February 1972 Volume 49 Number 2

PEDIATRICS

AMERICAN ACADEMY OF PEDIATRICS EVANSTON ILLINOIS 60204

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American Academy of Pediatrics

1970 REDBOOK

Report of the Committee on Infectious Diseases

The Redbook, written primarily for use in the pediatrician's office, is a digest of information on and measures for prevention, control, and treatment of infectious diseases. It presents guidelines to the best, currently accepted procedures for diagnosis, treatment, and prevention of infectious diseases found in the United States, Canada, and Latin America. This book, written by the Committee on Infectious Diseases and edited by Franklin H. Top, Sr., M.D., will be valuable to physicians, public health workers, and others delivering preventive and therapeutic care in hospitals and community facilities serving children.

This edition, the sixteenth, of *The Redbook* has been enlarged over previous editions, although the format remains similar. The Committee on Infectious Diseases has provided more general information than given in previous editions, and an attempt has been made to make the information easier to locate in the book. Several diseases which are not listed in previous editions have been added. Also, diseases with more than one designation are now listed alphabetically under the more common name, e.g., pertussis and parapertussis are listed under whooping cough, and exanthem subitum is listed under roseola infantum.

The sixteenth edition of *The Redbook* was reprinted in 1971. Although the bulk of the book is unchanged from the first printing, the simultaneous or combined administration of various live virus vaccines was updated for this reprinting.

Indexed; 242 pages.

Price: $3.00 per copy postage paid. For quantity prices write to:

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Pediatrics

OFFICIAL PUBLICATION OF THE AMERICAN ACADEMY OF PEDIATRICS, INC.

Volume 49 FEBRUARY 1972 Number 2

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FORTHCOMING MEETING
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Spring Session, April 24–27, 1972
San Diego, California

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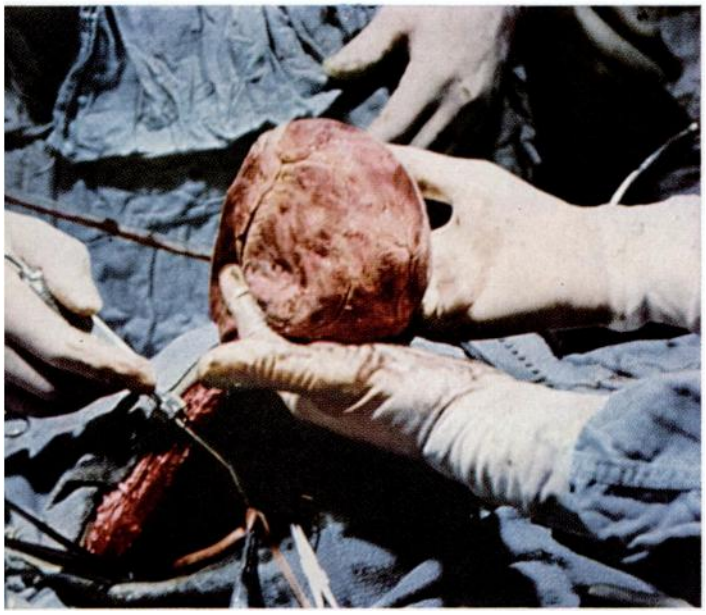
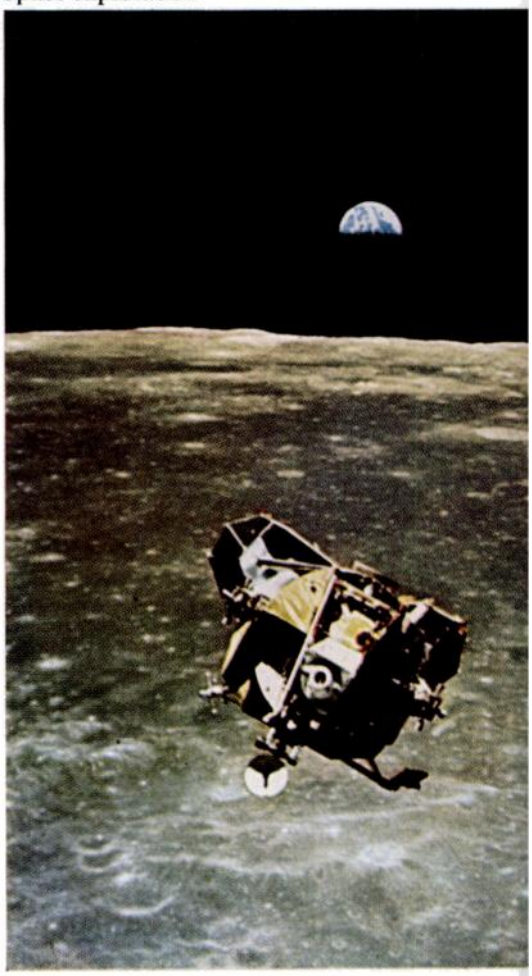
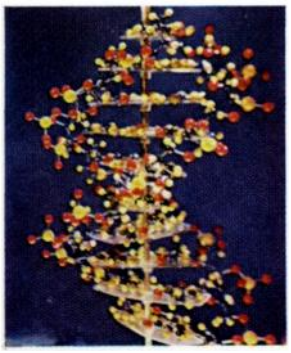


Heart transplant

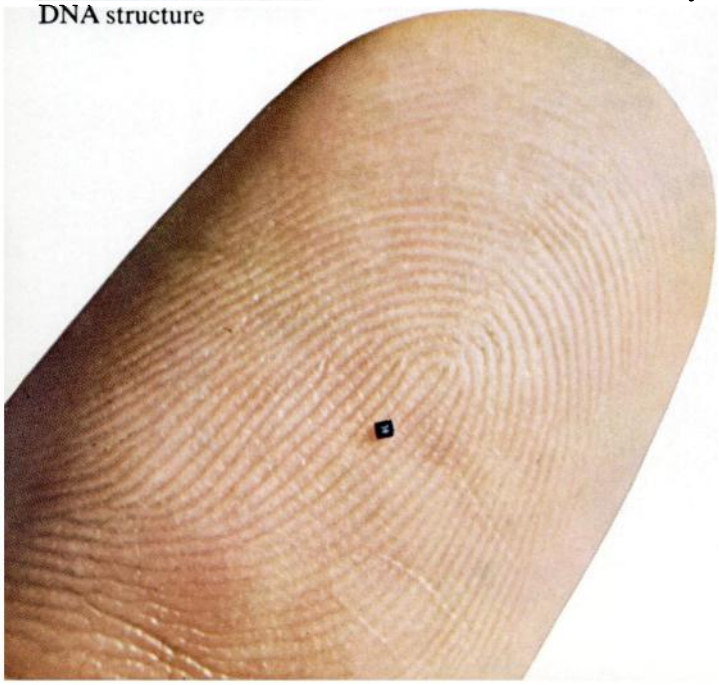
Space exploration





DNA structure

Miniaturized circuitry



Veetids® (Potassium Phenoxymethyl Penicillin) keeps pace with the times.

☐ Keeps pace by being the first penicillin V oral liquid in big 100 and 200 cc. Rx bottle sizes.

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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 eliminate 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).

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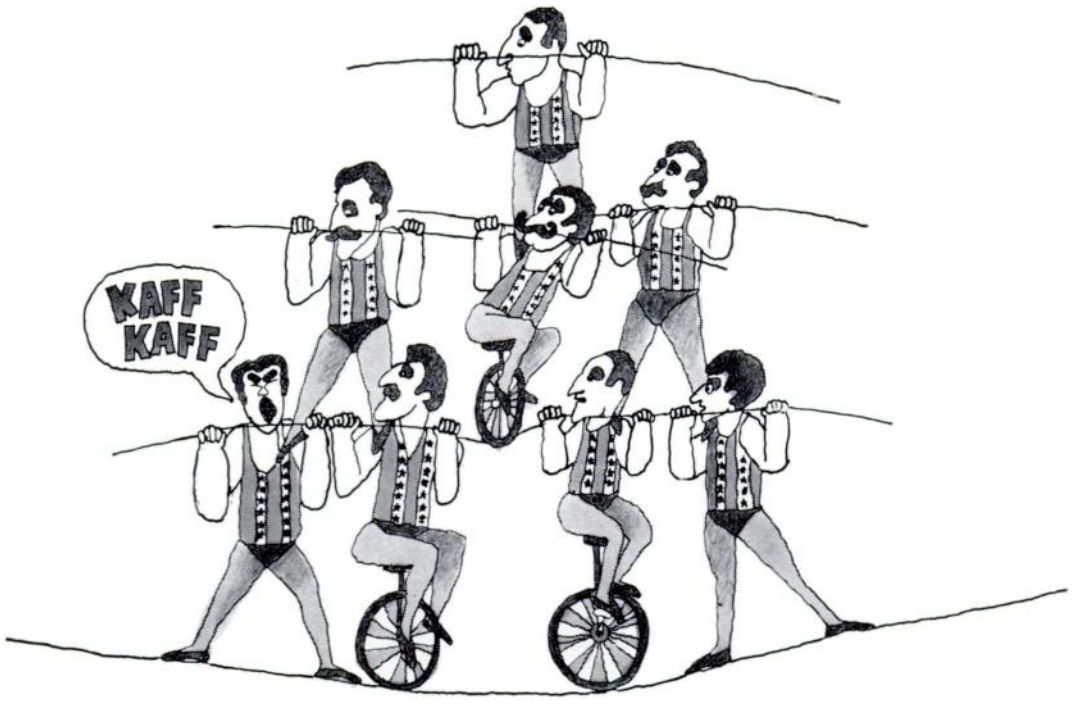

HE NEEDS ACTIFED-C® EXPECTORANT

(the "C" stands for CODEINE)

Each 5 cc. teaspoonful contains: Codeine Phosphate * 10 mg.; Actidil® (triprolidine hydrochloride) 2 mg.; Sudafed® (pseudoephedrine hydrochloride) 30 mg.; Glyceryl Guaiacolate 100 mg. Preservatives: Methylparaben 0.1%; Sodium Benzoate 0.1%.
*Warning—may be habit-forming.

ACTIFED-C Expectorant delivers comprehensive cough therapy. It works not only against the cough but against allied respiratory symptoms. Its four beneficial effects:

- *codeine* for antitussive and analgesic action
- *expectorant* to help remove tracheo-bronchial secretions
- *antihistamine* for decreasing excessive secretions
- *decongestant* to decongest respiratory tract mucosa

Indications: For symptomatic relief of the common cold, acute bronchitis, allergic asthma, bronchiolitis, croup, emphysema and tracheobronchitis.

Precautions: Although pseudoephedrine hydrochloride causes virtually no pressor effect in normotensive patients, it should be used with caution in patients with hypertension. In addition, even though triprolidine hydrochloride produces only a low incidence of drowsiness, appropriate precautions should be observed.

Side Effects: The great majority of patients will not have any side effects. Only certain patients, sensitive to one or another of the ingredients, may note mild stimulation or mild sedation.

Supplied: Bottles of 1 pint.

Complete literature available on request from Professional Services Dept. PML.

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"For generations my family has insisted on Donnagel®-PG," says active young matron Mrs. T. Farnsworth Lipp (of the Upper Lipps), shown here with her charming son. "All the benefits of paregoric—without the unpleasant taste, don't you know? And Junior thinks Donnagel-PG tastes so much like bananas that I never worry about a slip between spoon and Lipp."

A Matter of Taste

With or without a silver spoon, a most tasteful solution in treating acute, non-specific diarrheas: all the benefits of paregoric, without the unpleasant taste. Donnagel®-PG treats accompanying cramping, tenesmus, and nausea as well as the diarrhea itself. Instead of unpleasant-tasting paregoric, it contains the therapeutic equivalent, powdered opium, to promote the production of formed stools and lessen the urge. And it provides the demulcent-detoxicant effects of kaolin and pectin, plus the antispasmodic benefits of belladonna alkaloids. And a good banana flavor to baby any taste.

Donnagel®-PG

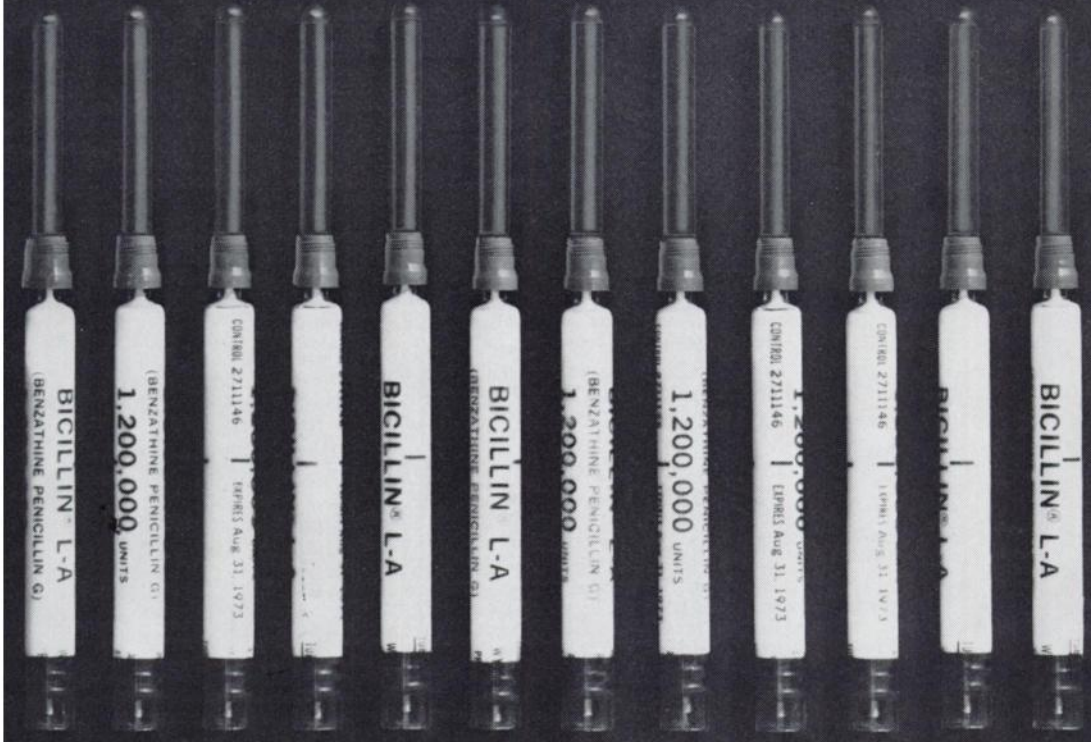
Donnagel with paregoric equivalent

℞ Available on oral prescription or without prescription under limited circumstances as modified by applicable state law.

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

A·H·ROBINS

Here's a full year's supply of rheumatic fever protection for most patients.



This prolonged-action penicillin represents true convenience for patients who must receive prophylactic penicillin indefinitely. Recommended as a method of choice* to prevent streptococcal infection and possible recurrence of rheumatic fever, a single monthly injection (1,200,000 units) usually offers continuous prophylaxis.

And in therapy of mild to moderate group A streptococcal pharyngitis (without bacteremia), prolonged action again commends this penicillin termed by authorities a method of choice.* Just one injection (600,000 to 900,000 units in children and 1,200,000 units in adults) usually maintains serum concentrations for the ten days deemed necessary to eradicate the streptococci and preclude the initial onset of rheumatic fever.†

*Rheumatic Fever Committee of the Council on Rheumatic Fever and Congenital Heart Disease of the American Heart Association.

Indications: In treatment of infections due to penicillin G-sensitive microorganisms susceptible to the low and very prolonged serum levels common to this dosage form. Therapy should be guided by bacteriological studies (including sensitivity tests) and clinical response.

The following infections usually respond to adequate dosage of IM benzathine penicillin G.

Streptococcal infections (Group A – without bacteremia). Mild to moderate upper respiratory infections (e.g., pharyngitis).

Venereal infections – Syphilis, yaws, bejel, and pinta.

Medical Conditions in which Benzathine Penicillin G Therapy is indicated as Prophylaxis:

Rheumatic fever and/or chorea – Prophylaxis with benzathine penicillin G has proven effective in preventing recurrence of these conditions. It has also been used as followup prophylactic therapy for rheumatic heart disease and acute glomerulonephritis.

FOR DEEP INTRAMUSCULAR INJECTION ONLY.

Contraindications: Previous hypersensitivity reaction to any penicillin.

Warnings: Serious and occasionally fatal hypersensitivity (anaphylactoid) reactions have been reported. Anaphylaxis is more frequent following parenteral therapy but has occurred with oral penicillins. These reactions are more apt to occur in individuals with history of sensitivity to multiple allergens. Severe hypersensitivity reactions with cephalosporins have been well documented in patients with history of penicillin hypersensitivity. Before penicillin therapy, carefully inquire into previous hypersensitivity to penicillins, cephalosporins and other allergens. If allergic reaction occurs, discontinue drug and treat with usual agents, e.g., pressor amines, antihistamines and corticosteroids.

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

Carefully avoid intravenous or intraarterial use or injection into or near major peripheral nerves or blood vessels, since such injection may produce neurovascular damage.

†In streptococcal infections, therapy must be sufficient to eliminate the organism, otherwise the sequelae of streptococcal disease may occur. Take cultures following completion of treatment to determine whether streptococci have been eradicated.

Prolonged use of antibiotics may promote overgrowth of nonsusceptible organisms including fungi. Take appropriate measures if superinfection occurs.

