NEW PUBLICATIONS RECEIVED


RECENT ADVANCES IN THERAPEUTIC DIETS, compiled by the staff of the Department of Nutrition, the University of Iowa Medical Center. Ames, Iowa: The Iowa State University Press, 1970, 174 pp., $4.50.


ANNOUNCEMENTS OF MEETINGS

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

September

INTERNATIONAL CONFERENCES ON DERMATOGRAPHICS, New Orleans, September 6–11. (August, p. 341.)

CONGRESS ON HUMAN GENETICS, Paris, September 6–11. (January, p. 158.)

PHARMACOLOGY OF ANTIPILEPTIC DRUGS, symposium, Scottsdale, Arizona, September 8–10. (April, p. 794.)

NORTH PACIFIC PEDIATRIC SOCIETY, meeting, Harrison Hot Springs, British Columbia, September 12–16. (March, p. 641.)

REGIONAL NEWBORN AND PERINATAL CARE, postgraduate course, Vail, Colorado, September 13–15. (August, p. 341.)

PEDIATRICS ALLERGY, postgraduate course, Rochester, New York, September 16–18. (August, p. 341.)

PENNSYLVANIA CHAPTER, AAP, annual meeting, Hershey, Pennsylvania, September 18 and 19. (August, p. 342.)

CHILDREN'S FOOT, ANKLE, AND LEG PROBLEMS, postgraduate course, San Francisco, September 19–21. (July, p. 168.)

PEDIATRIC POSTGRADUATE COURSE AND FALL MEETING OF IOWA CHAPTER, AAP, Iowa City, Iowa, September 22–23. (June, p. 1099.)

TEXAS PEDIATRIC SOCIETY, annual meeting, Houston, September 23–25. (August, p. 342.)

1971 NATIONAL CONFERENCE ON MENTAL RETARDATION, Halifax, Nova Scotia, Canada, September 22–25. (May, p. 963.)

ANGUS M. McBRYDE NEWBORN SYMPOSIUM, Durham, North Carolina, September 23–24. (May, p. 964.)

PEDIATRIC CARDIORESPIRATORY CARE, postgraduate course, Houston, September 30–October 2. (September, p. 499.)

October

WORKSHOP ON ANTIBIOTICS, Denver, October 8. (September, p. 499.)

AMERICAN ASSOCIATION FOR LABORATORY ANIMAL SCIENCE, 22nd annual session, New York City, October 11–15. (September, p. 499.)


CANCER SYMPOSIUM, San Francisco, October 15–17. (September, p. 499.)

PEDIATRIC SURGERY, postgraduate course, Atlantic City, October 18–22. (July, p. 168.)

AMERICAN ACADEMY OF CLINICAL TOXICOLOGY, meeting, Philadelphia, October 21–23. (September, p. 499.)

SYMPOSIUM ON NUTRITION, Denver, October 22. (June, p. 1099.)

FOURTH INTERNATIONAL SYMPOSIUM ON SPHINGOLIPIDS, SPHINGOLIPIDOSIS AND ALLIED DISORDERS, Brooklyn, October 25–27. (August, p. 342.)

RESEARCH IN MEDICAL EDUCATION, conference, Washington, D.C., October 29–November 1. (June, p. 1099.)

INTERNATIONAL CONGRESS ON THE TREATMENT OF CRANIOFACIAL ANOMALIES, New York, October 25–29. (April, p. 794.)

BIRTH DEFECTS INSTITUTE SECOND SYMPOSIUM, Albany, New York, October 26–27. (May, p. 964.)

ANTIBIOTICS AND INFECTIONS, course, Iowa City, October 28–30. (September, p. 499.)

November

PEDIATRIC POSTGRADUATE COURSE, New Hyde Park, New York, November 3–5. (July, p. 168.)

HEMATOLOGICAL PROBLEMS IN THE NEWBORN, symposium, Louisville, Kentucky, November 4–5. (August, p. 342.)

