors.

ORAL Pen•Vee® K

(potassium phenoxymethyl penicillin) Wyeth

INDICATIONS: In treatment of mild to moderately severe infections due to penicillin G-sensitive microorganisms. Therapy should be guided by bacteriological studies (including sensitivity tests) and by clinical response.

NOTE: Severe pneumonia, empyema, bacteremia, pericarditis, meningitis, and arthritis should not be treated with phenoxymethyl penicillin during the acute stage.

Indicated surgical procedures should be performed.

The following infections will usually respond to adequate dosage of phenoxymethyl penicillin.

Streptococcal infections (without bacteremia). Mild to moderate infections of the upper respiratory tract, scarlet fever, and mild erysipelas.

NOTE: Streptococci in groups A, C, H, G, L, and M are very sensitive to penicillin. Other groups, including group D (enterococcus) are resistant.

Pneumococcal infections. Mild to moderately severe infections of the respiratory tract.

Staphylococcal infections—penicillin G sensitive. Mild infections of the skin and soft tissues.

NOTE: Reports indicate an increasing number of strains of staphylococci resistant to penicillin G, emphasizing the need for culture and sensitivity studies in treating suspected staphylococcal infections.

Fusospirochetosis (Vincent's gingivitis and pharyngitis)—Mild to moderately severe infections of the oropharynx usually respond to therapy with oral penicillin.

NOTE: Necessary dental care should be accomplished in infections involving the gum tissue.

Medical conditions in which oral penicillin therapy is indicated as prophylaxis:

For the prevention of recurrence following rheumatic fever and/or chorea, prophylaxis with oral penicillin on a continuing basis has proven effective.

To prevent bacterial endocarditis in patients with congenital and/or rheumatic heart lesions who are to undergo dental procedures or minor upper respiratory tract surgery or instrumentation, prophylaxis should be instituted the day of the procedure and continued for 2 or more days following. Patients with a past history of rheumatic fever receiving continuous prophylaxis may harbor increased numbers of penicillin-resistant organisms; consider use of another prophylactic anti-infective agent. If penicillin is to be used in these patients at surgery, the regular rheumatic fever program should be interrupted 1 week prior to contemplated surgery. At time of surgery, penicillin may be reinstituted as a prophylactic measure against the hazards of surgically induced bacteremia.

NOTE: Oral penicillin should not be used as adjunctive prophylaxis for genitourinary instrumentation or surgery, lower intestinal tract surgery, sigmoidoscopy or childbirth.

CONTRAINDICATIONS: Previous hypersensitivity reaction to any penicillin.

(continued on facing page)

AMERICAN ACADEMY OF PEDIATRICS 1970 SELF EVALUATION AND EDUCATION PROGRAM

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I am ☐ Am not ☐ a member of the American Academy of Pediatrics. My check for $25.00 is enclosed.

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. . . . . .

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(Make checks payable to the American Academy of Pediatrics and mail to 1801 Hinman Avenue, Evanston, Illinois 60204)

Buntees, the baby shoe specialists who wrap a single piece of seamless leather around and under the baby foot to form a complete shoe before the soft, flexible sole is added. It's the world's most natural shoemaking process, updated and modernized to be the world's most natural shoe for soft, baby feet. Buntees, as gentle as they look.

Buntees Division, The Green Shoe Co., Boston, Mass.

Buntees

You are looking at the clinical result of a singular new antibiotic for the eye

brand of

GARAMYCIN® GENTAMICIN SULFATE OPHTHALMIC SOLUTION/OINTMENT

Each cc. or gram contains gentamicin sulfate equivalent to 3.0 mg. gentamicin.

Clinical effectiveness: "...appears to be an antibiotic of choice for the initial treatment of external ocular infections."*[1] In both solution and ointment form, it has "...proved highly effective...for a wide variety of common bacterial eye infections*..."[2] and is particularly useful for infections* "resistant to standard antibiotic agents."[3]

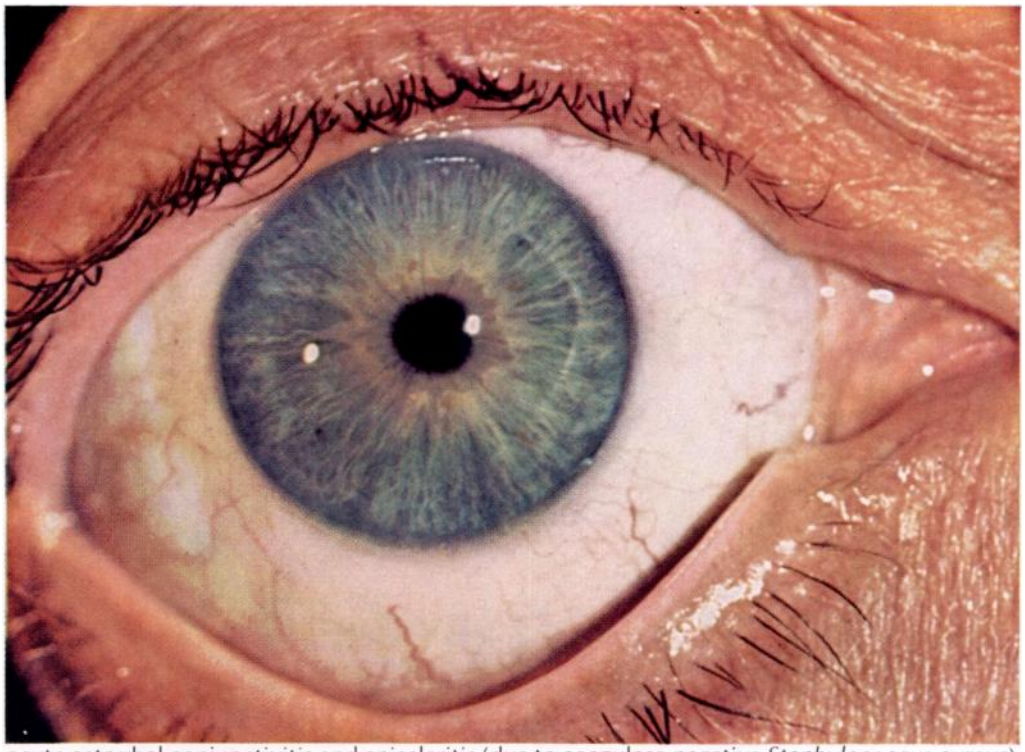
Outstanding activity: Wide range of activity against both gram-positive and gram-negative organisms—equal in spectrum to commonly prescribed combinations of neomycin, polymixin and bacitracin or gramicidin in the treatment of external eye infections.*

Low incidence of sensitization—can be used with continued efficacy, less concern for allergic potential. Although significant resistance in organisms isolated from patients treated with gentamicin has not occurred at the present time, this may occur in the future as resistance has been produced with difficulty *in vitro* by repeated exposures.

Dosage flexibility—non-blurring SOLUTION, ideal for daytime use and an OINTMENT, advantageous for nighttime use or in non-ambulatory patients.

*Due to susceptible organisms.

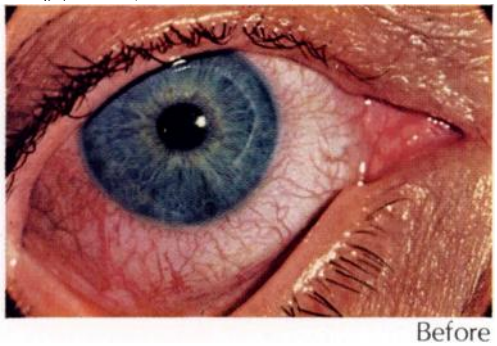
(1. Gordon, D.M.: Amer. J. Ophthal. 69:300 [Feb.] 1970. 2. Magnuson, R.H., and Suie, T.: JAMA *199*:427 [Feb. 6] 1967. 3. Breakey, A.S.: EENT Month. *46*:1499 [Dec.] 1967.)



acute catarrhal conjunctivitis and episcleritis (due to coagulase-negative *Staphylococcus aureus*)

After 7 days of GARAMYCIN SOLUTION

Photographs courtesy of D. Gordon, M.D., N.Y., N.Y.



Before

Clinical Considerations

Description: GARAMYCIN is a bactericidal antibiotic of the aminoglycoside group active against a wide variety of pathogenic gram-negative and gram-positive bacteria.

GARAMYCIN Ophthalmic Solution is a sterile aqueous solution buffered to approximately pH 6.7 for use in the eye. Each cc. contains gentamicin sulfate (equivalent to 3.0 mg. gentamicin), disodium phosphate, monosodium phosphate, sodium chloride, and benzalkonium chloride as a preservative.

GARAMYCIN Ophthalmic Ointment contains, in each gram of ointment, gentamicin sulfate (equivalent to 3.0 mg. gentamicin), and methylparaben and propylparaben as preservatives in a bland base of clear petrolatum.

Indications: GARAMYCIN Ophthalmic Solution and Ointment are indicated in the topical treatment of infections of the external eye and its adnexa caused by susceptible bacteria. Such infections embrace conjunctivitis, keratitis and keratoconjunctivitis, corneal ulcers, blepharitis and blepharoconjunctivitis, acute meibomianitis, and dacryocystitis.

Contraindications: GARAMYCIN Ophthalmic Solution and Ointment are contraindicated in patients with known hypersensitivity to any of the components of these preparations.

Precautions: Prolonged use of topical antibiotics may give rise to overgrowth of nonsusceptible organisms such as fungi. Should this occur, or if irritation or hypersensitivity to any component of the drug develops, discontinue use of the preparation and institute appropriate therapy.

Dosage and Administration: GARAMYCIN Ophthalmic Solution: One or two drops every four hours. In severe infections, dosage may be increased to as much as two drops once hourly.

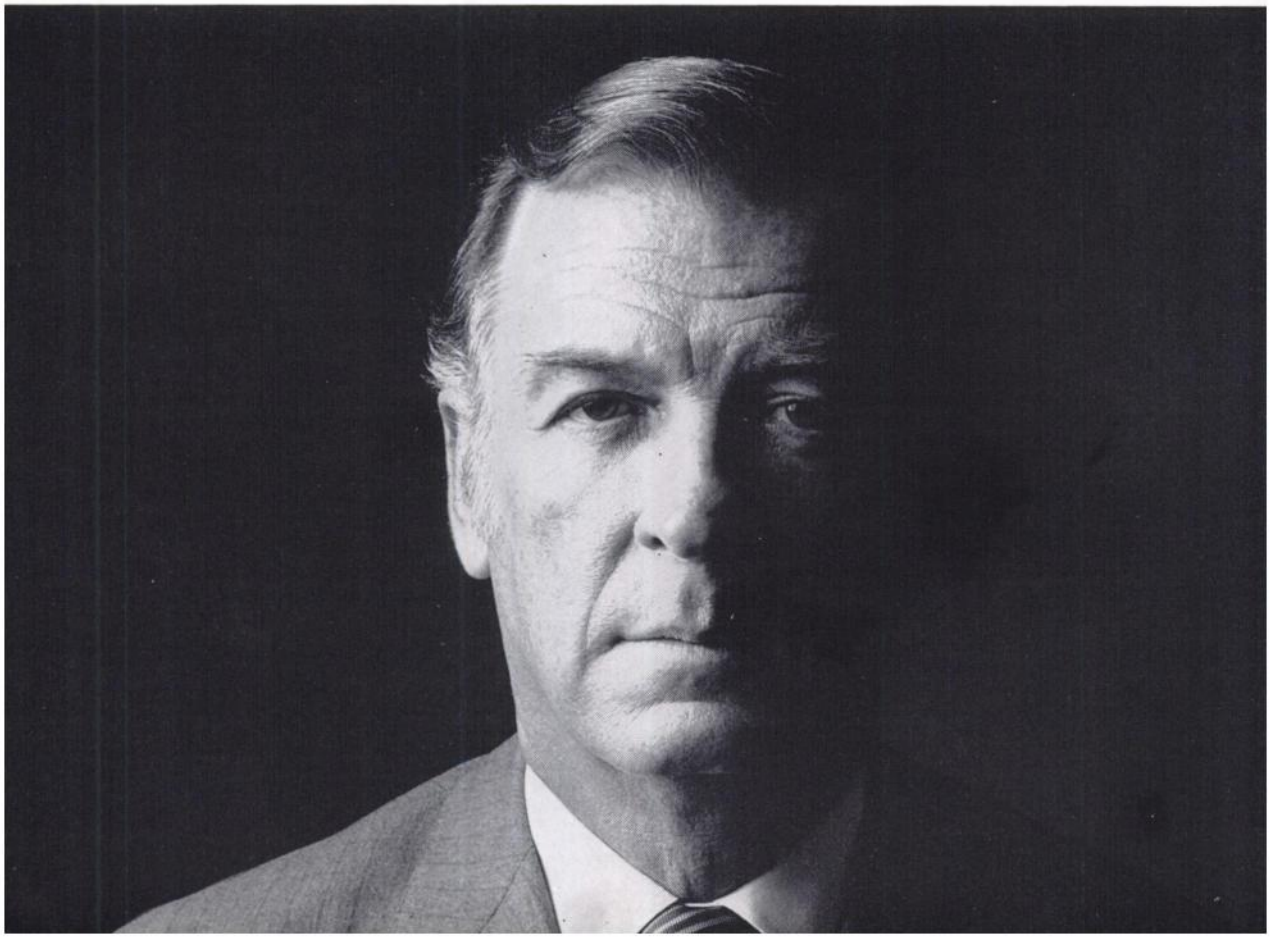
GARAMYCIN Ophthalmic Ointment: Apply a small amount to the affected eye two to three times daily.

