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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.
Baby Stride Rites are trust-worthy.
Loyal, Helpful, Kind, Etc.
They encourage feet gently, to grow
naturally. And become skillful. We
build a different shoe for each
stage of foot development and
foot activity. To provide the
right flexibility and
support for that stage.
To help the foot across.
One bridge at a time.
Isn't that the way
you'd do it?
A CASE FOR “500”
GRISACTIN® 500 Tablets
Brand of griseofulvin (microsize)
FIGHTS STUBBORN TINEA CAPITIS

GRISACTIN 500 provides the potent fungicidal action needed to bring stubborn tinea infections of the hair, skin and nails under control.
The fragmented “microsize” crystals offer greater, more effective surface area for enhanced gastrointestinal absorption which is reflected in higher serum levels—so that a single dose of 0.5 Gm.
GRISACTIN 500 usually produces an effect comparable to that of 1.0 Gm. of nonmicroized griseofulvin.

BRIEF SUMMARY
(For full prescribing information, see package circular.)
Griseofulvin (microsize)
Indications: GRISACTIN is effective in the treatment of susceptible ringworm infections of the skin, hair, and nails, namely: tinea corporis, tinea pedis, tinea cruris, tinea barbae, tinea capitis, and tinea unguium (onychomycosis).

Contraindications: This drug is contraindicated in patients with porphyria, hepatic cell failure, and in individuals with a history of hypersensitivity to griseofulvin. The use of this drug is not justified in minor or trivial infections which will respond to topical antifungal agents alone.

Precautions: As with all antibiotics, the use of this drug may result in an overgrowth of nonsusceptible organisms, particularly monilia. Continuing observation of the patient is essential. If new infections appear during therapy, appropriate measures should be taken. Patients on prolonged therapy with any potent medication should be under close observation. Periodic monitoring of organ system function, including renal, hepatic, and hemopoietic, should be done.

Since griseofulvin is derived from species of penicillin, the possibility of cross-sensitivity with penicillin exists; however, known penicillin-sensitive patients have been treated without difficulty.

Safety of this drug for use in pregnancy has not yet been established.

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

Proteinuria and leukopenia have been reported rarely. Administration of the drug should be discontinued if granulocytopenia occurs.

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

General Adjunctive Measures: To prevent reinfection, include maintenance of general hygiene, cleanliness being of major importance. Sources of reinfection include all wearing apparel, hats, footwear, pillows, and certain domestic animals. Infected portions of hair or nails should be clipped in patients with tinea barbae, capitis, or unguium.

Availability: GRISACTIN (griseofulvin (microsize))—No. 443—GRISACTIN 500, each capsule contains 125 mg., in bottles of 100 and 500. No. 443—GRISACTIN 250, each capsule contains 250 mg., in bottles of 100 and 500. No. 444—GRISACTIN 500, each tablet (scored) contains 500 mg., in bottles of 60.

Ayerst AYERST LABORATORIES, New York, N.Y. 10017
GRISACTIN (griseofulvin (microsize)) is available in the United States by arrangement with Imperial Chemical Industries Ltd.
Breathing free.

Free of electrodes. Free of any connection to the body. The Codman* Apnea Alarm senses the slightest respiratory movement of an infant as it lies in the incubator on our specially designed air mattress. Should breathing stop, audible and visual alarms signal the apneic attack.

No wires to attach, to come loose, to interfere with the nursing routine. No current to the infant.

The price: only $300. Let us demonstrate the many fail-safe and convenience features. Call 617-961-2300. Or ask for our descriptive brochure. Codman & Shurtleff, Inc., Randolph, Massachusetts 02368
Therapeutic Keri Lotion is a rich-bodied emollient to moisturize and lubricate skin. It smooths dry, chapped skin for children of all ages. Soothes itching. Helps maintain the normal pH that favors healing. Builds up effective antibacterial action. See PDR. Supplied: 6½ and 13 fl. oz. bottles with dispensers.

**Keri® lotion**
comforts and cares
for dry, irritated skin

WESTWOOD PHARMACEUTICALS INC. Buffalo, New York 14213
The family that sniffles together...

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

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

Indications: Triaminic Syrup—Relief from such symptoms as nasal congestion, profuse nasal discharge and postnasal drip associated with colds, nasal allergies, sinusitis and rhinitis. Triaminic Expectorant—For use in providing temporary relief of coughs and nasal congestion due to the common cold. Precautions: Patients should be advised not to drive a car or operate dangerous machinery if drowsiness occurs. Use with caution in the presence of hypertension, hyperthyroidism, cardiovascular disease or diabetes.