NEONATAL JAUNDICE, symposium, Hartford, Connecticut, November 10. (September, p. 499.)

RESPIRATORY DISEASE IN CHILDREN, symposium, Houston, November 11–13. (September, p. 500.)

NUCLEAR MEDICINE, symposium, Oak Ridge, Tennessee, November 15–19. (August, p. 342.)

HEMATOLOGY AND ONCOLOGY, postgraduate course, Minneapolis, November 15–17. (July, p. 168.)

RECENT ADVANCES IN PEDIATRICS, postgraduate course, Kansas City, Missouri, November 17–19. (August, p. 343.)

SICKLE CELL DISEASE, symposium, New York, November 18–19. (June, p. 1100.)
Standards for Acceptance of Advertising in Pediatrics

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  2 or 3 times daily  
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  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.

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(intracutaneous)
NOW COMMERCIALLY AVAILABLE FOR THE FIRST TIME

Connaught's solution of stable, dilute Tuberculin Purified Protein Derivative (P.P.D.—Mantoux) offers you four (4) outstanding advantages:

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EXTENDED POTENCY
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protection against loss of potency due to glass adsorption of tuberculin assures a skin reaction to full test strength.

See package insert for directions and use.

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* When stored in the cold (between 35° and 46° F; 2° and 8° C.)
Their disease: the same  Their symptoms: similar
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Stabilized Tuberculin P.P.D. Solution
for the Mantoux Test (intracutaneous)

NOW COMMERCIALY AVAILABLE FOR THE FIRST TIME

Connaught's solution of stable, dilute Tuberculin Purified Protein Derivative (P.P.D.—Mantoux) offers you four (4) outstanding advantages:

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Their disease: the same

Their symptoms: similar
Must their therapy be different?

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.

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.

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 affect 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 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.

DOSEAGE 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.

<table>
<thead>
<tr>
<th>Average Dosage Schedule—250 mg. Tablet</th>
</tr>
</thead>
<tbody>
<tr>
<td>Week</td>
</tr>
<tr>
<td>------</td>
</tr>
<tr>
<td>1</td>
</tr>
<tr>
<td>2</td>
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<tr>
<td>3</td>
</tr>
<tr>
<td>4</td>
</tr>
</tbody>
</table>

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.

MYSOLINE® (primidone) is available in the United States by arrangement with Imperial Chemical Industries Ltd.
Relief for the child taking Dimetapp® Elixir...

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

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

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

PRECAUTIONS: Administer with care in cardiac or peripheral vascular diseases or hypertension. Caution patients against engaging in operations requiring alertness until response has been determined.

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

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

ENDS OF THE SPOON

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

A.H. ROBINS A. H. ROBINS COMPANY, Richmond, Virginia 23220
# INDEX TO ADVERTISERS

