# ANNOUNCEMENTS OF MEETINGS

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

### March

PEDIATRIC DAY, Rochester, Minnesota, March 11, 1972. (February, p. 320.)

TOPICS IN PEDIATRIC NEUROLOGY, course, Baltimore, March 12–14, 1972. (November, p. 850.)

MEDITERRANEAN AND MIDDLE EASTERN PAEDIATRIC CONGRESS, Barcelona, Spain, March 12–15, 1972. (July, p. 169.)

CANCER CONFERENCE, Sydney, Australia, March 13–17, 1972. (March, p. 641.)

PEDIATRIC EMERGENCIES, postgraduate course, Galveston, Texas, March 16–17, 1972. (February, p. 320.)

MENTAL RETARDATION, symposium, Paris and London, March 18–28, 1972. (February, p. 320.)

UNIFORMED SERVICES, seminar, San Francisco, March 20–23, 1972. (March, p. 482.)

INTERMOUNTAIN PEDIATRIC SOCIETY, annual conference, Las Vegas, Nevada, March 27–29, 1972. (February, p. 320.)

NEUROLOGY FOR THE PEDIATRICIAN, postgraduate course, Atlanta, March 27–29, 1972. (July, p. 168; January, p. 158.)

COMPLEX TRAUMA IN CHILDREN, postgraduate course, Atlanta, Georgia, March 29–31, 1972. (February, p. 320.)

### April

HEALTH PROBLEMS IN THE GHETTO, conference, Washington, D.C., April 6–7, 1972. (February, p. 320.)

SIXTEENTH ANNUAL PEDIATRIC CONFERENCE OF DES MOINES, Des Moines, April 6–7, 1972. (February, p. 320.)

PEDIATRIC NEUROLOGY, postgraduate course, Boston, April 6–8, 1972. (October, p. 684.)

CLEFT PALATE, symposium, Bronx, New York, April 7, 1972. (March, p. 482.)

MEDICAL GENETICS, program, Kansas City, Missouri, April 8, 1972. (February, p. 320.)

NUCLEAR ACTIVATION TECHNIQUES, symposium, Ljubljana, Yugoslavia, April 10–14, 1972. (December, p. 1004.)

INFECTIOUS DISEASES, symposium, San Francisco, April 14, 1972. (March, p. 482.)

CHILD EVALUATION, seminar, Cedar Rapids, Iowa, April 15, 1972. (March, p. 482.)

ANNUAL TEACHING CONFERENCE, San Antonio, Texas, April 15–16, 1972. (March, p. 482.)

PEDIATRIC RADIOLOGY, postgraduate course, New York, April 17–20, 1972. (March, p. 482.)

DISEASES OF THE HEART AND LUNGS IN INFANTS AND CHILDREN, New York City, April 17–20, 1972. (September, p. 500.)

GROWTH, PEDIATRIC ENDOCRINOLOGY, AND METABOLISM, postgraduate course, Baltimore, Maryland, April 17–21, 1972. (February, p. 320.)

PROBLEMS IN THE NEWBORN, 1972, postgraduate course, Charlottesville, Virginia, April 21–22, 1972. (February, p. 321.)

### May

INTENSIVE REVIEW OF PEDIATRICS, course, Los Angeles, May 1–5, 1972. (March, p. 482.)

PEDIATRIC NEURORADIOLOGY, symposium, Chicago, May 3–6, 1972. (October, p. 684.)

THE HANDICAPPED CHILD, refresher course, Seattle, Washington, May 4–5, 1972. (March, p. 482.)

ADOLESCENT MEDICINE, postgraduate course, Boston, May 8–12, 1972. (February, p. 321.)

THE HIGH RISK NEWBORN, postgraduate course, Pittsburgh, May 11–13, 1972. (March, p. 483.)

NEWBORN AND PREMATURE, postgraduate course, Pittsburgh, May 12–14, 1972. (July, p. 168.)

PEDIATRICS, postgraduate course, Boston, May 15–19, 1972. (February, p. 321.)

ALLERGY AND CLINICAL IMMUNOLOGY, postgraduate course, New York City, May 15–19, 1972. (February, p. 321.)

PEDIATRIC CARDIOLOGY, program, Buffalo, New York, May 17, 1972. (February, p. 321.)