Adverse Reactions: Hypersensitivity reactions reported are skin eruptions (maculopapular to exfoliative dermatitis), urticaria and other serum sickness reactions, laryngeal edema and anaphylaxis. Fever and eosinophilia may frequently be only reaction observed. Hemolytic anemia, leucopenia, thrombocytopenia, neuropathy and nephropathy are infrequent and usually associated with high parenteral doses.

As with other antisyphilitics, Jarisch-Herxheimer reaction has been reported.

Composition: (units benzathine penicillin G as active ingredient): 300,000 units per cc. – 10-cc. multi-dose vial. Each cc. also contains sodium citrate buffer, approximately 6 mg. lecithin, 3 mg. polyvinylpyrrolidone, 1 mg. carboxymethylcellulose, 0.5 mg. sorbitan monopalmitate, 0.5 mg. polyoxyethylene sorbitan monopalmitate, 0.14 mg. propylparaben and 1.2 mg. methylparaben.

600,000 units in 1-cc. TUBEX® (sterile cartridge-needle unit) Wyeth, packages of 10.

1,200,000 units in 2-cc. TUBEX, packages of 10, and in 2-cc. single-dose disposable syringe;

2,400,000 units in 4-cc. single-dose disposable syringe.

Each TUBEX or disposable syringe also contains sodium citrate buffer and, as w/v, approximately 0.5% lecithin, 0.4% carboxymethylcellulose, 0.4% polyvinylpyrrolidone, 0.01% propylparaben and 0.09% methylparaben.

INJECTION

Bicillin® LONG-ACTING

(sterile benzathine penicillin G suspension)

Wyeth Laboratories Philadelphia, Pa.

Wyeth

IMPORTANT INFORMATION

Recommendations† on Combination Live Virus Vaccines

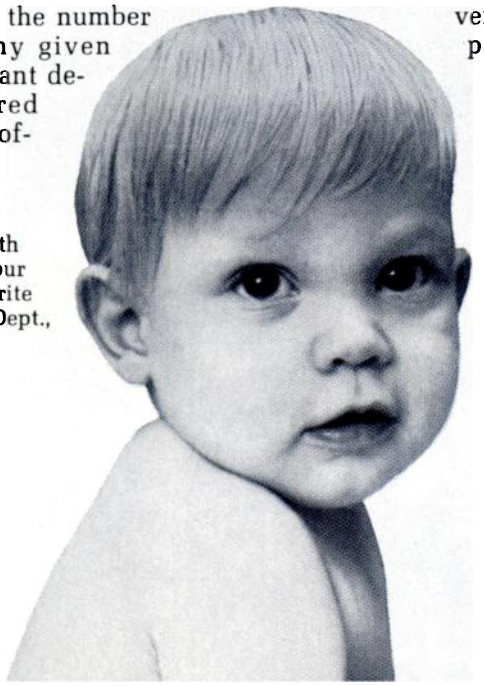
American Academy of Pediatrics

Committee on Infectious Diseases

In the September 15, 1971 *AAP Newsletter* sent to Academy members, the Committee on Infectious Diseases of the American Academy of Pediatrics stated its recommendations on the use of combination live virus vaccines. After a careful review of available data, the committee concluded that:

- "This information indicates that the products are both safe and effective when used as directed."
- The vaccine "...can, therefore, be recommended with the obvious advantages of reduction in the number of injections for any given child and a concomitant decrease in the required visits to a physician's office or clinic."

†For complete text of both recommendations see your MSD representative or write to Professional Service Dept., Merck Sharp & Dohme, West Point, Pa. 19486.



United States Public Health Service

Advisory Committee on Immunization Practices

In the April 24, 1971 issue of *Morbidity and Mortality Weekly Report*, the Advisory Committee on Immunization Practices of the United States Public Health Service presented recommendations on the use of combination live virus vaccines. The committee stated that:

- "Data indicate that antibody response to each component of these combination vaccines is comparable with antibody response to the individual vaccines given separately.
- "There is no evidence that adverse reactions to the combined products occur more frequently or are more severe than known reactions to the individual vaccines (see pertinent ACIP recommendations).
- "The obvious convenience of giving already selected antigens in combined form should encourage consideration of using these products when appropriate."

NEW

M-M-R*

(MEASLES, MUMPS AND RUBELLA VIRUS VACCINE, LIVE | MSD)

Single-dose vials

M-M-R, given in a single injection, fits easily into your routine immunization program for well babies.

Given at age 12 months, M-M-R provides for vaccination early in life against measles, mumps, and rubella.

MSD suggested immunization schedule for well babies	
Age	**Vaccine(s)**
2 months	DPT (diphtheria-pertussis-tetanus) Oral poliomyelitis vaccine (triple)
3 months	DPT[1]
4 months	DPT Oral poliomyelitis vaccine (triple)
6 months	Oral poliomyelitis vaccine (triple)
12 MONTHS	**M-M-R (MEASLES, MUMPS AND RUBELLA VIRUS VACCINE, LIVE, MSD)**

1. This vaccination may be given at 3 months, 5 months, or at 6 months, depending on your preference or on the condition of the child.

Since vaccination with a live virus vaccine may depress the results of a tuberculin test for four weeks or longer, the test and the vaccine should not be given during the same office visit.

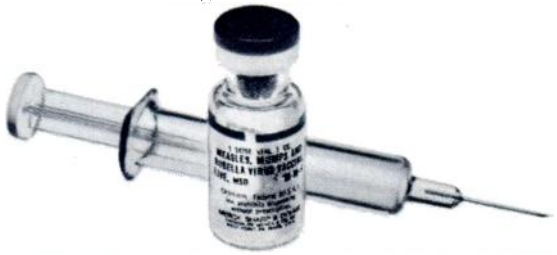
*Trademark of Merck & Co., Inc.

For a brief summary of prescribing information, please see following page.

M-M-R

(MEASLES, MUMPS AND RUBELLA VIRUS VACCINE, LIVE | MSD)

Single-dose vials



No untoward reactions peculiar to the combination vaccine (M-M-R) have been reported.

Moderate fever (101–102.9 F.) occurs occasionally. High fever (over 103 F.) occurs less commonly. On rare occasions, children who develop fever may exhibit febrile convulsions. Rash (usually minimal and without generalized distribution) may occur infrequently.

Since clinical experience with measles, mumps, and rubella virus vaccines given individually indicates that very rarely encephalitis and other nervous system reactions have occurred, such reactions may also occur with M-M-R. A cause and effect relationship, however, has not been established.

Excretion of the live attenuated rubella virus from the throat has occurred in the majority of susceptible individuals administered the rubella vaccine. There is no definitive evidence to indicate that such virus is contagious to susceptible persons who are in contact with the vaccinated individuals. Consequently, transmission, while accepted as a theoretical possibility, has not been regarded as a significant risk.

Must not be given to women who are pregnant or who might become pregnant within three months following vaccination.

Contraindications: Pregnancy or possibility of pregnancy within three months following vaccination; infants less than one year old; sensitivity to chicken or duck, chicken or duck eggs or feathers, or neomycin; any febrile respiratory illness or other active febrile infection; active untreated tuberculosis; therapy with ACTH, corticosteroids, irradiation, alkylating agents, or antimetabolites; blood dyscrasias, leukemia, lymphomas of any type, or other malignant neoplasms affecting the bone marrow or lymphatic systems; gamma globulin deficiency, i.e., agammaglobulinemia, hypogammaglobulinemia, and dysgammaglobulinemia.

Precautions: Administer subcutaneously; do not give intravenously. Epinephrine should be available for immediate use should an anaphylactoid reaction occur. Should not be given less than one month before or after immunization with other *live* virus vaccines; vaccination should be deferred for at least six weeks following blood transfusions or administration of more than 0.02 cc immune serum globulin (human) per pound of body weight, or human plasma.

Due caution should be employed in children with a history of febrile convulsions, cerebral injury, or any other condition in which stress due to fever should be avoided. The physician should be alert to the temperature elevation which may occur after vaccination.

Excretion of the live attenuated rubella virus from the throat has occurred in the majority of susceptible individuals administered the rubella vaccine. There is no definitive evidence to indicate that such virus is contagious to susceptible persons who are in contact with the vaccinated individuals. Consequently, transmission, while accepted as a theoretical possibility, has not been regarded as a significant risk.

Attenuated live virus measles and mumps vaccines, given separately, may temporarily depress tuberculin skin sensitivity; therefore, if a tuberculin test is to be done, it should be scheduled before vaccination, to avoid the possibility of a false negative response.

Before reconstitution, refrigerate vaccine at 2–8 C. (35.6–46.4 F.) and *protect from light.* Use only diluent supplied to reconstitute vaccine. If not used immediately, return reconstituted vaccine to refrigerator at 2–8 C. (35.6–46.4 F.), and discard after eight hours.

Adverse Reactions: Fever, rash; mild local reactions such as erythema, induration, tenderness, regional lymphadenopathy; thrombocytopenia and purpura; allergic reactions such as urticaria; arthritis, arthralgia, and polyneuritis.

Occasionally, moderate fever (101–102.9 F.); less commonly, high fever (above 103 F.); rarely, febrile convulsions.

Encephalitis and other nervous system reactions that have occurred very rarely with the individual vaccines may also occur with the combined vaccine.

Transient arthritis, arthralgia, and polyneuritis are features of natural rubella and vary in frequency and severity with age and sex, being greatest in adult females and least in prepubertal children. Such reactions have been reported with live attenuated rubella virus vaccines. Symptoms relating to joints (pain, swelling, stiffness, etc.) and to peripheral nerves (pain, numbness, tingling, etc.) occurring within approximately two months after immunization should be considered as possibly vaccine related. Symptoms have generally been mild and of no more than three days' duration. The incidence in prepubertal children would appear to be less than 1% for reactions that would interfere with normal activity or necessitate medical attention.

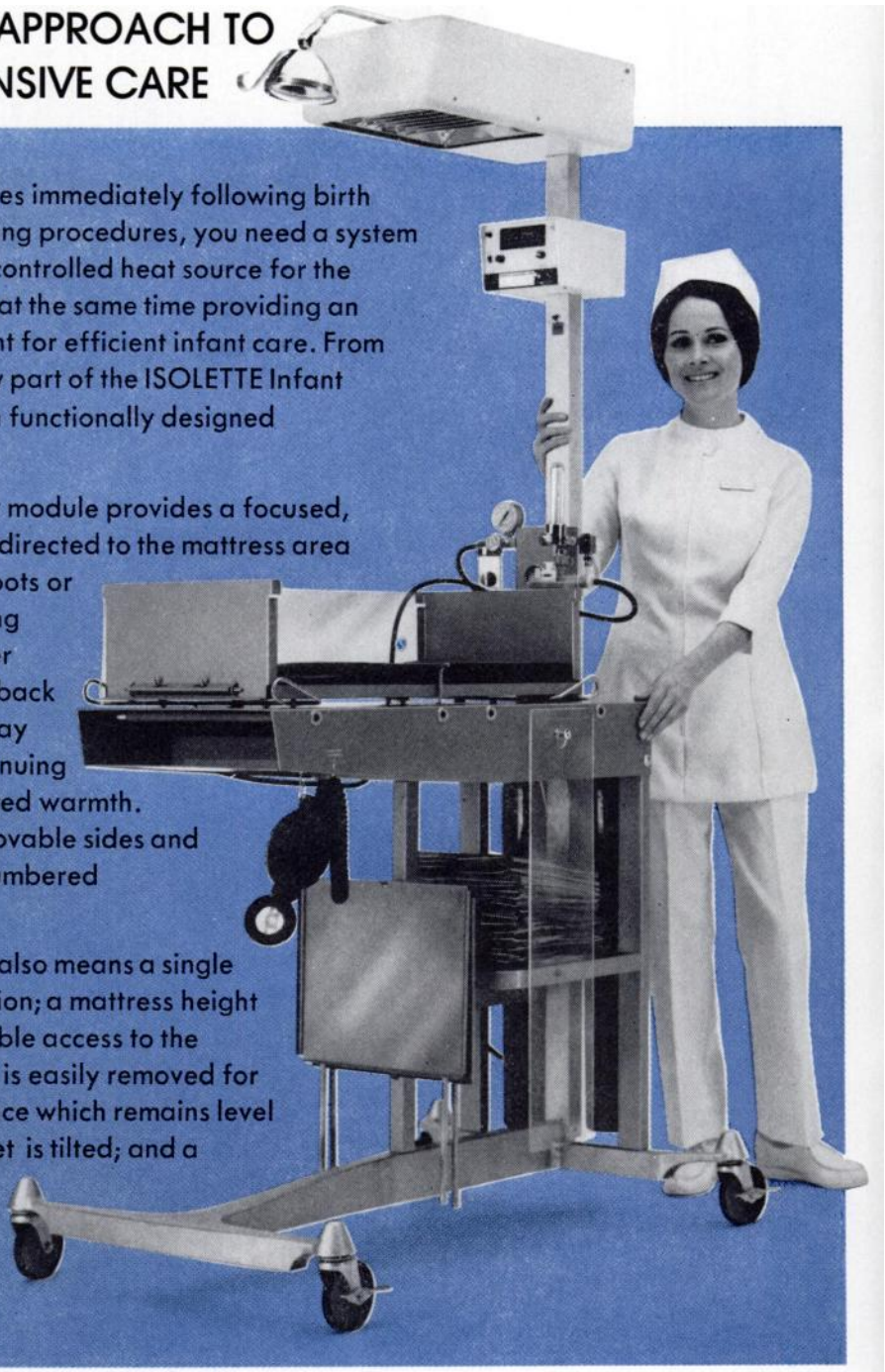
How Supplied: Single-dose vials of lyophilized vaccine, containing when reconstituted not less than 1,000 $TCID_{50}$ (tissue culture infectious doses) of measles virus vaccine, live, attenuated, 5,000 $TCID_{50}$ of mumps virus vaccine, live, and 1,000 $TCID_{50}$ of rubella virus vaccine, live, expressed in terms of the assigned titer of the NIH Reference Measles, Mumps, and Rubella Viruses, and approximately 50 mcg neomycin, with a disposable syringe containing diluent and fitted with a 25-gauge, 5/8" needle. Also in boxes of 10 single-dose vials nested in a pop-out tray with a separate box of 10 diluent-containing syringes.

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

MSD
MERCK SHARP & DOHME

ISOLETTE™ Infant Care System

A FUNCTIONAL APPROACH TO NEONATAL INTENSIVE CARE



In the important minutes immediately following birth or during special nursing procedures, you need a system that provides a safe, controlled heat source for the exposed infant, while at the same time providing an accessible environment for efficient infant care. From top to bottom . . . every part of the ISOLETTE Infant Care System has been functionally designed to meet these needs.

The overhead warmer module provides a focused, radiant energy that is directed to the mattress area without causing hot spots or discomfort to operating personnel. The warmer module may be tilted back to allow access for x-ray equipment while continuing to provide uninterrupted warmth. The bassinet with removable sides and head provides unencumbered access to the infant.

The functional design also means a single control for heat selection; a mattress height that permits comfortable access to the infant; a bassinet that is easily removed for cleaning; a work surface which remains level even when the bassinet is tilted; and a convenient work surface provided by adjustable instrument trays.

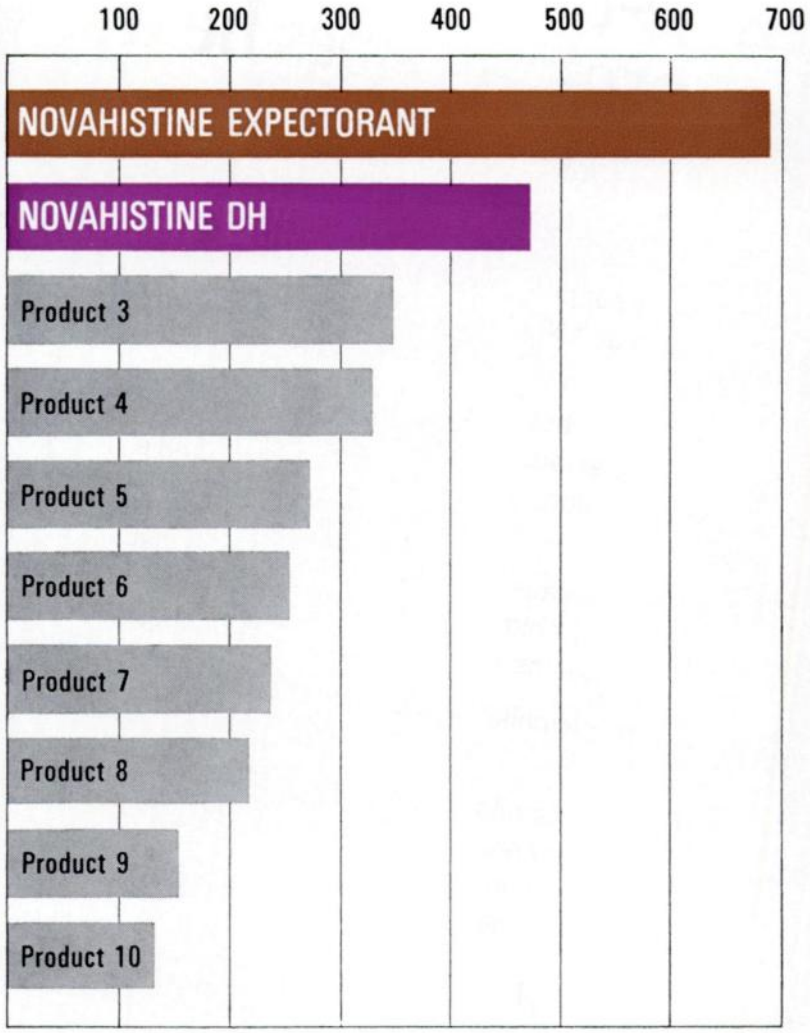
There, when care is needed most . . .

