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PEDIAU 56(2) pp. 159-344 (1975)
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.

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BRIEF SUMMARY OF PRESCRIBING INFORMATION
(2) 8/20/74
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(amoxicillin)

For complete information, consult Official Package Circular.

INDICATIONS:
Polyox™ (amoxicillin) is similar to ampicillin in its bactericidal action against susceptible strains of Gram-negative organisms—H. influenzae, E. coli, P. mirabilis and N. gonorrhoeae; and Gram-positive organisms—Streptococcus (including Streptococcus faecalis), D. pneumoniae and nonpenicillinase-producing staphylococci. Culture and sensitivity studies should be obtained. Indicated surgical procedures should be performed.

CONTRAINDICATIONS:
A history of a previous hypersensitivity reaction to any of the penicillins is a contraindication.

WARNING:
Anaphylaxis may occur, particularly after parenteral administration and especially in patients with an allergic diathesis. Check for a history of allergy to penicillins, cephalosporins or other allergens. If an allergic reaction occurs, discontinue amoxicillin and institute appropriate treatment. Serious anaphylactic reactions require immediate emergency treatment with epinephrine, oxygen, intravenous steroids and airway management.

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

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

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

USUAL DOSAGE:
Adults—250 to 500 mg. orally q. 8h. (depending on infection site and offending organisms). Children—20-40 mg/kg./day orally q. 8h. (depending on infection site and offending organisms). Children over 20 kg. should be given adult dose.

Gonorrhea, acute uncomplicated—3 Gms. as a single oral dose (see PRECAUTIONS).

Serious infections, such as meningitis or septicemia, should be treated with parenteral antibiotics.

SUPPLIED:
Capsules—250 mg. in bottles of 100's and 500's.

500 mg. in bottles of 50's and 100's.

Oral Suspension—125 mg./5 ml. and 250 mg./5 ml. in 80 ml. and 150 ml.

Pediatric Drops—50 mg./ml. in 15 ml. bottles with marked dropper.

NEW ORAL T.I.D.

polyox™ (amoxicillin)

BRISTOL LABORATORIES — Div. Bristol-Myers Company, Syracuse, New York 13201
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Tedral means air... so children with asthma can be children.

Once symptoms have begun, Tedral can reduce bronchospasm and help to relieve dyspnea and wheezing. And, it may be used prophylactically to reduce the frequency and severity of asthmatic attacks.

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Available in three convenient dosage forms for children: a cherry-flavored elixir, a licorice-flavored suspension, and tablets.
TEDRAL"TEDRAL Pediatric Suspension/
TEDRAL Elixir

**Description.** Tedral: each tablet contains 130 mg theophylline, 24 mg ephedrine hydrochloride, and 8 mg phenobarbital.
Tedral Pediatric Suspension: each 5 ml teaspoonful of suspension contains 65 mg theophylline, 12 mg ephedrine hydrochloride, and 4 mg phenobarbital.
Tedral Elixir: each 5 ml teaspoonful contains 32.5 mg theophylline, 6 mg ephedrine HCl, and 2 mg phenobarbital; the alcohol content is 15%.

**Indications.** Tedral, Tedral Elixir and Tedral Pediatric Suspension are indicated for the symptomatic relief of bronchial asthma, asthmatic bronchitis, and other 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 Pediatric Suspension and Tedral Elixir are formulated for pediatric use.

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.

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**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 dosage, an additional tablet may be taken at onset of symptoms, but dosage should not exceed two tablets in any 4-hour period.

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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. Reduce dosage if nervousness, restlessness, or sleeplessness occurs. Shake bottle well.

Tedral Elixir: The degree of symptoms and the patient's tolerance should be considered in determination of the dosage of Tedral Elixir.

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  - Dosage should not exceed 9 teaspoonfuls per 60 lb per 24 hours.

- **Adults**—One and one-half teaspoonfuls to three teaspoonfuls every four hours.
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Tedral Elixir: Dark red and cherry-flavored; in 474 ml (16 fl oz) bottles (N 0047 0242-16).

