MAKES ROOM FOR AIR FLOW in obstructive lung disease

Brondecon. The combination of oxtriphylline – the effective bronchodilator – and the time-tested expectorant, guaifenesin. To help relieve bronchospasm and help thin tenacious mucus in patients with obstructive lung disease. For freer breathing and more productive coughs.

**BRONDECON**
(oxtriphylline and guaifenesin)

**BRONDECON** Tablets/Elixir

Each tablet or 10 ml elixir contains 200 mg oxtriphylline and 100 mg guaifenesin. Each 5 ml teaspoonful of elixir contains 100 mg oxtriphylline and 50 mg guaifenesin; alcohol 20%. CAUTION: Federal law prohibits dispensing without prescription. Indications: Brondecon is an adjunct in the management of bronchitis, bronchial asthma, asthmatic bronchitis, pulmonary emphysema, and similar chronic obstructive lung disease. It is indicated when both relaxation of bronchospasm and expectorant action are desirable. Precautions: Concurrent use of other xanthine preparations may lead to adverse reactions, particularly CNS stimulation in children. Adverse Reactions: Gastric distress and, occasionally, palpitation and CNS stimulation have been reported. Dosage: Tablets—over 12 years of age: one tablet, 4 times a day. Elixir—over 12 years of age: two teaspoonsfuls, 4 times a day; from 2 to 12 years: one teaspoonful per 60 lb body weight, 4 times a day. Supplied: Salmon-pink tablets in bottles of 100 (N 0047-0200-51). Dark red, cherry flavored elixir in 237 ml (8 fl oz) (N 0047-0201-08) and 474 ml (16 fl oz) (N 0047-0201-16) bottles. Full information is available on request.
Maybe the best laxative is no laxative

Sure oral laxatives work. But they are not always the best answer because they don’t always fit an active child’s lifestyle. When acute constipation occurs, immediate relief is essential.

Fleet Enema® for Children: A logical choice for treating acute constipation in the child.

WORKS QUICKLY. Produces a bowel movement in 5 minutes or less. The child needn’t wait around for up to 24 hours for a laxative to work.

WORKS ONLY WHERE NEEDED. In the left colon and rectum, where the constipation occurs. Unlike laxatives, it does not affect upper portions of the GI tract.

WORKS GENTLY. Because it works only in the lower tract, Fleet Enema avoids laxative-related systemic involvement and reduces the possibility of GI upset. Avoids the cramping or gripping laxatives may cause.

SAFE. The anatomically-designed rectal tip helps prevent injury to the bowel wall.

EASY TO ADMINISTER. The lubricated tip helps prevent pain or discomfort.

Fleet Enema for children is available at pharmacies everywhere.

CONTRAINDICATIONS: Do not use when nausea, vomiting, or abdominal pain is present. WARNINGS: Frequent or prolonged use of enemas may result in dependence. Take only when needed or when prescribed by a physician. PRECAUTIONS: Do not administer to children under two years of age unless directed by a physician.

Fleet® Enema for children

C. B. FLEET CO., INC., Lynchburg, Va. 24505
Space age microbial power
BETADINE ANTISEPTICS

BETADINE Skin Cleanser and BETADINE Ointment provide the same broad-spectrum microbial action as BETADINE microbicides chosen by NASA for the Skylab mission and for Apollo 11/12/14 splashdowns. They kill gram-positive and gram-negative bacteria (including antibiotic-resistant strains), fungi, viruses, protozoa and yeasts... are virtually nonirritating and nonstinging... nonstaining to skin and natural fabrics.

BETADINE Skin Cleanser degerms the skin of patients with common pathogens, including Staph. aureus... helps prevent recurrence of acute inflammatory skin infections and spread of infection in acne pimplles... may be used routinely for general skin hygiene.
(In the rare instance of local irritation or sensitivity, discontinue use in the individual.)

BETADINE Ointment kills pathogens in skin and wound infections... indicated in infected stasis ulcers and to help prevent infection in burns, lacerations and abrasions. Not greasy or sticky... the treated area can be bandaged.

Purdue Frederick

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NORWALK, CONN. 06856
47418 142574

BETADINE Microbicidal Ointment

BETADINE ointment
povidone-iodine
ANTISEPTIC—Germicide
AFTER THE FLOOD CAME THE POLLEN

...even though man wasn't supposed to undergo any more worldwide disasters. Yet every spring and fall, millions are victimized by the descendants of the first ragweed and its cousins.

Fortunately, man was resourceful. And he brought forth an antihistaminic agent that, with time, has become a classic treatment for pollinosis:

Benadryl (diphenhydramine HCl).

Despite the seemingly endless proliferation of antihistamines, Benadryl remains virtually synonymous with the effective treatment of hay fever symptoms: for prompt relief of sneezing, rhinorrhea, and itching eyes, nose and throat.

Supplied in 25-mg capsules, 50-mg Kapseals®, Elixir, and Cream.

It's a much better solution than another flood.

THAT'S WHY MAN INVENTED BENADRYL®
(diphenhydramine HCl)
PARKE-DAVIS

Please see next page for prescribing information.
INDICATIONS—Benadryl in the oral form is effective for the following indications:

Antihistaminic: For perennial and seasonal (hay fever) allergic rhinitis, vasomotor rhinitis; allergic conjunctivitis due to inhalant allergens and foods; mild, uncomplicated allergic skin manifestations of urticaria and angioedema; amelioration and prevention of allergic reactions to blood or plasma in patients with a known history of such reactions; dermatographism; as therapy for anaphylactic reactions adjunctive to epinephrine or other standard measures after the acute manifestations have been controlled.

Antiemetic: For active and prophylactic treatment of motion sickness.

Antiparkinsonism: For parkinsonism (including drug-induced extrapyramidal reactions) in the elderly unable to tolerate more potent agents; mild cases of parkinsonism (including drug-induced extrapyramidal reactions) in the elderly are not able to tolerate more potent agents; mild cases of parkinsonism in other age groups; and in cases of parkinsonism in combination with centrally acting anticholinergic agents.