For further information, contact your ISOLETTE dealer or write:

NARCO ISOLETTE
A NARCO MEDICAL COMPANY
(215) 674-4600 / WARMINSTER, PENNSYLVANIA 18974

*NUMBER OF PATIENTS
from July 1, 1970 to July 1, 1971

(Add 000)



*Based on national figures published by an industry–supported research service which annually audits prescribing habits of physicians.

When a pediatrician wants antitussive-decongestant action, what product does he use more than any others?

The results of an industry supported research audit show that two products—Novahistine Expectorant and Novahistine DH—are used far more often than any others.

Novahistine Expectorant . . . because it relieves the coughs of bronchitis complicated by thick, tenacious exudates. It not only controls the cough, it also provides decongestant action, facilitates expectoration, and eases bronchial congestion.

And Novahistine DH . . . because it relieves the useless, exhausting coughs that frequently accompany colds, measles and flu. Its decongestant-antitussive action controls cough spasms without abolishing the cough reflex.

Both products have a taste children like, and both provide the kind of relief your young patients need.

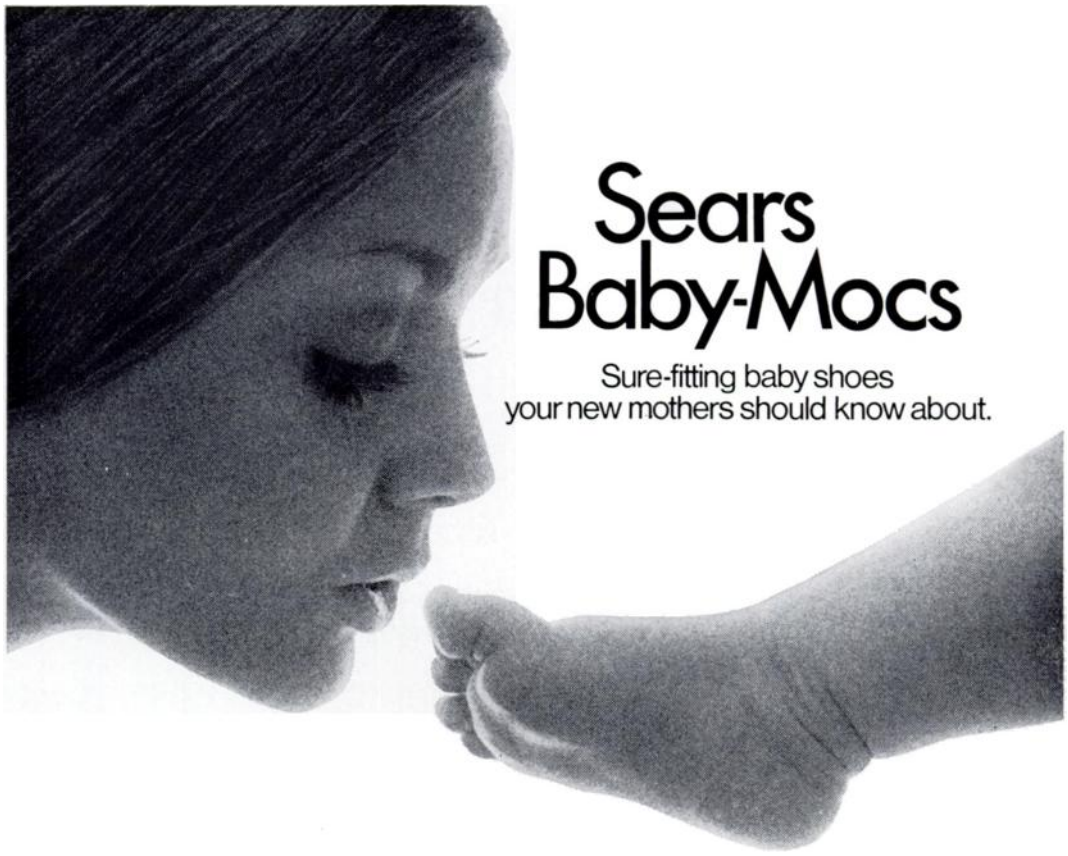
Use with caution in patients with severe hypertension, diabetes mellitus, hyperthyroidism, or urinary retention. Caution ambulatory patients that drowsiness may result. Continuous dosage over an extended period is generally contraindicated since codeine phosphate may cause addiction.

NOVAHISTINE® DH
antitussive-decongestant

NOVAHISTINE® EXPECTORANT
antitussive-decongestant

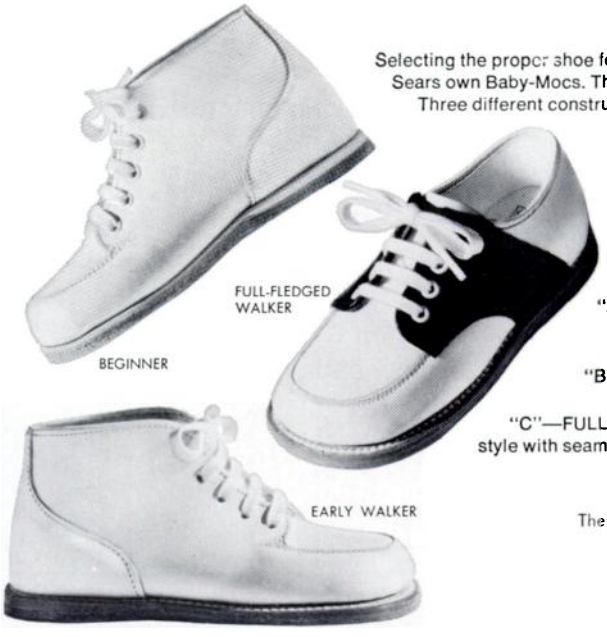
Each 5-ml. teaspoonful of Novahistine DH contains codeine phosphate, 10 mg. (Warning: May be habit-forming.); phenylephrine hydrochloride, 10 mg.; chlorpheniramine maleate, 2 mg.; chloroform, 13.5 mg.; alcohol, 5%. Each 5-ml. teaspoonful of Novahistine Expectorant contains the above ingredients and, in addition, glyceryl guaiacolate, 100 mg.

DOW THE DOW CHEMICAL COMPANY Rx Pharmaceuticals Indianapolis



Sears Baby-Mocs

Sure-fitting baby shoes
your new mothers should know about.



Selecting the proper shoe for baby is as simple as A-B-C . . . with Sears own Baby-Mocs. They come in "A," "B," and "C" styles. Three different constructions for your baby's three different walking stages. Each has flexible moccasin structure and seamless backs—for sure comfort. Strong heel counters and progressively firmer soles—for sure support. Wide size range—for sure fit. Only at Sears, Roebuck and Co. stores and in the catalog.

"A"—BEGINNER. Soft, flexible upper, lightweight sole, natural support. 3-6, CDE widths. Under $8.

"B"—EARLY WALKER. Firmer sole and midsole. 3-8, CDE widths. Under $9.

"C"—FULL-FLEDGED WALKER. Low-cut oxford style with seamless heel and tongue. Extra-firm sole. 5-8, CDE widths. Under $10.

The Shoe Place at Sears

in otitis externa

Cortisporin® Otic Drops Sterile (polymyxin B-neomycin-hydrocortisone)

Each cc. contains: Aerosporin® brand Polymyxin B Sulfate 10,000 Units, Neomycin Sulfate (equivalent to 3.5 mg. Neomycin Base) 5 mg., Hydrocortisone 10 mg. (1%). The vehicle contains the inactive ingredients cetyl alcohol, propylene glycol, polysorbate 80, purified water and thimerosal (preservative) 0.01%.

Helps hasten recovery

The broad antibacterial action of Cortisporin Otic Drops effectively controls susceptible strains of *pseudomonas* and *staphylococcus*. These bacteria are the most common causes of external otitis. Cortisporin Otic also provides protection against many other susceptible gram-negative and gram-positive organisms found in the ear.

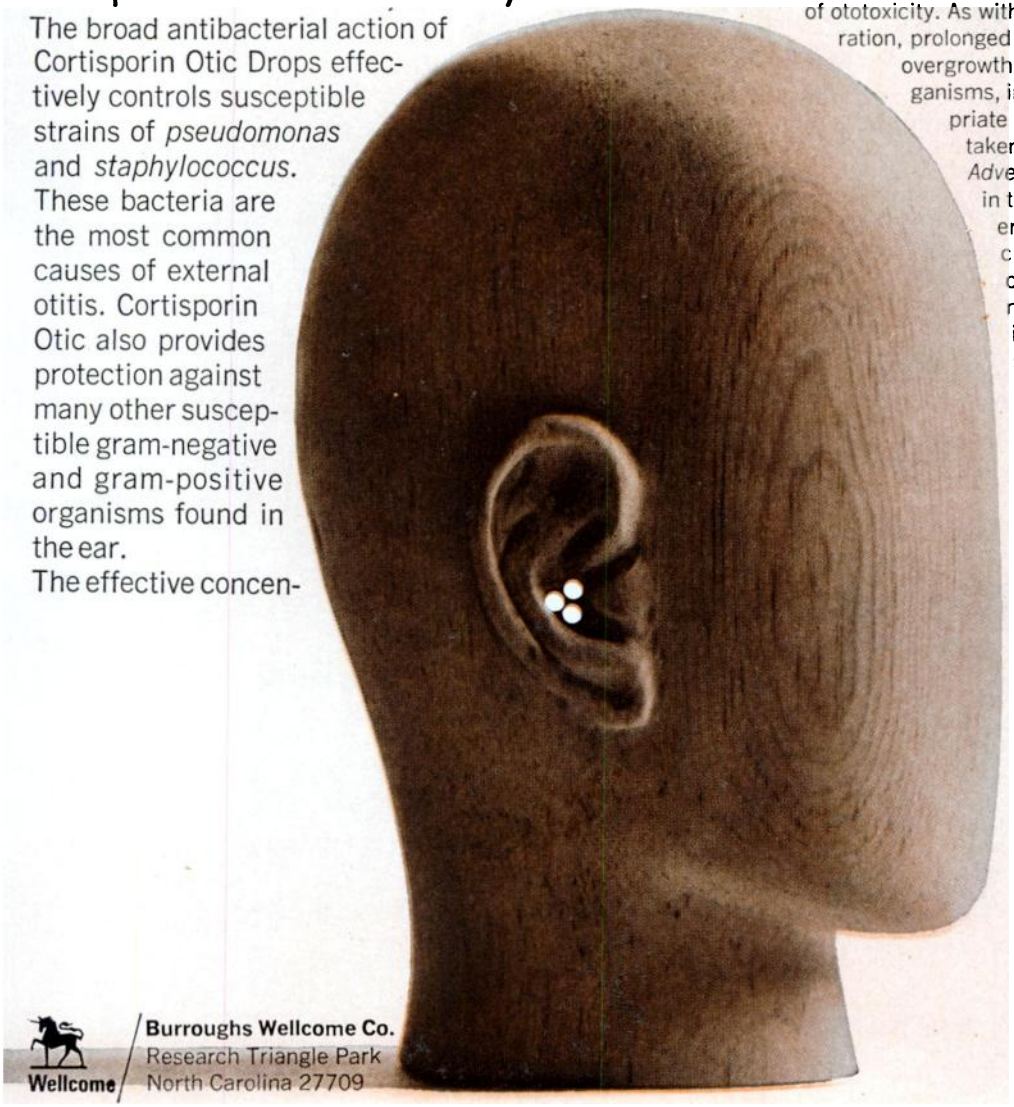
The effective concentration of hydrocortisone in Cortisporin® Otic Drops, Sterile (polymyxin B-neomycin-hydrocortisone) diminishes edema and increases patient comfort by alleviating itching and pain.

At lower patient cost

Quality need not cost your patient more. According to *Drug Topics Red Book* comparative costs, 10 cc. of Cortisporin Otic Drops cost about half that of the other leading brand.

Doesn't it make sense to Rx Cortisporin Otic Drops the next time you see a patient with acute or chronic otitis externa?

Contraindications: This drug is contraindicated in tuberculous, fungal or viral lesions (herpes simplex, vaccinia and varicella). It is also contraindicated in those individuals who have shown hypersensitivity to any of its components. *Precautions:* This drug should be used with care in cases of perforated eardrum and in long-standing cases of chronic otitis media, because of the danger of ototoxicity. As with any antibiotic preparation, prolonged use may result in the overgrowth of nonsusceptible organisms, including fungi. Appropriate measures should be taken if this occurs. *Adverse Reactions:* Articles in the current medical literature indicate an increase in the prevalence of persons allergic to neomycin. The possibility of such a reaction should be borne in mind. *Supplied:* Bottles of 5 cc. and 10 cc. with droppers. Complete literature available on request from Professional Services Dept. PML.



Wellcome

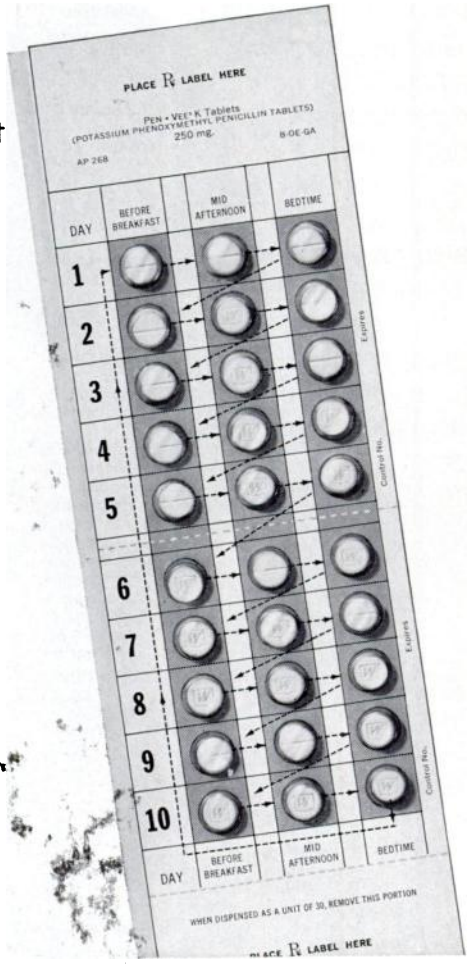
Burroughs Wellcome Co.
Research Triangle Park
North Carolina 27709

New Strep-Pak.™

Lest they forget.

Because many strep throat* patients discontinue oral penicillin when they become asymptomatic, Wyeth introduces the Strep-Pak for Pen • Vee K, containing the 10-day dosage recommended by authorities[1] to help prevent acute rheumatic fever and other possible sequelae of streptococcal pharyngitis.†

Strep-Pak comes with either 30 or 40 Pen • Vee K tablets, for t.i.d. or q.i.d. therapy. Arrows on contrasting colored background show at a glance when the next dose is to be taken. And Pen • Vee K, you'll recall, is the rapidly absorbed penicillin producing average blood levels 2 to 5 times higher than those with oral potassium penicillin G.‡



PEN·VEE®K

(potassium phenoxymethyl penicillin)

Strep-Pak™

Wyeth

(dispenser containing antibiotic preparations)

See facing page for important prescribing information.

1. Prevention of Rheumatic Fever. Statement prepared by the Rheumatic Fever Committee of the Council on Rheumatic Fever and Congenital Heart Disease of the American Heart Association. 1968, 1970 American Heart Association.

PEN·VEE®K

(potassium phenoxymethyl penicillin) Wyeth

Strep-Pak™

(dispenser containing antibiotic preparations) 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.

WARNINGS: Serious and occasionally fatal hypersensitivity (anaphylactoid) reactions (more likely where history of sensitivity to multiple allergens exists) have been reported in patients on penicillin therapy. Although anaphylaxis is more frequent following parenteral therapy it has occurred in patients on oral penicillins.

There have been well documented reports of individuals with a history of penicillin hypersensitivity reactions who have experienced severe hypersensitivity reactions when treated with a cephalosporin. Before therapy with a penicillin, careful inquiry should be made concerning previous hypersensitivity reactions to penicillins, cephalosporins, and other allergens. If allergic reaction occurs, discontinue penicillin and treat with the usual agents e.g., pressor amines, antihistamines and corticosteroids.

PRECAUTIONS: Use with caution in individuals with histories of significant allergies and/or asthma.

*Do not rely upon oral route in patients with severe illness, 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 eliminate the organism (10 days minimum); otherwise the sequelae of streptococcal disease may occur. Cultures 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.