ASSISTED RESPIRATION IN THE NEWBORN, symposium, Rockford, Illinois, May 18–19, 1972. (March, p. 483.)

AMBULATORY PEDIATRIC ASSOCIATION, AMERICAN PEDIATRIC SOCIETY, AND SOCIETY FOR PEDIATRIC RESEARCH, meetings, Washington, D.C., May 22–23 and 23–25, 1972. (December, p. 1004; February, p. 321.)

## *Standards for Acceptance of Advertising in*

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

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

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

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

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

3. Advertising copy must state the names in accordance with the United States Adopted Names Council and amounts of active ingredients of all medicinal products.

4. When a trade name assigned by a company for a medicinal product is other than the name given in the U. S. Dispensatory, the latter title must be included in the text of the copy.

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# PREPARATION OF MANUSCRIPTS

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

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

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

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

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

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

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

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

**Revised, January, 1971**

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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.

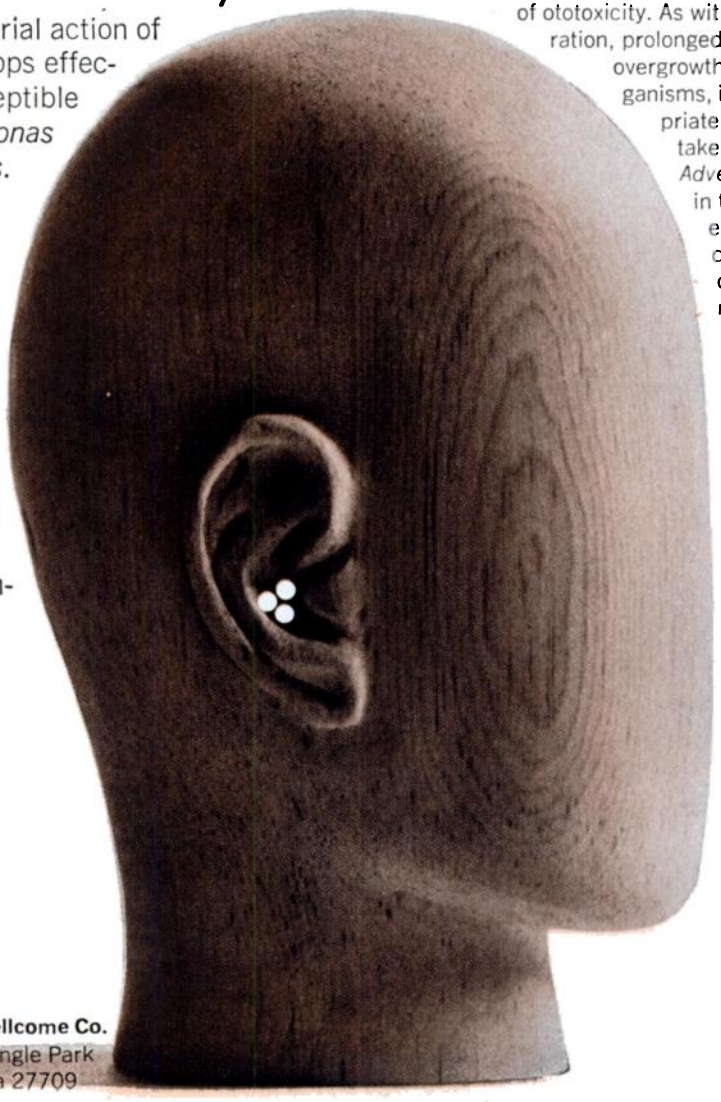
## At lower patient cost

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

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**DECONAMINE®**
ANTIHISTAMINE DECONGESTANT

DESCRIPTION:
Each capsule contains:
Chlorpheniramine Maleate .....8 mg.
d-Pseudoephedrine HCl .....120 mg.
Designed to provide prolonged release of medication.
Each tablet contains:
Chlorpheniramine Maleate .....4 mg.
d-Pseudoephedrine HCl .....60 mg.
Each 5cc of elixir contains:
Chlorpheniramine Maleate .....2 mg.
d-Pseudoephedrine HCl .....30 mg.
Alcohol .....15%
In a pleasant tasting aromatic vehicle.