How Supplied: GARAMYCIN Ophthalmic Solution, 5 cc. plastic dropper bottle, sterile, box of 1. GARAMYCIN Ophthalmic Ointment, 1/8 ounce tube, box of 1. NOTE: Store away from heat.

Schering

SCHERING CORPORATION, UNION, NEW JERSEY 07083

Their disease: the same **Their symptoms: similar**



In many patients seizure control is achieved with MYSOLINE alone. MYSOLINE often proves to be the agent of choice in the control of grand mal, psychomotor or focal seizures. When side effects occur during initial therapy, they are usually transitory and tend to disappear with continued therapy or with a reduction in dosage.

Must their therapy be different?

In some patients when a single agent does not provide satisfactory control, MYSOLINE may be added to the regimen for greater anticonvulsant control. MYSOLINE may gradually replace concomitant therapy in suitable cases where necessary dosage adjustment has been completed.

Mysoline®

Brand of

primidone

for effective seizure control in grand mal, psychomotor, or focal epilepsy

Ayerst AYERST LABORATORIES
New York, N.Y. 10017

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

BRIEF SUMMARY

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

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

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

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

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

DOSAGE AND ADMINISTRATION: With MYSOLINE, effective maintenance levels (varying with each patient) may be achieved through individual dosage adjustments within the framework of the following dosage schedule.

Average Dosage Schedule—250 mg. Tablet		
Week	Adults and children over 8 years	Children under 8 years
1	250 mg. h.s.	125 mg. h.s.
2	250 mg. b.i.d. (morning and evening)	125 mg. b.i.d. (morning and evening)
3	250 mg. t.i.d.	125 mg. t.i.d.
4	250 mg. q.i.d.	125 mg. q.i.d.

If necessary, continue similar weekly increments to tolerance, or therapeutic effectiveness, up to daily doses not exceeding 2.0 Gm. IN PATIENTS ALREADY RECEIVING OTHER ANTICONVULSANTS: MYSOLINE should be gradually increased as dosage of the other drug(s) is maintained or gradually decreased. This regimen should be continued until satisfactory dosage level is achieved for combination, or the other medication is completely withdrawn. When therapy with this product alone is the objective, the transition should not be completed in less than two weeks.

MYSOLINE (primidone) 50 mg. TABLET can be used to practical advantage when small fractional adjustments (upward or downward) may be required as in certain cases, for initiation of combination therapy and during "transfer" therapy. Also as added protection in periods of stress or stressful situations likely to precipitate seizures (menstruation, allergic episodes, holidays, etc.).

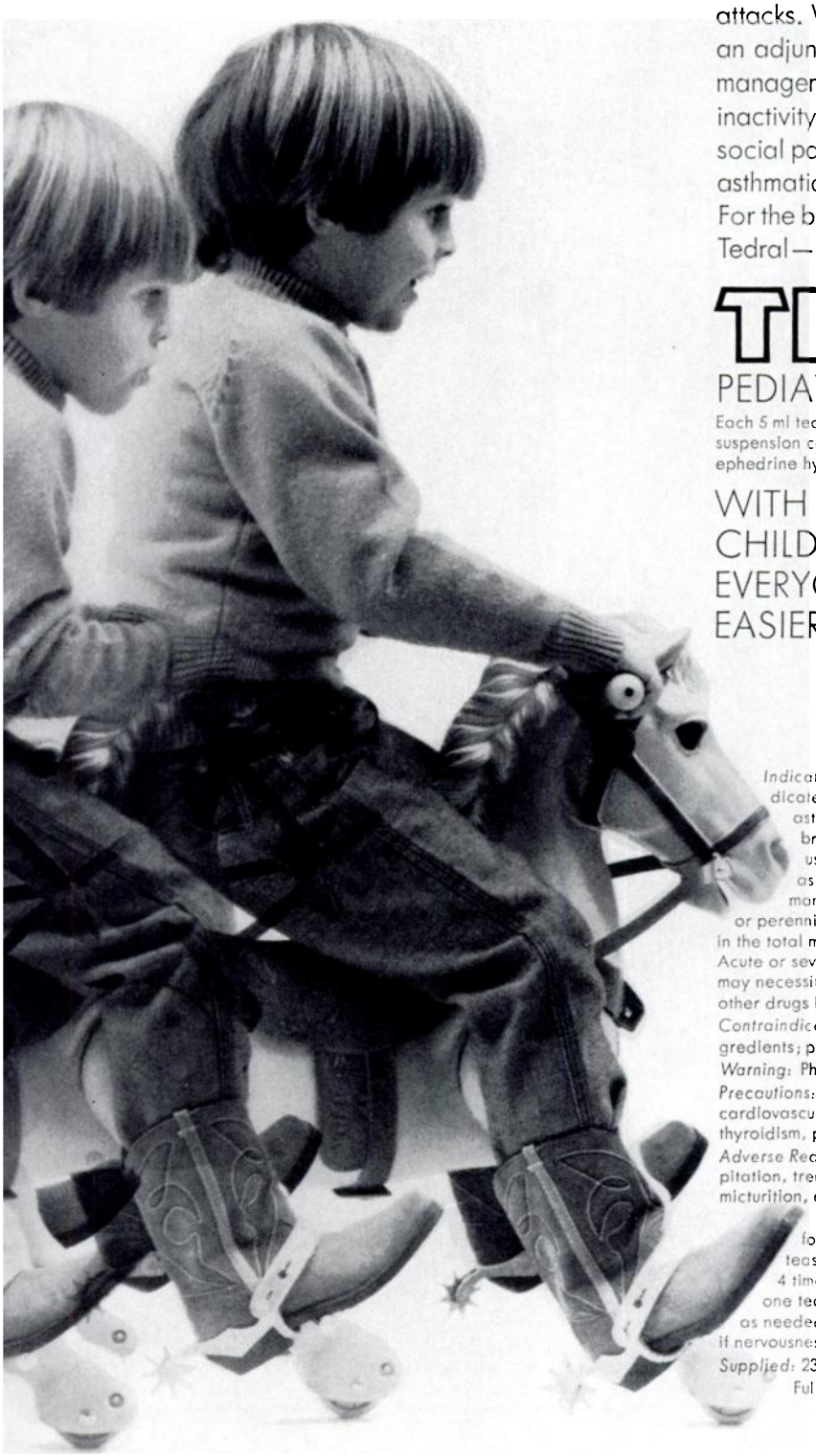
SUPPLIED:

MYSOLINE *Tablets*—No. 430—Each tablet contains 0.25 Gm. (250 mg.) of primidone (scored), in bottles of 100 and 1,000. No. 431—Each tablet contains 50 mg. of primidone (scored), in bottles of 100 and 500.

MYSOLINE *Suspension*—No. 3850—Each 5 cc. (1 teaspoonful) contains 0.25 Gm. (250 mg.) of primidone, in bottles of 8 fluidounces.

7043

BRONCHO BUSTER



He's on Tedral Pediatric Suspension —effective bronchodilatation that helps assure fewer, less severe attacks. With the help of Tedral, as an adjunct in his comprehensive management, he's emerged from inactivity to greater school and social participation while riding out asthmatic episodes with greater ease. For the bronchospasm of asthma, Tedral—it's a *broncho buster*.

TEDRAL®

PEDIATRIC SUSPENSION

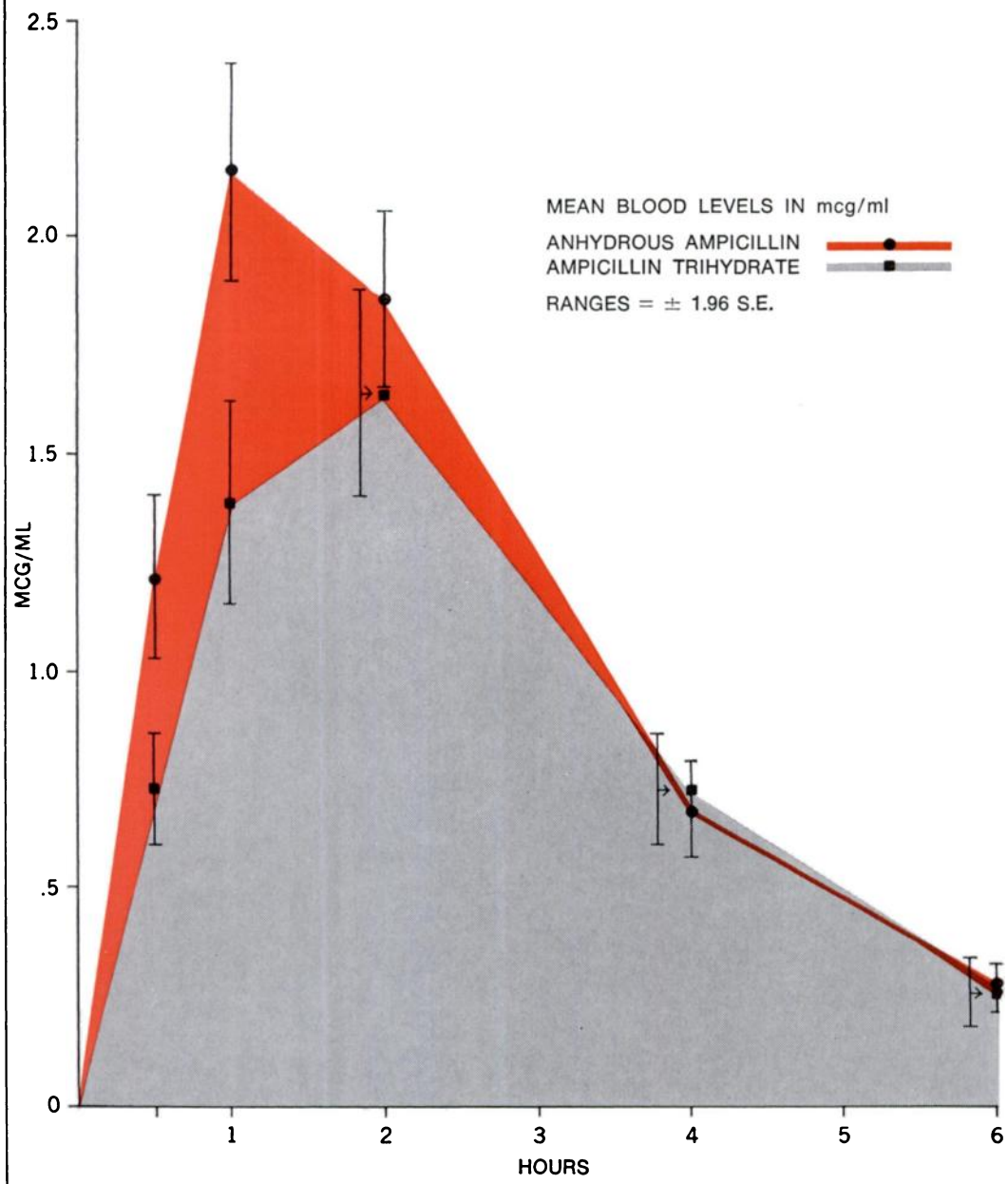
Each 5 ml teaspoonful of yellow, licorice-flavored suspension contains 65 mg theophylline, 12 mg ephedrine hydrochloride, and 4 mg phenobarbital.