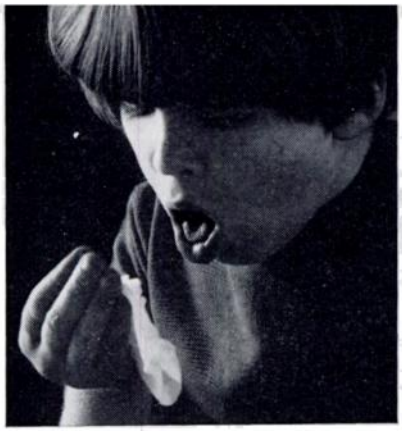
ADVERSE REACTIONS: Although the incidence of reactions to oral penicillins has been reported with much less frequency than following parenteral therapy, it should be remembered that all degrees of hypersensitivity, including fatal anaphylaxis, have been reported with oral penicillin.

The most common reactions to oral penicillin are nausea, vomiting, epigastric distress, diarrhea, and black hairy tongue. The hypersensitivity reactions reported are skin eruptions (maculopapular to exfoliative dermatitis), urticaria and other serum sickness reactions, laryngeal edema and anaphylaxis. Fever and eosinophilia may frequently be the only reaction observed. Hemolytic anemia, leucopenia, thrombocytopenia, neuropathy, and nephropathy are infrequent reactions and usually associated with high doses of parenteral penicillin.

HOW SUPPLIED: Pen·Vee® K (potassium phenoxymethyl penicillin) is supplied in ***tablets*** containing 125 mg. (200,000 units), 250 mg. (400,000 units) and 500 mg. (800,000 units); and as powders for reconstitution which provide ***oral solutions*** containing 125 mg. (200,000 units) or 250 mg. (400,000 units) per 5 cc.

Wyeth Laboratories, Philadelphia, Pa.

Wyeth

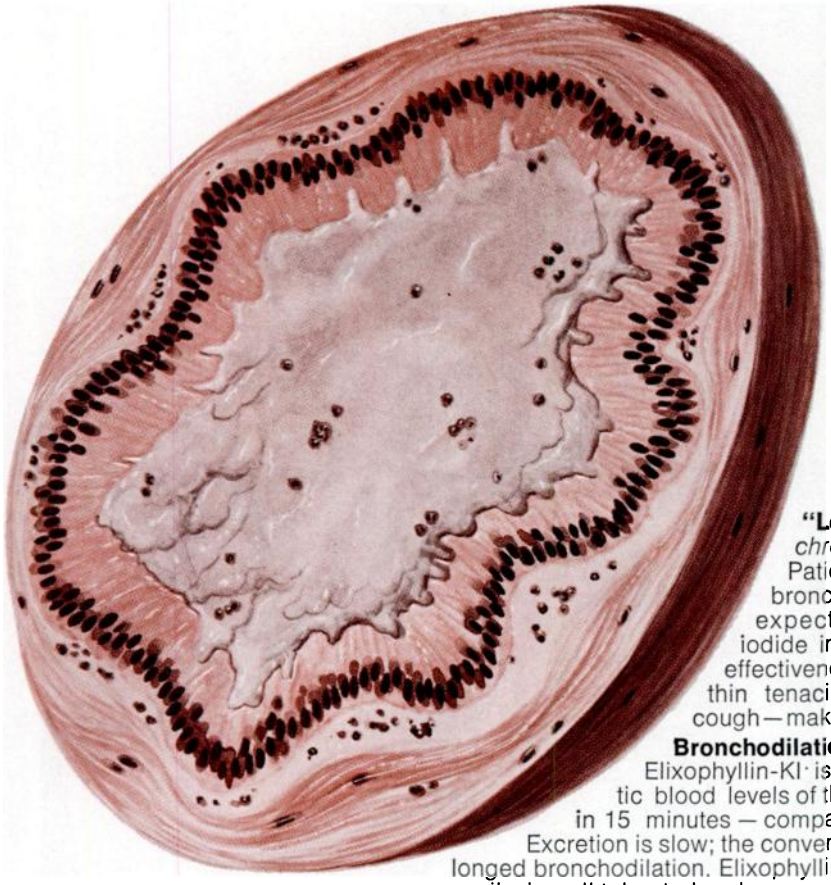


in chronic asthma and bronchitis

The need for Elixophyllin®-KI

(theophylline potassium iodide elixir)

comes up when the mucus doesn't



"Loosens" the cough *chronic asthma and bronchitis:* Patients with chronic asthma or bronchitis need the liquefying and expectorant action of potassium iodide in Elixophyllin-KI. The proven effectiveness of potassium iodide helps thin tenacious mucus..."loosens" the cough—makes it more productive.

Bronchodilation *that's fast...and lasts:* Elixophyllin-KI is rapidly absorbed; therapeutic blood levels of theophylline are reached within 15 minutes — comparable to I.V. aminophylline. Excretion is slow; the convenient t.i.d. dosage affords prolonged bronchodilation. Elixophyllin-KI is a liquid—it goes down easily, is well tolerated and encourages patient cooperation.

ELIXOPHYLLIN®-KI Each 15 cc. (tablespoonful) contains theophylline (anhydrous) 80 mg., potassium iodide 130 mg., alcohol 10%.
Indications: For excessive tenacious mucus in chronic asthma, severe chronic and allergic bronchitis, chronic obstructive pulmonary emphysema.
Contraindications: Contraindicated in patients with hyperthyroidism or known sensitivity to iodides. May be contraindicated in peptic ulcer or gout.
Side Effects: Possible erythema, slight rhinitis, mild sore throat. If these symptoms develop, discontinue use.
Precautions: Do not use other theophylline preparations concurrently. Caution is recommended in patients during pregnancy. In some patients prolonged use of iodides can lead to hypothyroidism.
Dosage: Children, 0.2 cc. per pound of body weight, t.i.d. on arising, at 3 p.m. and on retiring. Adults, 30 cc. (2 tablespoonfuls) t.i.d. as above.

Elixophyllin®-KI

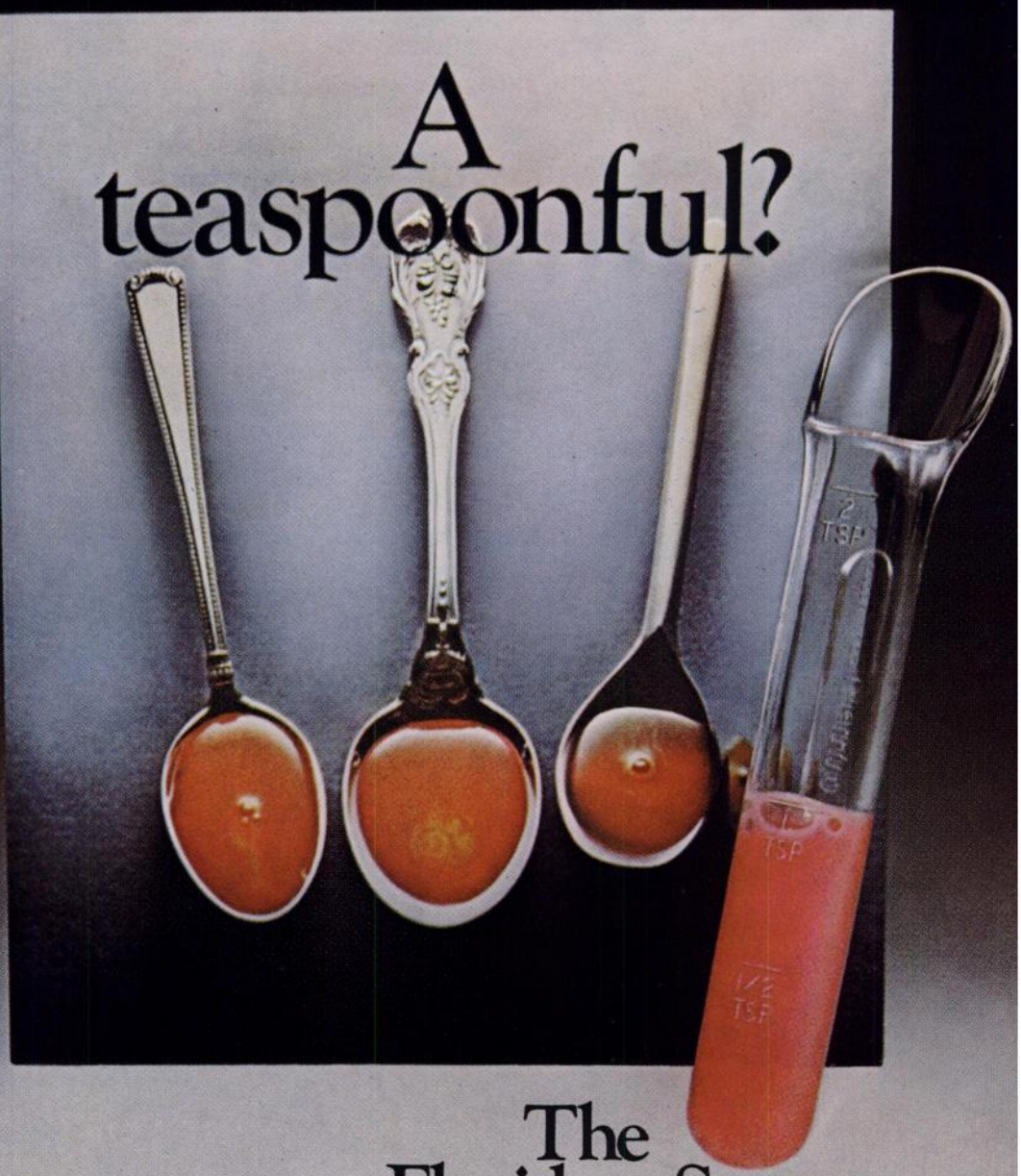
(theophylline potassium iodide elixir)

effective bronchodilation plus expectorant action

Cooper

Cooper Laboratories, Inc.
Wayne, New Jersey 07470, U.S.A.
Ste. Therese, P.Q., Canada

A teaspoonful?



The Flexidose® Spoon never varies.

Included in your prescription for Principen® for Oral Suspension. (ampicillin trihydrate)

125 mg. and 250 mg. ampicillin trihydrate per 5 cc. after reconstitution.

SQUIBB® "The Priceless Ingredient of every product is the honor and integrity of its maker."™

A pediatric cough preparation that helps the rest of the family.

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.

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.

Wyeth Laboratories Philadelphia, Pa.

A child's coughing can often disturb the rest of the family as well. Night or day, you can go a long way toward calming coughs in children when you prescribe Pediatric PHENERGAN Expectorant.

Pediatric PHENERGAN Expectorant helps provide symptomatic relief of coughs due to colds and minor upper respiratory infections. It provides your patient a non-narcotic antitussive action with dextromethorphan. It delivers antihistaminic action, helps reduce local irritation and promote expectoration.

And you can count on the child to take a full therapeutic dose—it has the delightful taste of brisk lime.

Pediatric
Phenergan®
EXPECTORANT WITH DEXTROMETHORPHAN

Wyeth

Fitting the anesthetized patient with a Karaya Seal appliance right in the operating room can provide physical as well as psychological advantages

The formed Karaya Seal Rings attached to Hollister appliances have all the skin-protecting qualities of karaya gum powder. Karaya Seal effects a snug, leakproof seal around the stoma to protect surrounding skin from the digestive enzymes in the intestinal effluent. What's more, Karaya Seal eliminates the need for ointments, dressings and adhesives.

When Karaya Seal is applied in the operating room—before intestinal activity resumes and discharge begins—the ostomist is provided with immediate protection against future skin discomfort. He awakes from surgery to find he has been cared for in a simple, neat manner. When intestinal functions do resume, the patient is not confronted with messy dressings or soiled gowns, and he soon learns that his one-piece appliance is easily changed.

Since the patient's condition is not complicated by skin irritation, he can be expected to accept rehabilitation more readily. He may be taught self-care techniques sooner after surgery than the patient suffering skin excoriation.

Write for further information about Hollister's one-piece disposable ostomy appliances, designed for patient comfort and convenience.

HOLLISTER

211 EAST CHICAGO AVENUE, CHICAGO, ILLINOIS 60611

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.

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

Before prescribing, please consult complete product information, a summary of which follows:
Indications: Acute, recurrent or chronic urinary tract infections (primarily cystitis, pyelitis, pyelonephritis) due to susceptible organisms (usually *E. coli, Klebsiella-Aerobacter, Staphylococcus aureus, Proteus mirabilis,* and less frequently, *Proteus vulgaris*) in the absence of obstructive uropathy or foreign bodies.
Important Note: *In vitro* sulfonamide sensitivity tests are not always reliable. The test must be carefully coordinated with bacteriologic and clinical response. When the patient is already taking sulfonamides, follow-up cultures should have aminobenzoic acid added to the culture media. Currently, the increasing frequency of resistant organisms is a limitation of the usefulness of antibacterial agents including the sulfonamides, especially in the treatment of chronic and recurrent urinary tract infections. Free sulfonamide blood levels should be measured in patients receiving sulfonamides for serious infections since there may be wide variations with identical doses: 20 mg/100 ml should be maximum total sulfonamide level, as adverse reactions occur more frequently above this level.

Contraindications: Hypersensitivity to sulfonamides, infants less than 2 months of age (except adjunctively with pyrimethamine in congenital toxoplasmosis), pregnancy at term and during the nursing period.
Warnings: Safety of sulfonamides in *pregnancy* has not been established. Sulfonamides will not eradicate group A streptococci. Deaths associated with sulfonamide administration have been reported from hypersensitivity reactions, agranulocytosis, aplastic anemia and other blood dyscrasias. Clinical signs such as sore throat, fever, pallor, purpura or jaundice may be early indications of serious blood disorders. Complete blood counts and urinalyses with careful microscopic examination should be performed frequently during sulfonamide therapy.
Precautions: Use with caution when impaired renal or hepatic function, severe allergy or bronchial asthma is present. In glucose-6-phosphate dehydrogenase-deficient individuals, hemolysis (frequently a dose-related reaction) may occur. Maintain adequate fluid intake to prevent crystalluria and stone formation.
Adverse Reactions: *Blood dyscrasias:* Agranulocytosis, aplastic anemia, thrombocytopenia, leukopenia, hemolytic anemia, purpura, hypoprothrombinemia, methemoglobinemia. *Allergic reactions:* Erythema multiforme (Stevens-Johnson syndrome), generalized skin eruptions, epidermal necrolysis, urticaria, serum sickness, pruritus, exfoliative dermatitis, anaphylactoid reactions, periorbital edema, conjunctival and scleral injection, photosensitization, arthralgia, allergic myocarditis. *Gastrointestinal reactions:* Nausea, emesis, abdominal pains, hepatitis, diarrhea, anorexia, pancreatitis, stomatitis. *C.N.S. reactions:* Headache, peripheral neuritis, mental depression, convulsions, ataxia, hallucinations, tinnitus, vertigo, insomnia. *Miscellaneous reactions:* Drug fever, chills, toxic nephrosis with oliguria and anuria. Periarteritis nodosa and L.E. phenomenon have occurred with sulfonamide therapy. Sulfonamides bear certain chemical similarities to some goitrogens, diuretics and oral hypoglycemic agents. Goiter production, diuresis and hypoglycemia have occurred rarely in patients receiving sulfonamides. Cross-sensitivity may exist with these agents.
How Supplied: *Pediatric Suspension,* raspberry flavored, bottles of 4 oz and 16 oz (1 pint); *Syrup,* chocolate flavored, bottles of 16 oz (1 pint). Each teaspoonful (5 ml) contains the equivalent of approximately 0.5 Gm sulfisoxazole in the form of acetyl sulfisoxazole.

When the child has unobstructed cystitis

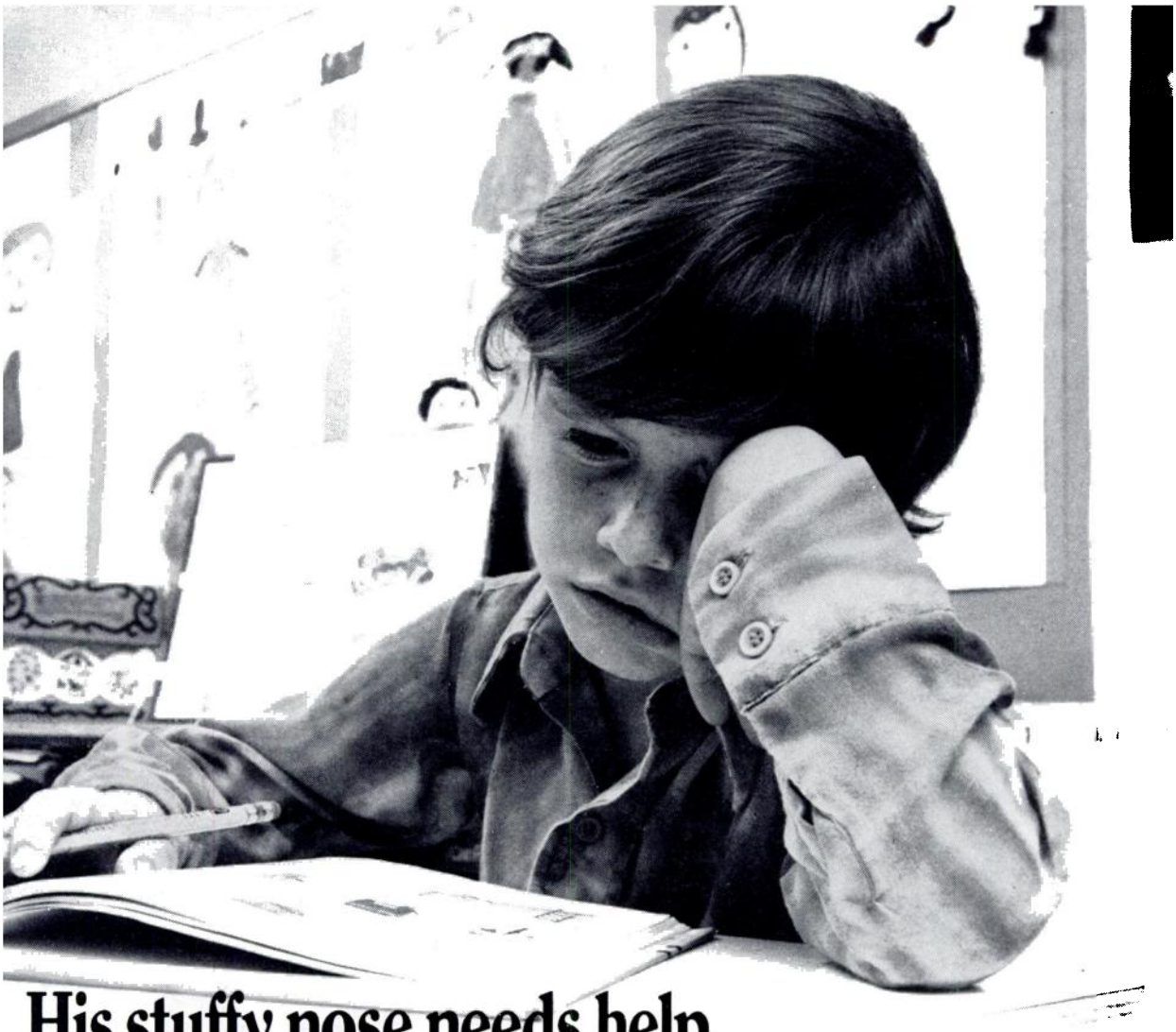
Consider this:
rapid absorption,
high plasma concentrations,
rapid renal clearance,
high solubility at urinary pH,
proved reliability,
high urinary drug levels,
generally good tolerance,
and...economy.