<table>
<thead>
<tr>
<th>Company / Product</th>
<th>Page(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ayerst Laboratories (Auralgan)</td>
<td>i</td>
</tr>
<tr>
<td>Ayerst Laboratories (Grisactin '500)</td>
<td>xvi, xvii</td>
</tr>
<tr>
<td>Ayerst Laboratories (Mysoline)</td>
<td>lx, lxi</td>
</tr>
<tr>
<td>Bourns Life Systems (Infant Ventilator)</td>
<td>liii</td>
</tr>
<tr>
<td>Breon Laboratories (Bronkolixir)</td>
<td>v</td>
</tr>
<tr>
<td>Bristol-Myers Co. (Congespirin)</td>
<td>xxiv</td>
</tr>
<tr>
<td>Codman &amp; Shurtleff (Apnea Alarm Mattress)</td>
<td>xviii</td>
</tr>
<tr>
<td>DeVilbiss Company (Ultrasound Nebulizer)</td>
<td>lix</td>
</tr>
<tr>
<td>Dorsey Laboratories (Ashron)</td>
<td>liv</td>
</tr>
<tr>
<td>Dorsey Laboratories (Multi-Products)</td>
<td>xx, xxi</td>
</tr>
<tr>
<td>Dow Chemical Co. (Novahistine Elixir)</td>
<td>xlii, xliii</td>
</tr>
<tr>
<td>Duke Laboratories (Nivea Products)</td>
<td>xiv</td>
</tr>
<tr>
<td>Green Shoe Mfg. Co. (Buntees)</td>
<td>xli</td>
</tr>
<tr>
<td>Green Shoe Mfg. Co. (Stride Rite)</td>
<td>xv</td>
</tr>
<tr>
<td>Herbst Shoe Manufacturing Co. (Child Life)</td>
<td>xxv</td>
</tr>
<tr>
<td>Mead Johnson Laboratories (ProSobec)</td>
<td>li</td>
</tr>
<tr>
<td>Mitchum Thayer Laboratories (Liquiprin)</td>
<td>xlvii</td>
</tr>
<tr>
<td>Mosby, The C. V. Company (Medical Books)</td>
<td>xii</td>
</tr>
<tr>
<td>Neutrogena Corp. (Neutrogena Soap)</td>
<td>xl</td>
</tr>
<tr>
<td>Panray Division Ormont Drug &amp; Chemical Co. (Tuberculin P.P.D. Solution)</td>
<td>lxvi</td>
</tr>
<tr>
<td>Parke Davis &amp; Company (Benadryl)</td>
<td>x, xi</td>
</tr>
<tr>
<td>Parke Davis &amp; Company (Benylin)</td>
<td>xlvii</td>
</tr>
<tr>
<td>Parke Davis &amp; Company (Povan)</td>
<td>xxii, xxiii</td>
</tr>
<tr>
<td>Pfizer Laboratories Div. Pfizer, Inc. (Pfizerpen)</td>
<td>xxxviii, xxxix</td>
</tr>
<tr>
<td>Procter &amp; Gamble Co. (Ivory Bar)</td>
<td>lxxv</td>
</tr>
<tr>
<td>Robins, A. H. &amp; Company (Dimetapp)</td>
<td>lxii, lxiii</td>
</tr>
<tr>
<td>Robins, A. H. &amp; Company (Donnagel-PG)</td>
<td>xlix</td>
</tr>
<tr>
<td>Robins, A. H. &amp; Company (Robitussin-DM)</td>
<td>vi</td>
</tr>
<tr>
<td>Roche Laboratories (Gantrisin)</td>
<td>xxxi, xxxvi</td>
</tr>
<tr>
<td>Ross Laboratories (Rondec-DM)</td>
<td>lxvi, lxvii</td>
</tr>
<tr>
<td>Schering Corp. (Garamycin Ophthalmic Solution)</td>
<td>xxxiii, xxxiv, xxxv</td>
</tr>
<tr>
<td>Sherwood Medical Industries, Inc. (Cystic Fibrosis Analyzer)</td>
<td>xlix</td>
</tr>
<tr>
<td>Squibb, E. R. &amp; Sons (Principen)</td>
<td>xxvi, xxvii, xxviii</td>
</tr>
<tr>
<td>Syntex Laboratories (Cho-Free)</td>
<td>Fourth Cover</td>
</tr>
<tr>
<td>Titmus Optical Company (Audio/Visual Tester)</td>
<td>xiv</td>
</tr>
<tr>
<td>Warner-Chilcott Laboratories (Colymycin S Otic)</td>
<td>xiii</td>
</tr>
<tr>
<td>Warner-Chilcott Laboratories (Tredal)</td>
<td>xxxvi, xxxvii</td>
</tr>
<tr>
<td>Westwood Laboratories (Keri Lotion)</td>
<td>xix</td>
</tr>
<tr>
<td>Wyeth Laboratories (Phenergan Expectorant)</td>
<td>xxx, xxxi</td>
</tr>
<tr>
<td>Wyeth Laboratories (Phenergan Suppositories)</td>
<td>viii, ix</td>
</tr>
</tbody>
</table>

We try to present an accurate index. Occasionally this may not be possible because of a last-minute change or an omission.
Recommending a soap for sensitive skin?