WITH THE ASTHMATIC CHILD ON TEDRAL . . . EVERYONE BREATHES EASIER

Indications: Tedral Pediatric Suspension is indicated for the symptomatic relief of bronchial asthma, asthmatic bronchitis, and bronchospastic disorders. It may also be used prophylactically to abort or minimize asthmatic attacks and is of value in managing occasional, seasonal, or perennial asthma. Tedral is a useful adjunct in the total management of the asthmatic patient. Acute or severe asthmatic attacks may necessitate supplemental therapy with other drugs by inhalation or other parenteral routes.
Contraindications: Sensitivity to any of the ingredients; porphyria.
Warning: Phenobarbital may be habit-forming.
Precautions: Use with caution in the presence of cardiovascular disease, severe hypertension, hyperthyroidism, prostatic hypertrophy or glaucoma.
Adverse Reactions: Mild epigastric distress, palpitation, tremulousness, insomnia, difficulty of micturition, and CNS stimulation have been reported.
Dosage: For frequent attacks or for prophylactic therapy – one teaspoonful per 60 lb body weight, 4 times a day. For an occasional attack – one teaspoonful per 60 lb body weight, as needed. Shake bottle well. Reduce dosage if nervousness, restlessness, or sleeplessness occurs.
Supplied: 237 ml (8 fl oz) and 474 ml (16 fl oz) bottles.
Full information is available on request.

T-Pediatric-B-N

WARNER-CHILCOTT
Morris Plains, New Jersey 07950



Blood levels following single 250-mg. doses of anhydrous ampicillin and ampicillin trihydrate oral suspensions in 60 normal adult males in crossover studies. The cumulative results are averages based on 116 determinations after dosing with the anhydrous formulation and 57 determinations following administration of the trihydrate product (out of the theoretical total of 120 and 60, respectively).

Assay performed against *Sarcina lutea*. MIC of test organism: 0.005 mcg/ml.[1]

[1]Poole, J.W., *et al.*: Physicochemical factors influencing the absorption of the anhydrous and trihydrate forms of ampicillin, Current Therap. Res. *10*:292 (June) 1968.

All ampicillins are the same.

Aren't they?

Anhydrous ampicillin and ampicillin trihydrate: They *are* different from one another. Not in bactericidal spectrum, but in how efficiently the oral suspension forms are absorbed. And in the taste of the suspensions.

Different in blood levels.

Omnipen (ampicillin) oral suspension is *anhydrous* ampicillin. As the accompanying graph shows, it produced statistically significant higher blood serum levels at the ½-, 1- and 2-hour periods following ingestion.* After the first two hours, both forms produced the same high and persistent blood levels.

Different in taste, too.

The taste, color and aroma of strawberry ice cream encourage easy acceptance of the 250-mg. Omnipen oral suspension. And the taste, color and aroma of strawberry-orange sherbet do the same for the 125-mg. strength.

**Blood levels do not necessarily reflect in vivo antibacterial activity.*

FOR ORAL SUSPENSION

ANHYDROUS

OMNIPEN®

(AMPICILLIN) Wyeth

Wyeth Laboratories • Philadelphia, Pa.

Please see next page for important prescribing information.

Different in blood levels.* Different in taste.

Bactericidal—not bacteriostatic—even in many mixed respiratory infections due to susceptible organisms.

***See preceding graph and discussion.**

FOR ORAL SUSPENSION

ANHYDROUS OMNIPEN® (AMPICILLIN)

INDICATIONS: Ampicillin is indicated primarily in the treatment of infections caused by susceptible strains of the following microorganisms: Shigella, Salmonella (including *S. typhosa), E. coli, H. influenzae, P. mirabilis, N. gonorrhoeae* and enterococci. It is also effective in the treatment of meningitis due to N. meningitidis. Since it is effective against the commonest pathogens causing meningitis, it may be used intravenously as initial therapy before the results of bacteriology are available. Ampicillin is also indicated in certain infections caused by susceptible gram-positive organisms: penicillin G-sensitive staphylococci, streptococci and pneumococci. Bacteriology studies to determine the causative organisms and their sensitivity to ampicillin should be performed. Therapy may be instituted prior to the results of sensitivity testing. It is advisable to reserve the parenteral form of this drug for moderately severe and severe infections and for patients who are unable to take the oral forms (capsules or oral suspension). A change to oral Omnipen (ampicillin) may be made as soon as appropriate.

Testing for Susceptibility: The invading organism should be cultured and its sensitivity demonstrated as a guide to therapy. If the Kirby-Bauer method of disc sensitivity is used, a 10 mcg. ampicillin disc should be used to determine the relative *in vitro* susceptibility.

The drug does not resist destruction by penicillinase hence it is not effective against penicillin G-resistant staphylococci.

CONTRAINDICATIONS: History of allergic reaction to any penicillin.

WARNINGS: Serious, occasionally fatal hypersensitivity (anaphylactic) reactions to both oral and (more often) parenteral penicillin have been reported. Such reactions are more likely in patients with history of sensitivity to multiple allergens. Severe reactions to cephalosporins are reported in patients with history of penicillin hypersensitivity. Before penicillin therapy, inquire carefully into previous hypersensitivity reactions to penicillins, cephalosporins or other allergens. If allergic reaction occurs discontinue ampicillin and institute appropriate therapy. Usual agents, e.g. antihistamines, pressor amines and corticosteroids, should be readily available. Serious anaphylactic reactions require their immediate use. **Usage In Pregnancy:** Safety for use in pregnancy has not been established.

PRECAUTIONS: As with any potent drug, periodically assess renal, hepatic and hematopoietic function during prolonged therapy. Keep in mind possibility of superinfections with mycotic or bacterial pathogens; if they occur, institute appropriate therapy.

ADVERSE REACTIONS: Will likely be essentially limited to sensitivity phenomena; more likely in patients with history of penicillin hypersensitivity or allergy, asthma, hay fever or urticaria. Also associated with use of ampicillin: **Gastrointestinal**—glossitis, stomatitis, nausea, vomiting and diarrhea—all usually with oral dosage. **Hypersensitivity Reactions**—erythematous maculopapular rashes reported fairly frequently; urticaria, erythema multiforme, and an occasional case of exfoliative dermatitis have been reported. Anaphylaxis, most serious reaction, usually associated with parenteral dosage. **NOTE:** Control urticaria, other skin rashes and serum sickness-like reactions with antihistamines and, if necessary, systemic corticosteroids. Unless the infection is considered life-threatening and amenable only to ampicillin, discontinue it. Serious anaphylactic reactions require immediate epinephrine, oxygen and I.V. steroids. **Liver**—Moderate rise in SGOT has been noted, particularly in infants; significance unknown. **Hemic and Lymphatic Systems**—Penicillins have been reported to produce anemia, thrombocytopenia, thrombocytopenic purpura, eosinophilia, leucopenia and agranulocytosis. All are usually reversible upon discontinuation of penicillin; are believed to be hypersensitivity reactions.

I.V. USE: Inject 125, 250 and 500 mg. direct I.V. doses over 3 to 5 minutes; 1.0 and 2.0 Gm. direct I.V. doses over at least 10 to 15 minutes. CAUTION: More rapid administration may result in convulsive seizures. Use solution within 1 hour after reconstitution.

NOTE: Cases of gonorrhea with suspected lesion of syphilis should have dark-field examinations before receiving ampicillin. In any case suspected of concomitant syphilis, perform monthly serological tests for a minimum of 4 months. In gonorrheal complications such as prostatitis and epididymitis, prolonged and intensive therapy is recommended. Chronic GU or GI infections require frequent bacteriologic and clinical appraisal, plus several months' post-treatment follow-up. In stubborn or severe infections, therapy may be required for several weeks. Do not use smaller than recommended dosages. 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. Keep in mind that treatment of gram-negative infections is often complicated by emergence of resistant organisms *(A. aerogenes, Ps. aeruginosa* and others) which may cause superinfections.

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.

***Also available*—OMNIPEN®-N** (sodium ampicillin) for Injection (IM or IV): Sodium ampicillin equivalent to 125 mg., 250 mg., 500 mg. and 1 Gm. or 2 Gm. ampicillin per vial

Wyeth Laboratories Philadelphia, Pa.

If you were your patient, which one would you rather take?

Would you rather take several different remedies for symptomatic cold relief?

Or a chewable, orange-flavored tablet that combines children's aspirin and nasal decongestant?

Not much of a contest, is it?

Each Congespirin® tablet contains 1¼ grains of aspirin (81 mg.), 1.25 mg. of phenylephrine hydrochloride and 31 mg. of magnesium hydroxide.

Following the recommended dosage schedule, your patient is provided with effective amounts of buffered aspirin and a nasal decongestant.

All of which should eliminate the necessity for decongestant nose drops or sprays, which are often poorly accepted by children.

That's why we call Congespirin the children's cold tablet.

To receive 25 free 8-tablet samples for your patients, mail to:

Congespirin Samples
P.O. Box 65
Elizabeth, New Jersey 07207

_____ M.D.

Name _____

Address _____

City _____ State _____ Zip _____

Congespirin

"The picture you see is a soy-bean field. The source of Borden's Neo-Mull-Soy® — the refined milk substitute for babies who are problem feeders. And who better than Borden should know how to make a milk substitute that's comparable to milk formulas. Your physician has seen clinical evidence that growth and development of infants on Neo-Mull-Soy is comparable to those on cow's milk formula.

"With Neo-Mull-Soy you are sure that your child can remain on a milk substitute formula without any nutritional sacrifice."

The picture you see is the Neo-Mull-Soy starter pack. The quoted paragraph is what the mother reads when she takes the two-pack home. It assures her that she can feed her milk-sensitive child or problem feeder without sacrifice of nutritional quality.

Neo-Mull-Soy. The only soy isolate product that meets or exceeds all the vitamin and mineral requirements for infant formulas set forth by the Food and Drug Administration and the Committee on Nutrition of the American Academy of Pediatrics.

How's your supply of Neo-Mull-Soy starter packs? If you're running low, write Borden or contact our representative. Be sure to ask about Borden's helpful new booklet for mothers on the care and feeding of the milk-sensitive child.

Neo-Mull-Soy. The Milk-Free Soy Isolate Infant Formula. Vitamin and Mineral Fortified.

BORDEN™

Borden Inc., Pharmaceutical Products
350 Madison Ave.
New York, N. Y. 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 B_{12} 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.

Telescribe:

quick relief for your congested telephone line

When the telephone rings with uncomplicated cold complaints, handle the problem immediately with the Telescribe technique. Recommend one of Dorsey's cough and cold products and the dosage right there on the phone. No prescription needed. No need to tie up the phone with pharmacy calls. Leaves you freer for patients who need you most.