Side Effects: Occasional drowsiness, blurred vision, cardiac palpitations, flushing, dizziness, nervousness or gastrointestinal upsets. Dosage: Children 1 to 6—½ teaspoonful every 4 hours; children 6 to 12—1 teaspoonful every 4 hours; adults—2 teaspoonfuls every 4 hours. How Supplied: In 8 fl. oz. Family Size, 4 fl. oz. and pint bottles.

DORSEY LABORATORIES • Lincoln, Nebraska 68501
Pinworms entered the captain's realm, when helpful Hilda held the helm.

Nobody's too rich or too old for pinworms.

Pinworms have no regard for social status. Infections have been estimated to occur in one third to one half of all American youngsters. And each time an infection occurs, the child introduces his pinworms easily and democratically to classmates and friends, siblings and parents alike. Meticulous hygiene could check the spread, but normal children rarely stay hygienically clean. So by the time the captain and Hilda recover, they may have infected half the ship. Therapeutically and epidemiologically, POVAN (pyrvinium pamoate), Parke-Davis, permits a practical approach:

- **suspect** pinworms in every child in nursery school, kindergarten, and grammar school.
- **check** children routinely for pinworms, particularly where there are such symptoms as itching or disturbed sleep.
- **correct** existing infection promptly. A single oral dose of POVAN is usually all that is needed.
- **protect** the child's family by prescribing POVAN for each member of the household, young or old. And, for the sake of the neighbors, you may wish to notify the school physician or nurse.

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

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

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

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

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

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

**HOW SUPPLIED:** Povan Tablets contain pyrvinium pamoate equivalent to 50 mg. pyrvinium; bottles of 25.

Povan Suspension is a pleasant-tasting, strawberry-flavored preparation containing pyrvinium pamoate equivalent to 10 mg. pyrvinium per milliliter; 2-oz. bottles.

Parke, Davis & Company, Detroit, Michigan 48232

**PARKE-DAVIS**

Povan® tablets/suspension

(pyrvinium pamoate)

The experienced anthelmintic
IF THE CHILD’S COLD SYMPTOMS CALL FOR ASPIRIN AND A DECONGESTANT, RECOMMEND ASPIRIN AND A DECONGESTANT:

For a mother, medicating her child’s cold symptoms can be difficult. Medicating them with a number of products is even more difficult.
That’s the reason for Congespirin* Children’s Cold Tablets.
Each Congespirin tablet contains 1¼ grains of aspirin (81 mg), 1.25 mg. of phenylephrine hydrochloride and 31 mg. of magnesium hydroxide.
With buffered aspirin and a nasal decongestant in one tablet, there’s no need for decongestant nose drops or sprays, both of which are often hard to give to children.
And Congespirin tablets are chewable and orange-flavored.
All of which makes Congespirin as easy to administer as it is to recommend.
For 50 free 8-tablet samples of Congespirin for your patients, mail to:
Congespirin Samples
P.O. Box 65
Elizabeth, New Jersey 07207

CONGESPIRIN. THE CHILDREN’S COLD TABLET
a TRUE straight last shoe

with

SPECIAL FEATURES

 EXTRA HEAVY STEEL SHANK

LONG COUNTER ON MEDIAL SIDE

THOMAS HEEL

STRAIGHT LAST CONSTRUCTION

AXIAL

by

Child Life SHOES
A teaspoonful?
Great tasting Principen for Oral Suspension, with Flexidose Spoon at no extra cost.

All Rx bottles are supplied with the unique Flexidose Spoon.

The Flexidose Spoon provides ease of use, accurate dose measurement and less chance of spilling.

125 mg. and 250 mg. per 5 cc. teaspoonful potencies available in bottles of 80, 100, and 150 cc.

An exclusive of Principen for Oral Suspension (ampicillin trihydrate)

See brief summary on following page.
Warnings: contraindicated in genitourinary, sensitivity to ampicillin, and hypersensitivity to staphylococci, streptococci, and enterococci. As a guide to therapy, the invading organism should be cultured and its sensitivity determined. If the Kirby-Bauer method of disc sensitivity is used, a 10 mgu ampicillin disc should be used to determine the relative in vitro susceptibility. Therapy may be instituted prior to the results of sensitivity testing. Indications: Oral forms of ampicillin are primarily indicated for the treatment of genitourinary, respiratory, and gastrointestinal tract infections caused by susceptible strains of Shigella, S. typhosa and other Salmonella, E. coli, H. influenzae, N. gonorrhoeae and N. meningitidis, and P. notabilis. They may also be indicated in certain infections due to penicillin G-sensitive staphylococci, streptococci, pneumococci, and enterococci.