Some are a maze of ingredients...

Deciding which soap to recommend can be a problem. Certain ingredients in soaps can complicate your decision. But pure, mild Ivory is one of the safest possible soaps you can recommend for sensitive skin. Its absence of extra ingredients helps minimize chances of irritation. Decades of extensive laboratory tests and 89 years of safe consumer use give Ivory an unsurpassed safety record. A recent survey shows more doctors still recommend Ivory than any other soap—even with many other soaps to choose from. You can stay out of the maze of ingredient soaps by recommending pure, mild Ivory. 9944/100% pure...it floats.*

Ivory- One of the safest possible soaps you can recommend for sensitive skin.
	his one is pure and simple.
Composition: Rondec S™ Syrup, D™ Chewable, T™ Tablet contain 2.5 mg carboxinoamine maleate, 60 mg pseudoephedrine hydrochloride per 5 ml teaspoonful of syrup. Rondec-DM™ Syrup contains the above plus 15 mg dextromethorphan hydrobromide, 100 mg glyceryl guaiacolate, 3.5 mg chloroform (some loss unavoidable), alcohol less than 0.6% per 5 ml teaspoonful. Rondec D™ Drops contains 1 mg carboxinoamine maleate, 30 mg pseudoephedrine hydrochloride per 1 ml dropperful. Rondec-DM™ Drops contains the above plus 4 mg dextromethorphan hydrobromide, 20 mg glyceryl guaiacolate, 0.7 mg chloroform (some loss unavoidable), alcohol less than 0.6% per 1 ml dropperful.

Action and Uses: Carboxinoamine maleate is an antihistamine drug with a therapeutic index (ratio of median lethal dose to median effective dose in guinea pigs) that is 2 to 50 times that of chlorpheniramine, pheniramine, diphenhydramine, and triprolennamine. Carboxinoamine maleate has a low incidence of side effects, particularly the sedation associated with these agents. Sedation when it occurs is generally mild and transient.

Pseudoephedrine decongests swollen mucous membranes of the respiratory tract by vasoconstriction and opens obstructed airways through direct action on the smooth muscles of the bronchi. While the vasoconstrictive action of pseudoephedrine is similar to that of ephedrine, it seems to be more specific for the blood vessels of the respiratory tract and less specific for the systemic circulation. Pseudoephedrine has been shown in clinical and laboratory tests to have minimal pressor effect at usual dosages.

Dextromethorphan hydrobromide has been demonstrated in clinical trials to produce an antitussive effect equal to that of codeine. It acts centrally to elevate the cough threshold. The incidence of side reactions in long-term clinical trials has been remarkably low and no greater than that occasioned by placebo. There is no liability of addiction. At usual dosage it will not depress respiration or inhibit ciliary activity.

Glyceryl guaiacolate has been shown to increase the rate of respiratory tract fluid production in animals when administered orally or parenterally. This action reduces the viscosity of bronchial secretions. Although similar objective measurements have not been accomplished in humans, clinical studies in adults and children indicate it is an effective expectorant with virtually no adverse reactions. The available evidence suggests that glyceryl guaiacolate has a direct effect on bronchial secretory glands following absorption into the bloodstream.

Indications: Rondec DSC and T are indicated when histamine blocking, mucosal decongestion and bronchodilation are desired in upper and lower respiratory tract disorders of allergic, infectious or nonspecific etiology:

- common cold
- allergic rhinitis
- nasopharyngitis
- sinusitis
- otitis media
- eustachian tube obstruction
- bronchitis
- tracheitis
- laryngitis
- croup.

In patients with nasopharyngitis and a history of otitis media, Rondec DSC and T may be used prophylactically to permit better drainage through the eustachian tube.