Benadryl in the injectable form is effective for the following conditions when Benadryl in the oral form is impractical:

Antihistaminic: For emergency and prevention of allergic reactions to blood or plasma in patients with a known history of such reactions; in anaphylaxis as an adjunct to epinephrine and other standard measures after the acute symptoms have been controlled; and for other uncomplicated allergic conditions of the immediate type when oral therapy is impossible or contraindicated.

Antiemetic: For active treatment of motion sickness.

Antiparkinsonism: For use in parkinsonism (including drug-induced extrapyramidal reactions) when oral therapy is impossible or contraindicated, as follows: parkinsonism in the elderly who are unable to tolerate more potent agents; mild cases of parkinsonism in other age groups; and in cases of parkinsonism in combination with centrally acting anticholinergic agents.

Based on a review of this drug by the National Academy of Sciences—National Research Council and/or other information, FDA has classified the other indicated uses as follows:

Oral

"Probably" effective: Antihistaminic: Mild, local allergic reactions to insect bites; physical allergy; minor drug and serum reactions characterized by pruritus.

 Injectable

"Probably" effective: Antihistaminic: For control of local reactions resulting from a fixed maintenance dose of an antiasthmatic agent. Treatment of urticaria resistant to oral antihistamines; local edema and pruritus associated with nonpoisonous insect bites; for angioedema as an adjunct to epinephrine.

Sedation: For intractable insomnia and insomnia predominant in certain medical disorders.

Final classification of the less-than-effective indications requires further investigation.

CONTRAINDICATIONS—Oral and Injectable

This drug should not be used in premature or newborn infants. Do not use in patients with:

Hypersensitivity to diphenhydramine hydrochloride

Prostatic hyper trophy

Stenosing peptic ulcer

Asmastic attack

Narrow-angle glaucoma

Bladder-neck obstruction

Preparations containing diphenhydramine hydrochloride should not be given to patients receiving monoamine oxidase inhibitors.

WARNINGS—Oral and Injectable

Overdosage or accidental ingestion of large quantities of antihistamines may produce convulsions or death, especially in infants and children. As in the case of other preparations containing central nervous system depressant drugs, patients receiving diphenhydramine hydrochloride should be cautioned about probable additive effects with alcohol and other central nervous system depressants (hypnotics, sedatives, and tranquilizers).

Patients who become drowsy on diphenhydramine hydrochloride should be cautioned against engaging in activities requiring mental alertness, such as driving a car or operating heavy machinery or appliances.

Pregnancy Warning: Although there is no evidence that the use of diphenhydramine hydrochloride is detrimental to the mother or fetus, the use of any drug in pregnancy or lactation should be carefully assessed.

As with all anticholinergic drugs, an inhibitory effect on lactation may occur.

Hypersensitivity Warning: Hypersensitivity reactions to diphenhydramine hydrochloride, including anaphylactic shock, are more likely to occur following parenteral administration than oral administration.

PRECAUTIONS—Oral and Injectable

Diphenhydramine has an antihistaminic action which should be considered when prescribing diphenhydramine hydrochloride. Use with caution in patients with a history of asthma.

Avoid subcutaneous or peripheral injection.

ADVERSE REACTIONS—Oral and Injectable

The following side effects may occur in patients taking diphenhydramine hydrochloride: drowsiness; confusion; nervousness; restlessness; nausea; vomiting; diarrhea; blurring of vision; diplopia; difficulty in urination; constipation; tightness of chest and wheezing; thickening of bronchial secretions; dryness of mouth, nose, and throat; tingling, heaviness, weakness of hands; nasal stuffiness; vertigo; palpitation; headache; insomnia; urticaria; drug rash; photosensitivity; hemolytic anemia; hypotension; epigastric distress; anaphylactic shock.

DOSAGE AND ADMINISTRATION—Oral

A single oral dose of diphenhydramine hydrochloride is quickly absorbed, with maximum activity occurring in approximately one hour. The duration of activity following an average dose of Benadryl is from four to six hours.

The usual adult dosage is 50 mg three or four times daily. Children (over 20 lb): 12.5 to 25 mg three to four times daily. Maximum daily dosage not to exceed 300 mg. For physicians who wish to calculate the dose on the basis of body weight or surface area, the recommended dosage is 5 mg/kg/24 hr or 150 mg/m2/24 hr.

The basis for determining the most effective dosage regimen will be the response of the patient to medication and the condition under treatment.

In motion sickness, full dosage is recommended for prophylactic use, the first dose to be given 30 minutes before exposure to motion and similar doses before meals and upon retiring for the duration of exposure.

DOSAGE AND ADMINISTRATION—Injectable

Benadryl in the injectable form is indicated when the oral form is impractical.

CHILDREN: 5 mg/kg/24 hr or 150 mg/m2/24 hr. Maximum daily dosage is 300 mg. Divide into four doses, administered intravenously or deeply intramuscularly; 100 mg if required; maximum daily dosage is 400 mg.

The basis for determining the most effective dosage regimen will be the response of the patient to medication and the condition under treatment.

HOW SUPPLIED—Benadryl in the oral form is supplied as:

KAPSEALS (No. 373) (NDC 071-0373): Each contains 50 mg diphenhydramine hydrochloride. Bottles of 100 (FSN 6505-116-830), 1000 (FSN 6505-582-4868), and UNl/USE® (unit-dose) packages of 100 (10 strips of 10 capsules each).

KAPSEAL (No. 471) (NDC 071-0471): Each contains 25 mg diphenhydramine hydrochloride. Bottles of 100 and 1000 and UNl/USE® (unit-dose) packages of 100 (10 strips of 10 capsules each).

KAPSEALS WITH EPHEDRINE SULFATE (No. 378) (NDC 071-0378-04): Each Kapseal contains 50 mg diphenhydramine hydrochloride and 25 mg ephedrine sulfate. Bottles of 100 (FSN 6505-268-8773), 500 (FSN 6505-619-8773), and 5-mL UNl/USE® (unit-dose) bottles.