Telescribe

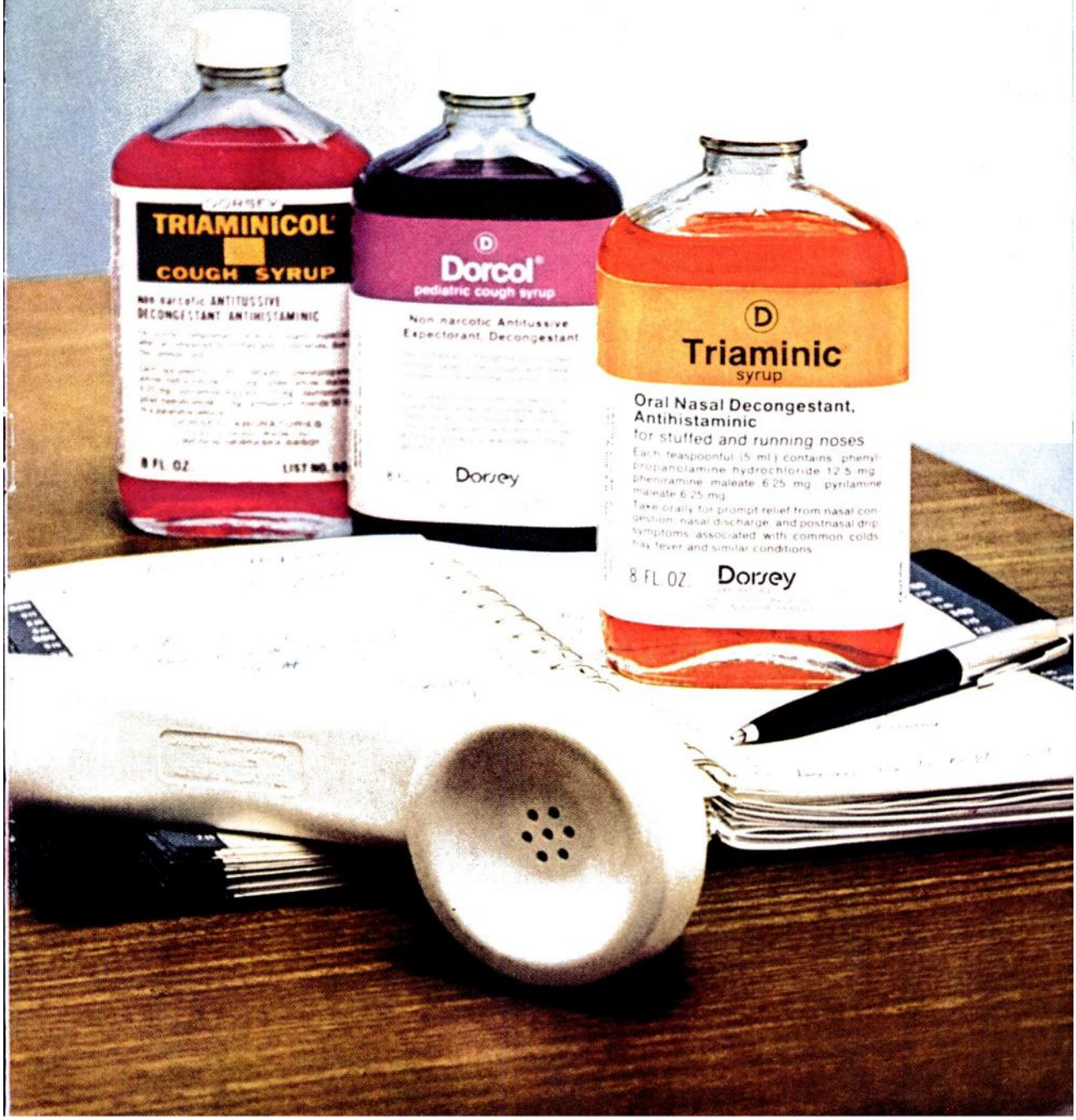
Triaminic® Syrup The "orange medicine" for simple nasal congestion due to colds and respiratory allergies. In 8 fl. oz. Family Size, 4 fl. oz. and pint bottles.

Triaminic® Expectorant For nasal congestion and unproductive coughs. In 8 fl. oz. Family Size, 4 fl. oz. and pint bottles.

Triaminicol® For non-narcotic relief of coughs and nasal congestion. In 8 fl. oz. Family Size, 4 fl. oz. and pint bottles.

Dorcol® Pediatric cough syrup for relief without antihistamines. In 8 fl. oz. Family Size, and 4 fl. oz. bottles.

Dorsey
LABORATORIES
LINCOLN, NEBRASKA 68501



The anti-pollution solution to Sensitive Skin

Neutrogena... it's been an anti-pollution soap from the day it was born. No detergents; no harsh acids or free alkali; hypo-allergenic. Indicated in all conditions involving sensitive skin. Pure, clear, milder-than-mild. Non-drying; non-irritating, non-penetrating. And it leaves no residue. Does what you want a soap to do: *cleans* gently, safely, thoroughly. (And it's as good for you as it is for the patient.) *Professional samples on request.* Address: Neutrogena, Dept. PP5, Box 6008, Inglewood, Calif. 90301. In Canada: Professional Pharmaceutical Corp., 2795 Bates Road, Montreal 251, Quebec.

HYPO-ALLERGENIC

Neutrogena

the unique transparent soap

Also available unscented

Titmus announces a new program of coordinated audio-visual testing.

You may already be familiar with the Titmus Vision Tester. The Vision Tester is so widely acclaimed in the detection of impaired visual functions that it's already been selected by public service organizations for school testing programs. And now the Visual Tester has a companion—the Audio Tester. Together they make up one of the finest complete audio-visual testing programs available.

Thanks to this coordinated program, your staff can identify patients most likely to benefit from special eye or ear care—giving you more time for consultation. Special testing rooms are unnecessary, and both audio and vision tests are available for pre-school, elementary, and secondary levels. Write for our brochure today, and see how easily you can begin using this new coordinated program in your own practice.

TITMUS OPTICAL CO., INC.
Subsidiary of Esterline Corporation
Petersburg, Virginia 23803

Please send audio-visual testing brochures.

NAME_____ M.D.

ADDRESS_____

CITY_____ STATE_____ ZIP_____

Edwards pre-walking surgical boot for varus conditions.

Edwards pre-walking surgical boot is an important and often overlooked aid to the correction of varus conditions in infants and pre-walking children.

With the detection of any tendency towards a varus condition in infancy, the doctor can use a boot like these with confidence.

The very young foot responds readily to the splinting action of the straight-last surgical boot—especially in varus conditions of a mild or medium nature.

For readily diagnosable extreme cases, the reverse last is recommended. The additional leverage it exerts can be an advantage in the early stages.

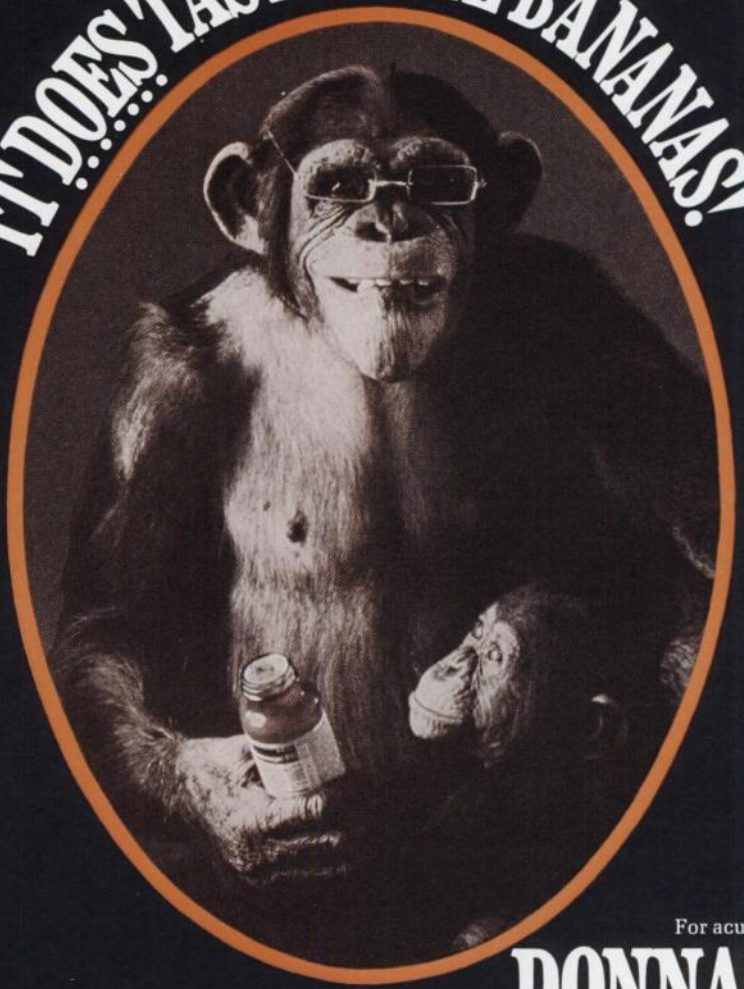
Edwards pre-walking surgical boots are available with or without night splint shanks in the soles. The boots are easily removed for bathing.

Edwards®

314 N. 12th St.
Phila., Pa. 19107

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

IT DOES TASTE LIKE BANANAS!



For acute, non-specific diarrheas

DONNAGEL®-PG

Donnagel with paregoric equivalent

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.

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. (eqivalent 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

DECONAMINE®
ANTIHISTAMINE DECONGESTANT

DESCRIPTION:

Each capsule contains:
Chlorpheniramine Maleate .....8 mg.
d-Pseudoephedrine HCl .....120 mg.
Designed to provide prolonged release of medication.

Each tablet contains:
Chlorpheniramine Maleate .....4 mg.
d-Pseudoephedrine HCl .....60 mg.

Each 5cc of elixir contains:
Chlorpheniramine Maleate .....2 mg.
d-Pseudoephedrine HCl .....30 mg.
Alcohol 15%
In a pleasant tasting aromatic vehicle.

ACTION: Antihistaminic-Decongestant-Chlorpheniramine maleate is a potent antihistamine with an excellent therapeutic index and low incidence of side effects, particularly the sedation associated with many antihistamines.

Pseudoephedrine hydrochloride provides a rapid and sustained decongestant effect on swollen mucosa of the respiratory tract. It does this by vasoconstriction and opens obstructed airways through direct action on the smooth muscle of the bronchi. The vasoconstrictor action of pseudoephedrine is similar to that of ephedrine. In the usual oral dosage, it has minimal vasopressor effects.

INDICATIONS: For relief of upper respiratory and bronchial congestion associated with: the common cold, hay fever and allergies, sinusitis, influenza, and vasomotor and allergic rhinitis.

CONTRAINDICATIONS, TABLETS—ELIXIR: Sensitivity to antihistamines or sympathomimetic agents. It should not be used in patients with severe hypertension or coronary artery disease.

CONTRAINDICATIONS, CAPSULES: Sensitivity to antihistamines or sympathomimetic agents. Should not be given to children under 12 years of age. It should not be used in patients with severe hypertension or coronary artery disease.

WARNING: Use with caution in patients suffering from hypertension, cardiac disease, or hyperthyroidism. Patients susceptible to the soporific effects of chlorpheniramine should be warned against driving or operating machinery should drowsiness occur.

PRECAUTIONS: Deconamine should be used with caution in the presence of hypertension, coronary artery disease, narrow-angle glaucoma, prostatic hypertrophy, hyperthyroidism, and diabetes. Patients should be cautioned about possible additive effects with alcohol and other central nervous system depressants (hypnotics, sedatives, tranquilizers), and should be cautioned against hazardous occupations requiring complete mental alertness such as operating machinery or driving a motor vehicle. If a sensitivity reaction or idiosyncrasy should occur, withdraw the drug.