Rondec-DM is indicated when control of unproductive cough and mucosal decongestion are desired in the following respiratory disorders:

- allergic cough
- recurrent cough due to recurrent respiratory infection
- bronchitis and bronchial cough
- nasopharyngitis with postnasal drip
- common cold.

There is no known contraindication to the use of Rondec DSC and T or Rondec-DM as adjunctive therapy to antibiotics when relief of mucosal congestion and cough is desired.

Precautions and Side Effects: Although pseudoephedrine causes virtually no pressor effects in normotensive patients, use with caution in hypertensives. While the majority of patients will experience no side effects from pseudoephedrine hydrochloride, those particularly sensitive to sympathomimetic amines may note mild stimulation.

Sedation has been observed in connection with the use of
Stuffy Noses and Coughs

Children do well with an oral decongestant

Topical decongestants work fast, but don't go far enough. They don't shrink all the nasal and sinus tissues.

Rondec S oral decongestant shrinks mucous membranes and blocks histamine response

Shrinking mucous membranes from the tip of the nose down to the bronchi, pseudoephedrine is apparently more specific than ephedrine for the vessels of the respiratory tract. But it has fewer side effects. Pressor action is minimal. Significant CNS stimulation is rare. It doesn't cause rebound congestion or irritation.

Carbinoxamine has a high level of antihistamine activity. And while a sedation may occur, it is generally mild and transient—shouldn't give a school-age child that wooden-headed feeling.

Rondec-DM adds cough control that's non-narcotic

The dextromethorphan hydrobromide in Rondec-DM controls unproductive cough without the constipation and respiratory depression associated with narcotics. Drowsiness or gastrointestinal upsets rarely occur.

And glyceryl guaiacolate works to thin bronchial secretions.

Two products for dependable relief of cold symptoms. Two good flavors kids like. And a low incidence of side effects.

That's the long and short of it.

cut cold symptoms down to size

for stuffy noses:
Rondec S Syrup
60 mg pseudoephedrine HCl and 2.5 mg carbinoxamine maleate per 5 ml

for cough with a cold:
Rondec-DM Syrup
15 mg dextromethorphan HBr, 100 mg glyceryl guaiacolate, 60 mg pseudoephedrine HCl, and 2.5 mg carbinoxamine maleate per 5 ml

How Supplied: Rondec D Oral Drops is available in 20 ml bottles of black currant-flavored dropper dosage. Calibrated, shatterproof dropper enclosed in the carton. Unique Spilgard™ closure prevents spilling when dropper is removed from bottle. List No. 183.

Rondec S Syrup, black currant-flavored, is available in 16 fl oz (1 pint) bottles. List No. 182.

Rondec C Chewable, scored tablet with tutti-frutti flavor, is available in bottles of 100. Each tablet marked with Ross R and List No. 181 for professional identification.

Rondec T Tablet is available in bottles of 100. Each Film tab® tablet marked with Ross R and List No. 180 for professional identification.

Rondec-DM Drops is available in 20 ml bottles of grape-flavored dropper dosage. Calibrated, shatterproof dropper enclosed in the carton. Unique Spilgard™ closure prevents spilling when dropper is removed from bottle. List No. 186.

Rondec-DM Syrup, grape-flavored, is available in 16 fl oz (1 pint) bottles. List No. 187.

Rondec DSC&T and Rondec-DM are available on prescription only.

Division of Abbott Laboratories, U.S.A.
American Academy of Pediatrics

Announces

The Introduction of A

PERSONAL IMMUNIZATION CARD

Developed by the Committee on Control of Infectious Diseases of the Academy, the billfold-size plastic card provides a permanent and readily available record of immunizations children have received. The card will assist parents to recall at a glance whether their child has been immunized against polio, smallpox, measles, diphtheria and tetanus.

Space is also provided to record blood type, special problems, significant history of sensitivities, tuberculin tests, and other special vaccinations.