Gantrisin®
(acetyl sulfisoxazole) Pediatric Suspension

classic for unobstructed urinary tract infections

1¼ teasp./20 lbs stat
½ teasp./20 lbs q. 4 h.

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



His stuffy nose needs help, but antihistamines make him sleepy.

SUDAFED® (pseudoephedrine hydrochloride) syrup contains no antihistamines, so it clears up stuffy heads and noses without making youngsters drowsy.

SUDAFED decongests nasal passages, eustachian tubes, paranasal sinuses and bronchi.

It tastes good, too.

Precaution: Although pseudoephedrine is virtually without pressor effect in normotensive patients, it should be used with caution in hypertensive patients.
Side Effects: While the great majority of patients will experience no side effects, those particularly sensitive to sympathomimetic drugs may note mild stimulation.
Supplied: Syrup—30 mg./5 cc., bottles of 4 fl. oz. and 1 pt.
Also available as tablets—60 mg., bottles of 100 and 1000 and 30 mg. in vials of 24 and bottles of 100 and 1000.

Sudafed® syrup
(pseudoephedrine hydrochloride)

Complete literature available on request from Professional Services Dept. PML.

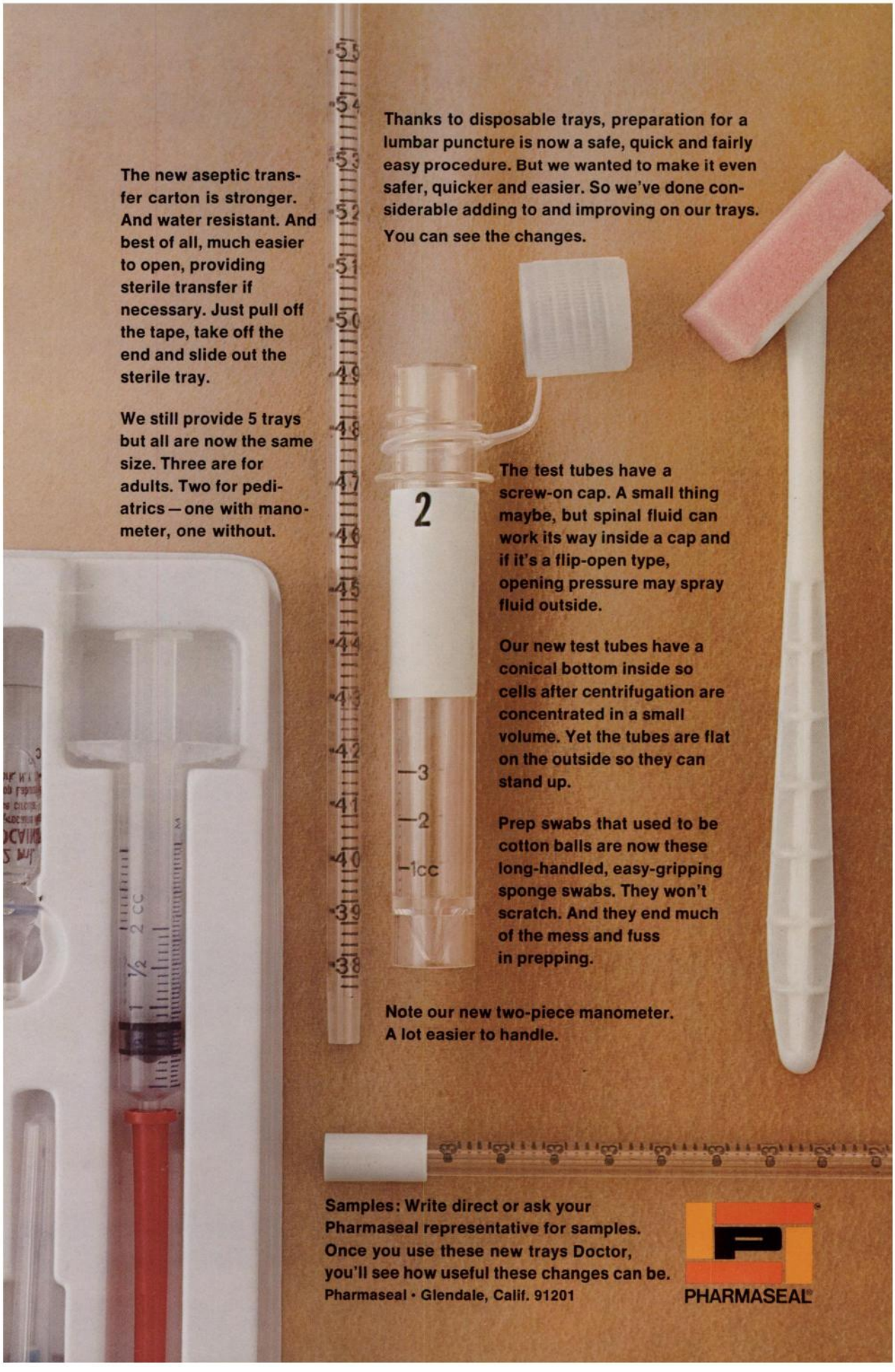
Wellcome

Burroughs Wellcome Co.
Research Triangle Park
North Carolina 27709

Thanks to disposable trays, preparation for a lumbar puncture is now a safe, quick and fairly easy procedure. But we wanted to make it even safer, quicker and easier. So we've done considerable adding to and improving on our trays. You can see the changes.

The new aseptic transfer carton is stronger. And water resistant. And best of all, much easier to open, providing sterile transfer if necessary. Just pull off the tape, take off the end and slide out the sterile tray.

We still provide 5 trays but all are now the same size. Three are for adults. Two for pediatrics—one with manometer, one without.



The test tubes have a screw-on cap. A small thing maybe, but spinal fluid can work its way inside a cap and if it's a flip-open type, opening pressure may spray fluid outside.

Our new test tubes have a conical bottom inside so cells after centrifugation are concentrated in a small volume. Yet the tubes are flat on the outside so they can stand up.

Prep swabs that used to be cotton balls are now these long-handled, easy-gripping sponge swabs. They won't scratch. And they end much of the mess and fuss in prepping.

Note our new two-piece manometer. A lot easier to handle.

Samples: Write direct or ask your Pharmaseal representative for samples. Once you use these new trays Doctor, you'll see how useful these changes can be.

Pharmaseal • Glendale, Calif. 91201

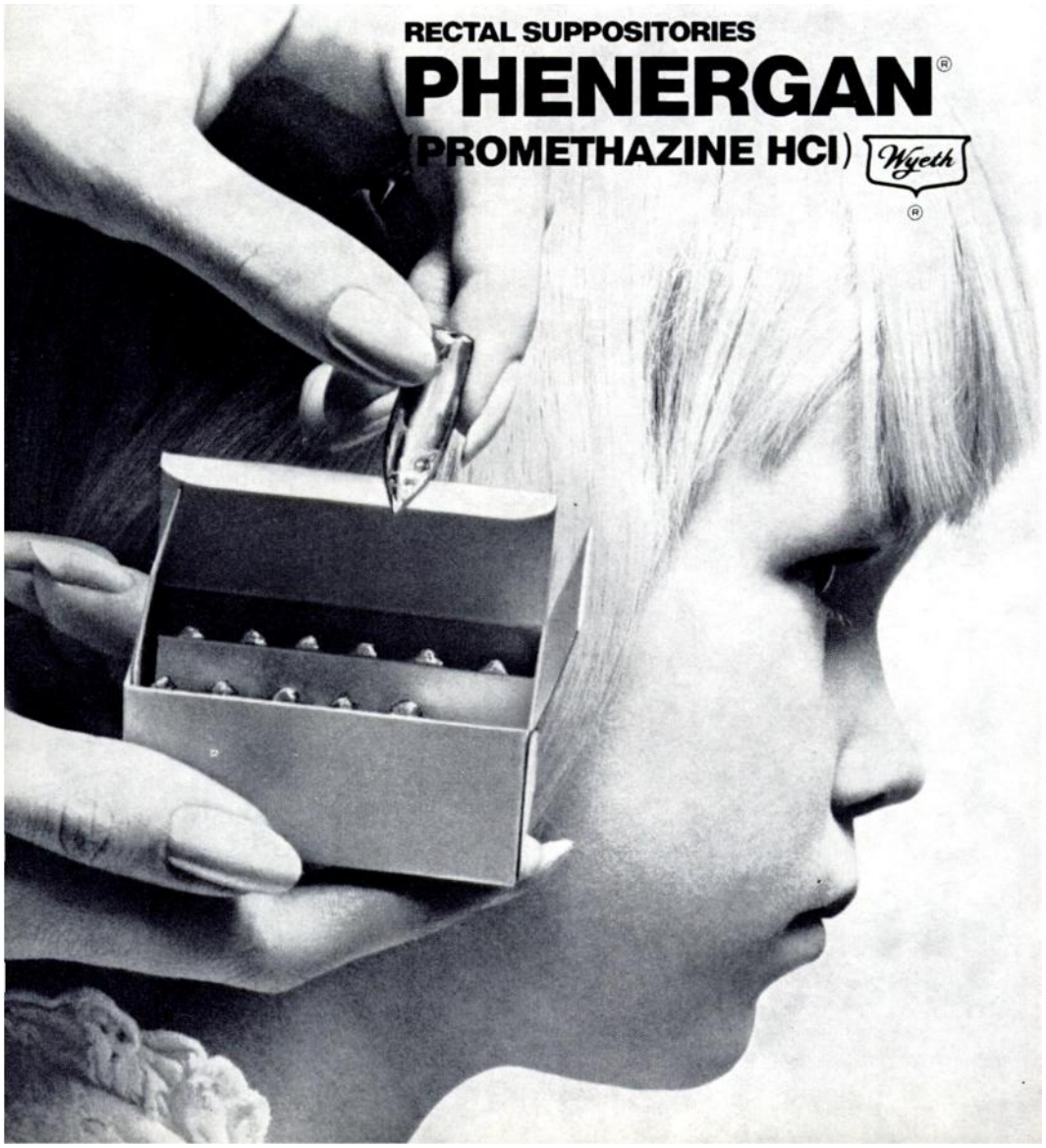
PHARMASEAL®

An antiemetic she can't

The suppository form of Phenergan (promethazine HCl). Especially valuable to help both prevent and control nausea and vomiting—associated with motion sickness and with certain types of anesthesia and surgery. When injectables are not indicated or when oral antiemetic agents may provoke further emesis.

When you help control nausea and vomiting with Phenergan, your patients may also benefit from its sedative quality. Produces a light sleep from which they can be easily aroused. And helps relieve apprehension.*

*Because Phenergan adds to the sedative effects of CNS depressants, including narcotic analgesics and barbiturates, such agents should either be eliminated or used in reduced dosage in the presence of promethazine.



let's get down to fundamentals

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

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

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

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

FUNDA-VITE® (F)

FUNDAMENTAL PEDIATRIC VITAMINS PLUS SODIUM FLUORIDE

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

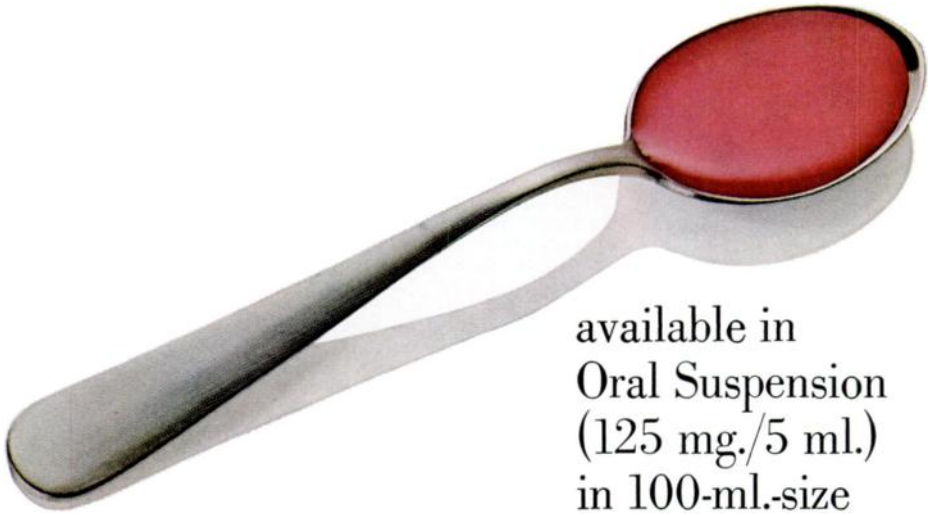
CAUTION: Federal law prohibits dispensing without a prescription. Keep out of reach of children. Contraindicated when the fluoride content of drinking water exceeds 0.3 ppm F. Dosage should not be exceeded as prolonged overdosage may result in dental fluorosis.

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

Keflex®
cephalexin monohydrate

newest of the cephalosporin antibiotics

available in
250-mg. Pulvules®



available in
Oral Suspension
(125 mg./5 ml.)
in 100-ml.-size
packages.

Lilly

See prescribing information on the next page.

Newest of the Cephalosporin Antibiotics

new oral
Keflex®
cephalexin monohydrate

Prescribing Information

Description: Keflex® (cephalexin monohydrate, Lilly) is a semisynthetic cephalosporin antibiotic intended for oral administration. It is 7-(D-α-amino-α-phenylacetamido)-3-methyl-3-cephem-4-carboxylic acid, monohydrate.

Actions: *Human Pharmacology*—Keflex is acid stable and may be given without regard to meals. It is rapidly absorbed after oral administration. Following doses of 250 and 500 mg., average peak serum levels of approximately 9 and 18 mcg. per ml. respectively were obtained at one hour. Measurable levels were present six hours after administration. Over 90 percent of the drug is excreted unchanged in the urine within eight hours. Peak urine concentrations are approximately 1,000 mcg. per ml. during this period following a 250-mg. dose.

Microbiology—In-vitro tests demonstrate that the cephalosporins are bactericidal because of their inhibition of cell-wall synthesis. Keflex is active against the following organisms in vitro:

Beta-hemolytic streptococci
Staphylococci, including coagulase-positive, coagulase-negative, and penicillinase-producing strains
Diplococcus pneumoniae
Escherichia coli
Proteus mirabilis
Klebsiella sp.

Note—Most strains of enterococci *(Streptococcus faecalis)* and a few strains of staphylococci are resistant to Keflex. It is not active against most strains of *Enterobacter* sp., *Pr. morganii*, and *Pr. vulgaris*. It has no activity against *Pseudomonas* or *Herellea* species. When tested by in-vitro methods, staphylococci exhibit cross-resistance between Keflex and methicillin-type antibiotics.

Indications: Keflex is indicated for the treatment of the following infections when caused by susceptible strains of the designated micro-organisms:

Respiratory tract infections caused by *D. pneumoniae* and group A beta-hemolytic streptococci (Penicillin is the usual drug of choice in the treatment and prevention of streptococcus infections, including the prophylaxis of rheumatic fever. Keflex is generally effective in the eradication of streptococci from the nasopharynx; however, substantial data establishing the efficacy of Keflex in the subsequent prevention of rheumatic fever are not available at present.)

Skin and soft-tissue infections caused by staphylococci

Urinary tract infections caused by *Esch. coli, Pr. mirabilis*, and *Klebsiella* sp.

Note—Culture and susceptibility tests should be initiated prior to and during therapy. Renal function studies should be performed when indicated.