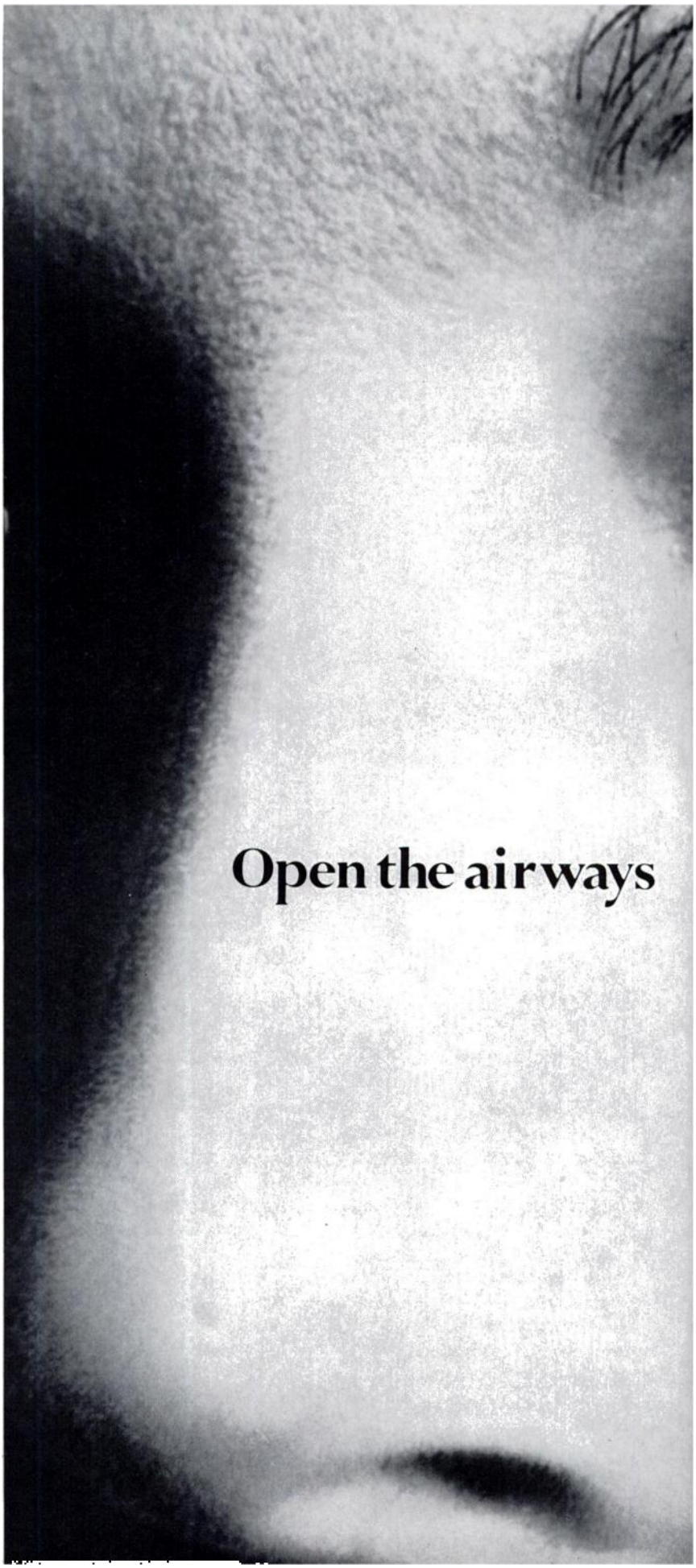
SIDE EFFECTS: Most patients will have no side effects at the usual dosage. However, certain patients may exhibit mild stimulation or mild sedation. Although rare, hypersensitivity to either the antihistamine or decongestant may occur.

DOSAGE: Capsule—Adults and children over 12 years—one capsule orally every 12 hours. Tablet—Adults and children over 12 years—one tablet 3 or 4 times daily. Elixir—Adults and children over 12 years—one or two teaspoonsful (5-10cc) 3 or 4 times daily. Children 6 to 12 years—one-half to one teaspoonful (2.5 to 5cc) 3 or 4 times daily. Children under 6 years—as directed by a physician.

CAUTION: Federal law prohibits dispensing without prescription.

HOW SUPPLIED: Deconamine Capsules—bottles containing 30 and 100 capsules. Deconamine Tablets—bottles of 30 and 100 tablets. Deconamine Elixir—bottles of 4 ozs. and pints.

SMITH, MILLER & PATCH, INC.
401 Joyce Kilmer Avenue
New Brunswick, New Jersey 08902



without closing the eyes.

Do it with Deconamine. Pseudoephedrine HCl and chlorpheniramine maleate combined in three dosage forms. You can individualize medication. And your patient can stay alert enough to know he's feeling better.

Deconamine

antihistamine decongestant
Capsules/Tablets/Elixir

Veetids '250' Tablets and Veetids '500' Tablets (Potassium Phenoxymethyl Penicillin Tablets U.S.P.) provide potassium phenoxymethyl penicillin equivalent to 250 mg. (400,000 units) and 500 mg. (800,000 units), respectively, of phenoxymethyl penicillin per Filmlok® (veneer-coated) tablet. Veetids '125' for Oral Solution and Veetids '250' for Oral Solution (Potassium Phenoxymethyl Penicillin for Oral Solution) when reconstituted as directed provide potassium phenoxymethyl penicillin equivalent to 125 mg. (200,000 units) and 250 mg. (400,000 units), respectively, of phenoxymethyl penicillin per 5 cc. teaspoonful.

Indications: Among the indications for which penicillin V is recommended are: mild to moderately severe streptococcal (group A without bacteremia) infections of the upper respiratory tract, scarlet fever, and mild erysipelas and, also, for mild to moderate pneumococcal infections of the respiratory tract. Therapy should be guided by bacteriological studies, including sensitivity tests, and by clinical response. Note: Severe pneumonia, empyema, bacteremia, pericarditis, meningitis, and septic arthritis should not be treated with phenoxymethyl penicillin during the acute stage. Indicated surgical procedures should be performed.

Contraindications: Contraindicated in patients with a history of hypersensitivity to any penicillin.

Warnings: Serious and occasional fatal hypersensitivity (anaphylactoid) reactions have been reported in patients on penicillin therapy. Anaphylaxis is more frequent with parenteral penicillin therapy but has occurred with oral therapy. These reactions are more apt to occur in individuals with a history of sensitivity to multiple allergens.

There have been well-documented reports of individuals with a history of penicillin hypersensitivity who have experienced severe hypersensitivity reactions when treated with cephalosporins. Before therapy with a penicillin, careful inquiry should be made concerning previous hypersensitivity reactions to penicillins, cephalosporins, and other allergens. If an allergic reaction occurs, discontinue the drug and treat with the usual agents (pressor amines, antihistamines, corticosteroids). Antihistamines alone are ineffective for serious anaphylactoid reactions which require emergency measures such as the immediate use of epinephrine, aminophylline, oxygen, and intravenous corticosteroids.

Precautions: Use cautiously in persons with histories of significant allergies and/or asthma.

Oral penicillin should not be relied upon in patients with severe illness or with nausea, vomiting, gastric dilatation, cardiospasm, or intestinal hypermotility. Occasional patients will not absorb therapeutic amounts of orally administered penicillin.

In streptococcal infections, therapy must be sufficient to elim-

 (1840)

...because for many indications, there is enough medication in one bottle to finish therapy.

New **Veetids**® (Potassium Phenoxymethyl Penicillin) the generous penicillin V

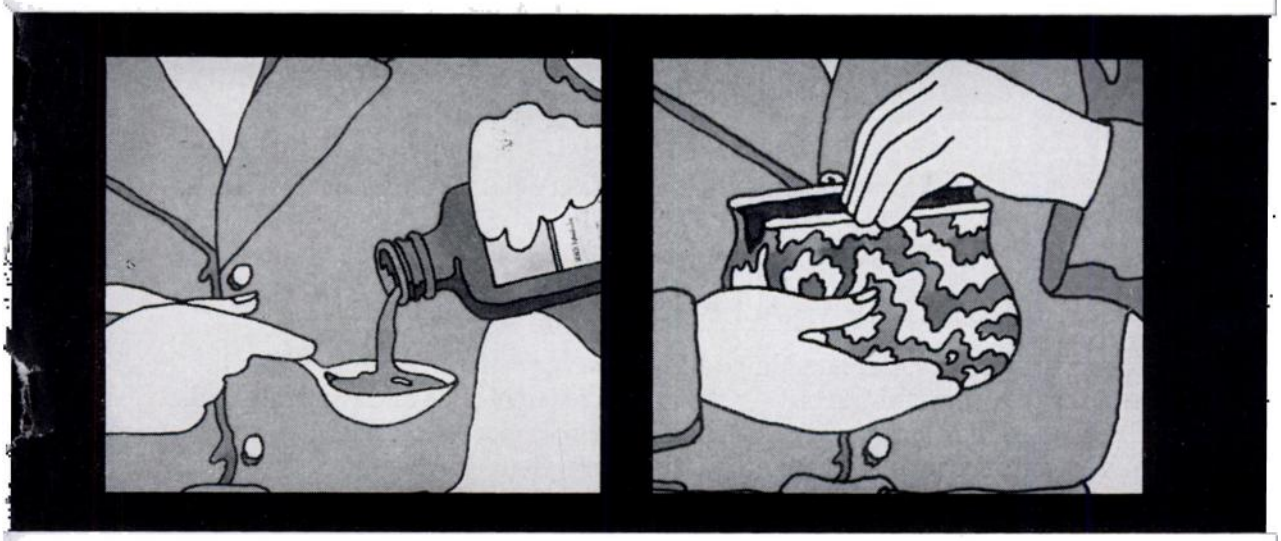
Generous 100 and 200 cc. bottles of Veetids for Oral Solution (Potassium Phenoxymethyl Penicillin for Oral Solution).

Our 200 cc. bottle lasts 10 days, q.i.d., or nearly 2 weeks, t.i.d. (based on 5 cc. per dose).

Our 100 cc. bottle lasts 5 full days, q.i.d., or nearly 7 days, t.i.d. (based on 5 cc. per dose).

Economical too! With these generous sizes, your patients receive an additional 20 or 50 cc. of penicillin over the usual amounts.

Also available: Veetids Tablets (Potassium Phenoxymethyl Penicillin Tablets U.S.P.) in strengths to meet all your other penicillin V needs.