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**NUMBER 1**

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An infant's special needs during transport are not met by standard procedures used for adult patient transport. With this thought in mind, the ideas which later developed into Transport of High-Risk Newborn Infants were conceived to provide adequate transport measures for premature and other high-risk infants.

This manual was written by the Foetus and Newborn Committee of the Canadian Paediatric Society and edited by its chairman, Dr. Sydney Segal. The American Academy of Pediatrics encouraged publication of this manual, and it has been endorsed by the Academy's Committee on Fetus and Newborn.

For some infants, transfer within the hospital can be as life-threatening as transfer to another institution. The eight chapters in this manual cover all phases of any infant transport from general principles, through types of problems requiring transfer, to management at the reception center. It provides descriptions of preparation and clinical management before and during the journey, and a detailed description is given for the selection, use, and problems of equipment employed. The 18 appendices give detailed information on such subjects as battery-operated equipment, the fetal exsanguination syndrome, categories of high-risk newborn infants, and the components of organized kits. The numerous tables in the Appendices cover such topics as drug dosages for infants, conversion tables, incubator air temperatures, and specifications of oxygen cylinders. Because this manual is intended for use by a variety of personnel, a glossary has been included to simplify the terms which may be unfamiliar to all readers.

This manual was written for use by physicians, nurses, inhalation therapists, ambulance drivers, air transportation personnel, maintenance technologists, hospital administrators, industrial engineers, community planners, politicians, and others interested in the well-being of sick infants. The principles given are not limited to use by Canadians, but can be used worldwide. Transport of High-Risk Newborn Infants is recommended for hospitals of all sizes, for ambulances and other carriers in which newborn infants may be transported, for administrative agencies, and for instructional institutions, as well as for individuals directly involved in the care of newborn infants.

Indexed; references; 198 pages. Price, $5.00 each (Canadian funds).

Orders should be sent to: Dr. Victor Marchessault, Executive Secretary, Canadian Paediatric Society, c/o Department of Paediatrics, Centre Hospitalier Universitaire, University of Sherbrooke, Sherbrooke, P.Q., Canada.
Urinary tract infection inadequately treated at age 4...

may mean pyelonephritis at 24.
The choice of therapy

Urinary tract infection originating in childhood may be responsible for progressive disease and pyelonephritis. Once a girl has bacteriuria, she is apparently at high risk years later with marriage and pregnancy. Early detection, treatment and careful follow-up are required to protect the growing kidney from potential damage. When the diagnosis is unobstructed urinary tract infection, Gantrisin Pediatric Suspension is a good choice of medication. Not only is it effective, but it is also noted for its relative safety. It is economical as well. Appealing flavor makes it readily acceptable by young patients, helping assure their finishing the full course of therapy.

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acetyl sulfisoxazole/Roche®
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Broad range of efficacy in unobstructed urinary tract infections Gantrisin is effective against the most common susceptible urinary tract pathogens: E. coli, Klebsiella-Aerobacter, Staph. aureus, Proteus mirabilis and, less frequently, Proteus vulgaris. Action is prompt, therapeutic urine / blood levels are reached within two to three hours of ingestion.

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10-14 days' therapy While symptoms may disappear in 2 or 3 days, the full course may be necessary for adequate therapy.

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<table>
<thead>
<tr>
<th>Usual pediatric dosage (0.5 Gm/5-ml teasp.)</th>
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<td>stat</td>
<td>q.4 h.</td>
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<tr>
<td>1¼ teasp. / 20 lbs</td>
<td>½ teasp. / 20 lbs</td>
</tr>
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Please consult complete product information, a summary of which follows:

Indications: Nonobstructed urinary tract infections (mainly cystitis, pyelitis, pyelonephritis) due to susceptible organisms. IMPORTANT NOTE: In vitro sensitivity tests not always reliable; must be coordinated with bacteriological and clinical response. Add aminobenzoic acid to follow-up culture media. Increasing frequency of resistant organisms limits usefulness of antibacterial agents, especially in chronic and recurrent urinary infections. Maximum safe total sulfonamide blood levels, 20 mg/100 ml; measure levels as variations may occur.

Contraindications: Hypersensitivity to sulfonamides; infants less than 2 months of age; pregnancy at term and during the nursing period.