The record will also be valuable to public health agencies, schools, camps, etc., especially during epidemics, to show at a glance which children are protected.

Each card is inserted in a 2½ x 5½” disposable holder; instructions for using the immunization card are printed on the holder.

Available from: The American Academy of Pediatrics
1801 Hinman Avenue
Evanston, Illinois 60204

Prices:

1-9 cards (complete with holder) 50¢ each
10 or more 15¢ each
Lots of 1000 $75.00 per thousand
SCHEDULE OF MEETINGS

ANNUAL MEETINGS

1971—Fortieth                                      October 16 to 21
Palmer House, Chicago

1972—Forty-First                                   October 14 to 19
New York Hilton and Americana, New York City

1973—Forty-Second                                  October 20 to 25
Palmer House, Chicago

1974—Forty-Third                                   October 19 to 24
San Francisco Hilton, San Francisco

1975—Forty-Fourth                                  October 18 to 23
Washington Hilton, Washington, D.C.

SPRING SESSIONS

1972—Town and Country Hotel                        April 24 to 27
San Diego, Calif.

1973—Sheraton Boston                                April 9 to 12
Boston, Mass.

1974—Americana Hotel                               April 22 to 25
Bal Harbour, Fla.

1975—Denver Hilton                                  April 14 to 17
Denver, Colo.

1976—Century Plaza                                  April 12 to 15
Los Angeles, Calif.
Don’t feed the diarrhea. Feed the patient.

CHO-FREE™ Formula Base: The only nutritional formula base free of carbohydrate and milk fractions

Cho-Free is the diet for many diarrhea problems that makes traditional skim milk regimens obsolete. There is strong clinical evidence1-6 that secondary disaccharide intolerance is a frequent complication of diarrhea. The disaccharidases are concentrated in the brush border region of the mucosal epithelium.7-14... and hence are vulnerable to a variety of illnesses associated with mucosal damage.14

"Lactase activity is most susceptible to this type of injury..."8 So, when diarrhea has led to loss of lactase, the ingestion of lactose, as in skim milk, may add fuel to the fire. Cho-Free helps put it out.

Cho-Free, when mixed with a compatible sugar, provides 20 calories per fluid ounce to nourish the infant. Free of milk fractions to minimize exacerbating effects on the delicate G. I. tract.

"In virtually all sugar intolerance, response to dietary treatment is rapid and rewarding..."9

The next time one of your babies has diarrhea, try Cho-Free. Feed the patient, not the diarrhea.

CAUTION: The physician should be aware that Cho-Free Formula Base is specially formulated to be free of carbohydrate and does not provide a nutritionally complete regimen unless supplemented with adequate carbohydrate either in the formula or elsewhere in the diet.

References:

Approximate Analysis (Diluted with an equal volume of 12.8% Carbohydrate Solution). Water 87.25%. Protein 1.8%. Fat 3.5%. Carbohydrate 6.4%. Minerals (Ash) 0.5% (Calcium 0.065%, Phosphorus 0.00%, Iron 0.02%) 20 Calories per fl. oz.

One Quart of Cho-Free Formula Base, normal dilution, supplies: Vitamin A, 2000 U.S.P. Units; Vitamin D, 400 U.S.P. Units; Vitamin E, 10.0 Int. Units; Vitamin C, 92.0 mg.; Niacin, 7.0 mg.; Calcium pantothenate, 2.5 mg.; Riboflavin, 1.0 mg.; Thiamine, 0.5 mg.; Pyridoxine, 0.4 mg.; Folic acid, 30 mcg.; Vitamin B12, 2 mcg.; Calcium, 0.85 gm.; Phosphorus, 0.6 gm.; Potassium, 0.60 gm.; Sodium, 0.35 gm.; Inositol, 100 mg.; Choline, 85 mg.; Magnesium, 76 mg.; Iron, 8 mg.; Zinc, 3 mg.; Manganese, 2.5 mg.; Copper, 0.4 mg.; Iodine, 6.15 mg.