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

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

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

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

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

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

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

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

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

CAUTION: Federal law prohibits dispensing without prescription.

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

**SMITH, MILLER & PATCH, INC.**
401 Joyce Kilmer Avenue
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# without closing the eyes.

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

# Deconamine

**antihistamine decongestant**
**Capsules/Tablets/Elixir**

# 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

# ASTHMA IS BREATH TAKING.

# TEDRAL® IS BREATH GIVING.

Each white uncoated, scored tablet contains
**130 mg** theophylline,
**24 mg** ephedrine hydrochloride, and
**8 mg** phenobarbital.

**Description:** Tedral®: each white uncoated, scored tablet contains 130 mg theophylline, 24 mg ephedrine hydrochloride, and 8 mg phenobarbital.

Tedral® SA: each double-layered, uncoated, coral/mottled white tablet of Tedral SA contains 180 mg anhydrous theophylline (90 mg in the immediate release layer and 90 mg in the sustained release layer); 48 mg ephedrine hydrochloride (16 mg in the immediate release layer and 32 mg in the sustained release layer); 25 mg phenobarbital.

Tedral® Expectorant: each white tablet contains 130 mg theophylline, 24 mg ephedrine hydrochloride, 8 mg phenobarbital, and 100 mg glyceryl guaiacolate.

Tedral® Pediatric Suspension: each 5 ml teaspoonful of yellow, licorice-flavored suspension contains 65 mg theophylline, 12 mg ephedrine hydrochloride, and 4 mg phenobarbital.

**Indications:** Tedral, Tedral SA, Tedral Expectorant, and Tedral Pediatric Suspension are indicated for the symptomatic relief of bronchial asthma, asthmatic bronchitis, and bronchospastic disorders. They may also be used prophylactically to abort or minimize asthmatic attacks and are of value in managing occasional, seasonal, or perennial asthma.

Tedral SA Sustained Action offers the convenience of *b.i.d.* dosage.

Tedral Expectorant is indicated only when both relaxation of bronchospasm and expectoration are desired.

These Tedral formulations are adjuncts 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:** Tedral. Adults (average prophylactic or therapeutic dosage)—one or two tablets every 4 hours. With the one-tablet dose, an additional tablet may be taken at onset of symptoms, but dosage should not exceed two tablets in any 4-hour period.

Children (over 60 lb)—one-half the adult dose.

Tedral SA. Adults (average prophylactic or therapeutic dosage)—one tablet on arising and one tablet 12 hours later. Tablets should not be chewed.

Dosage in children under 12 is not recommended because usage has not been established.

Tedral Expectorant. Adults: one or two tablets *q.i.d.* With the one-tablet dose, an additional tablet may be taken at onset of symptoms, but dosage should not exceed two tablets in any 4-hour period.

Dosage in children under 12 is not recommended because usage has not been established.

Tedral Pediatric Suspension. 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.

Full information is available on request.

T-GP-12-BW

**WARNER-CHILCOTT**
Division, Warner-Lambert Company
Morris Plains, New Jersey 07950

# PHYSICIANS

Pfizer Pharmaceutical Operations has positions for Physicians interested in careers in pharmaceutical development.

Associate Medical Directors combine medical knowledge, scientific inquisitiveness, and administrative skills to plan new medical research and arrange clinical studies through outside expert investigators.

The positions available provide a stimulating environment in which to use one's medical education and contribute significantly to the development of new therapeutic agents.

If broad responsibilities in medicine and administration could be a challenge to you, let us know your training and experience. Write to Mr. R. J. Taylor, Pfizer Inc., 235 East 42nd Street, New York, New York 10017. An Equal Opportunity Employer.

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# the uncover girl...