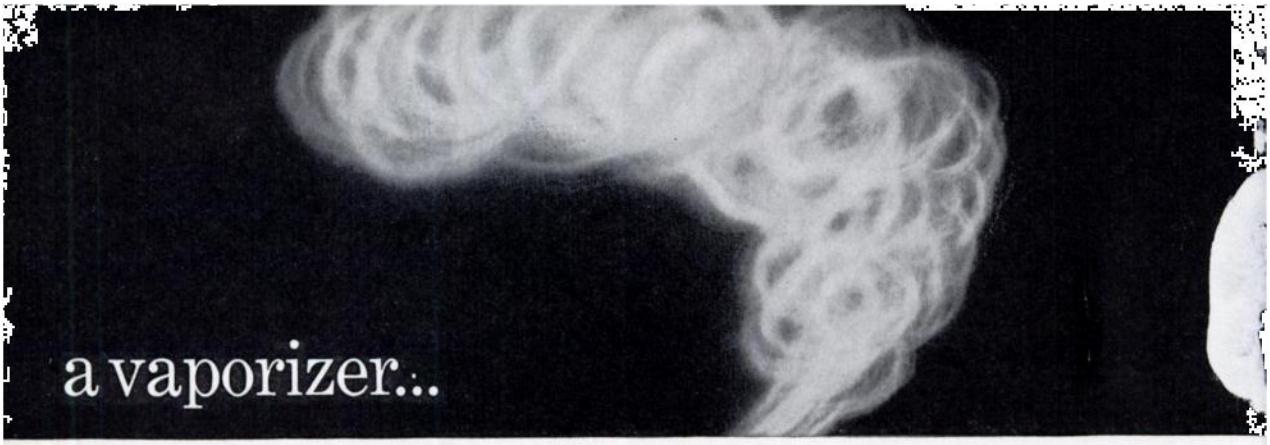


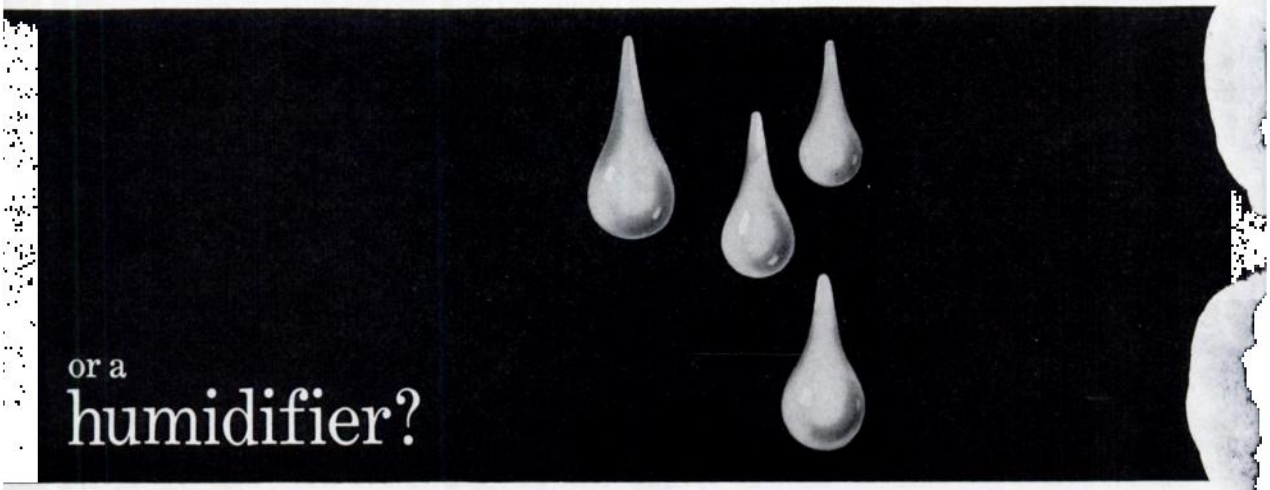
inate the organism (10 days minimum); otherwise, the sequelae of these diseases may occur. At termination of therapy, cultures should be taken to determine if streptococci have been eradicated.
Prolonged use of antibiotics may promote the overgrowth of nonsusceptible organisms, including fungi. Should superinfection occur, appropriate measures should be taken. In prolonged therapy and with high dosage schedules, periodic evaluation of the renal and hematopoietic systems is recommended.
Adverse Reactions: All degrees of hypersensitivity, including fatal anaphylaxis, have been reported with oral penicillin although much less frequently than with parenteral therapy. The most common reactions to oral penicillin are nausea, vomiting, epigastric distress, diarrhea, and black hairy tongue; there have been occasional complaints of sore mouth or tongue. Hypersensitivity reactions are skin rashes ranging from maculopapular to exfoliative dermatitis; urticaria; serum sickness-like reactions including chills, fever, edema, arthralgia, and prostration; laryngeal edema; and anaphylaxis. Fever and eosinophilia may frequently be the only reactions observed. Hemolytic anemia, leukopenia, thrombocytopenia, neuropathy, and nephropathy are infrequent reactions usually associated with high parenteral doses. Urticaria, other skin rashes, and serum sickness-like reactions may be controlled by antihistamines and, if necessary, corticosteroids. Whenever such reactions occur, penicillin should be discontinued unless, in the opinion of the physician, the condition being treated is life threatening and amenable only to penicillin therapy. Serious anaphylactoid reactions require emergency measures (see Warnings).
For full information, consult package insert.
Supply: Veetids '250' Tablets and Veetids '500' Tablets (Potassium Phenoxymethyl Penicillin Tablets U.S.P.) in bottles of 100. Veetids '125' for Oral Solution and Veetids '250' for Oral Solution (Potassium Phenoxymethyl Penicillin for Oral Solution) in bottles for reconstitution to 100 cc. and 200 cc. (A.H.F.S. 8:12.16).

The Priceless Ingredient

FOR OVER 100 YEARS AN INSPIRATION FOR GREATNESS™

SQUIBB®





Which does your patient need?

Physicians report vaporizers and humidifiers are very effective health aids. But they're designed for two different purposes. One is used to treat colds and respiratory distress; the other is used to help prevent colds and keep homes more comfortable.

When you recommend one or the other, give your patient the DeVilbiss Patient Information Folder "A vaporizer... or a humidifier?" that explains when and why each is used. Return the coupon below for a supply of these handy folders.

If your patient needs a vaporizer, recommend the DeVilbiss Safety Sentinel* the 'safe' vaporizer with the reservoir that holds *warm water* that won't burn or scald; with the insulated electrode that converts the water to *steam* just before it's released.

If your patient needs a humidifier, recommend the DeVilbiss Director, the humidifier with the replaceable filters that remove household dirt and dust from the air it draws in; with the directional spout that delivers cool mist where it's needed.

The DeVilbiss Company,
Somerset, Pennsylvania 15501

*U.S. Patents 2,777,935–2,818,486–2,847,549–3,518,409

Please send me ____ copies of the Patient Information Folder, "A vaporizer... or a humidifier?"

Name _____

Address _____

City _____ State _____ Zip _____


Sixty years ago
this was the
most modern way you
could feed a baby.
EAGLE
TRADE MARK
PROPERTY OF
BORDEN'S
CONDENSED MILK CO.

Circa: 1910

Today this is.

Circa: 1971

We've reformulated Bremil.

We've reduced the lactose load

High levels of lactose have few, if any, practical advantages over sucrose as the carbohydrate source in infant formulas. In fact, the use of high lactose loads in infant formulas may have some disadvantages, particularly in low-birth-weight infants where the level of intestinal lactase may be too low to handle all of this sugar efficiently.[1]

Furthermore, when beta-galactosidase (lactase) activity is impaired, or temporarily reduced as a result of acute gastroenteritis, a high lactose load may not be adequately hydrolyzed by the infant.[2]

New Formula Bremil has been clinically tested. It contains a balanced combination of sucrose and lactose that tends to reduce excessive fermentation.

Sucrose, on the other hand, rarely poses a problem in digestion and absorption for normal or premature infants. Sucrose, a nonreducing sugar, shows less interaction with the essential amino acid lysine, allowing for more available protein to be present following heat sterilization.

We're adding soy oil

Soy oil is now the principal source of vegetable fat and essential fatty acids (linoleic) in Bremil. Readily metabolized, more easily absorbed, this polyunsaturated oil is an excellent source of vitamin K in its natural form. An extra assurance against the possibility of intestinal bleeding in tne newborn when this syndrome is related to low vitamin K levels.[3]

(New Formula Bremil has a high level of vitamin E to help assure normal metabolism of polyunsaturated fatty acids.[4])

And we've increased the iron[5]

In keeping with new findings in infant nutrition, we have fortified Bremil with added iron (at prophylactic levels) which will not produce gastrointestinal upsets. The result: Bremil is the **only** milk formula that meets or exceeds the vitamin and mineral standards set by the F.D.A.[6] and the Committee on Nutrition for the American Academy of Pediatrics.[7] Supplementary vitamins are not necessary for normal infants on Bremil.

The rest of the formula was too good to change

We still: • Use Grade A milk exclusively. (We're the only leading brand that does). • Exclude oleo (animal fat). • Have the optimum calcium/phosphorus ratio of 1.5:1 (to help protect against restlessness, excessive fretting and crying associated with mineral imbalance). • Supplement the protein with methionine to enhance conversion of milk protein into body protein. • Approximate breast milk protein level to keep renal solute loads within normal limits. • Require production standards high enough to merit the Ⓤ seal of the Union of Orthodox Jewish Congregations of America.

Start your infants on Bremil. Available in ready-to-feed quarts, handy 6-pack of 4-oz. nursing bottles and as a liquid concentrate in 13-fl. oz. cans. At drugstores and supermarkets.

We've made a good infant formula even better.

Just what you'd expect from BORDEN™

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

1. Haemmerli, U. P. et al: Am. J. Med. 38:7, 1965. 2. Sutton, R. E. and Hamilton, J. R.: Canad. Med. Assoc. J. 99:980, 1968. 3. Goldman, H. I. and Desposito, F.: Amer. J. Dis. Child. 111:430, 1960. 4. Horwitt, M., Harvey, C. C., Century, B. and Witting, L. A.: J. Amer. Dietet. Assoc. 38:231, 1961. 5. Filer, L. J., Jr.: A. J. P. H. 59:327, 1969. 6. Federal Register: §125.5, 35:16737 (Oct. 29), 1970. 7. Committee on Nutrition, Amer. Acad. Pediatrics, 40:916, 1967.

Approximate Analysis w/v: Water 87.4%, Protein 1.5%, Fat 3.7%, Carbohydrate 7.0%, Minerals 0.35% (Calcium 0.06%, Phosphorus 0.04%, Iron 0.001%), Calories per fl. oz., 20.0. One Quart of Bremil Ready-to-Feed Supplies: Vitamin A, 2000 U.S.P. Units; Vitamin D, 400 U.S.P. Units; Vitamin E, 10 Int. Units; Vitamin C, 52 mg.; Niacinamide, 6.0 mg.; Calcium Pantothenate, 2.5 mg.; Riboflavin, 1.0 mg.; Thiamine, 0.4 mg.; Pyridoxine, 0.4 mg.; Folic Acid, 70 mcg.; Vitamin B_{12}, 2 mcg.; Calcium, 0.6 gm.; Phosphorus, 0.4 gm.; Magnesium, 65 mg.; Iron, 8.0 mg.; Copper, 0.4 mg.; Iodine, 40 mcg.

For the kid with bronchitis

Bronkolixir could mean the difference between an active part in the outdoor fun and a coughing spasm on the sidelines. Bronkolixir therapy encourages activity that is as close to normal as possible without endangering the child. It rapidly dilates bronchioles and liquefies mucus to ease acute spasm, permit trapped secretions to escape and make cough more productive. Establishment of adequate drainage and a patent airway helps thwart the destructive process which can lead to chronicity. Sympathomimetic side effects with Bronkolixir are minimal, and it contains no cough-suppressing narcotics.

To increase cough's effectiveness/shorten its duration

Bronkolixir®

Each 5 ml. teaspoon contains ephedrine sulfate 12 mg; glyceryl guaiacolate 50 mg; theophylline 15 mg; phenobarbital 4 mg (warning: may be habit-forming); chlorpheniramine maleate 1 mg.

Precautions: Sympathomimetic side effects are minimal, and there are none of the problems associated with steroid therapy. However, frequent and prolonged use may cause nervousness, sleeplessness, or restlessness. Bronkolixir should be used with caution in the presence of heart disease, hypertension, diabetes or hyperthyroidism. If drowsiness occurs, patient should not drive or operate machinery.

Usual Dosage: Children over 6, 1 tsp. q.i.d. Under 6, as directed by physician. Adults, 2 tsp. three to four times daily, depending on individual requirements. Dosage should be adjusted to severity of the condition and response of the individual patient.

Supplied: One pint bottles.

For patient convenience solves tablet-splitting problems
BRONKOTABS®-HAFS

Each tablet contains: ephedrine sulfate 12 mg; glyceryl guaiacolate 50 mg; theophylline 50 mg; phenobarbital (Warning: may be habit-forming) 4 mg; thenyldiamine HCl 5 mg. Administration and Dosage: Children over six: One tablet every 3 or 4 hours, not to exceed five times daily. Children under six: As directed by Physician. Supplied: Bottles of 50.

BREON **BREON LABORATORIES INC.**
90 Park Avenue, New York, N.Y. 10016

Gram-Negative Penicillin effective in many *Ps. aeruginosa, Proteus,* and serious *E. coli* infections* on the pediatric service

GEOPEN® I.M./I.V.
DISODIUM CARBENICILLIN

Bactericidal *in vitro* against many gram-negative pathogens implicated in "hospital infections." Many strains of *Ps. aeruginosa, Proteus* (particularly indole-positive strains), and certain *E. coli*—increasingly responsible for hospital-acquired infections—are susceptible to concentrations of GEOPEN that can be achieved in the serum and urine. *Hemophilus influenzae, Salmonella, Enterobacter,* and *Neisseria* species are also sensitive *in vitro. Klebsiella* species are resistant. Some strains of *Pseudomonas* have developed resistance fairly rapidly. Clinical experience to date has not been sufficient to recommend GEOPEN in other than susceptible *Ps. aeruginosa, Proteus,* and certain *E. coli* infections.

Effective in severe systemic infections and life-threatening septicemias. Disodium carbenicillin has demonstrated its lifesaving potential in systemic infections and septicemias due to *Ps. aeruginosa, Proteus,* and *E. coli.*

Particularly effective in many serious urinary tract infections. By virtue of the very high urine levels achieved and the bacterial spectrum covered, GEOPEN is especially beneficial in many serious urinary tract infections.*

Potent activity in infected burns, wounds, and abscesses. Disodium carbenicillin has demonstrated effectiveness against *Ps. aeruginosa* and *Proteus.*

Impressive response in respiratory infections. GEOPEN has proved especially useful in patients with cystic fibrosis suffering an exacerbation due to *Ps. aeruginosa* infection.
Results in 41 such patients were reported as fol-

***due to susceptible strains of *Ps. aeruginosa, Proteus mirabilis, Pr. morganii, Pr. rettgeri, Pr. vulgaris,* and *E. coli.* During therapy, sensitivity testing should be repeated frequently to detect the possible emergence of resistant organisms which may develop, particularly if a suboptimal dose is used.**

lows:[1] Favorable clinical response,† 77%; fair response, 16%; poor or no response, 7%. As anticipated in patients with chronic respiratory disease, *Pseudomonas* was not completely eradicated. GEOPEN therapy was discontinued in two patients because of rash and fever.