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

Precautions: Prolonged use may promote overgrowth of non-susceptible organisms including fungi; should superinfection occur, take appropriate measures. Cases of gonorrhea with suspected syphilitic lesion should have a dark-field examination prior to receiving ampicillin; monthly serological tests should be made for at least 4 months. Treatment with ampicillin does not preclude need for surgical procedures particularly in staphylococcal infections. In prolonged therapy, and particularly with high dosage schedules, periodic evaluation of the renal, hepatic, and hematopoietic systems is recommended. Adverse Reactions: Sensitivity phenomena, particularly in individuals with previous penicillin hypersensitivity or history of allergy, asthma, hay fever, or urticaria. The following adverse reactions have been reported in patients on penicillin therapy. Although anaphylaxis is more frequent following parenteral administration, it has occurred in patients on oral penicillins. These reactions are more apt to occur in persons with a history of sensitivity to multiple allergens. There have been reports of persons with a history of penicillin hypersensitivity reactions 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. Discontinue ampicillin and treat patient with such agents as pressor amines, antihistamines, and corticosteroids if an allergic reaction occurs. Serious anaphylactoid reactions require immediate use of epinephrine, aminophylline, oxygen, and IV corticosteroids — antihistamines alone do not control these reactions. The safety of ampicillin for use in pregnancy has not been established.

Note: urticaria, other skin rashes, and serum sickness-like reactions may be controlled by antihistamines and, if necessary, systemic corticosteroids. Whenever such reactions occur, discontinue drug unless condition is life threatening and amenable only to ampicillin therapy. Serious anaphylactoid reactions require emergency measures (see Warnings).

Liver — moderate SGOT elevation has been noted particularly in infants. Hematologic — anemia, thrombocytopenia, thrombocytopenic purpura, eosinophilia, leukopenia, and agranulocytosis have been reported during therapy with penicillins. These reactions are usually reversible on discontinuation of therapy and are believed to be hypersensitivity phenomena.

Other adverse reactions that have been reported with the use of ampicillin are laryngeal edema and high fever. An occasional patient may complain of sore mouth or tongue as with any oral penicillin preparation.

For full information, see package insert. Supply: Principen ‘125’ for Oral Suspension (Ampicillin Trihydrate for Oral Suspension) and Principen ‘250’ for Oral Suspension contain, respectively, the equivalent of 125 mg and 250 mg ampicillin per 5 cc; when reconstituted as directed. Principen ‘250’ Capsules (Ampicillin Trihydrate Capsules) and Principen ‘500’ Capsules contain, respectively, the equivalent of 250 mg and 500 mg ampicillin.

Principal Ingredient of every product is the honor and integrity of its maker.
National Cystic Fibrosis Research Foundation Urges Every Caucasian Infant Be Screened for Cystic Fibrosis.

The advantages of early detection of cystic fibrosis have been proven conclusively. That’s why the National Cystic Fibrosis Research Foundation urges that every child be screened. Although only one child in a thousand is likely to have this illness, that child is entitled to all the benefits that early detection can bring him. With early diagnosis, immediate institution of a carefully supervised program of intensive treatment and frequent check-ups; the prognosis for most children can be greatly improved.

Now Make CF Screening Routine with New LANCER® Cystic Fibrosis Analyzer

The new LANCER™ CYSTIC FIBROSIS ANALYZER enables you to obtain a fast, accurate "sweat test" right in your own office—easily, painlessly on infants over 8 weeks old. Now used at many CF centers and hospitals, this dependable instrument is thoroughly tested and proven. It provides qualitative diagnosis with direct reading on a large meter.

The LANCER CYSTIC FIBROSIS ANALYZER incorporates many electronic improvements which make it superior to other screening devices. It is a complete instrument providing everything required to perform the standard "sweat test" in one compact, portable, A.C. unit. The LANCER CYSTIC FIBROSIS ANALYZER utilizes pre-filled, disposable electrodes which are color-coded to simplify and improve present techniques for iontophoresis (inducing sweat). Also included is a transparent, disposable collection/measuring electrode and cap that allows easy sample collection and prevents evaporation and contamination of sample. Solid state electronic circuitry and current-limiting components assure accuracy and patient safety.