Benadryl in the injectable form is supplied as:

STERI-VIALS (No. 15 and 108) (NDC 071-1028-01 and 071-1149-01): Sterile solution for parenteral use containing 10 mg diphenhydramine hydrochloride in each milliliter of solution with 0.1 mg/ml benzethonium chloride as a germicidal agent and 9% sodium hydroxide or hydrochloric acid to adjust pH. Supplied in 10-ml (S-V 15) (FSN 6505-299-8611) and 30-ml (S-V 108) Steri-Vials (rubber-diaphragm-capped vials).

STERI-VIALS (No. 1402) (NDC 071-1402-01): Sterile solution containing 50 mg diphenhydramine hydrochloride in each milliliter of solution with 0.1 mg/ml benzethonium chloride as a germicidal agent and 9% sodium hydroxide or hydrochloric acid to adjust pH. Supplied in 10-ml Steri-Vials.

AMPOULE (No. 259) (NDC 071-1257-10): Sterile solution containing 50 mg diphenhydramine hydrochloride in 1-ml ampule. The pH of the solution may have been adjusted with either sodium hydroxide or hydrochloric acid. Supplied in boxes of 10 (FSN 6505-685-5512).

STERI-DOSE® SYRINGE (No. 1406) (NDC 071-1406-10): Sterile solution containing 50 mg diphenhydramine hydrochloride in a 1-ml disposable syringe. The pH of the solution may have been adjusted with either sodium hydroxide or hydrochloric acid. Supplied in packages of 10.

PARKE, DAVIS & COMPANY, Detroit, Michigan 48232

PARKE-DAVIS P0-JA-0085-1-P
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).

AUGUST

Clinical Toxicology, annual meeting, Kansas City, Missouri, August 8-10 (April, p. 581).

Allergy and Immunology, symposium, White Sulfur Springs, Virginia, August 17-20 (August, p. 344).

SEPTEMBER

Pediatric Otorhinolaryngology, symposium, Kansas City, Missouri, September 11-13 (February, p. 451).

North Pacific Pediatric Society, meeting, Rosarios on Orcas Island, the San Juans, Washington, September 14-17 (May, p. 749).

Neurological Problems in Pediatric Practice, seminar, Honolulu, Hawaii. September 17-19 (August, p. 344).


Adolescent in Office Practice, symposium, Nashville, Tennessee, September 26 and 27 (June, p. 901).

Pediatric Surgical Disease of the Liver, Spleen, and Pancreas, symposium, Detroit, Michigan, September 30 (June, p. 901).

Pediatrics for the Practicing Physician, symposium, Toledo, Ohio, October 3-5 (August, p. 344).


Pediatric Surgery, meeting, Innsbruck, Austria, October 4-6 (April, p. 580).

Child Neurology, congress, Toronto, Canada, October 6-10 (June, p. 955).

Pulmonary Postgraduate Course, Lake Placid, New York, October 7-10 (July, p. 157).

Clinical and Experimental Hypnosis, scientific program, Chicago, Illinois, October 7-12 (May, p. 749).

Pediatric Radiology, conference, Miami, Florida, October 8-12 (May, p. 750).

Pan-American Congress of Neurology, Mexico City, October 12-17 (June, p. 901).


The Infection-Prone Hospital Patient, symposium, Boston, Massachusetts, October 20-22 (August, p. 343).

Congenital Adrenal Hyperplasia, symposium, Baltimore, Maryland, October 20-24 (June, p. 901).

Midwest Society for Pediatric Research, annual meeting, Madison, Wisconsin, October 30 and 31 (July, p. 157).

NOVEMBER

Society for Ear, Nose and Throat Advances in Children, annual meeting, Mexico City, November 5-9 (August, p. 343).

Cleft Palate and Cranio-Facial Anomalies, symposium, Santa Clara, California, November 8 (August, p. 344).

Pediatric Allergy and Clinical Immunology, workshop, San Francisco, California, November 10-14 (July, p. 157).

Pediatric and Adolescent Echocardiography, course, Tucson, Arizona, November 14-16 (August, p. 343).

Tay-Sachs Disease, international conference, Palm Springs, California, November 30 to December 3 (July, p. 157).

JANUARY 1976


MAY 1976

European Society of Human Genetics, annual meeting, Athens, Greece, May 7-9 (July, p. 157).
Excellent clinical response in major pediatric infections

LAROTID (amoxicillin), the oral broad spectrum antibiotic formerly named Larocin, has shown a high degree of clinical efficacy in many commonly seen childhood infections due to susceptible bacteria (see table). Also noteworthy is the low incidence of diarrhea and other side effects reported in clinical studies to date.

Virtually complete absorption
LAROTID is almost completely absorbed from the gut — reaching blood, tissue and urine levels approximately twice as high as ampicillin. For this reason, the recommended pediatric dosage of LAROTID is only 20 to 40 mg/kg/day in three divided doses without regard to meals, compared with 50 to 100 mg/kg/day in four divided doses for ampicillin. This more convenient dosage schedule can help improve patient compliance, especially in extended courses of therapy.

The cost of a 10-day course of therapy with LAROTID oral suspension is usually comparable to that of 10 days of therapy with most branded ampicillin suspensions in children of the same body weight.

For a summary of product information on LAROTID (amoxicillin), please see reverse side of copy of letter mailed to physicians.