Warnings: Safety in pregnancy not established. Do not use for group A beta-hemolytic streptococcal infections, as sequelae (rheumatic fever, glomerulonephritis) are not prevented. Deaths reported from hypersensitivity reactions, agranulocytosis, aplastic anemia and other blood dyscrasias. Sore throat, fever, pallor, purpura or jaundice may be early indications of serious blood disorders. CBC and urinalysis with careful microscopic examination should be performed frequently.

Precautions: Use cautiously in patients with impaired renal or hepatic function, severe allergy or bronchial asthma. Hemolysis, frequently dose-related, may occur in glucose-6-phosphate dehydrogenase-deficient patients. Maintain adequate fluid intake to prevent crystalluria and stone formation.

Adverse Reactions: Blood dyscrasias: Agranulocytosis, aplastic anemia, thrombocytopenia, leukopenia, hemolytic anemia, purpura, hypoprothrombinemia and methemoglobinemia; Allergic reactions: Erythema multiforme (Stevens-Johnson syndrome), generalized skin eruptions, epidermal necrosis, urticaria, serum sickness, pruritus, exfoliative dermatitis, anaphylactoid reactions, periorbital edema, conjunctival and scleral injection, photosensitization, arthralgia and allergic myocarditis; Gastrointestinal reactions: Nausea, emesis, abdominal pains, hepatitis, diarrhea, anorexia, pancreatitis and stomatitis; C.N.S. reactions: Headache, peripheral neuritis, mental depression, convulsions, ataxia, hallucinations, tinnitus, vertigo and insomnia; Miscellaneous reactions: Drug fever, chills and toxic nephrosis with oliguria and anuria. Periarteritis nodosa and L.E. phenomenon have occurred. Due to certain chemical similarities with some goitrogens, diuretics (acetazolamide, thiazides) and oral hypoglycemic agents, sulfonamides have caused rare instances of goiter production, diuresis and hypoglycemia as well as thyroid malignancies in rats following long-term administration. Cross-sensitivity with these agents may exist.

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Chloromycetin (chloramphenicol) must be used only in those serious infections for which less potentially dangerous drugs are ineffective or contraindicated. However, Chloromycetin may be chosen to initiate antibiotic therapy on the clinical impression that Hemophilus influenzae meningitis is believed to be present.

Among diseases of the central nervous system *H. influenzae* meningitis is one of the most severely threatening. Chloromycetin can be particularly useful in this condition.

- With Chloromycetin there has been no reported resistance in the treatment of *H. influenzae* meningitis.*

Chloromycetin may be used in the treatment of *H. influenzae* meningitis when the patient has known—or suspected—allergy to penicillin.

*When administered in accordance with recommended dosage and routes of administration.*
Serious and fatal reactions occur rarely in patients treated with chloramphenicol. It is not essential that adequate blood studies be made during treatment with the drug. When signs of limiting early peripheral blood changes, such as leukopenia, reticulocyto- penia, and thrombocytopenia, become irreversible, such studies cannot be relied on to demonstrate the limitation of hematopoietic dysfunction caused by chloramphenicol. The risk of such irreversible toxicity is increased when the drug is used in the treatment of meningesal infections or in the treatment of infections caused by gram-negative microorganisms.

The following clinical and laboratory studies that have been made on these patients:

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2. Symptoms first appear one to four days of continued treatment with high doses of chloramphenicol.
3. The symptoms appeared in the following order:
   a. Abdominal distension with or without emesis
   b. Progressive pallid cyanosis
   c. Respiratory arrest frequently accompanied by irregular respirations
4. Death within a few hours of onset of these symptoms.

The progression of symptoms from onset to death was further accelerated with chloramphenicol (over 50 mg/ml after repeated doses).

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Removes obstruction to the flow of air three ways.

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Thickened mucus obstructing the smaller bronchi and bronchioles

Bronchitis

Asthma

1. Dilates air passages
   ephedrine and theophylline relax bronchospasm and ephedrine decongests bronchial mucosa to open airways and keep them open

2. Provides expectorant action
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   phenobarbital (4 mg.) (Warning: may be habit-forming) provides mild calming action to help control anxiety

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Each 5 ml teaspoonful contains ephedrine sulfate 12 mg; glyceryl guaiacolate 50 mg; theophylline 15 mg; phenobarbital 4 mg (warning: may be habit-forming).