The study group was comprised of 15 males and 26 females who were failures on other antimicrobial agents or had experienced allergic or toxic reactions to other therapy. Their ages ranged from 5 to 35 years, but most of the patients were between 7 to 16 years of age; the mean age was 12.3 years. Three persons received a second course of therapy. The dosage of GEOPEN was 300—350 mg/kg/day, administered I.V. in six divided doses with probenecid.

1. Boxerbaum, B.; Doershuk, C. F.; Pittman, S.; and Matthews, LeR. W.: Efficacy and tolerance of carbenicillin in patients with cystic fibrosis, Antimicrob. Agents Chemother.—1968, p. 292, 1969.

† Authors' criteria: Improved general well-being, weight gain, decreased cough, decreased purulent sputum production, decreased rales and rhonchi, radiological improvement, and improvement in pulmonary function were used to judge the overall efficacy of the therapy with GEOPEN.

Although GEOPEN (disodium carbenicillin) is indicated primarily in gram-negative infections, its activity against gram-positive organisms should be kept in mind when both gram-positive and gram-negative organisms are isolated (see **Actions** section of prescribing information).

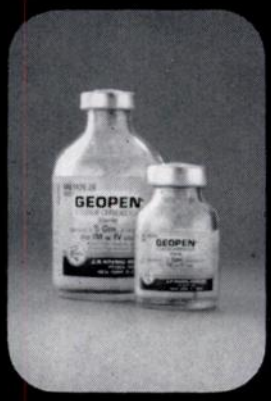
May be used even in massive doses. Up to 500 mg/kg/day I.V. in divided doses every four hours may be given to patients with normal renal function, due to the low level of toxicity of GEOPEN.

No demonstrated ototoxicity or nephrotoxicity. As with other penicillins, the possibility of anaphylactic reactions exists.

Please see last page of advertisement for brief summary of prescribing information, including contraindications and side effects.

ROERIG Rx

GEOPEN® I.M./I.V.
DISODIUM CARBENICILLIN



PRESCRIBING INFORMATION

Indications: Primarily for treatment of infections due to susceptible strains of *Pseudomonas aeruginosa, Proteus* species (particularly indole-positive strains), and certain *Escherichia coli.* Clinical effectiveness has been demonstrated in the following infections when due to these organisms: Urinary tract infections; severe systemic infections and septicemia; acute and chronic respiratory infections (while clinical improvement has been shown, bacteriologic cures cannot be expected in patients with chronic respiratory disease and cystic fibrosis); soft tissue infections.

Although GEOPEN (disodium carbenicillin) is indicated primarily in gram-negative infections, its activity against gram-positive organisms should be kept in mind when both gram-positive and gram-negative organisms are isolated (see **Actions**).

NOTE: During therapy, sensitivity testing should be repeated frequently to detect the possible emergence of resistant organisms.

Actions: Organisms found to be susceptible *in vitro* include: GRAM-NEGATIVE ORGANISMS—*Ps. aeruginosa, Proteus mirabilis, Pr. morganii, Pr. rettgeri, Pr. vulgaris, E. coli, Enterobacter* species, *Salmonella* species, *Hemophilus influenzae,* and *Neisseria* species. GRAM-POSITIVE ORGANISMS—*Staphylococcus aureus* (nonpenicillinase-producing), *Staph. albus, Diplococcus pneumoniae,* beta-hemolytic streptococci, and *Streptococcus faecalis.*

Some newly emerging pathogenic strains of *Herellea, Mima, Citrobacter,* and *Serratia* have also shown *in-vitro* susceptibility. Not stable in the presence of penicillinase. Most *Klebsiella* species are resistant. Some strains of *Pseudomonas* have developed resistance fairly rapidly.

Contraindications: Known penicillin allergy.

Warnings: Serious and occasional fatal hypersensitivity (anaphylactic) reactions have been reported in patients on penicillin therapy. These reactions are more apt to occur in individuals with a history of sensitivity to multiple allergens. There have been reports of individuals with a history of penicillin hypersensitivity reactions who have experienced severe hypersensitivity reactions when treated with a cephalosporin. Before therapy with a penicillin, careful inquiry should be made concerning previous hypersensitivity reactions to penicillins, cephalosporins, and other allergens. If an allergic reaction occurs, appropriate therapy should be instituted and discontinuance of disodium carbenicillin therapy considered, unless the infection is life threatening and only amenable to disodium carbenicillin therapy. The usual agents (antihistamines, pressor amines, and corticosteroids) should be readily available.

Usage in Pregnancy: Safety for use in pregnancy has not been established.

Precautions: As with any other potent agent, it is advisable to check periodically for organ-system dysfunction, including renal, hepatic, and hematopoietic systems, during prolonged therapy. Emergence of resistant organisms, such as *Klebsiella* species and *Serratia* species, which may cause superinfection, should be kept in mind. Each gram contains 4.7 mEq sodium; in patients where sodium restriction is necessary, such as cardiac patients, periodic electrolyte determinations and monitoring of cardiac status should be made. Observe patients with renal impairment for bleeding manifestations and adhere strictly to dosage recommendations; if bleeding manifestations appear, discontinue antibiotic and institute appropriate therapy. As with any penicillin preparation, the possibility of an allergic response, including anaphylaxis, may occur, particularly in a hypersensitive individual.

Intramuscular injections should be made well within the body of a relatively large muscle (not into the lower and mid-third of the upper arm), and aspiration is necessary to help avoid inadvertent injection into a blood vessel. Intravenous infusion should be given as slowly as possible. Reconstituted solution should be discarded after 24 hours if stored at room temperature, after 72 hours if refrigerated.

Adverse Reactions: *Hypersensitivity Reactions*—Skin rashes, pruritus, urticaria, drug fever, and anaphylactic reactions. *Gastrointestinal Disturbances*—Nausea. *Hemic and Lymphatic Systems*—Anemia, thrombocytopenia, leukopenia, neutropenia, and eosinophilia. *Blood, Hepatic, and Renal Studies*—SGOT and SGPT elevations have been observed, particularly in children. To date, no clinical manifestations of hepatic or renal disorders have been demonstrated. *Central Nervous System*—Convulsions or neuromuscular irritability could occur with excessively high serum levels. *Other*—Pain at the site of injection, rarely accompanied by induration; in uremic patients receiving high doses (24 gm/day), hemorrhagic manifestations associated with abnormalities of coagulation tests, such as clotting and prothrombin time. *Vein Irritation and Phlebitis*—Particularly when undiluted solution is injected directly into the vein.

How Supplied: Available in 1-gm and 5-gm vials.

Before prescribing or administering, see package circular or PDR.

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Turck, M.; Silverblatt, F.; Clark, H.; and Holmes, K.: The role of carbenicillin in treatment of infections of the urinary tract, J. Infect. Dis. *122* (suppl): S29-S33 (Sept) 1970.

J. B. ROERIG DIVISION
PFIZER INC.
NEW YORK, N.Y. 10017

ROERIG Rx

the only soy-isolate formula with 12mg of iron per liter

Only one soy-isolate formula has 12 mg of iron per liter. Isomil.™

The level of iron in Isomil fully meets the recent recommendation of the Committee on Nutrition of the American Academy of Pediatrics. The Academy recommends that all bottle-fed infants be fed an iron-fortified formula for the first 12 months of life.[1,2]

Other soy-isolate formulas haven't nearly as much iron. In fact, Isomil provides 50% more iron than the other leading brand.

The extra iron in Isomil is especially important for problem feeders because their restricted diets are even more likely to be iron deficient.

How do babies get along on this iron-rich formula? Five years of experience shows Isomil is easily digestible. It's also hypoallergenic, and produces normal stool patterns.[3]

Mothers like Isomil too because it has a pleasant taste, and looks and pours just like milk.

To assure adequate iron intake for problem feeders, recommend Isomil.

1. Committee on Nutrition: Iron balance and requirements in infancy, Pediatrics 43:134, 1969.
2. Committee on Nutrition, American Academy of Pediatrics: Newsletter Supplement, December 15, 1970.
3. Cowan, C.C., Jr., et al.: South. M. J. 62:389, 1969.

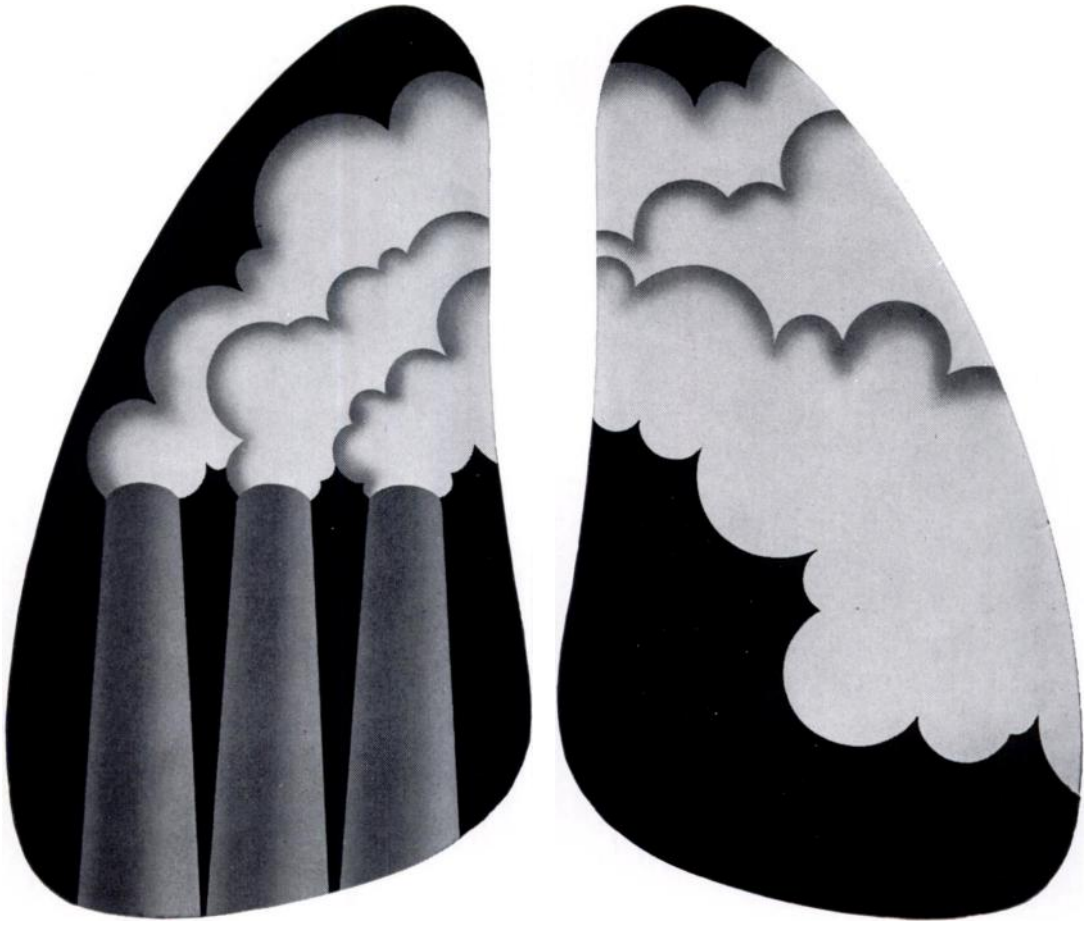
Ingredients: 87.2% water, 3.1% sucrose, 3.1% corn syrup solids, 2.0% soy protein isolate, 2.0% corn oil, 1.4% coconut oil, 1.0% cornstarch, 0.2% calcium phosphate, 0.09% potassium citrate, 0.08% mono- and diglycerides, 0.07% potassium chloride, 0.03% soy phospholipids, 0.02% magnesium chloride, 0.01% calcium carbonate, 0.01% ascorbic acid, 0.01% dl-methionine, 0.01% carrageenin, 0.01% sodium chloride, 0.01% choline chloride, ferrous sulfate, zinc sulfate, niacin, calcium pantothenate, vitamin A palmitate, cupric sulfate, vitamin D_3 concentrate, riboflavin, thiamine, pyridoxine, potassium iodide, phytonadione (vitamin K_1), biotin, folic acid, vitamin B_{12} and α-tocopheryl acetate.

from the makers of Similac® and Similac® with Iron infant formulas

D-11956 TM-TRADEMARK

ROSS LABORATORIES
COLUMBUS, OHIO 43216
Division of Abbott Laboratories, USA

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



COMPOSITION: Each Asbron Inlay-Tab and each tablespoonful (15 ml.) of Asbron Elixir contains theophylline sodium glycinate 300 mg. (equivalent to 150 mg. theophylline), glyceryl guaiacolate 100 mg. and phenylpropanolamine hydrochloride 25 mg. The elixir supplies the active ingredients in a solution containing 15% alcohol.