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

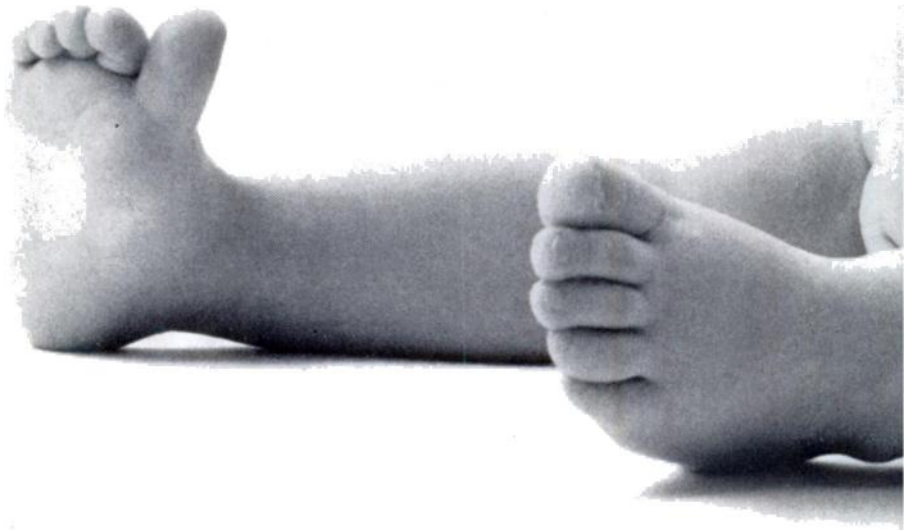
With today's abbreviated styles, pediatric dermatoses are both visible and unsightly. They are also expensive to treat when spread over large areas. This doesn't have to be the case. Vioform-Hydrocortisone Mild (Cream or Ointment) provides the antifungal-antibacterial benefits of 3% Vioform...plus the 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

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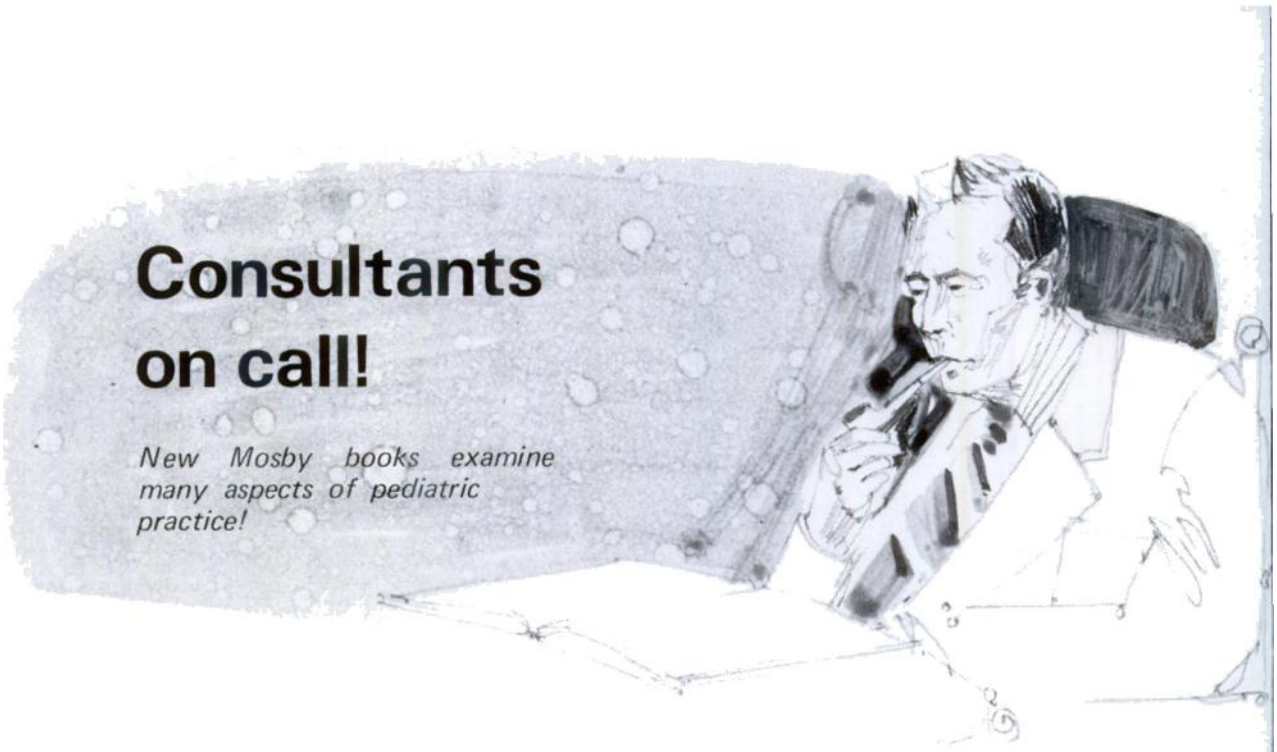
# Consultants on call!