Precautions: Sympathomimetic side effects are minimal, and there are none of the problems associated with steroid therapy. However, frequent and prolonged use may cause nervousness, sleeplessness, or restlessness.

Bronkoli-xir should be used with caution in the presence of heart disease, hypertension, diabetes or hyperthyroidism. Drowsiness may occur. Ephedrine may cause urinary retention, especially in the presence of partial obstruction, as in prostatism.

Usual Dosage: Children over 6, 1 tsp. q.i.d. Under 6, as directed by physician. Adults, 2 tsp. three to four times daily, depending on individual requirements. Dosage should be adjusted to severity of the condition and response of the individual patient.

Supplied: Bottles of 16 oz.

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VoSol (acetic acid nonaqueous) is potent against bacteria
Rapidly effective against cultures of Pseudomonas, Proteus, staphylococci and other pathogens encountered in otitis externa.¹

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VoSol potency proved in double-blind study
In a randomized, double-blind study, VoSol and VoSol HC achieved a higher overall percentage of microbial and clinical cures after seven days of treatment when compared with respective control preparations of acetic acid solutions and an aqueous acetic acid suspension containing neomycin, colistin and hydrocortisone.²
No side effects were reported.

Free of major problems which may be encountered with antibiotics, such as:
- Risk of sensitization
- Fungal overgrowth
- Development of bacterial resistance

VoSol pH and ear pathogens
There is evidence that external ear infection is associated with ear canal pH above 6.3, and that restoration of a lower pH helps fight infection.² VoSol, which has a pH of 3, reduces the pH to between 4 and 5 in the ear canal³...restores and maintains the skin's normal "acid barrier."


AVAILABLE IN DEPOT VoSol 6505-00-111-7864/VoSol HC 6505-00-111-7865

WALLACE LABORATORIES
Division of Carter-Wallace, Inc.
Cranbury, New Jersey 08512
and when it's not

For extending therapy* after
VoSoL HC has done its job, or in cases when HC is not indicated,
(hydrocortisone 1%, acetic acid nonaqueous 2%)
VoSoL makes sense: It's antibacterial without antibiotics.
(acetic acid nonaqueous)

The need for extended therapy
External otitis often recurs... a history of relapse or reinfection is common in "swimmer's ear," for example. That is why it is frequently desirable to extend therapy beyond the few days usually needed to control an acute infection.

The logic of VoSoL (acetic acid nonaqueous)
While otic antibiotic preparations are generally limited to short courses of treatment, VoSoL antimicrobial therapy may be prolonged without the threat of fungal overgrowth or development of bacterial resistance, and with virtually no likelihood of sensitization. (No cases of fungal overgrowth, bacterial resistance or sensitization have been reported to date.)

To help discourage bacterial and fungal infection, VoSoL also helps dry the surface of the ear canal, and restores and maintains the skin's normal "acid barrier"

Action: VoSoL is antibacterial, antifungal, hydrophilic, has an acid pH and a low surface tension. VoSoL HC is, in addition, anti-inflammatory and antipruritic.

Indications: (VoSoL only) Based on a review of this drug by the National Academy of Sciences-National Research Council and/or other information, FDA has classified the indications as follows:

Effective: For the treatment of superficial infections of the external auditory canal caused by organisms susceptible to the action of the antimicrobial.

Possibly effective: For prophylaxis of otitis externa in swimmers and susceptible subjects. Final classification of the less-than-effective indication requires further investigation.

Indications: (VoSoL HC only) For the treatment of superficial infections of the external auditory canal caused by organisms susceptible to the action of the antimicrobial, complicated by inflammation.

Contraindications: These products are contraindicated in those individuals who have shown hypersensitivity to any of their components; perforated tympanic membranes are frequently considered a contra-indication to the use of external ear canal medication. VoSoL HC is contraindicated in vaccinia and varicella.