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

ADMINISTRATION AND DOSAGE:
Adults—
1 or 2 tablets or tablespoonfuls,
2 or 3 times daily
Administration after meals may reduce the infrequent possibility of gastric distress or CNS stimulation.

Children—
6 to 12—2 or 3 teaspoonfuls,
2 or 3 times daily
3 to 6—1 to 1½ teaspoonfuls,
2 or 3 times daily
1 to 3—½ to 1 teaspoonful,
2 or 3 times daily

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

CAUTION: Ordinary large doses may cause hypertension, headache, tachycardia, nausea, vomiting, etc.

WARNING: Use with caution in patients suffering from hypertension, cardiovascular disease and hyperthyroidism.

HOW SUPPLIED: Asbron Inlay-Tabs, in bottles of 100. Asbron Elixir, in pint bottles.

ASBRON® helps keep airways open for "replacement" air

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

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

DORSEY LABORATORIES Lincoln, Nebraska 68501

THE STRIDE RITE SHOE

CORRECTIVE MEASURES CHART

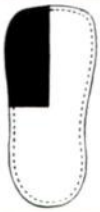
REGULAR SHOE With steel shank, firm counter.
EXTRA SUPPORT SHOE Longer counter; heavy steel shank where needed. This shoe is effective in control of pronation. Designed also for flat feet, knock knees, toeing out.

STRAIGHT LAST SHOE Designed to provide maximum alignment between rear foot and forefoot; useful in controlling adduction and toeing in; also for the clubfoot or bow legged.

to control pronation and eversion
INNER HEEL WEDGE

to control supination and inversion
OUTER HEEL WEDGE

to control toeing out
INNER SOLE WEDGE



to control toeing in
OUTER SOLE WEDGE

to control pronation and toeing out
COMBINED INNER HEEL WEDGE AND INNER SOLE WEDGE

to control supination and toeing in
COMBINED OUTER HEEL WEDGE AND OUTER SOLE WEDGE

SPRING HEEL
Description: an underbevelled lift between shoe and sole.

OUTSIDE HEEL
Description: standard rubber heel.

ANATOMIC OR THOMAS HEEL
Description: same as outside heel but with forward flange on inner side.

to control pronated foot with toe-in gait
COMBINED INNER HEEL WEDGE AND OUTER SOLE WEDGE

to control high arch foot with claw toes and metatarsalgia
METATARSAL BAR

Stride Rite makes the quality construction that will accept these and any other corrective measures you may prescribe.

The Green Shoe Mfg. Co., Boston, Mass. 02118

Convenient dermatologic therapy to the letter: HP R R LP

Simply write *Aristocort HP Cream*

Simply write *Aristocort R Ointment*

Simply write *Aristocort R Cream*

Simply write *Aristocort LP Cream*

Ease in prescribing: Just another aspect of The ARISTOCORT Edge

ARISTOCORT®
Triamcinolone Acetonide

New economical size available: Regular potency cream or ointment in a 75 Gm. tube

Contraindications: Tuberculosis of the skin, fungus infections, and viral skin diseases (herpes simplex, chickenpox, vaccinia). Hypersensitivity to any component.

Precautions: Do not use in the eyes or in an ear with perforated drum. In reactions or idiosyncrasies, discontinue drug. In infected areas observe closely for possible spread of infection and advisability of discontinuing therapy and/or initiating antibacterial measures. In tissue infection consider use of broad-spectrum antibiotic.

Generalized dermatological conditions may require systemic corticosteroid therapy. Steroid therapy may cause remissions of dermatoses (especially those due to allergy) but cannot be expected to prevent recurrence.

Use over extensive body areas, with or without occlusive dressings, may result in systemic absorption; take appropriate precautions. With occlusive dressings, be aware of hazards of suffocation and flammability. Do not use in large amounts or for long periods of time on pregnant patients.

Adverse Reactions: A few individuals react unfavorably under certain conditions. Local intolerance (possibly due to parabens or other components) is rare, but there may be itching and/or irritation at application site.

With occlusive nonpermeable dressings, miliaria, folliculitis, and pyodermas sometimes develop. Localized atrophy and striae have been reported with use by the occlusive technique.

393-1 LEDERLE LABORATORIES, A Division of American Cyanamid Company, Pearl River, New York 10965 Lederle

TO DR. MARSH

THANK YOU

MY COUGH IS

BETTER

SUSIE

Indications: Symptomatic relief of cough and associated upper respiratory symptoms of the common cold or allergy, i.e., congestion, rhinitis and throat irritation.

Precautions: Since promethazine HCl potentiates CNS depressants, administer them with caution and in reduced doses. Until it is known that ambulatory patients do not become drowsy or dizzy, administer full doses with caution; warn patients not to operate machinery or vehicles and do not permit pediatric patients the usual hazardous childhood activities: bicycle riding, playing near traffic, etc. Administer Phenergan VC Expectorants with caution to patients with hypertension, cardiac or peripheral vascular disease, hyperthyroidism or diabetes. Not recommended for infants under three months of age because of possible absence or deficiency of detoxifying enzyme and relatively inefficient renal function. Because promethazine is a phenothiazine derivative it may have a potential for causing reactions attributable to this class of drugs. (See Adverse Reactions.) Toxicity may be potentiated by dehydration and/or oliguria, necessitating reduced dosage. The antiemetic effect of promethazine may mask toxicity of other drugs or obscure other diagnoses such as gastrointestinal obstruction.

Adverse Reactions: Promethazine has been reported to produce drowsiness and occasionally autonomic reactions such as dry mouth, blurred vision and rarely, dizziness; one case of agranulocytosis and very rarely, leukopenia, almost always when other known toxic agents had been concurrently administered. Minor blood pressure increases and mild hypotension have been reported with promethazine, although not with expectorant formulations. Extrapyramidal symptoms (tremors, spasticity, painful skeletal muscle contraction or dystonias) have not been reported at recommended doses. Other adverse reactions occasionally associated with phenothiazines (e.g., aplastic anemia, pancytopenia and other dyscrasias, allergic skin reactions and renal or hepatic dysfunction) have not been reported with promethazine expectorants.

Management of Overdose: Attempted suicides with promethazine have resulted in deep sedation, coma, rarely convulsions and cardio-respiratory symptoms compatible with the depth of sedation present. A paradoxical reaction has been reported in children receiving single doses of 75 mg. to 125 mg. orally, characterized by hyperexcitability and nightmares; whereupon discontinue promethazine.

Pediatric
PHENERGAN®
Expectorant with dextromethorphan

Wyeth®

Composition: The basic formula for all the Phenergan Expectorants: Each 5-cc. teaspoonful contains promethazine hydrochloride, 5 mg.; fluidextract ipecac, 0.17 min.; potassium guaiacolsulfonate, 44 mg.; chloroform (loss is unavoidable), 0.25 min.; citric acid, anhydrous, 60 mg.; sodium citrate, 197 mg., in a pleasant syrup base; alcohol, 7%. **Phenergan VC Expectorants** contain, in addition to the basic formula, phenylephrine hydrochloride, 5 mg. **Phenergan Expectorants with codeine** contain, in addition to the basic formula, codeine phosphate, 10 mg. (1/6 gr.); warning—may be habit forming. **Pediatric Phenergan Expectorant** contains, in addition to the basic formula, dextromethorphan hydrobromide, 7.5 mg.

Helps quiet the cough, calm the child, soothe throat irritation. And is non-narcotic, too.

Pediatric PHENERGAN Expectorant is a non-narcotic formulation for symptomatic relief of coughs associated with colds and other minor upper respiratory infections. Its dextromethorphan component is an antitussive comparable in effectiveness to codeine, but without codeine's side effects.

Besides helping quiet the cough, Pediatric PHENERGAN Expectorant encourages necessary expectoration. It also helps soothe the child's irritated throat, relieve allergy-related bronchospasm and congestion, allay restlessness. Prolonged sedative action of promethazine makes this formulation especially valuable in night cough. And it has a delightful taste of brisk lime.

Wyeth Laboratories Philadelphia, Pa.

VIOKASE®

4xN.F. Pancreatin (whole pancreas);

trypsin, amylase, lipase, esterases, peptidases, nucleases, elastase, collagenase and other enzymes of pancreas (not an artificial mixture of enzymes).

Laboratory measurements:

in VITRO show Viokase rich in most enzymes found in the human pancreas . . .

BUT, ultimate measurement is: – Performance in VIVO – in MAN

Effective without enteric coating.

Replaces pancreatic enzymes in man with total pancreatectomy

Ten or more years after total pancreatectomy Viokase and insulin maintain useful life in *man*. Reported by Kenneth Warren following his published study in Annals of Surgery, 164:830:834 (1966), "Life after Total Pancreatectomy for Chronic Pancreatitis." "Eight patients had total pancreatectomy . . . a long term follow-up is now available for six. The diabetic state has remained stable in these patients, and their nutrition and weight are maintained on a high carbohydrate, high protein, low fat diet, together with use of desiccated whole pancreas, Viokase."

Consistent Effectiveness

Harry Shwachman, et al, Pediatrics 46:335-343 (1970) states: "We have used Viokase in powder or tablet form as an effective product since 1951." Nineteen years of consistent effectiveness.

Costs less than any other pancreatin of the same potency.

Viokase from Beef Pancreas for patients allergic to pork.

Send for descriptive folder.

VIOBIN CORPORATION • Monticello, Illinois 61856

Pediatrics

VOLUME 47 MAY 1971 NUMBER 5

COMMENTARIES

IMMUNODEFICIENCY AND IMMUNOBIOLOGY

ALMOST 20 years ago in this journal, Bruton[1] described a young boy afflicted with recurrent severe infections, who lacked gamma globulin. His description identified a new disease and heralded a new era in immunobiology. "Agammaglobulinemia," the term he coined, described a condition of immunodeficiency in a manner analogous to the use of the term "anemia" in the description of abnormalities in erythrocytes. The delineation and treatment of immunologic defects require a conceptual framework for the understanding of immune responses in man, just as the specific diagnosis and therapy of anemia require knowledge of iron metabolism, hemoglobin synthesis, and erythrocyte production. In the absence of a logical basis, the multitude of syndromes are no more than a kaleidoscopic, unintelligible jumble of eponyms.

In this issue is printed a report,[2] from a meeting arranged by the World Health Organization, which provides just such a framework. It is an annotated itinerary through difficult but fascinating territory. The authors review current knowledge of the immune response and detail existing methods to assess the immune state. They provide a careful, rational definition and classification of immunodeficiency states based on this knowledge. Recommendations for appropriate therapy follow. Considerable order is achieved. In addition, to achieve even greater order in the future, the establishment of two international registries for data on patients with immunodeficiencies is announced, and recommendations for standardization of diagnostic procedures are given. The report is replete with information.

The classification presented is derived primarily from current knowledge of the distinction between cellular and humoral immunity. The differences between cell-mediated delayed hypersensitivity and humoral antibody responses have been recognized for many years. Recent research suggests that the distinction results from differentiation of stem cells in the bone marrow into two divergent lymphocyte populations, both immunologically reactive, each with separable and identifiable characteristics.

One cell population linked with cellular immunity, designated T-lymphocyte ("thymus-dependent"), appears to be the longer lived, larger component of the circulating small lymphocyte pool. In addition to classic "delayed hypersensitivity," "T" cells are thought to be associated with immunologic memory and a host of cell-mediated immune responses, including a role as "killer" cells in graft rejection, immunosurveillance for malignancy, as well as the release of cytotoxic, chemotactic, and macrophage activation and migration inhibition factors.

The other cell population, termed B-lymphocyte from dependence in chickens on the bursa of Fabricius ("gut-associated"), is linked with humoral antibody production. "B" cells, probably mainly restricted to lymph nodes, are considered to be the cells that differentiate, proliferate, and become the plasma cells that produce immunoglobulin antibodies.

T cells may interact at times with B cells; T