<table>
<thead>
<tr>
<th>Organism</th>
<th>Evaluable Cases</th>
<th>Success or Improvement</th>
<th>Overall Efficacy*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>UPPER RESPIRATORY INFECTIONS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(including strep throat, tonsillitis and otitis media)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>β-hemolytic streptococci</td>
<td>224</td>
<td>212</td>
<td>86%</td>
</tr>
<tr>
<td>Diplococcus pneumoniae</td>
<td>6</td>
<td>6</td>
<td>100%</td>
</tr>
<tr>
<td>Nonpenicillinase-producing staphylococci</td>
<td>7</td>
<td>7</td>
<td>100%</td>
</tr>
<tr>
<td>β-hemolytic streptococci</td>
<td>16</td>
<td>16</td>
<td>100%</td>
</tr>
<tr>
<td>Diplococcus pneumoniae</td>
<td>49</td>
<td>48</td>
<td>98%</td>
</tr>
<tr>
<td>Hemophilus influenzae</td>
<td>37</td>
<td>36</td>
<td>97%</td>
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<tr>
<td>Nonpenicillinase-producing staphylococci</td>
<td>22</td>
<td>21</td>
<td>95%</td>
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<tr>
<td><strong>OTITIS MEDIA</strong></td>
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<tr>
<td>β-hemolytic streptococci</td>
<td>2</td>
<td>2</td>
<td>100%</td>
</tr>
<tr>
<td>Diplococcus pneumoniae</td>
<td>18</td>
<td>18</td>
<td>100%</td>
</tr>
<tr>
<td>Hemophilus influenzae</td>
<td>2</td>
<td>2</td>
<td>100%</td>
</tr>
<tr>
<td>Nonpenicillinase-producing staphylococci</td>
<td>2</td>
<td>2</td>
<td>100%</td>
</tr>
<tr>
<td><strong>LOWER RESPIRATORY INFECTIONS</strong></td>
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<tr>
<td>β-hemolytic streptococci</td>
<td>77</td>
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<td>100%</td>
</tr>
<tr>
<td>Diplococcus pneumoniae</td>
<td>49</td>
<td>48</td>
<td>98%</td>
</tr>
<tr>
<td>Hemophilus influenzae</td>
<td>18</td>
<td>18</td>
<td>100%</td>
</tr>
<tr>
<td>Nonpenicillinase-producing staphylococci</td>
<td>2</td>
<td>2</td>
<td>100%</td>
</tr>
<tr>
<td><strong>SKIN AND SOFT TISSUE INFECTIONS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>β-hemolytic streptococci</td>
<td>77</td>
<td>77</td>
<td>100%</td>
</tr>
<tr>
<td>Nonpenicillinase-producing staphylococci</td>
<td>49</td>
<td>48</td>
<td>98%</td>
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<tr>
<td><strong>URINARY TRACT INFECTIONS</strong></td>
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<td>Escherichia coli</td>
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<tr>
<td>Proteus mirabilis</td>
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<td>4</td>
<td>100%</td>
</tr>
<tr>
<td>Streptococcus faecalis</td>
<td>2</td>
<td>2</td>
<td>100%</td>
</tr>
</tbody>
</table>

*All cases were treated with oral suspension at peak clinical and bacteriological response. Overall efficacy was based on the number of evaluable cases showing "success" or improvement as determined by combination of clinical and bacteriological criteria. Infections due to β-hemolytic streptococci only successes were included. Data from Hoffman-La Roche Inc., Nutley, N.J.
Low incidence of diarrhea
Particularly important to pediatricians is the low incidence of diarrhea reported to date with amoxicillin oral suspension: only 2.8% of 24 of 847 patients, significantly lower than the incidence of diarrhea with ampicillin oral suspension (5.3% or 15 of 282 patients). As with all antibiotics, diarrhea can be expected to occur more frequently in newborns and infants under two than in older children.

Hypersensitivity reactions can occur
Although rare, anaphylactoid reactions have been reported in patients on oral penicillins. LAROTID is contraindicated in patients with history of penicillin hypersensitivity. SERIOUS ANAPHYLACTOID REACTIONS REQUIRE IMMEDIATE EMERGENCY TREATMENT. (See Warnings section of complete product information.)
Diarrhea "dries out" children much faster than it "dries out" adults. In a child, bowel area is larger in proportion to body size than in an adult. Consequently, when he has diarrhea a child tends to lose vital body fluids and electrolytes faster than an adult does. The loss can be precipitous, dangerous, even disastrous.

In acute gastroenteritis a child's fluid loss is proportionally double that of an adult! Uncontrolled, diarrhea can prove life-threatening in a matter of hours.

The effectiveness of Lomotil® in controlling diarrhea is virtually unmatched. Its action is very prompt. Improvement in the child's condition may be noticed within an hour. Determining the specific cause of the diarrhea is, of course, important. If infection is present, appropriate therapy will eliminate the offending pathogen while Lomotil conserves vital body fluids.

When children get sick, they generally get sicker than adults. Fortunately they tend to get better faster, too. When children have diarrhea, remember Lomotil. It helps them get better...fast. For very young children paregoric may be all that is necessary.

Though Lomotil is used widely in pediatrics, please note that it is contraindicated in children under 2 years of age, and should be used with special caution in younger age groups.


The smaller bowel on the left is "larger" than the larger bowel on the right.

This can cause critical dehydration in pediatric diarrhea.
Lomotil®
brand of diphenoxylate hydrochloride with atropine sulfate
usually stops diarrhea promptly.

IMPORTANT INFORMATION: This is a Schedule V substance by Federal law; diphenoxylate HCl is chemically related to meperidine. In case of overdose or individual hypersensitivity, reactions similar to those after meperidine or morphine overdosage may occur; treatment is similar to that for meperidine or morphine intoxication (prolonged and careful monitoring). Respiratory depression may recur in spite of an initial response to Naloxone® (nalorphine HCl) or may be evidenced as late as 20 hours after ingestion. Lomotil® is NOT an INNOCUOUS DRUG AND DOSAGE RECOMMENDATIONS SHOULD BE STRICTLY ADHERED TO, ESPECIALLY IN CHILDREN. THIS MEDICATION SHOULD BE KEPT OUT OF REACH OF CHILDREN.

Indications: Lomotil® is effective as adjunctive therapy in the management of diarrhea.

Contraindications: In children less than 2 years, due to the decreased safety margin in younger age groups, and in patients who are jaundiced, hypersensitive to diphenoxylate HCl or atropine.