Precautions: VoSoL HC: As safety of topical steroids during pregnancy has not been confirmed, they should not be used for an extended period during pregnancy. Systemic side effects may occur with extensive use of steroids. If sensitization or irritation occurs, medication should be discontinued promptly.


VoSoL (acetic acid nonaqueous)

OTIC SOLUTION for extended use against recurrent otitis externa
The only single-tablet treatment of pinworm

just one chewable tablet, once, usually eradicates pinworm in both children and adults, and without staining

Vermox (mebendazole)
Indications Vermox* (mebendazole) is indicated for the treatment of Trichuris trichuria (whipworm), Enterobius vermicularis (pinworm), Ascaris lumbricoides (roundworm), Ancylostoma duodenale (common hookworm), Necator americanus (American hookworm) in single or mixed infections. Efficacy varies in function of such factors as pre-existing diarrhea and gastrointestinal transit time, degree of infection and helminth strains. Efficacy rates derived from various studies are shown in the table below:

<table>
<thead>
<tr>
<th></th>
<th>Trichuris</th>
<th>Ascaris</th>
<th>Hookworm</th>
<th>Pinworm</th>
</tr>
</thead>
<tbody>
<tr>
<td>cure rates</td>
<td>mean</td>
<td>68%</td>
<td>98%</td>
<td>96%</td>
</tr>
<tr>
<td></td>
<td>(range)</td>
<td>(61-75%)</td>
<td>(91-100%)</td>
<td>(90-100%)</td>
</tr>
<tr>
<td>egg reduction</td>
<td>mean</td>
<td>93%</td>
<td>99.7%</td>
<td>99.9%</td>
</tr>
<tr>
<td></td>
<td>(range)</td>
<td>(70-99%)</td>
<td>(99.5-100%)</td>
<td>—</td>
</tr>
</tbody>
</table>

Contraindications Vermox is contraindicated in pregnant women (see: Pregnancy Precautions) and in persons who have shown hypersensitivity to the drug.

Precautions Pregnancy: Vermox has shown embryotoxic and teratogenic activity in pregnant rats at single oral doses as low as 10 mg/kg. Since Vermox may have a risk of producing fetal damage if administered during pregnancy, it is contraindicated in pregnant women.

Pediatric use: The drug has not been extensively studied in children under two years; therefore, in the treatment of children under two years the relative benefit/risk should be considered.

Adverse reactions Transient symptoms of abdominal pain and diarrhea have occurred in cases of massive infection and expulsion of worms.

Dosage and administration The same dosage schedule applies to children and adults.

For control of trichuriasis, ascariasis, and hookworm infection, one tablet of Vermox is administered morning and evening on three consecutive days. For control of enterobiasis, a single tablet of Vermox is given. If the patient is not cured three weeks after treatment, a second course of treatment is advised. No special procedures, such as fasting or purging, are required.

How supplied Vermox is available as tablets, each containing 100 mg of mebendazole, and is supplied in boxes of twelve tablets.

*Trademark

†Because Vermox has not been extensively studied in children under 2 years of age, the relative benefit/risk should be considered before treating these children. Vermox is contraindicated in pregnant women (see: Pregnancy Precautions) and in persons who have shown hypersensitivity to the drug.

We're close to a cure for leukemia.

A whole crop of kids are alive and well 5 years or more after getting a new kind of drug treatment for leukemia. And each year, the children who get leukemia have a better chance of cure than those of the year before.

The American Cancer Society plays a vital part in this exciting work. So, when our volunteer comes to your door this month, be generous. Especially if you have children. Or grandchildren.

American Cancer Society

We want to wipe out cancer in your lifetime.
Triaminicol®

for coughs due to colds

Non-narcotic antitussive
Combined with the proven Triaminic® formula
Contains no alcohol
Pleasant cherry flavor
Economical therapy, no Rx needed

Indications: For relief of coughs, especially when accompanied by stuffed and runny noses, due to the common cold.

Precautions: Patients should be advised not to drive a car or operate dangerous machinery if drowsiness occurs. Use with caution in the presence of hypertension, hyperthyroidism, cardiovascular disease or diabetes.