SEND FOR A FREE COPY OF OUR NEW CYSTIC FIBROSIS PAMPHLET
An informative pamphlet for parents when you test a child for C.F. — included in LANCER electrode kits. WRITE TODAY.

Sherwood MEDICAL INDUSTRIES INC.
1831 OLIVE STREET • ST. LOUIS, MISSOURI
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 phenoxyazine 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

Composition: The basic formula for all the Phenergan Expectorants: Each 5-cc. teaspoonful contains promethazine hydrochloride, 5 mg.; fluidextractopicap, 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, 75%. 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. (3 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.

Announcing the first liquid analgesic with acetaminophen in suspension

Improved formula Liquiprin® Liquid analgesic for children

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

An independent survey of a national panel of pediatricians showed that almost half of the doctors did not like to recommend medications for children that contain alcohol. To meet this need, improved formula LIQUIPRIN was developed to bring pediatricians all the advantages of an acetaminophen formula without alcohol.
Improved formula LIQUIPRIN is the only liquid analgesic that contains acetaminophen in the form of a suspension. The particles have been micronized so there's no need to dissolve the acetaminophen in alcohol solution as is the case with every other liquid product on the market.

The result is that improved formula LIQUIPRIN is as highly effective an antipyretic and analgesic as aspirin or other acetaminophen products. Yet, LIQUIPRIN is unlikely to produce the side reactions associated with the use of aspirin.
Improved LIQUIPRIN still has the famous taste that babies love. And it still comes in the patented safety-valve bottle that can't leak—even when held upside down.
Next time, recommend the most advanced liquid analgesic of its kind. The first liquid analgesic with acetaminophen in suspension. LIQUIPRIN. The liquid analgesic that contains no alcohol.

--- MAIL COUPON FOR SAMPLES ---

We would be pleased to have you try improved formula Liquiprin. For a generous supply of samples, simply fill out this coupon and mail to: Mitchum-Thayer, Inc., Dept. P-9, P.O. Box 31, Paris, Tennessee 38242

Name________________________________________
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A singular new antibiotic for the eye that works the way you think it should.

GARAMYCIN® OPHTHALMIC SOLUTION/OINTMENT

Each cc. or gram contains gentamicin sulfate equivalent to 3.0 mg. gentamicin.
You think it should have a wide antibacterial spectrum

GARAMYCIN's wide range of antibacterial action is equal to the spectrum commonly prescribed in the combinations of neomycin, polymyxin, and bacitracin or gramicidin in the treatment of external eye infections due to susceptible organisms. It has activity against a wide variety of both gram-positive and gram-negative organisms, including the "difficult" ones—Pseudomonas aeruginosa strains and Proteus.

You think it should be a single entity antibiotic

GARAMYCIN is a single entity antibiotic with a low incidence of sensitization or resistance—can be used repeatedly with continued effectiveness, less concern about 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.)

You think it should be clinically effective


In acute bacterial conjunctivitis and keratitis due to Staphylococcus aureus—coagulase positive and negative

In acute bacterial conjunctivitis and keratitis due to Neisseria gonorrhoeae

In acute bacterial conjunctivitis and keratitis due to Pseudomonas aeruginosa

In acute bacterial conjunctivitis and keratitis due to Staphylococcus aureus—coagulase negative, and Neisseria gonorrhoeae

In acute bacterial conjunctivitis and keratitis due to Neisseria gonorrhoeae

In acute bacterial conjunctivitis and keratitis due to Actinomyces israelii

New GARAMYCIN® ophthalmic

by and of GENTAMICIN Sulfate SOLUTION/OINTMENT

Photographs courtesy of D. Gordon, M.D., N.Y., N.Y. Photographs courtesy of S. Fox, M.D., Baltimore, Md.
You think it should have flexibility in dosage forms

GARAMYCIN OPHTHALMIC SOLUTION, sterile, isotonic, and buffered to pH of tears, does not blur vision, is well suited to daytime use—supplied in an unbreakable, easy-to-handle dispenser.

GARAMYCIN OPHTHALMIC OINTMENT provides gentle emollient action and keeps medication in contact with tissues for longer periods. It is particularly advantageous for nighttime use or in non-ambulatory patients—supplied in easy-to-use ophthalmic tube.