*New Mosby books examine many aspects of pediatric practice!*



*New 4th Edition!* **PEDIATRIC THERAPY.** Widely recognized as a standard pediatric reference, this superbly illustrated new edition gives you one integrated source of information on current treatment of virtually every condition affecting infants and children. Ninety-six contributors stress concepts of total patient care as they examine drug therapy and adverse drug reactions, general therapy and treatment of symptoms, and management of disorders of each body system. *Edited by Harry C. Shirkey, B.S. (Pharm.), M.D., F.A.A.P. December, 1971. 1,245 pp., 443 illus. $34.50.*

*New 3rd Edition!* **SYNOPSIS OF PEDIATRICS.** The up-to-date new edition of this perenially popular handbook provides you with a time-saving source of pertinent, current pediatric data. All chapters are extensively revised; some are completely rewritten; and new chapters discuss genetic counseling, disorders of the body's defense system, and parasitic infections. *By James G. Hughes, B.A., M.D.; with 24 collaborators and 3 contributors. May, 1971. 1,157 pp., 88 illus. $14.50.*

*A New Book!* **PEDIATRIC CLINICAL GASTROENTEROLOGY.** A valuable guide to differential diagnosis and therapeutic strategy, this practical new reference clearly describes typical manifestations of enteropathies in this age group, as well as the spectrum of disorders encountered only in pediatric patients. An effective 3-part format first reviews common symptoms and diagnostic signs, examines in detail each disease entity, and outlines useful diagnostic tests. *By Arnold Silverman, M.A., M.D.; et al. December, 1971. 590 pp., 295 illus. $39.50.*

*New 2nd Edition!* **MANAGEMENT OF JUVENILE DIABETES MELLITUS.** Clearly outlining the author's successful method of management, this concise yet authoritative revision of the only specialized guide in its field includes new chapters on the pathogenesis of diabetes, psychologic aspects, and the future of pancreas transplants, as well as a new section on the neonatal diabetic syndrome. *By Howard S. Traisman, M.D., F.A.A.P. July, 1971. 235 pp., 61 illus., 1 color plate. $19.75.*

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# Put them all together and what have you got?

## Coricidin® Demilets® Tablets

brand of children's antihistaminic-analgesic-decongestant tablets

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

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

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

S-048


# With the help of new 250-mg. Ilosone® Chewable Tablets

erythromycin estolate

Ilosone is the only form of erythromycin available today in a 250-mg. chewable tablet. This unique dosage formulation contains more erythromycin than any other chewable preparation. It should prove especially appropriate when larger doses are needed for the older child. In addition, this new dosage form offers a practical and convenient b.i.d. dosage schedule (q.12 h.), and it comes in a pleasant fruit-cinnamon flavor.

The new 250-mg. chewable tablet is the latest addition to the pediatric dosage forms of Ilosone. These include a 125-mg. chewable tablet, drops, oral suspension, and liquids. (Please turn the page for a full list of pediatric dosage forms.)

Infrequent cases of drug idiosyncrasy manifested by cholestatic jaundice have occurred, but there have been no known definite residual effects; the drug should be discontinued if such abnormalities develop.