Adverse Reactions: Occasional drowsiness, blurred vision, cardiac palpitations, flushing, dizziness, nervousness or gastrointestinal upsets.

Dosage: Children 1 to 6—½ teaspoonful every 4 to 6 hours; children 6 to 12—1 teaspoonful every 4 hours; adults—2 teaspoonfuls every 4 hours. For nighttime cough relief give the last dose at bedtime.

A PEDIATRIC PLAY PROGRAM: Developing a Therapeutic Play Program for Children in Medical Settings by Pat Azarnoff and Sharon Flegel, both of the Univ. of California, Los Angeles, California. Foreword by T. Berry Brazelton. This book tells how to set up a therapeutic play program for children in hospitals and clinics. It gives practical suggestions and advice on how to treat the child, respecting his individual abilities and needs. Problems related to typical low budgets and minimal staffing are also given attention along with the frequently heard objections toward a mentally healthy atmosphere for children. The authors have provided a selected bibliography offering other ideas and suggestions for the professional. '75, 112 pp., 6 il., $7.50, paper

POISONING: Toxicology-Symptoms-Treatments (3rd Ed.) by Jay M. Arena, Duke Univ., Durham, North Carolina. In this new edition, substantial changes have been made in all sections, and many new items are included for the first time, such as tricyclic drugs, methadone, naloxone hydrochloride, drugs and chemicals in breast milk, methyl mercury in fish and humans, polychlorinated biphenyl, animal poisons, tables of signs and symptoms of poisoning and many other additional tables and materials. The practitioner is often the primary physician who is first involved, and what he does or does not do can be critical and affect the ultimate outcome of a serious poisoning. This book provides the basic information for life-saving measures. '74, 832 pp. (7 x 10), 26 il. (1 in full color), 123 tables, $39.50

CHILDREN'S EXPERIENCE WITH DEATH by Rose Zeligs, Sherman Oaks, California. Prepared for parents, psychiatrists and other professionals, as well as for high school and college instructors, this clearly written book involves every aspect of death as it touches the lives of children. Chapters cover the child's developmental concepts of death, his fear of death, his response to the loss of a parent, the part suicide plays in his life, the influence of his religion on his attitudes toward death, and the dying child himself. Meaningful generalizations are made from interviews with children and parents. This book can enable lay and professional people and students to help the child deal constructively with death. '74, 264 pp., $10.75

ALLERGY AND IMMUNOLOGY IN CHILDREN edited by Frederic Speer and Robert J. Dockhorn, both of Univ. of Kansas, Kansas City. (73 Contributors) The editors have made available to the practitioner an authoritative text on all facets of immunologic and allergic diseases in childhood. Among the topics discussed are immune globulins, normal and abnormal immune responses, immunologic deficiency diseases, autoimmunity, and the role of immunology in clinical allergy. Designed as a complete guide to the practice of pediatric allergy, extensive coverage is given to causes, both allergic and nonallergic, and problems peculiar to the various allergic diseases. Asthma is given special attention. '73, 780 pp. (7 x 10), 149 il. (16 in full color), 67 tables, $39.50

ADOLESCENT MEDICINE: Principles and Practice by I. Newton Kugelmass, Consultant to the Departments of Health and Hospitals, New York, New York. This comprehensive work on the principles and practice of adolescent medicine is designed to direct the medical mind into thinking about deficient development, delayed maturation and deviation function in problem adolescents. Constitutional systems are discussed in terms of genetic, nutritional, musculoskeletal and neoplastic disorders; personality systems in terms of mental, sensory, psychological and psychosocial disorders; behavior systems in terms of antisocial, psychosomatic and psychiatric disorders; adaptive systems in terms of alimentary, respiratory, cardiovascular and renal disorders; and reproduction systems in terms of sexual disorders. '75, 584 pp., 3 il., 11 tables, $23.75

NUTRITION AND OUR OVERPOPULATED PLANET by Sohan L. Manocha, Yerkes Regional Primate Research Center, Emory Univ., Atlanta, Georgia. Directed toward thinking people of all socioeconomic strata in all countries, rich and poor, this book highlights the nutritional requirements of various age groups and the relationship between the available food supply and the number of mouths which lay claim to it. Educated laymen as well as students of sociology, anthropology, nutrition, medicine, biology, political science and history should find this book both interesting and informative. '75, 488 pp., 6 il., 11 tables, cloth-$24.50, paper-$16.75