Clinical Considerations

Description: GARAMYCIN is an 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 10 mg gentamicin), disodium phosphate, monosodium phosphate, sodium chloride, and benzoic acid as a preservative. GARAMYCIN Ophthalmic Ointment contains, in each gram of ointment, gentamicin sulfate (equivalent to 10 mg gentamicin), and methylparaben and propylparaben as preservatives in a bland base of clear petrolatum.

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.

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 mimosinositis, 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 every 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.
Two generations for which the Pfizer brand of potassium penicillin G has been prescribed for a broad range of penicillin-susceptible infections of early and late childhood.

Today, choosing Pfizerpen is more desirable than ever. Now there's a delicious butter-scotch-caramel syrup providing all the therapeutic advantages of penicillin—plus significant dollar savings. And it costs a lot less than penicillin therapy did twenty-five years ago, still less today than the leading "brand-name" penicillin G and penicillin V powders for syrup.

Available as Buffered Powder for Syrup:
- 400,000 units/5 cc. in 100 cc. and 200 cc. bottles. These will replace the 80 cc. and 150 cc. bottles (400,000 units/5 cc.) at no increase in cost.

Pfizerpen. The one you can specify with confidence.
PFIZERPEN®
POTASSIUM PENICILLIN G
FOR ECONOMY IN "BRAND-NAME"
PENICILLIN THERAPY

Brief Summary
Actions and Pharmacology: Penicillin G exerts high in vitro activity against staphylococci (except penicillinase-producing strains), streptococci (groups A, C, G, H, L, and M), and pneumococci. Other organisms sensitive to penicillin G are Neisseria gonorrhoeae, Corynebacterium diphtheriae, Bacillus anthracis, Clostridia, Actinomyces bovis, Streptobacillus moniliformis, Listeria monocytogenes, and Leptospira. Trep- onema pallidum is extremely sensitive.

Indications: Oral penicillin G is indicated in the treatment of mild to moderately severe infections due to penicillin G-sensitive microorganisms that are sensitive to the low serum levels common to this particular dosage form. Therapy should be guided by bacteriological studies (including sensitivity tests) and by clinical response. Culture and sensitivity testing are especially important in suspected staphylococcal infections, because increased resistance has been reported. Penicillin G is not active against this penicillinase-producing bacteria.

Note: Severe pneumonia, empyema, bacteremia, pericarditis, meningitis, and purulent or septic arthritis should not be treated with oral penicillin during the acute stage. Indicated surgical procedures should be performed.

Contraindications: A previous hypersensitivity reaction to any penicillin.

Warning: Serious and occasionally fatal hypersensitivity (anaphylactic) reactions with cross-sensitivity to cephalosporins have been reported in patients on penicillin therapy. While more frequent following parenteral therapy, anaphylaxis has occurred in patients on oral penicillin. These reactions are more apt to occur in individuals with a history of sensitivity to multiple allergens.

Some individuals with a history of penicillin hypersensitivity reactions have also experienced severe hypersensitivity reactions from a cephalosporin. Before therapy is started, the patient should be questioned concerning previous hypersensitivity reactions to penicillins, cephalosporins, and other antibiotics. If an allergic reaction occurs, the drug should be discontinued and the patient treated with the usual agents, e.g., epinephrine, sympathomimetics, and corticosteroids.

Precautions: Penicillin should be used with caution in individuals with histories of significant allergies and/or asthma. The oral route of administration should not be relied upon in patients with severe illness, or with nausea, vomiting, gastric dilation, cardiogaspsm or intestinal hypermotility. Occasional patients will not absorb therapeutic amounts of orally administered penicillin.

In streptococcal infections therapy must be sufficient to eliminate the organism (10 days minimum); otherwise the sequelae of streptococcal disease may occur. Culture should be taken following completion of treatment to determine whether 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.

Adverse Reactions: While the incidence of reactions to oral penicillins is much less than with parenteral therapy, it should be remembered that all degrees of hypersensitivity, including fatal anaphylaxis, have been reported with oral penicillin.

The most common reactions to oral penicillins are nausea, vomiting, epigastric distress, diarrhea, and black hairy tongue. The hypersensitivity reactions reported are skin eruptions (maculopapular to exfoliative dermatitis), urticaria and other skin sickness reactions, laryngeal edema, and anaphylaxis. Fever and eosinophilia may frequently be the only reaction observed. Hemolytic anemia, leukopenia, thrombocytopenia, neutropenia, and neutropenia are infrequent reactions and usually associated with high doses of parenteral penicillin. Parenteral penicillin should be used with care in the presence of allergy.