Contraindication: Keflex® (cephalexin monohydrate, Lilly) is contraindicated in patients with known allergy to the cephalosporin group of antibiotics.

Warnings: IN PENICILLIN-ALLERGIC PATIENTS, CEPHALOSPORIN C DERIVATIVES SHOULD BE USED WITH GREAT CAUTION. THERE IS CLINICAL AND LABORATORY EVIDENCE OF PARTIAL CROSS-ALLERGENICITY OF THE PENICILLINS AND THE CEPHALOSPORINS, AND THERE ARE INSTANCES OF PATIENTS WHO HAVE HAD REACTIONS TO BOTH DRUGS (INCLUDING FATAL ANAPHYLAXIS AFTER PARENTERAL USE).

Any patient who has demonstrated some form of allergy, particularly to drugs, should receive antibiotics cautiously and then only when absolutely necessary. No exception should be made with regard to Keflex.

Usage in Pregnancy—Safety of this product for use during pregnancy has not been established.

Precautions: Patients should be followed carefully so that any side-effects or unusual manifestations of drug idiosyncrasy may be detected. If an allergic reaction to Keflex occurs, the drug should be discontinued and the patient treated with the usual agents (e.g., epinephrine, antihistamines, pressor amines, or corticosteroids).

Prolonged use of Keflex may result in the overgrowth of nonsusceptible organisms. Careful observation of the patient is essential. If superinfection occurs during therapy, appropriate measures should be taken.

Positive direct Coombs tests have been reported during treatment with the cephalosporin antibiotics. In hematologic studies or in transfusion cross-matching procedures when antiglobulin tests are performed on the minor side or in Coombs testing of newborns whose mothers have received cephalosporin antibiotics before parturition, it should be recognized that a positive Coombs test may be due to the drug.

Keflex should be administered with caution in the presence of markedly impaired renal function. Under such conditions, careful clinical observation and laboratory studies should be made because safe dosage may be lower than that usually recommended.

Indicated surgical procedures should be performed in conjunction with antibiotic therapy.

As a result of administration of Keflex, a false-positive reaction for glucose in the urine may occur. This has been observed with Benedict's and Fehling's solutions and also with Clinitest® tablets but not with Tes-Tape® (urine sugar analysis paper, Lilly).

Adverse Reactions: *Gastro-Intestinal*—The most frequent side-effect has been diarrhea. It was very rarely severe enough to warrant cessation of therapy. Nausea, vomiting, dyspepsia, and abdominal pain have also occurred.

Hypersensitivity—Allergies (in the form of rash, urticaria, and angioedema) have been observed. These reactions usually subsided upon discontinuation of the drug.

Other reactions have included genital and anal pruritus, genital moniliasis, vaginitis and vaginal discharge, dizziness, fatigue, and headache. Eosinophilia, neutropenia, and slight elevations in SGOT and SGPT have been reported.

Administration and Dosage: Keflex is administered orally. The adult dosage ranges from 1 to 4 Gm. daily in divided doses. The usual adult dose is 250 mg. every six hours. For more severe infections or those caused by less susceptible organisms, larger doses may be needed. If daily doses of Keflex greater than 4 Gm. are required, parenteral cephalosporins, in appropriate doses, should be considered.

The recommended daily dosage for children is 25 to 50 mg. per Kg. divided into four doses.

Child's Weight	*Keflex Suspension (125 mg./5 ml.)*
10 Kg. (22 lb.)	½ to 1 tsp. q.i.d.
20 Kg. (44 lb.)	1 to 2 tsp. q.i.d.
40 Kg. (88 lb.)	2 to 4 tsp. q.i.d.

In severe infections, the dosage may be doubled.

In the treatment of beta-hemolytic streptococcus infections, a therapeutic dosage of Keflex should be administered for at least ten days.

How Supplied: Pulvules® Keflex® (cephalexin monohydrate, Lilly), equivalent to 250 mg. cephalexin, in bottles of 24 and 100 and in Identi-Dose® (unit dose medication, Lilly) in boxes of 100.

Keflex, for Oral Suspension, equivalent to 125 mg. cephalexin per 5-ml. teaspoonful, in 100-ml.-size packages.

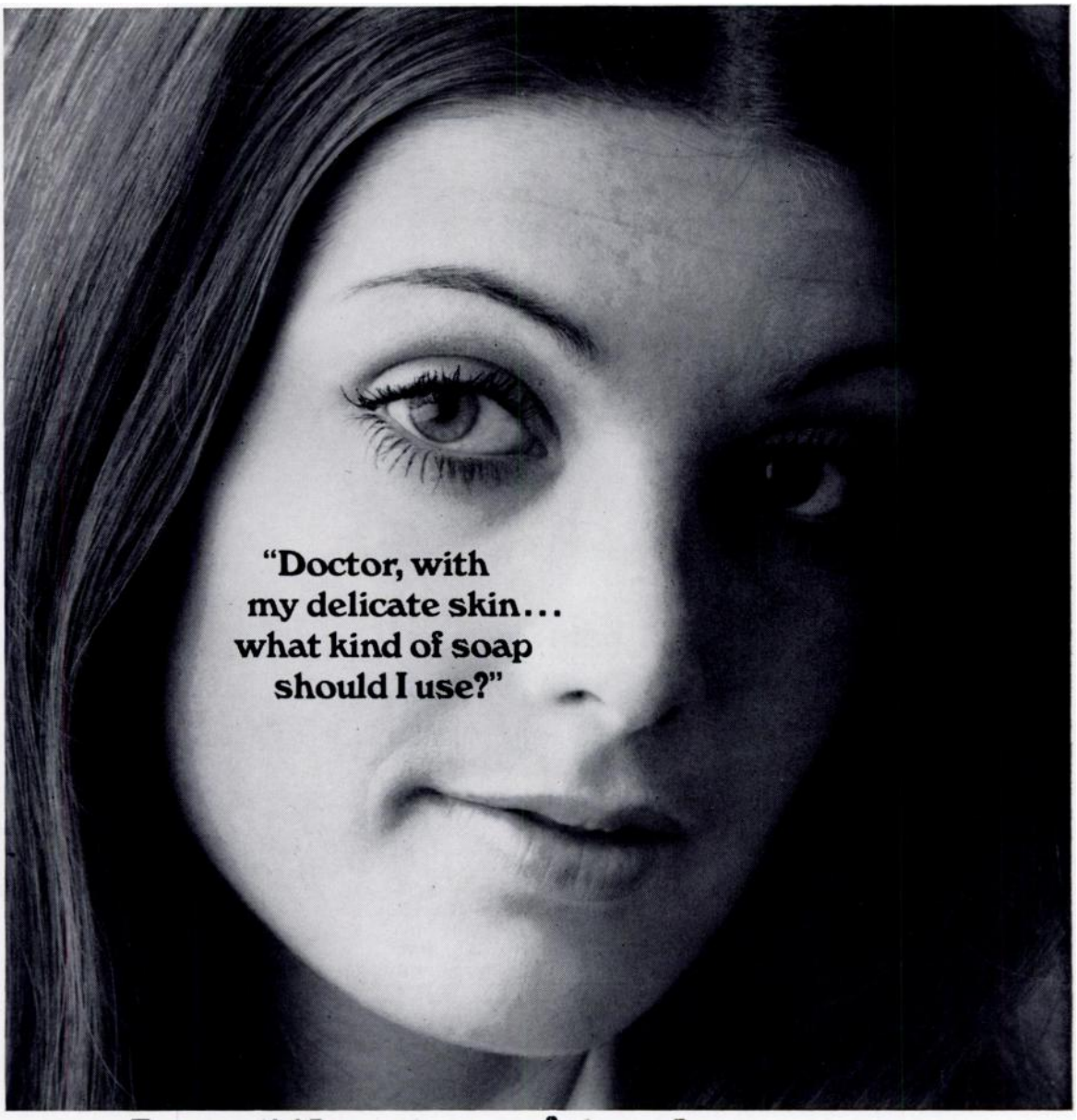
[052571A]

Additional information available to the profession on request.

Lilly

Eli Lilly and Company
Indianapolis, Indiana 46206

101524



Pure mild Ivory is one of the safest possible soaps you can recommend for delicate skin. More doctors recommend Ivory than any other soap.*

It makes sense. Ivory's absence of many extra ingredients helps minimize chances of irritation.

Thirty-eight years of laboratory testing—including patch tests and arm immersion experiments—confirm that Ivory is one of the mildest, least irritating soaps you can recommend.

And 89 years of safe consumer use support this clinical experience.

Ivory may safely be used as an adjunct to treatment of scabies, seborrhea and impetigo.

*Procter & Gamble Market Research Study #69222, available on request to interested physicians

An ear full of trouble called otitis media...

especially when it's caused by H. influenzae

Haemophilus influenzae, an especially troublesome Gram-negative pathogen, is responsible for about 25% of otitis media in young children[1-3]... and unresponsive to many common antibiotics.

Polycillin (ampicillin trihydrate) is among the most effective agents for susceptible *H. influenzae.* It is also effective against other pathogens of otitis media: susceptible pneumococci, streptococci and staphylococci. (Penicillinase-producing staphylococci are resistant.)

Well-tolerated Polycillin shares the classic safety of penicillin G and V. However, like penicillin, serious allergic reactions can occur. Convenient pediatric dosage forms of Polycillin include a fruit-flavored oral suspension, chewable tablets, pediatric drops and capsules.

POLYCILLIN®
(AMPICILLIN TRIHYDRATE)
earmarked for H. influenzae, too.

BRIEF SUMMARY OF PRESCRIBING INFORMATION
For complete information consult Official Package Circular.
(15) 6/15/70

Indications: Infections due to susceptible strains of Gram-negative bacteria (including Shigellae, *S. typhosa* and other Salmonellae, *E. coli, H. influenzae, P. mirabilis, N. gonorrhoeae* and *N. meningitidis)* and Gram-positive bacteria (including streptococci, pneumococci, enterococci and nonpenicillinase-producing staphylococci). Use parenteral drug only in severe infections or in patients unable to take oral medications. Culture and sensitivity studies should be performed. Indicated surgical procedures should be carried out.

Contraindications: A history of allergic reactions to penicillin.

Warning: Anaphylaxis may occur, particularly after parenteral administration and especially in patients with an allergic diathesis. Check for a history of allergy to penicillins, cephalosporins or other allergens. If an allergic or anaphylactic reaction occurs, discontinue ampicillin and institute appropriate treatment.

Usage in Pregnancy. Safety for use in pregnancy is not established.

Precautions: Mycotic or bacterial superinfections may occur. Cases of gonorrhea with a suspected primary lesion of syphilis should have darkfield examinations before receiving treatment. In all other cases where concomitant syphilis is suspected, monthly serological tests should be performed for a minimum of 4 months. Assess renal, hepatic and hematopoietic function intermittently during long-term therapy.

Adverse Reactions: Untoward reactions include: glossitis, black "hairy" tongue, nausea, vomiting and diarrhea, skin rashes, urticaria, exfoliative dermatitis, erythema multiforme and anaphylaxis (usually with parenteral administration). Anemia, thrombocytopenia, thrombocytopenic purpura, eosinophilia, leukopenia, and agranulocytosis have been noted, are usually reversible and are believed to be hypersensitivity phenomena. Moderate elevations in SGOT have been noted.

Usual Dosage: Adults—250 or 500 mg. q. 6h. (depending on infection site and offending organisms). Children—50-100 mg./Kg./day in 3 to 4 divided doses (depending on infection site and offending organisms).

Bacterial Meningitis—150-200 mg./Kg./day parenterally in 6 to 8 divided doses. Septicemia—150-200 mg./Kg./day parenterally. Children weighing more than 20 Kg. should be given an adult dose when prescribing orally. In parenteral administration, children weighing more than 40 Kg. should be given an adult dose. Beta-hemolytic streptococcal infections should be treated for at least 10 days.

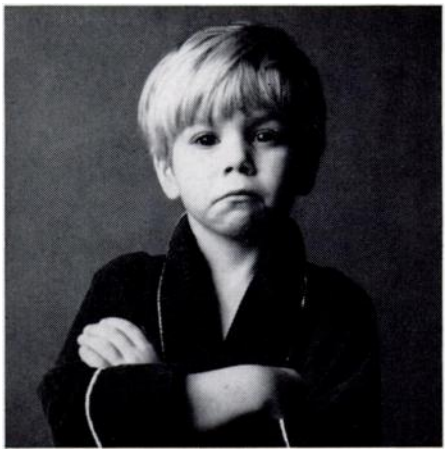
Supplied: Capsules—250 mg. in bottles of 24 and 100. 500 mg. in bottles of 16 and 100. For Oral Suspension—125 mg./5 ml. in 60, 80, 100 and 150 ml. bottles. 250 mg./5 ml. in 80, 100 and 150 ml. bottles. Chewable Tablets—125 mg. in bottles of 40. Pediatric Drops—100 mg./ml. in 20 ml. bottles. Injectable—for I.M./I.V. use—vials of 125 mg., 250 mg., 500 mg., 1.0 Gm., and 2.0 Gm.

A.H.F.S. Category 8:12.16

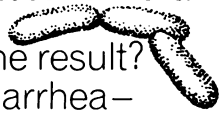
References: 1. Nilson, B.W. *et al.:* Pediatrics *43:*351 (March) 1969. 2. Coffey, J.D., Jr.; Booth, H.N., and Martin, A.D.: Pediatrics *38:*25 (July) 1966. 3. Sell, S.H.W.: Pediatr. Clin. N. Am. *17:*415 (May) 1970.

BRISTOL
BRISTOL LABORATORIES
Division of Bristol-Myers Company
Syracuse, New York 13201

It's an insult!



An insult to his GI tract. The same antibiotic that has him on the road to recovery is upsetting the balance of his intestinal flora.



The result? Diarrhea—the last thing a debilitated patient needs. When this happens, let Bacid restore intestinal balance.

The recommended daily dose of Bacid delivers billions of *viable* organisms (*Lactobacillus acidophilus*—specially cultured human strain) together with 100 mg. sodium carboxymethylcellulose per capsule. There are no known contraindications to use of Bacid.

Bacid. Simple. Safe. Physiological. Not unpleasant to take. And easy on the pocketbook.

DOSAGE: *Orally,* two capsules 2 to 4 times a day, preferably with milk. For *infants, children* and adults who find it difficult to swallow capsules, mix contents with milk or sprinkle on food. *Topically,* for *aphthous* and *herpetic stomatitis,* mix the powdered contents of two capsules with one ounce of milk, rinse in mouth and swallow.

HOW SUPPLIED: Bottles of 50 and 100 capsules. Refrigeration required.

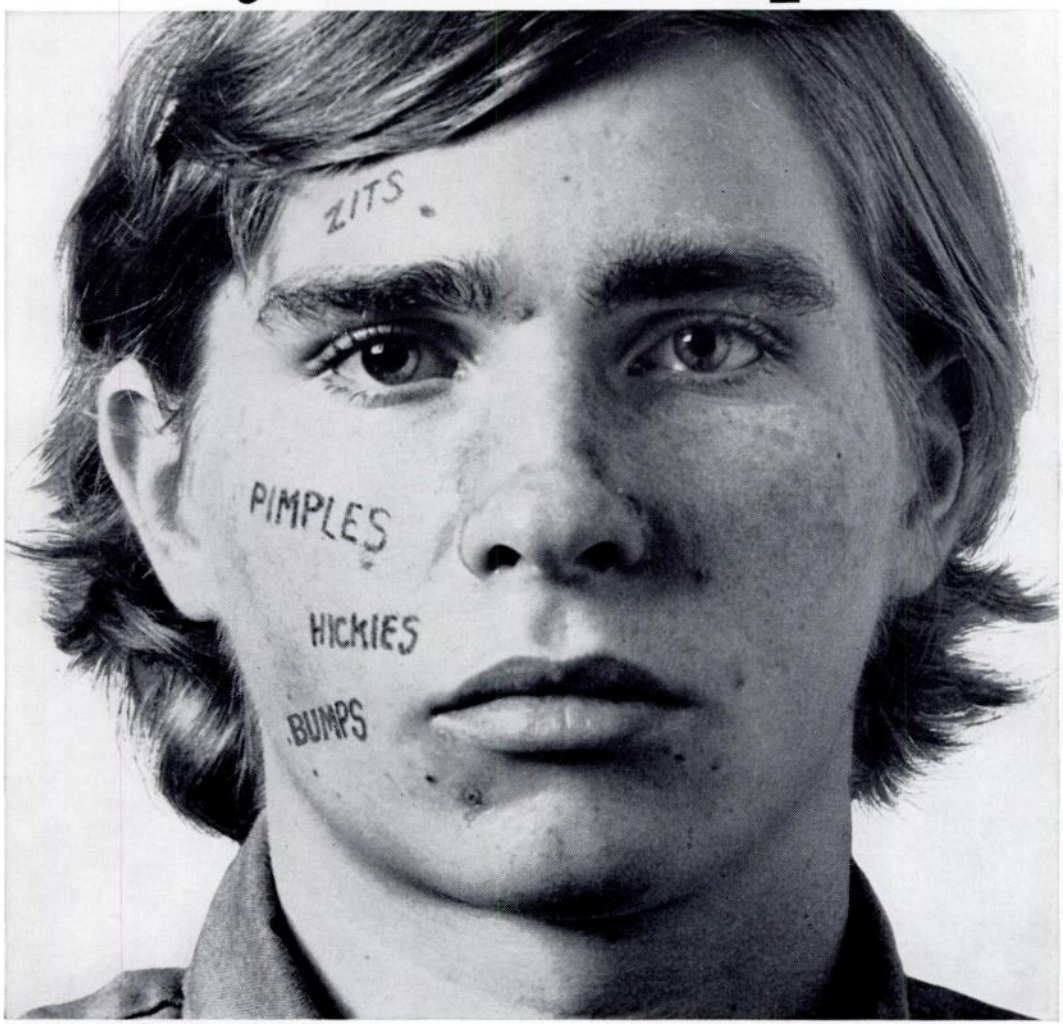
USV PHARMACEUTICAL CORP.
Tuckahoe, N.Y. 10707

Bacid® Capsules

Restores *L. acidophilus* to Intestinal Flora

FROM THE NEW USV

whatever kids call acne, you can help



easy-to-use FOSTEX® treats acne while they wash

Used instead of soap, Fostex acne wash degreases, degerms, dries and mildly peels. Penetrates plugged pores to help remove blackheads. See PDR. Fostex Cake 3¾ oz. bar or Cream 4½ oz. jar.