CHILDREN'S SPATIAL DEVELOPMENT edited by John Eliot, Univ. of Maryland, College Park, Maryland, and Neil J. Salkind, Univ. of Kansas, Lawrence, Kansas. (4 Contributors) Described are different research orientations, abstractions of forty experiments involving children's spatial behavior and a comprehensive bibliography on spatial ability and children's spatial development. The book is comprised of four essays which discuss a status description of genetic studies of spatial behavior, a review of studies of neurological influences, a statement describing research on the language of space and others. '75, 312 pp., 19 il., 3 tables, $23.50

DETECTION OF HEARING LOSS AND EAR DISEASE IN CHILDREN edited by Kenneth S. Gerwin, Morristown, New Jersey, and Aram Glorig, The Callier Center for Communication Disorders, Dallas, Texas. (6 Contributors) Otolaryngologists, pediatricians, audiologists and school nurses interested in detecting hearing loss and ear disease in children will find this book valuable. The Callier Study is reviewed which involved 811 four-year-olds who were carefully examined and tested for hearing loss and ear disease. Statistical methods of the study are explained; computerized data collection forms specifically for an otological history, a physical and audiogram are shown; and specific definitions are given for terminology related to physical diagnosis of the ear. The contents present facts and data which illuminate this concept to the interested reader. A summary and recommendations are also presented. '74, 208 pp., 4 il., 91 tables, $12.50

Orders with remittance sent, on approval, postpaid

301-327 East Lawrence Avenue • Springfield • Illinois • 62717
When they find moondust, and you find allergic rhinitis*

When engaged in extra-vehicular activity, susceptible young space explorers can encounter allergens… and develop allergic rhinitis.* For effective, symptomatic relief, prescribe ACTIFED®... the oral antihistaminic-decongestant carried by astronauts on their Apollo space flights. Each dose lasts up to 8 hours for a convenient, easy-to-remember regimen—at breakfast, after school, at bedtime.

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

*" Probably" effective: For the symptomatic treatment of seasonal and perennial allergic rhinitis and vasomotor rhinitis.

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

PRECAUTIONS: Although pseudoephedrine hydrochloride is virtually without pressor effect in normotensive patients, it should be used with caution in patients with hypertension. In addition, even though triprolidine hydrochloride has a low incidence of drowsiness, appropriate precautions should be observed.

ADVERSE REACTIONS: The great majority of patients will exhibit no side effects. However, certain patients may exhibit mild stimulation or mild sedation—no serious side effects have been noted.

for symptomatic relief in allergies*

Actifed®

Each scored tablet contains Actidil® (triprolidine hydrochloride) 2.5 mg. and Sudafed® (pseudoephedrine hydrochloride) 60 mg.

Each 5 cc. teaspoonful of syrup contains Actidil (triprolidine hydrochloride) 1.25 mg. and Sudafed (pseudoephedrine hydrochloride) 30 mg.

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

Burroughs Wellcome Co.
Research Triangle Park
North Carolina 27709
Primary medical problem: Otitis Externa.
All responded to one topical otic preparation...

Coly-Mycin S Otic
WITH NEOMYCIN & HYDROCORTISONE
(colistin sulfate - neomycin sulfate - thonzonium bromide - hydrocortisone acetate otic suspension)

- anti-inflammatory/antipruritic
- broadly anti-infective
  vs. many gram-negative invaders...
  including Pseudomonas aeruginosa
  vs. many gram-positive invaders...
  including Staph. aureus
- promotes tissue contact by penetration of cellular debris and exudate
- buffered to the normal pH of the ear canal

*Four marine scientists took part in Project Tealive—a 60-day saturated dive conducted by the United States Navy, the National Aeronautics and Space Administration, the Department of the Interior, and the General Electric Company. For the duration of the mission, they lived and worked out of a habitat 49 feet deep in the Caribbean Sea, U.S. Virgin Islands.