How Supplied: Pfizerpen (potassium penicillin G) Powder for Syrup buffered, for oral administration, when reconstituted as directed in available in the following forms:

- 400,000 units per 5 cc.—bottles of 100 cc. and 200 cc.
- Pfizerpen (potassium penicillin Q) Tablets, buffered with calcium carbonate for oral administration are available in the following sizes and quantities:
  - 200,000 units—bottles of 100 and 500 tablets.
  - 250,000 units—bottles of 100 tablets.
  - 400,000 units—bottles of 100 and 1000 tablets, and unit-dose pack of 100 (10 x 10's).

Tablets are white, and are scored for easy calibration of dosage.

More detailed professional information available on request.

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.
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Historically, mental retardation has been thought of as an unchanging stereotype, and the affected individual was considered a burden on society. Little thought was given to making the retarded person a member of the community, or even to his needs if he lived with his family. However, services for mentally retarded persons have been improving gradually since 1950. Many Federal and state programs have been established since then; and, pediatricians are now becoming more involved in the diagnosis, evaluation, and care of retarded persons.

The Committee on Children with Handicaps wrote this manual to provide pediatricians with up-to-date information for the treatment of children with mental retardation. Information pertaining to the history, causes, and treatment of mental retardation is included. The emphasis in the manual is on a multidisciplinary approach to this family-centered problem, in which medical, psychological, social, educational, and communicative skills are needed to provide integrated care to affected children in their own community. The Committee has attempted to provide simple, useful material to professionals dealing with mental retardation. The pediatric problems associated with this condition and the right of the child to adequate community service are highlighted.

The manual is divided into three parts: A General Approach to the Problem, Professional Aspects, and The Parent and Society. The role of individual disciplines in the diagnosis and treatment of mental retardation, the role of the physician as coordinator of the other disciplines, and attitudes toward mental retardation are discussed. Every pediatrician is aware that he is often the first professional to be consulted about a child with retardation. This manual attempts to give him all the aspects of mental retardation he must know to diagnose and treat it properly.

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COMMENTARIES

NEONATAL NECROTIZING ENTEROCOLITIS—OLD PIT-FALL OR NEW PROBLEM?

No pediatrician with responsibility for the care of newborn infants, premature or full term, can fail to be interested in the syndrome of neonatal necrotizing enterocolitis. The recent outpouring of reports concerning the disease attests not only to the growing recognition of the problem but also to the immediacy of the challenge which it presents. The challenge is twofold, demanding clinical diagnosis of the disease at an early stage as well as study directed toward the elucidation of its etiology and pathogenesis.

The most quoted articles from the European literature are Genersich’s original case report in 1891, the series of 62 cases described by Willi in 1944, and the series reported by Rossier, et al. in 1959.

Few references to the disease were available in the American literature until the last decade. Then, literally dozens of articles concerned with neonatal necrotizing enterocolitis began to appear in the English and American literature, the great majority in the last 5 years. In 1969 Stevenson and associates counted 80 previously reported cases in the American and English literature and added 26 of their own. Included in this total was the series from the Babies Hospital of New York, numbering 25. The disease is rare, but in each of the two series mentioned, these patients composed approximately 1% of admissions to the premature nurseries involved. In the institution from which one of these series was reported, necrotizing enterocolitis accounted for 2.3% of all deaths in premature infants, and in the other institution it was found as the cause of death in 3% of the autopsies on premature infants. It is likely that we are witnessing a true increase in the incidence of neonatal necrotizing enterocolitis, but there are several factors which make such a guess hazardous. The increased awareness of the disease has probably resulted in increased recognition of the syndrome at the bedside, in surgery, and at necropsy. And, writers and investigators with special interest in this disorder have gleaned many cases from the literature which have appeared under other diagnoses and added them to the growing number of cases of necrotizing enterocolitis. These renamed cases have been found in the literature under many labels, such as neonatal appendicitis with perforation, neonatal peritonitis, pneumatosis intestinai, and perforations, “spontaneous” or otherwise, of various segments of the small and large intestine. The finding of additional cases of neonatal necrotizing enterocolitis has in some instances involved the retrieval of previously unrecognized cases from hospital files. In the interest of clarity and understanding, it is important to exclude from the category of neonatal necrotizing enterocolitis those cases in which a congenital structural cause for intestinal obstruction is present.

Attention to predisposing factors is ex-