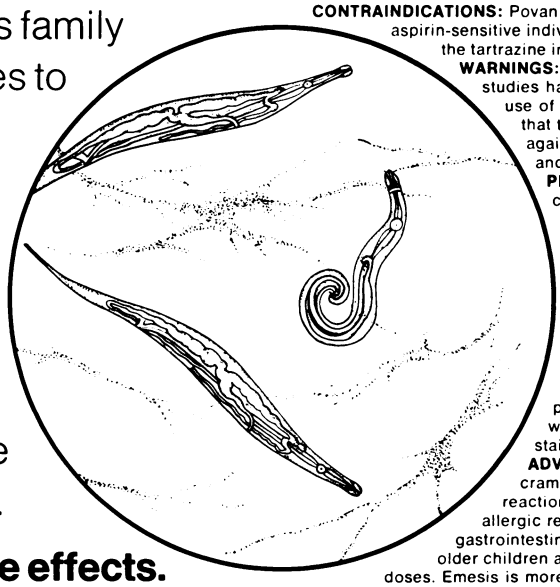
WESTWOOD PHARMACEUTICALS INC. Buffalo, New York 14213

Povan® (pyrvinium pamoate) destroys pinworms

With just a single dose (tablets or suspension). One oral dose for the host and his family is usually all it takes to stop the infection and prevent its spread.

Reliably. Twelve years of "in-use" experience, and Povan remains the No. 1 anthelmintic.

With minimal side effects. GI and hypersensitivity reactions, when they occur, are minor.



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

INDICATION: Povan is indicated for the treatment of enterobiasis.

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.

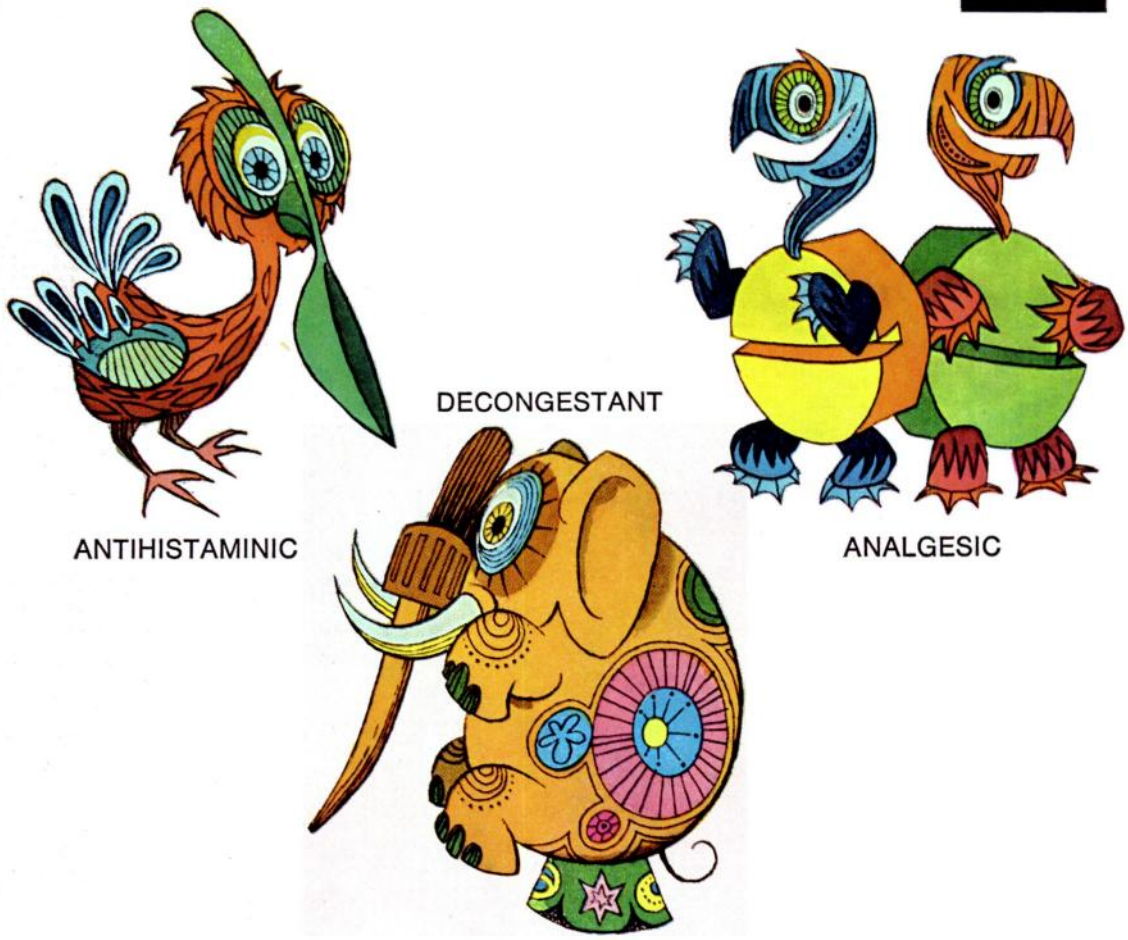
PRECAUTIONS: To forestall undue concern and help avoid accidental staining, patients and parents should be advised of the staining properties of Povan. Tablets should be swallowed whole to avoid staining of teeth. Care should be exercised not to spill the suspension because it will stain most materials. 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 *PARKE, DAVIS & COMPANY, Detroit, Michigan 48232* 1096R72 PA-721 LH

Schering



Put them all together and what have you got?

Coricidin® Demilets® Tablets

brand of children's antihistaminic-analgesic-decongestant tablets

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

In children's congested colds, the combination of the highly regarded antihistamine (0.5 mg. CHLOR-TRIMETON® brand of chlorpheniramine maleate, U.S.P.), and the effective decongestant (2.5 mg. phenylephrine hydrochloride) produces a complementary action that quickly but gently dries and clears the nose, helps promote sinus drainage, and often obviates the need for topical nasal therapy. What's more, the children's dose of 80 mg. aspirin, U.S.P., helps reduce fever, relieves aches and pains. And all three ingredients are in a chewable, crushable tablet with a pleasant orange-pineapple flavor. Each DEMILETS Tablet is safety-packaged in a separate-sealed pouch to discourage children from opening and taking an overdose.

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

S-043

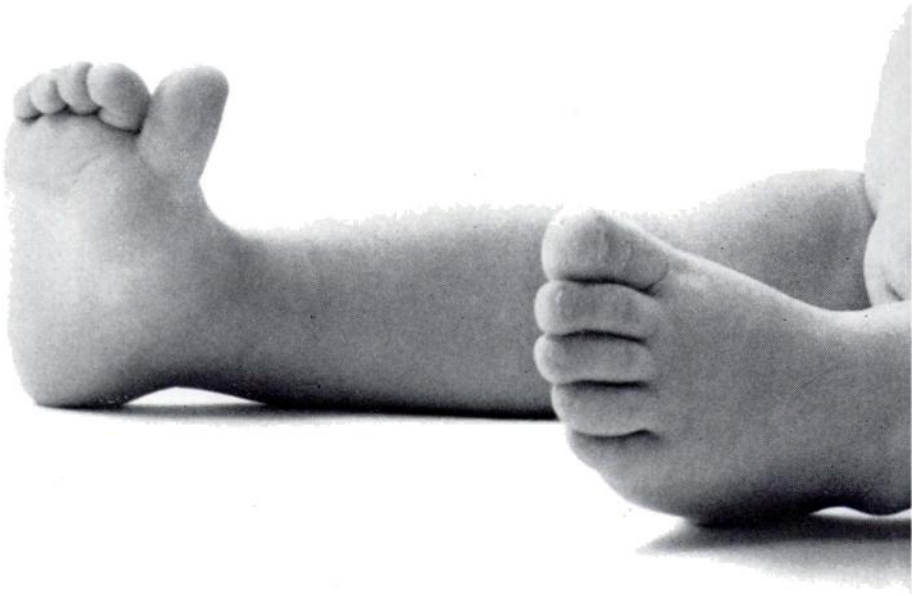
the uncover girl...

Her young skin problems cleared without expensive "full-strength" topical steroids

With today's abbreviated styles, pediatric dermatoses are both visible and unsightly. They are also expensive to treat when spread over large areas. This doesn't have to be the case. Vioform-Hydrocortisone Mild (Cream or Ointment) provides the antifungal-antibacterial benefits of 3% Vioform...plus the anti-inflammatory and antipruritic actions of "half-strength" (0.5%) hydrocortisone. Costs less too, because it contains less steroid. Small wonder so many pediatricians have come to rely on it for small patients.

Vioform®-Hydrocortisone
(iodochlorhydroxyquin and hydrocortisone)
Mild

antifungal · antibacterial · anti-inflammatory · antipruritic



Vioform® Hydrocortisone

(iodochlorhydroxyquin and hydrocortisone)

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

Contraindications: Should not be used in the eye or topically in the presence of tuberculosis, vaccinia, varicella, or other viral skin conditions.

Precautions: May prove irritating to sensitized skin in rare cases. If this occurs, discontinue therapy. May stain.

If used under occlusive dressings or for a prolonged period, watch for signs of pituitary-adrenal axis suppression.

May interfere with thyroid function tests. Wait at least one month after discontinuance of therapy before performing these tests.

The ferric chloride test for phenylketonuria (PKU) can yield a false positive result if Vioform is present in the diaper or urine.

Adverse Reactions: Rare: local burning, irritation, itching. May cause striae at site of application when used for long periods in intertriginous areas.

Dosage: Apply a small amount to affected areas 3 or 4 times daily.

Supplied: *Cream,* 3% iodochlorhydroxyquin and 1% hydrocortisone in a water-washable base containing stearyl alcohol, spermaceti, petrolatum, sodium lauryl sulfate, and glycerin in water; tubes of 5 and 20 Gm. *Ointment,* 3% iodochlorhydroxyquin and 1% hydrocortisone in a petrolatum base; tubes of 5 and 20 Gm. *Lotion,* 3% iodochlorhydroxyquin and 1% hydrocortisone in a water-washable base containing stearic acid, cetyl alcohol, lanolin, propylene glycol, sorbitan trioleate, polysorbate 60, triethanolamine, methylparaben, propylparaben, and perfume Flora in water; plastic squeeze bottles of 15 ml. *Mild Cream,* 3% iodochlorhydroxyquin and 0.5% hydrocortisone in a water-washable base containing stearyl alcohol, spermaceti, petrolatum, sodium lauryl sulfate, and glycerin in water; tubes of ½ and 1 ounce. *Mild Ointment,* 3% iodochlorhydroxyquin and 0.5% hydrocortisone in a petrolatum base; tubes of ½ and 1 ounce.

Before starting therapy, consult complete product literature.

CIBA Pharmaceutical Company
Division of CIBA-GEIGY Corporation
Summit, New Jersey 07901

7/4663 16

CIBA


NAME
AGE
ADDRESS
DATE
℞
Periactin® HCl
(cyproheptadine HCl/MSD)

in mild, uncomplicated urticaria

a single prescription that does a double job...

usually relieves both itch and other dermatologic manifestations

Periactin® HCl (Cyproheptadine HCl|MSD)

Contraindications: Glaucoma, predisposition to urinary retention, stenosing peptic ulcer, pyloroduodenal obstruction, concurrent monoamine oxidase inhibitor therapy, an asthmatic attack, or other lower respiratory symptoms, and hypersensitivity to this drug. Should not be prescribed for elderly, debilitated patients.

Warnings: Because of frequently occurring drowsiness, may impair alertness in some patients, including children attending school; operation of automobiles and other activities made hazardous by diminished alertness should be avoided. In pregnancy, lactation, or women of childbearing age, weigh potential benefits against possible hazards to mother and child. An inhibition of lactation may be produced.

Overdosage of antihistamines, particularly in infants and children, may produce convulsions and death.

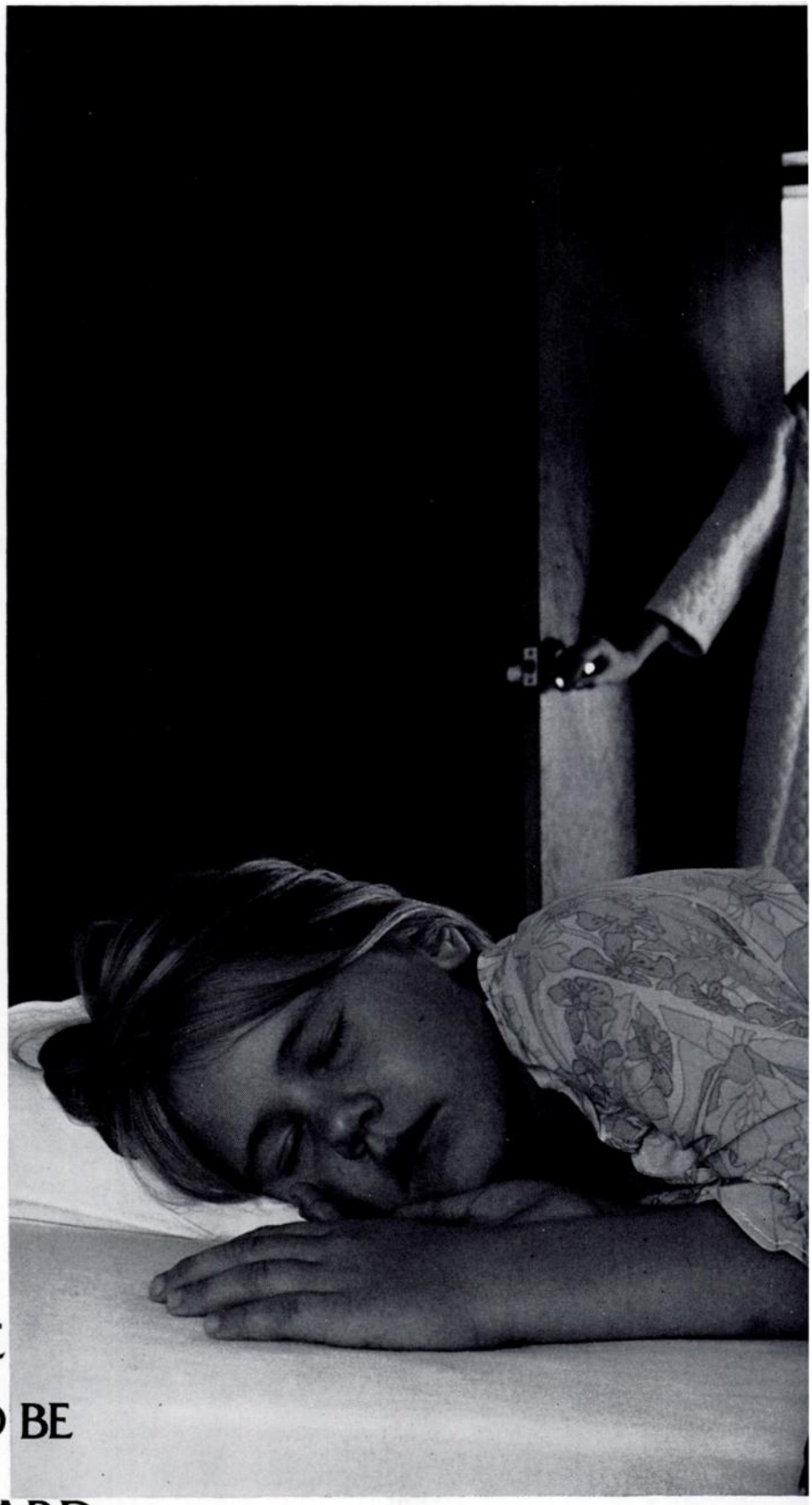
Precautions: Caution patients against ingestion of alcohol and other CNS depressants. Use with caution in patients with bronchial asthma because of a possible drying effect on bronchial secretions. Rarely, prolonged therapy with antihistamines may cause blood dyscrasias, but none has been reported as yet with this drug.

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 allergic skin manifestations of rash and edema have been reported in low incidence. Rarely, CNS stimulation (such as agitation, confusion, visual hallucinations) may occur.