Warnings: Use with caution in young children, because of variable response, and with extreme caution in patients with cirrhosis and other advanced hepatic disease or abnormal liver function tests, because of possible hepatic coma. Diphenoxylate HCl may potentiate the action of barbiturates, tranquilizers and alcohol. In theory, the concurrent use with monoamine oxidase inhibitors could precipitate hypertensive crisis.

Usage in pregnancy: Weigh the potential benefits against possible risks before using during pregnancy, lactation or in women of childbearing age. Diphenoxylate HCl and atropine are secreted in the breast milk of nursing mothers.

Precautions: Addiction (dependency) to diphenoxylate HCl is theoretically possible at high dosage. Do not exceed recommended dosages. Administer with caution to patients receiving drugs known to be addiction prone or having a history of drug abuse. The subtherapeutic amount of atropine is added to discourage deliberate overdose; strictly observe contraindications, warnings and precautions for atropine; use with caution in children since signs of atropinism may occur even with the recommended dosage.

Adverse reactions: Atropine effects include dryness of skin and mucous membranes, flushing and urinary retention. Other side effects with Lomotil® include nausea, sedation, vomiting, swelling of the gums, abdominal discomfort, respiratory depression, numbness of the extremities, headache, dizziness, depression, malaise, drowsiness, coma, lethargy, anorexia, restlessness, euphoria, pruritus, angioneurotic edema, giant urticaria and paralytic ileus.

Dosage and administration: Lomotil® is contraindicated in children less than 2 years old. Use only Lomotil® liquid for children 2 to 12 years old. For ages 2 to 5 years, 4 ml. (2 mg.) q.i.d.; 5 to 8 years, 4 ml. (2 mg.) q.i.d. 8 to 12 years, 4 ml. (2 mg.) 5 times daily; adults, two tablets (5 mg.) q.i.d. to two tablets (5 mg.) q.i.d. or two regular teaspoonsfuls (10 ml., 5 mg.) q.i.d. Maintenance dosage may be as low as one fourth of the initial dosage. Make downward dosage adjustment as soon as initial symptoms are controlled.

Overdosage: Keep the medication out of the reach of children since accidental over dosage may cause severe, even fatal, respiratory depression. Signs of over dosage include flushing, lethargy, coma, hypotonic reflexes, nystagmus, pinpoint pupils, cyanosis, cyanotic and respiratory depression which may occur 12 to 30 hours after overdose. Evacuate stomach by lavage, establish a patent airway and, when necessary, assist respiration mechanically. Use a narcotic antagonist in severe respiratory depression. Observation should extend over at least 48 hours.

Dosage forms: Tablets, 2.5 mg. of diphenoxylate HCl with 0.025 mg. of atropine sulfate. Liquid, 2.5 mg. of diphenoxylate HCl and 0.025 mg. of atropine sulfate per 5 ml. A plastic dropper calibrated in increments of 1/2 ml. (total capacity, 2 ml.) accompanies each 2 oz. bottle of Lomotil® liquid.

Hearing screening tests anyone can give...

a 3-year old can follow.

ZENITH'S ZA-111A is a semi-automatic screening audiometer using pre-recorded cassette pure tone or voice signals. This portable, solid-state instrument reliably screens one, or as many as four children simultaneously ... in less than 5 minutes.

With minimal training, any nurse, receptionist or other supportive personnel can conduct tests with ease and accuracy. Information on the ZA-111A test procedures can be found in the new publication "Detection of Hearing Loss and Ear Disease in Children", written by Kenneth S. Gerwin, M.D., and Aram Glorig, M.D.

A library of tapes, in English, Spanish and French, is available for screening pre-schoolers to young adults. For more information or a demonstration send in the coupon.

ZENITH HEARING INSTRUMENT CORPORATION
Subsidiary of ZENITH Radio Corporation

Zenith Auditory Instrument Division,
6501 W. Grand Avenue, Chicago, Illinois 60635 Dept PB5
I'd like to know more about the ZA-111A Programmed Cassette Screening Audiometer:
□ Send information
□ I'd like a demonstration

Name ____________________________
Institution _______________________
Address _________________________
City _____________________________ State ________ Zip _________

A65
The Delf
To the family...a lovely child. A fresh new being with the potential for achievement, for joy. A clean slate, a new opportunity.

But to you...also a vulnerable organism that needs protection from multiple threats. So, in addition to your traditional role of healer, you also take on a newer role, “the preventer.”

Q.E.D., you are the defensive line.

And we help with a defensive line of products to either prevent problems, or catch them soon enough to give you the opportunity for grief-sparing intervention. These products of ours are fine ones, for we take your/our responsibility seriously.

---

**ORIMUNE®**
Poliovirus Vaccine, Live, Oral, Trivalent
(The most widely used product of its kind in the world.)

**Tuberculin, Old, TINE TEST®** (Rosenthal).

**Tetanus Toxoids**

**Diphtheria and Tetanus Toxoids**

**TRI-IMMUNOL® (D-T-P)**
Diphtheria and Tetanus Toxoids and Pertussis Vaccine, Adsorbed

Your Lederle representative is the one to talk to about our defensive line and about the many useful aids we provide gratis to help support your good efforts. Or write to the address below. Thanks.
Cold or allergy?

Maybe his mother's 'diagnosis' is right. It could be a cold. But that black eye looks like an 'allergic shiner,' and strongly suggests one of the various types of allergic rhinitis, or perhaps allergic rhinitis complicated by a cold.

If a complete history and examination confirm your suspicion of allergic rhinitis, this young fellow will be mighty lucky his 'cold' was brought to your attention. Without long-term management, including identification of the offending allergens, he would, of course, run a much higher risk than necessary of developing serious complications, perhaps even asthma, as he grows older.

But right now, whether he's got allergic rhinitis or a cold, he's suffering from the same irritating symptoms of drip, congestion and stuffiness. Try Dimetapp® Elixir. It's formulated to relieve these symptoms without much chance of causing drowsiness or overstimulation. And its grape flavor is really tasty. Your patients will like it, and their parents will like the way it is accepted.
INDICATIONS: For symptomatic relief of upper respiratory infection, rhinitis, acute sinusitis, asthma, hay fever, nasal congestion, pharyngitis, bronchitis, and otitis.