*Please turn page for prescribing information.*

**NEW 250-mg. TABLETS ILOSONE® CHEWABLE**

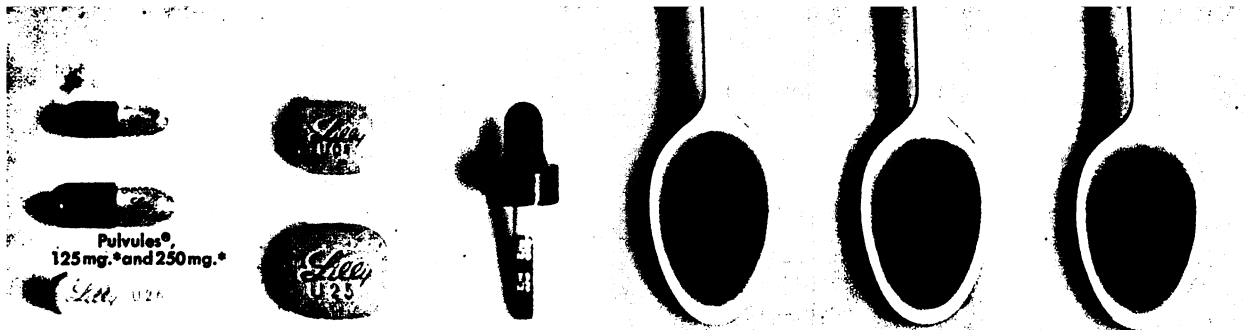
ERYTHROMYCIN ESTOLATE

Lilly

B.I.D.

Lilly

ILO181




# A wide range of dosage forms for more precise administration

## NEW 250-mg. TABLETS ILOSONE® CHEWABLE

BID

ERYTHROMYCIN ESTOLATE

**Actions:** Erythromycin inhibits protein synthesis without affecting nucleic acid synthesis. Some strains of *Hemophilus influenzae* and staphylococci have demonstrated resistance to erythromycin. Culture and susceptibility testing should be done. If the Bauer-Kirby method of disc susceptibility testing is used, a 15-mcg. erythromycin disc should give a zone diameter of at least 18 mm. when tested against an erythromycin-susceptible organism.

Orally administered erythromycin estolate is readily and reliably absorbed. Because of acid stability, serum levels are comparable whether the estolate is taken in the fasting state or after food.

After oral administration, serum antibiotic levels consist of erythromycin base and propionyl erythromycin ester. The propionyl ester continuously hydrolyzes to the base form of erythromycin to maintain an equilibrium ratio of approximately 20 percent base and 80 percent ester in the serum. Further, the propionyl ester contributes to the activity of the drug through additional hydrolysis to the base at the bacterial cellular level.

After absorption, erythromycin diffuses readily into most body fluids. In the absence of meningeal inflammation, low concentrations are normally achieved in the spinal fluid, but passage of the drug across the blood-brain barrier increases in meningitis. In the presence of normal hepatic function, erythromycin is concentrated in the liver and excreted in the bile; the effect of hepatic dysfunction on excretion of erythromycin by the liver into the bile is not known. After oral administration, less than 5 percent of the administered dose can be recovered as the active form in the urine.

Erythromycin crosses the placental barrier, but fetal plasma levels are low.

**Indications:** *Streptococcus pyogenes* (Group A Beta-Hemolytic)—Upper and lower-respiratory-tract, skin, and soft-tissue infections of mild to moderate severity.

Injectable benzathine penicillin G is considered by the American Heart Association to be the drug of choice in the treatment and prevention of streptococcal pharyngitis and in long-term prophylaxis of rheumatic fever.

When oral medication is preferred for treating streptococcal pharyngitis, penicillin G or V or erythromycin is the alternate drug of choice. The importance of the patient's strict adherence to the prescribed dosage regimen must be stressed when oral medication is given.

A therapeutic dose should be administered for at least ten days.

*Alpha-Hemolytic Streptococci* (Viridans Group)—Short-term prophylaxis against bacterial endocarditis prior to dental or other operative procedures in patients with a history of rheumatic fever or congenital heart disease who are hypersensitive to penicillin. (Erythromycin is not suitable prior to genito-urinary surgery when the organisms likely to lead to bacteremia are gram-negative bacilli or belong to the enterococcus group of streptococci.)

*Staphylococcus aureus*—Acute infections of skin and soft tissue which are mild to moderately severe. Resistance may develop during treatment.

*Diplococcus pneumoniae*—Upper and lower-respiratory-tract infections of mild to moderate severity.

*Mycoplasma pneumoniae* (Eaton Agent; PPLO)—In the treatment of primary atypical pneumonia when due to this organism.

*Neisseria gonorrhoeae* and *Treponema pallidum*—Erythromycin is an alternate choice of treatment for gonorrhea and primary syphilis in penicillin-allergic patients. Prior to treatment of gonorrhea, patients who are suspected of also having syphilis should have a microscopic examination for *T. pallidum* (by immunofluorescence or dark field) before receiving erythromycin and monthly blood tests for a minimum of four months thereafter. In treatment of primary syphilis, spinal-fluid examinations should be done before treatment and as part of follow-up after therapy.