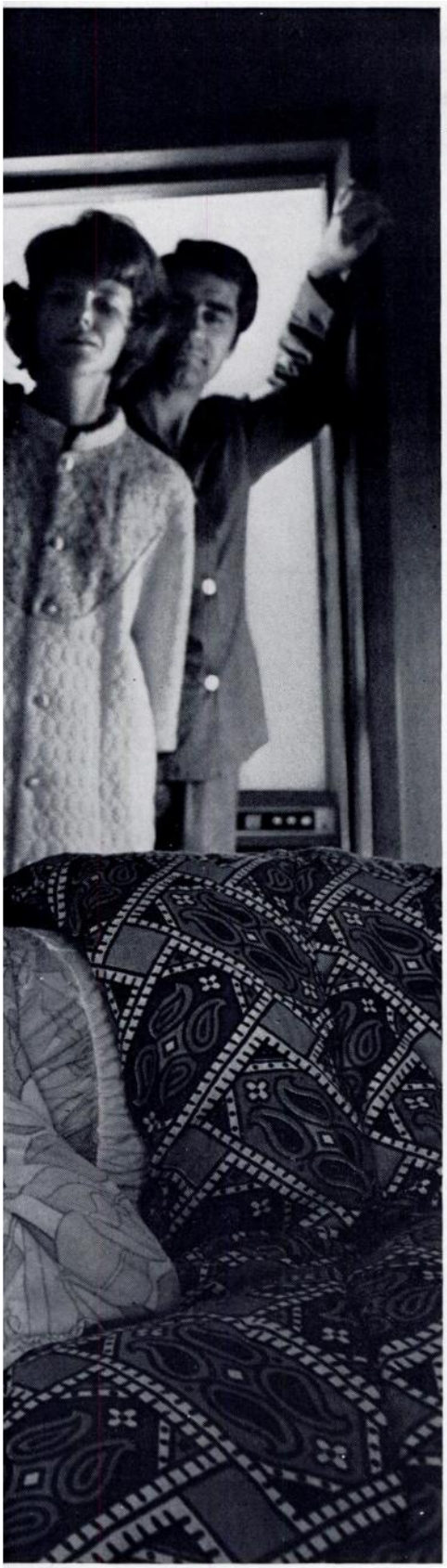
How Supplied: Tablets containing 4 mg cyproheptadine HCl each, in bottles of 100; Syrup, containing 2 mg cyproheptadine HCl per 5 cc, with alcohol 5%, and sorbic acid 0.1% added as preservative, in bottles of 473 cc.

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

MSD MERCK SHARP & DOHME



THE
ASTHMATIC
CHILD
SHOULD BE
SEEN–
NOT HEARD.



WITH THE ASTHMATIC CHILD ON TEDRAL®

PEDIATRIC SUSPENSION

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

EVERYONE BREATHES EASIER.

She's sleeping quietly and breathing easily.

She's on Tedral Pediatric Suspension, an effective bronchodilator that helps assure fewer, less severe attacks.

With the help of Tedral Pediatric Suspension, as part of a comprehensive regimen, she can lead an active and normal life —

and so can everyone around her.

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 Pediatric Suspension 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: Drowsiness may occur. 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.

WARNER-CHILCOTT
Div., Warner-Lambert Company
Morris Plains, N.J. 07950

TP-208W

Otitis media

It could be caused by strep, pneumo, or by gram-negative H. influenzae.

A logical choice for treatment when these organisms are involved is Omnipen. Like all penicillins, it is effective against susceptible pathogens. But its spectrum of activity extends beyond penicillin G to include many gram-negative bacteria.

And now there's a form especially for children. The oral suspension of Omnipen has an exceptionally pleasant taste and odor, helping to assure that youngsters take full dosage.

It should be borne in mind, of course, that Omnipen is not effective against penicillinase-producing bacteria.

ANHYDROUS OMNIPEN® (AMPICILLIN)

Wyeth®

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.

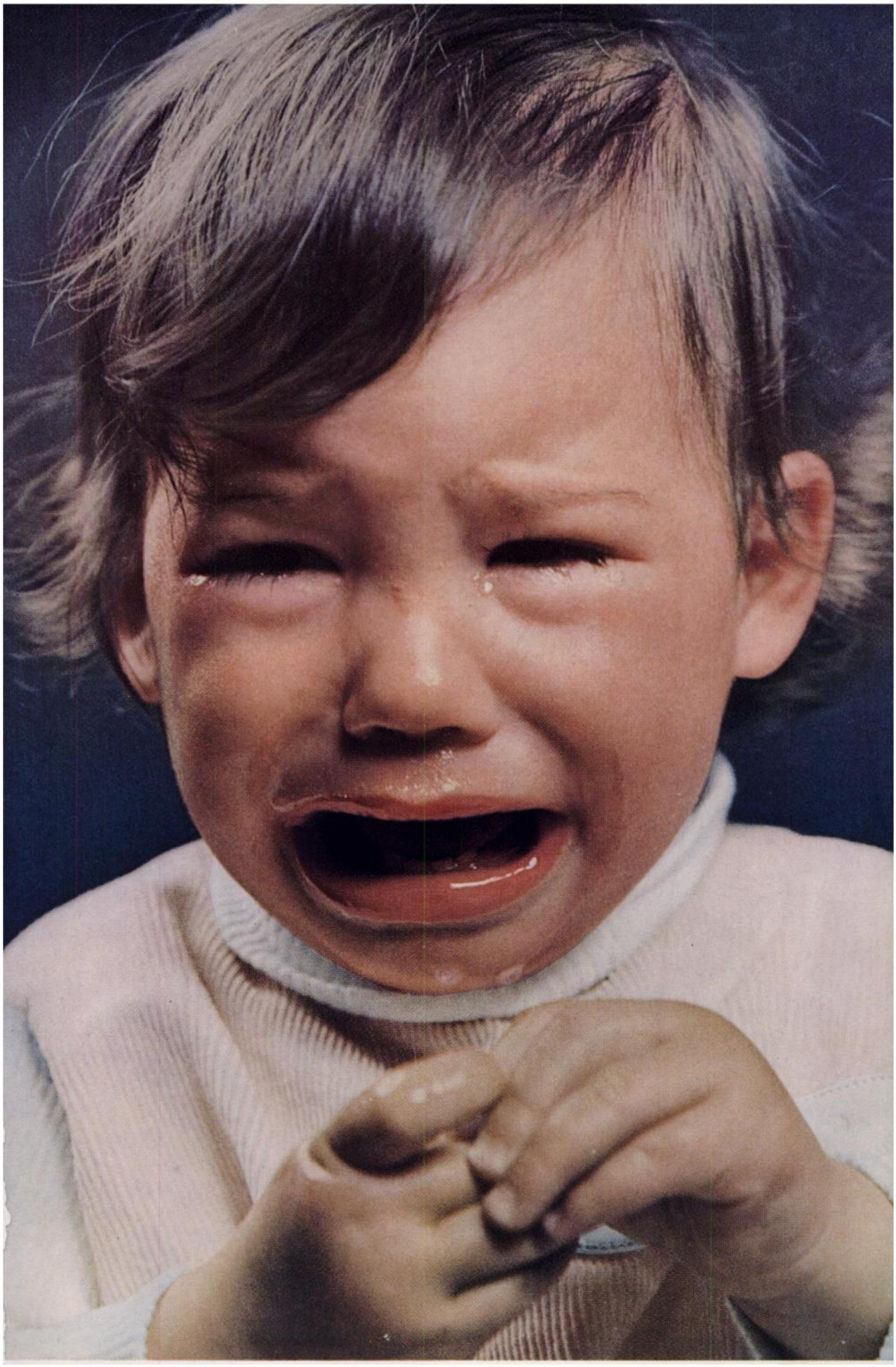
ADVERSE REACTIONS: Will likely be essentially limited to sensitivity phenomena; more likely in patients with history of penicillin hypersensitivity or allergy, asthma, hay fever or urticaria. Also associated with use of ampicillin: **Gastrointestinal**—glossitis, stomatitis, nausea, vomiting and diarrhea—all 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.



Now in a 200-ml. Unbreakable Plastic Bottle

Same price as 150-ml. size*

Two dosage strengths– 125 mg./5 ml. and 250 mg./5 ml.

V-Cillin K®, Pediatric

potassium phenoxymethyl penicillin

Lilly

3014194

Additional information available to the profession on request.

Eli Lilly and Company
Indianapolis, Indiana 46206

*Based on Lilly selling price to wholesalers.

FOR PROBLEM OF ALL AGES.

Neo-Mull-Soy formula, made essentially for problem feeders under one year of age, is a milk-free soy isolate formula that helps avoid the problems—colic, diarrhea, and rhinorrhea—caused by milk protein[1] or lactose intolerance.

Neo-Mull-Soy is comparable to cow's milk formulas in supporting growth and development in infants.[2]

It was the first soy isolate formula to meet *all* the recommendations for infant formulas (including iron) proposed by the Food and Drug Administration[3] and the Committee on Nutrition for the American Academy of Pediatrics.[4]

References

1. Clein, N. W.: *Pediatric Clinics of North America* 1: 949, 1954. 2. Bates, R. D., Barret, W. W., Anderson, D. W., Jr., and Saperstein, S.: Milk and Soy Formulas: A Comparative Growth Study, *Annals of Allergy* 26: 577, 1968. 3. 35 *Fed.Reg.* 16737 (October 29, 1970); 21 CFR 125.5 4. Committee on Nutrition for the American Academy of Pediatrics, *Pediatrics* 40: 916, 1967.

Neo-Mull-Soy® formula

Approximate Analysis (diluted with an equal volume of water): Water 87.6%, Carbohydrate 9.4%, Soy Fat 3.5%, Soy Protein 1.8%, Minerals (Ash) 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. units, Vitamin C 52.0 mg, Niacinamide 7.0 mg, Calcium pantothenate 2.5 mg, Riboflavin 1.0 mg, Thiamine 0.5 mg, Pyridoxine 0.4 mg, Folic acid 70.0 mcg, Vitamin B_{12} 2.0 mcg, Calcium 0.8 gm, Phosphorus 0.6 gm, Inositol 100.0 mg, Choline 85.0 mg, Magnesium 75.0 mg, Iron 8.0 mg, Zinc 3.0 mg, Manganese 2.5 mg, Copper 0.4 mg, Iodine 0.15 mg

Mull-Soy® formula

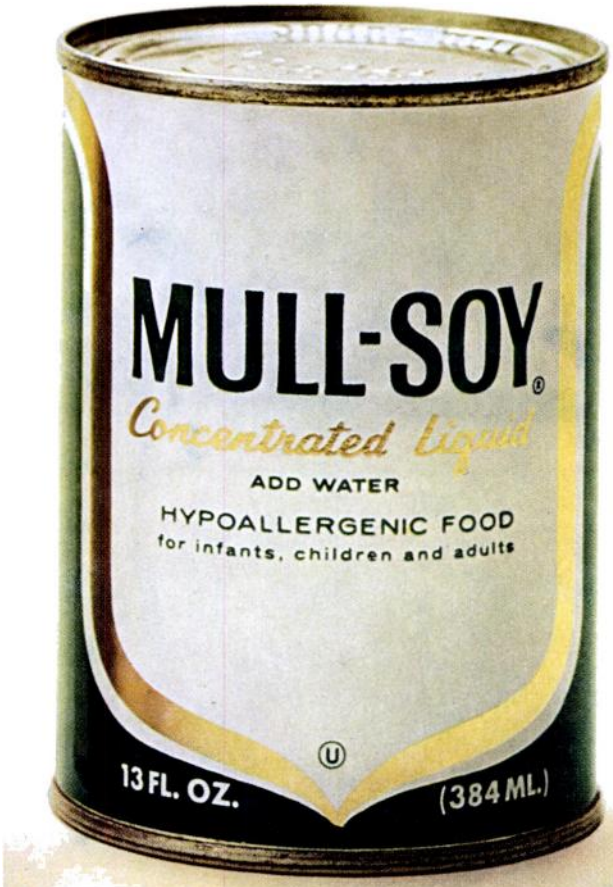
Approximate Analysis (diluted with an equal volume of water): Water 87.2%, Soy Protein 3.1%, Soy Fat 3.6%, Carbohydrate (available) 5.2%, Crude Fibre 0.2%, Minerals (Ash) 0.6%, (Calcium 0.12%, Phosphorus 0.08%, Iron mg / 100 gm 0.8, Iodine mg / 100 gm 0.015).

Calories: 20 per fl. oz.

Diluted with an equal quantity of water 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. units, Vitamin C 52.0 mg, Inositol 100.0 mg, Choline 85.0 mg, Niacinamide 9.0 mg, Riboflavin 1.0 mg, Calcium pantothenate 2.5 mg, Thiamine 0.5 mg, Pyridoxine 0.4 mg, Folic acid 70.0 mcg, Vitamin B_{12} 2.0 mcg, Calcium 1.2 gm, Phosphorus 0.8 gm, Magnesium 75.0 mg, Iron 8.0 mg, Zinc 3.0 mg, Manganese 2.5 mg, Copper 0.4 mg, Iodine 0.15 mg.

FEEDERS

THERE IS A SIMPLE WAY TO DEAL WITH FEEDING PROBLEMS ASSOCIATED WITH MILK PROTEIN OR LACTOSE INTOLERANCE...



For older problem feeders—Mull-Soy formula, a higher protein content milk replacement for infants, children, and adults.

It's the milk-free soy product with over 30 years' proven reliability in dealing with feeding problems associated with milk intolerance.

Mull-Soy is nutritionally equivalent to cow's milk formulas, with the protein, calcium, and vitamins your older problem feeders need to help with healthy growth. Its high protein content (3.1%), supplemented with methionine, is of particular value for those over age one or wherever increased protein levels are indicated. And Mull-Soy contains no corn sugars, reducing the chance of further reactions if your patient is also corn-sensitive.

NEO-MULL-SOY®

MULL-SOY® INFANT FORMULAS

Give us your problem feeders.

SYNTEX
SYNTEX LABORATORIES, INC.
NUTRITIONAL PRODUCTS DIV.
PALO ALTO, CALIFORNIA 94304

When the cold stops here...

and most colds do...

Neo-Synephrine® helps stop congestive symptoms right on the spot. That's why it is virtually free of systemic side effects. Neo-Synephrine shrinks edematous turbinates almost on contact. It opens sinus ostia quickly to provide better drainage. And Neo-Synephrine helps keep the eustachian tubes open to reduce the risk of otitis media.

Neo-Synephrine has been the standard decongestant for the child with sinusitis or a cold for over 30 years because it's the one that is gentle enough for children's delicate respiratory tissue. Neo-Synephrine doesn't interfere with ciliary activity and has little rebound tendency.

There is a strength and dosage form of Neo-Synephrine for children of all ages: spray or drops in strengths of ⅛% for infants and ¼% for children. Neo-Synephrine is also available in ½% strength for adults.

It's no wonder Neo-Synephrine has become virtually synonymous with nasal decongestant.

Winthrop Winthrop Laboratories
New York, N.Y. 10016

Neo-Synephrine®

brand of phenylephrine HCl, USP

works right where the cold is

(1567M)

Pediatrics

VOLUME 49 FEBRUARY 1972 NUMBER 2

COMMENTARY

THE PEDIATRICIAN AND ATHEROSCLEROSIS

THE incidence of premature disability and death from complications of atherosclerosis in the adult American is so high that pediatricians must accept the responsibility of finding the threatened child and, insofar as possible, reducing the future risk.

The Council of Rheumatic Fever and Congenital Heart Diseases of the American Heart Association formed a Committee* which, during the past 2½ years, has met with a number of different experts in the field. These presentations have been supplemented by a selected review of the literature, and a workshop made up of experts in several related fields selected from the United States and a number of foreign countries to complement the above presentations. A report by the Committee was given at the 43rd Annual Scientific Session of the American Heart Association, November, 1970. This article serves to apprise pediatricians of the conclusions arrived at by the committee. These do not necessarily reflect policies of either the National Institutes of Health or the American Heart Association.

Among the experts in the field, there is considerable difference in opinion regarding the age of onset of the true atherosclerotic lesion in man. Fatty streaks begin to appear in the endothelium of the aorta by 6 months of age; however, these occur in all populations, even those without significant atherosclerosis as adults.[1,2] The fate of fatty streaks is not well established, but animal studies suggest that they may remain unchanged, disappear, or ultimately develop into atherosclerotic plaques.[3,4] The fatty streaks found in coronary arteries at about the age of 15 years may be better related to subsequent atherosclerotic plaques later in life than are those in the aorta. It is not known why apparently similar fatty streaks seem to share different fates. The data show that fatty streaks regress in animals, but there are no data that show that atherosclerotic plaques regress in animals or man regardless of any presently known form of intervention.

Other intimal changes are commonly found in coronary arteries of infants and children.[3,5] However, there is little fat in these cells and at present it is felt that these changes may be due to growth and development and not particularly related to atherosclerosis. It is clear that even in the basic area of the pathogenesis of atherosclerosis much has yet to be learned.

The risk of developing atherosclerosis and subsequent involvement of vital target organs (heart, brain, kidneys) is affected by a multitude of factors. There are geographic differences in incidence of coronary artery disease[6] as well as cultural and socioeconomic differences within countries.[7-9]

A number of epidemiologic studies have identified certain risk factors such as ele-

* The authors served as a Subcommittee on Atherosclerosis, Council of Rheumatic Fever and Congenital Heart Disease of the American Heart Association.