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

PRECAUTIONS: Administer with care to patients with cardiac or peripheral vascular diseases or hypertension. Until the patient's response has been determined, he should be cautioned against engaging in operations which require alertness.

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.

HOW SUPPLIED: Dimetapp Elixir is available in 4 oz., pints and gallons.

Whether it's a cold or an allergy, Dimetapp Elixir effectively relieves stuffiness, drip and congestion.

Dimetapp Elixir

Each 5 cc. (1 teaspoonful) contains: Dimetane® (brompheniramine maleate), 4 mg.; phenylephrine HCl, 5 mg.; phenylpropanolamine HCl, 5 mg.; alcohol, 2.3%.

A.H.ROBINS
A.H. Robins Company
Richmond, Va. 23220

STOP IN TUCSON NOVEMBER 14-16 BEFORE THE ANAHEIM A.H.A. MEETING

UNIVERSITY OF ARIZONA SCHOOL OF MEDICINE
DEPARTMENT OF PEDIATRICS
TUCSON, ARIZONA
PRESENTS
PEDIATRIC AND ADOLESCENT ECHOCARDIOGRAPHY

FACULTY:
UNIVERSITY OF ARIZONA: STANLEY J. GOLDBERG, M.D.; HUGH D. ALLEN, M.D.; DAVID J. SAHN, M.D.
GUEST FACULTY: WALTER L. HENRY, M.D.; JAMES M. GRIFFITH, M.S.E.E.; ROBERT SOLINGER, M.D.

This course is designed to teach practical and didactic principles of echocardiography as applied to children and infants with congenital heart disease. Single crystal and cross-sectional echocardiographic techniques and their interrelationships will be stressed. The 2 1/2 day course will consist of formal lectures as well as nine hours of practical experience with single crystal, multiple crystal cross-sectional, and sector scanning cross-sectional echocardiographic instruments.

For Details Write:
Pediatric Echo Course, Pediatric Cardiology,
Department of Pediatrics,
University of Arizona Medical Center,
Tucson, Arizona 85724
Cystic Fibrosis
Early Detection: A Better Prognosis


For further details, write or call: Product Manager, Boehringer Mannheim Corporation, 219 E. 44th Street, New York, N.Y. 10017, (212) 682-5656.
Why more pediatricians recommend Stride Rite.

According to an independent 1973 survey by *Pediatrics* Magazine, over 50% of all pediatricians who recommend children's shoes recommend Stride Rite.

Why?

1. Stride Rite dealers never have to compromise fit. We make more sizes and widths in each style than other brands.

2. Stride Rite shoes are more consistently fitted by trained personnel because we make a fetish of training shoe-fitters properly.

3. We offer the fullest possible range of straight-last and extra-support shoes.

4. Our shoes are designed and made by dedicated people with a commitment to quality and foot health.

If you recommend your patients to your local Stride Rite store, they'll get good shoes and good fit. And that's a promise you can hold us to.
A potent, effective bronchodilator, now in syrup form!

**NEW**

**Metaprel**

*(metaproterenol sulfate)*

**Syrup**

10 mg/5 ml

- Because Metaprel Syrup is SINGLE-ENTITY therapy, it is easily titrated to achieve maximum patient response with the least medication
- No sedatives or tranquilizers
- Good-tasting cherry flavor for pediatric use
- Efficacy of metaproterenol sulfate shown in double-blind study

**Dorsey Laboratories**
Division of Sandoz, Inc.
LINCOLN, NEBRASKA 68501

*(See prescribing information on last page.)*
Efficacy of Metaproterenol Sulfate Syrup Shown in Pediatric Patients

Mean percentage improvement in Forced Expiratory Volume, one second (FEV₁) values after a single test dose of 1 or 2 teaspoons* (10 or 20 mg) of metaproterenol sulfate syrup or 1 or 2 teaspoons* of a placebo syrup.

*Dosage depending upon patient's age and weight.

### Metaprel Syrup
(metaproterenol sulfate)

**Efficacy of Metaproterenol Sulfate Syrup Shown in Pediatric Patients**

Mean percentage improvement in Forced Expiratory Volume, one second (FEV₁) values after a single test dose of 1 or 2 teaspoons* (10 or 20 mg) of metaproterenol sulfate syrup or 1 or 2 teaspoons* of a placebo syrup.

*Dosage depending upon patient's age and weight.

### FEV₁ - Initial Test Dose

<table>
<thead>
<tr>
<th>Hours After Test Dose</th>
<th>Metaprel</th>
<th>Placebo</th>
</tr>
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<tbody>
<tr>
<td>0</td>
<td>30</td>
<td>30</td>
</tr>
<tr>
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<td>0</td>
</tr>
<tr>
<td>4</td>
<td>-10</td>
<td>-10</td>
</tr>
</tbody>
</table>

*Initial FEV₁: The differences in FEV₁ between metaproterenol and placebo at all test points are statistically significant (p<0.05 to p<0.01).

### FEV₁ - Final Test Dose After 90 Days

<table>
<thead>
<tr>
<th>Hours After Test Dose</th>
<th>Metaprel</th>
<th>Placebo</th>
</tr>
</thead>
<tbody>
<tr>
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<td>30</td>
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<tr>
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<tr>
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<td>0</td>
<td>0</td>
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<tr>
<td>4</td>
<td>-10</td>
<td>-10</td>
</tr>
</tbody>
</table>

*Final Test Dose FEV₁: The differences in FEV₁ between metaproterenol syrup and placebo are statistically significant at 60 minutes (p<0.05).

### Study Design

This double-blind, controlled study of 90 days' duration compared metaproterenol sulfate syrup to placebo in hospitalized asthmatic children.

Data shown is from the 12 children maintained on metaproterenol sulfate syrup for 90 days. Pulmonary function tests were conducted under double-blind conditions on days 1 and 2, days 42 and 43, and days 89 and 90.