*Corynebacterium diphtheriae*—As an adjunct to antitoxin, to prevent establishment of carriers, and to eradicate the organism in carriers.

*C. minutissimum*—In the treatment of erythrasma.

*Entamoeba histolytica*—In the treatment of intestinal amebiasis only. Extraenteric amebiasis requires treatment with other agents.

*Listeria monocytogenes*—Infections due to this organism.

*H. influenzae*—For upper and lower-respiratory-tract infections of mild to moderate severity. Not all strains of this organism are susceptible at the concentrations ordinarily achieved.

**Contraindication:** Erythromycin is contraindicated in patients with known hypersensitivity to this antibiotic.

**Warnings:** *Usage in Pregnancy*—Safety of this drug for use during pregnancy has not been established.

The administration of erythromycin estolate has been associated with an allergic type of cholestatic hepatitis. Some patients receiving the estolate for more than two weeks or in repeated courses have developed jaundice accompanied by right upper quadrant pain, fever, nausea, vomiting, eosinophilia, and leukocytosis. Liver function tests should be monitored in these patients and the drug discontinued if abnormalities develop. The changes have been reversible on discontinuance of the drug.

**Precautions:** Since erythromycin is principally excreted by the liver, caution should be exercised in administering the antibiotic to patients with impaired hepatic function.

Surgical procedures should be performed when indicated.

**Adverse Reactions:** The most frequent side-effects of erythromycin preparations are gastro-intestinal (e.g., abdominal cramping and discomfort) and are dose related. Nausea, vomiting, and diarrhea occur infrequently with usual oral doses.

During prolonged or repeated therapy, there is a possibility of overgrowth of nonsusceptible bacteria or fungi. If such infections arise, the drug should be discontinued and appropriate therapy instituted.

Mild allergic reactions, such as urticaria and other skin rashes, have occurred. Serious allergic reactions, including anaphylaxis, have been reported.

**Administration and Dosage:** *Adults*—250 mg. every six hours is the usual dosage. This may be increased up to 4 Gm. or more per day according to the severity of the infection.

*Children*—Age, weight, and severity of the infection are important factors in determining the proper dosage. Thirty to 50 mg. per Kg. per day in divided doses is the usual regimen. For more severe infections, this dosage may be doubled.

If administration is desired on a twice-a-day schedule in either adults or children, one-half of the total daily dose may be given every twelve hours.

*Streptococcal Infections*—In the treatment of group A beta-hemolytic streptococcal infections, a therapeutic dosage of erythromycin should be administered for at least ten days. In continuous prophylaxis of streptococcal infections in persons with a history of rheumatic heart disease, the dosage is 250 mg. twice a day.

When Ilosone is used prior to surgery to prevent endocarditis caused by alpha-hemolytic streptococci (viridans group), a recommended schedule for adults is 500 mg. before the procedure and 250 mg. every eight hours for four doses afterward; for children, 30 to 50 mg. per Kg. per day divided into three or four evenly spaced doses.

*Primary Syphilis*—30 to 40 Gm. given in divided doses over a period of ten to fifteen days.

*Gonorrhea*—500 mg. four times daily for five days.

*Dysenteric Amebiasis*—250 mg. four times daily for ten to fourteen days for adults; 30 to 50 mg. per Kg. per day in divided doses for ten to fourteen days for children.

**How Supplied:** Pulvules®, 125 mg.* and 250 mg.*
Tablets, 500 mg.*
Chewable Tablets, 125 mg.* and 250 mg.*
Drops, 5 mg.* per drop.
Liquid, 125 mg.* and 250 mg.* per 5-ml. teaspoonful.
Powder, for reconstitution, 125 mg.* per 5-ml. teaspoonful.

*Equivalent to erythromycin.