(Graphs are shown for initial test days and final test days only.)

### Adverse Reactions

On test days, the most common adverse reaction was tachycardia, experienced by 7 patients receiving metaproterenol sulfate and 7 patients receiving placebo. A total of 9 patients treated with metaproterenol sulfate and 8 patients receiving placebo reported side effects.

**Data on file, Dorsey Laboratories**

### METAPREL (metaproterenol sulfate) Prescribing Information

**DESCRIPTION:** Chemically Metaprel (metaproterenol sulfate) is 1-(3, 5-dichlorophenyl)-2-isopropylaminoethanol sulfate, a white, crystalline amorphous mixture of two optically active isomers. It differs from isopropylamine hydrochloride by having two hydroxyl groups attached at the meta positions on the benzene ring rather than one at the meta and one at the para position.

**ACTION:** Metaprel (metaproterenol sulfate) is a potent beta-adrenergic stimulant. It is postulated that beta-adrenergic stimulants produce many of their pharmacological effects by activation of adenyl cyclase, the enzyme which catalyzes the conversion of adenosine triphosphate to cyclic adenosine monophosphate.

Absorption, biotransformation and excretion studies in humans following oral administration have indicated that an average of 40% of the drug is absorbed. It is not metabolized by catechol O-methyltransferase or sulfatase enzymes in the gut but is excreted primarily as glucuronide conjugates.

When administered orally, Metaprel (metaproterenol sulfate) decreases reversible bronchospasm. Pulmonary function tests performed after the administration of Metaprel (metaproterenol sulfate) usually show improvement, e.g., an increase in the one second forced expiratory volume (FEV₁), an increase in maximum expiratory flow rate, an increase in peak expiratory flow rate, an increase in forced vital capacity, and a decrease in airway resistance. The decrease in airway obstruction may relieve the dyspnea associated with bronchospasm.

Pulmonary function has been monitored in controlled single-and-multiple dose studies. The duration of effect of a single dose of Metaprel (metaproterenol sulfate) Syrup (that is, the period of time during which there is a 15 percent or greater increase in mean FEV₁) was up to 4 hours.

**INDICATIONS:** Metaprel (metaproterenol sulfate) is indicated as a bronchodilator for bronchial asthma and for reversible bronchospasm which may occur in association with bronchitis and emphysema.

**CONTRAINDICATIONS:** Use in patients with cardiac arrhythmias associated with tachycardia and congestive heart failure, hyperthyroidism and diabetes, or when there is sensitivity to sympathomimetic amines.

**Usage in Pregnancy:** Safety in pregnancy has not been established. Metaproterenol should not be used except with caution during pregnancy, weighing the drug's benefit to the patient against potential risk to the fetus. Studies of metaproterenol in mice, rats and rabbits have revealed no significant teratogenic effects at oral doses up to 50 mg/kg (3.7 times the recommended daily human dose). In rabbits, fetal loss and teratogenic effects have been observed at and above oral doses of 50 and 100 mg/kg, respectively.

**ADVERSE REACTIONS:** Adverse reactions such as tachycardia, hypertension, palpitation, nervousness, tremor, nausea, and vomiting have been reported. These reactions are similar to those noted with other sympathomimetic agents.

**DOSAGE AND ADMINISTRATION:** Children aged 9 years or younger: 1 teaspoonful of the syrup daily or the medication.- Children aged 9 years or older: 2 teaspoonfuls of the syrup daily. Under the age of six is limited to seven years old. If this number forty were treated with Metaprel (metaproterenol sulfate), syrup for at least one month in this group, daily doses of approximately 1.3 to 2.6 mg/kg were well tolerated.

**Adults:** Two teaspoonfuls three or four times a day.

If Metaprel (metaproterenol sulfate) is administered before or after other sympathomimetic bronchodilators, caution should be exercised with respect to possible potentiation of adrenergic effects.

**SYMPTOMS OF OVERDOSAGE:** The symptoms of overdosage are those of excess beta-adrenergic stimulation listed under Adverse Reactions.

**HOW SUPPLIED:** Metaprel (metaproterenol sulfate) is available as a cherry-flavored syrup: 10 mg per teaspoonful (5 ml) in 4 oz bottles. Metaprel is also available as 20 mg tablets in bottles of 100 and as micronized powder in 5 cc metered dose inhalers (approximately 0.55 mg delivered with each metered dose). For details on Metaprel (metaproterenol sulfate) Tablets and Metered Dose Inhaler, please refer to separate prescribing information.

**Under license from Boehringer Ingelheim GmbH**

**Dorsey LABORATORIES**
Division of Sandoz Inc.
Lincoln, Nebraska 68501
Are you getting just a little weary of the pressures of private practice? Are there not enough hours in the day to leave anything for leisure time? Are the increasing costs of running your office and high taxes eating up your actual income? If so, why don't you consider hospital practice in one of our agencies and solve a lot of these problems.

We offer a regular work week, salaries up to $38,314 depending on qualifications and job responsibilities, additional compensation if on call time is required which may amount to as much as 20% of base salary, and an excellent fringe benefit program provided through Michigan Civil Service.

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Why not send us a copy of your up-to-date curriculum vitae and see what can be worked out.

All applicants must possess or be eligible for a permanent license to practice in Michigan.

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Michigan Department of Mental Health
Lewis Cass Building
Lansing, Michigan 48926

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We try to present an accurate index. Occasionally this may not be possible because of a last-minute change or an omission.
With the constant advent of new antibacterials, resistance patterns change...but today, as in 1947, Furacin (nitrofurazone) continues to be bactericidal against Staph. aureus, the most common burn wound invader, and one which frequently develops resistance to other antibacterials. Furacin is also bactericidal against most other bacteria commonly causing surface infection.

Furacin is painless and soothing on application, water-soluble, non-macerating, and virtually nontoxic to tissue.

Furacin is available in tubes of 28 grams and 56 grams, and jars of 135 grams, 454 grams, and 5 pounds.

Contains: 0.2% Furacin (nitrofurazone). Indications: Adjunctive therapy for 2nd and 3rd degree burns when bacterial resistance to other agents is a real or potential problem. Skin grafting where bacterial contamination may cause graft rejection and/or donor site infections. Contraindications: Known prior sensitization to nitrofurazone. Warnings: Nitrofurazone has been shown to produce mammary tumors when fed at high doses to female Sprague-Dawley rats. The relevance of this to topical use in humans is unknown. Safe use of nitrofurazone during pregnancy has not been established. Use on women of child-bearing age is not recommended unless the therapeutic benefit outweighs the possible risk. Precautions: As with other topical antimicrobial agents, overgrowth of resistant organisms may occur. If this occurs, or if irritation, sensitization or superinfection develop, treatment with nitrofurazone should be discontinued and appropriate therapy instituted. Adverse Reactions: Furacin has not been significantly toxic in man by topical application. Sensitivity is low, with an overall incidence of 1.1 percent. Sensitivity reactions should be handled in a normal manner, except in the rare instance of severe contact dermatitis, when steroid administration may be indicated.
200 cc. The Anti-Inflationary Bottles.

DOSE FOR DOSE, OUR BEST PENICILLIN BARGAIN
LEDERCILLIN® VK
POTASSIUM PHENOXYMETHYL PENICILLIN
Cherry-Punch Flavored Oral Solution

Dose for dose, our 200 cc bottle is 30% less costly than our 80 cc size — and 10% less than the 200 cc size of another leading brand of phenoxyethyl penicillin.

The therapeutic benefits include:
A full 10-day course of therapy recommended in streptococcal infections. Resistance to gastric acid inactivation. Blood levels 2-5 times higher than a comparable dose of penicillin G. And it's delicious.

For Oral Solution:
125 mg (200,000 units)/5cc, when reconstituted
80, 100, 150 and 200 cc bottles
250 mg (400,000 units)/5cc, when reconstituted
80, 100, 150 and 200 cc bottles

Also available:
Tablets:
250 mg (400,000 units)
bottles of 100 and 1000: unit-dose 10 x 10's
500 mg (800,000 units)
bottles of 100: unit-dose 10 x 10's

Indications: For the treatment of susceptible infections e.g., pneumococcal infections (respiratory tract), staphylococcal infections (skin and soft tissue). For full list of approved indications consult labeling.

Contraindications: Previous hypersensitivity to penicillin.

Warning: Serious, occasionally fatal anaphylactoid reactions have been reported, more likely with sensitivity to multiple allergens. Some with penicillin hypersensitivity have had severe reactions to cephalosporin. Inquire about penicillin, cephalosporin, or other allergies before treatment. If such occurs, discontinue drug and treat with usual agents (e.g., pressor amines, antihistamines, corticosteroids).

Precautions: Use with caution in those with histories of significant allergies and/or asthma. Do not rely on oral administration in patients with severe illness. Nausea, vomiting, gastric dilatation, cardiospasm or intestinal hypermotility. Occasional patients will not absorb therapeutic oral amounts. In streptococcal infections, treat until organism is eliminated (10 days minimum) and demonstrate elimination by follow-up culture. With prolonged use, nonsusceptible organisms, including fungi, may overgrow. Treat superinfection appropriately.

Adverse Reactions: Hypersensitivity including fatal anaphylaxis. Nausea, vomiting, epigastric distress, diarrhea, black hairy tongue. Skin eruptions, urticaria, serum-sickness reactions, laryngeal edema, anaphylaxis, fever, eosinophilia. Infrequent hemolytic anemia, leukopenia, thrombocytopenia, neuropathy, nephropathy, usually at high parenteral dosage.

LEDERLE LABORATORIES, A Division of American Cyanamid Company, Pearl River, New York 10965
“Wynken, Blynken, and Nod one night
Sailed off in a wooden shoe, -”

Colic, vomiting and other symptoms of milk intolerance needn't interfere with his sleep, if you've put him on NEO-MULL-SOY® formula. We've eliminated the common causes of feeding problems — milk protein and lactose intolerance, gluten sensitivity. And we're the first corn-free soy isolate formula. NEO-MULL-SOY is the whitest soy formula with milk-like appearance and consistency which appeal to mothers. It supports normal growth and development of the infant. And, it's kosher.

**NEO-MULL-SOY®**

Milk-Free Soy Isolate Formula
For the Milk-Intolerant Infant

SYNTEX
SYNTEX LABORATORIES, INC.
PALO ALTO, CALIFORNIA 94301

**APPROXIMATE ANALYSIS**

<table>
<thead>
<tr>
<th>Ingredient</th>
<th>Undiluted</th>
<th>Diluted with an equal volume of water</th>
</tr>
</thead>
<tbody>
<tr>
<td>Water</td>
<td>75.5%</td>
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</tr>
<tr>
<td>Protein</td>
<td>3.6%</td>
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<tr>
<td>Calcium</td>
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<td>Phosphorous</td>
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</tr>
<tr>
<td>Iron</td>
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<td>0.001%</td>
</tr>
<tr>
<td>Calories per fl. oz.</td>
<td>40</td>
<td>20</td>
</tr>
</tbody>
</table>

Ingredients per 100 grams of concentrate: water 75.2 g, sucrose 12.9 g, soy oil 6.9 g, soy protein isolate 4.0 g, potassium citrate 0.47 g, tricalcium phosphate 0.44 g, dibasic magnesium phosphate 0.11 g, lecithin 0.1 g, salt 0.06 g, calcium carrageenan 0.028 g, ascorbic acid 0.025 g, 1-methionine 0.025 mg, choline chloride, ferrous sulfate, dl-alpha-tocopheryl acetate, niacinamide, zinc sulfate, d-calcium pantothenate, vitamin A palmitate, riboflavin, cupric sulfate, thiamine hydrochloride, pyridoxine hydrochloride, vitamin D₃, potassium iodide, folic acid, vitamin B₁₂.