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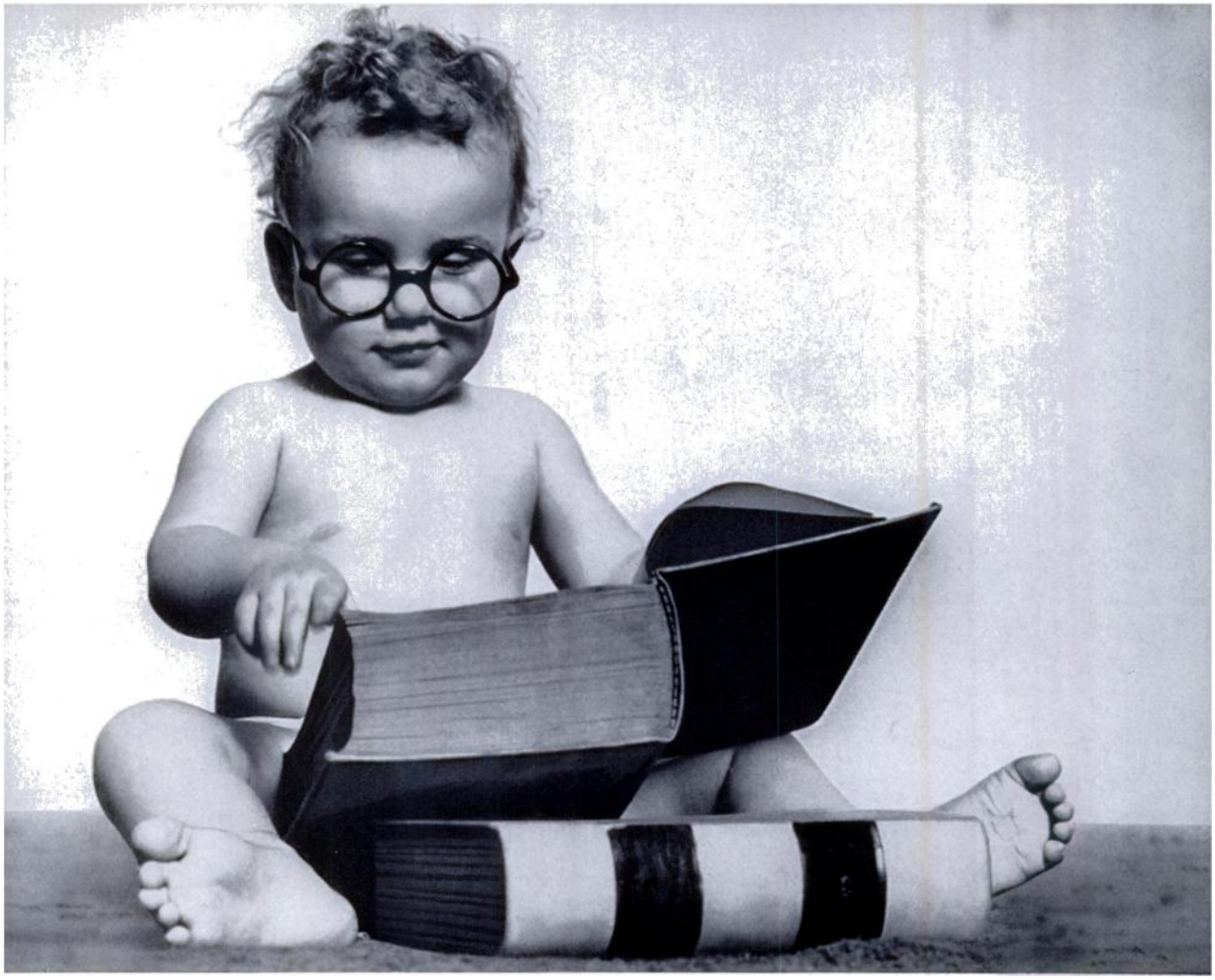
*Additional information available to the profession on request*

Eli Lilly and Company
Indianapolis, Indiana 46206

Lilly

200181



## 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.

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Pharmaceutical Division
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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

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# INDEX TO ADVERTISERS



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

# 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.

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Research Triangle Park
North Carolina 27709

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

# SCHEDULE OF MEETINGS

## ANNUAL MEETINGS

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

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

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

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

**1976—Forty-Fifth** October 16 to 21
Palmer House, Chicago

## SPRING SESSIONS

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

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

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

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

**1976—Century Plaza** April 12 to 15
Los Angeles, Calif.