CAUTION: Federal law prohibits dispensing without prescription. Description: Coly-Mycin S Otic with Neomycin and Hydrocortisone (colistin sulfate-neomycin sulfate-thonzonium bromide-hydrocortisone acetate otic suspension) is a sterile aqueous suspension containing in each ml: Colistin base activity, 3 mg (as the sulfate); Neomycin base activity, 3.3 mg (as the sulfate); Hydrocortisone acetate, 10 mg (1%); Thonzonium bromide, 0.5 mg (0.05%); Polyoxrate 80, acetic acid, and sodium acetate in a buffered aqueous vehicle. Thimerosal 0.002%, added as a preservative. It is a non-vascular liquid buffered at pH 5, for instillation into the canal of the external ear or direct application to the affected aural skin. Indications: For the treatment of superficial bacterial infections of the external auditory canal caused by organisms susceptible to the antibiotics; and for the treatment of infections of mastoidectomy and fenestration cavities, caused by organisms susceptible to the antibiotics. Contraindications: This product is contraindicated in those individuals who have shown hypersensitivity to any of its components, and in herpes simplex, vaccinia and virella. Warnings: As with other antibiotic preparations, prolonged treatment may result in overgrowth of non-susceptible organisms and fungi. If the infection is not improved after one week, cultures and susceptibility tests should be repeated to verify the identity of the organism and to determine whether therapy should be changed. Patients who prefer to warm the medication before using should be cautioned against heating the solution above body temperature, in order to avoid loss of potency. Precautions: If sensitization or irritation occurs, medication should be discontinued promptly. This drug should be used with care in cases of perforated ear drum and in longstanding cases of chronic otitis media because of the possibility of ototoxicity caused by neomycin. Treatment should not be continued for longer than ten days. Allergic cross-reactions may occur which could prevent the use of any or all of the following antibiotics for the treatment of future infections: Kanamycin, paromomycin, streptomycin and possibly gentamicin. Adverse Reactions: Neomycin is a not uncommon ototoxic sensitizer. There are articles in the current literature that indicate an increase in the prevalence of persons sensitive to neomycin.

Dosage and Administration: The external auditory canal should be thoroughly cleaned and dried with a sterile cotton applicator. For adults, 4 drops of the suspension should be instilled into the affected ear 3 or 4 times daily. For infants and children, 3 drops are suggested because of the smaller capacity of the ear canal. The patient should lie with the affected ear upward and then the drops should be instilled. This position should be maintained for 5 minutes to facilitate penetration of the drops into the ear. Repeat, if necessary, for the opposite ear. If preferred, a cotton wick may be inserted into the canal and then the cotton may be saturated with the solution. This wick should be kept moist by adding further solution every 4 hours. The wick should be replaced at least once every 24 hours. How Supplied: In bottles containing 5 ml or 10 ml. Each package contains a sterile dropper. This preparation is stable for 18 months at room temperature; however, prolonged exposure to higher temperatures should be avoided. SHAKE WELL BEFORE USING. Full information available on request.
Children at Risk

In nonobstructive but recurrent pediatric UTI, a rapidly developing rationale favors long-term suppressive therapy with nitrofurantoin.1,2,3

For long-term or short-term therapy of pediatric infections of the urinary tract*

*Cystitis, pyelitis or pyelonephritis due to susceptible organisms. See information concerning susceptible organisms under Indications in prescribing information.

Furadantin®
(nitrofurantoin)
Oral Suspension

25 mg per 5 cc, in bottles of 60 and 473 cc
Advantage of nitrofurantoin vs sulfonamide "...is best explained by the almost complete absence of effects (of nitrofurantoin) on the physiological bacterial reservoirs."

A large-scale study of pediatric UTI in young girls "...suggests that, when no resistant strains are present in the gut at the onset of treatment, sulfonamide promotes colonization of the gut with resistant bacteria from the environment, while nitrofurantoin does not do so to any appreciable extent...sulfonamide influenced the resistance of the periurethral flora markedly, but nitrofurantoin very little so."

"The disappearance of the resident intestinal E. coli and their replacement by sulfonamide resistant bacteria, either enterococci or E. coli, within a few days of sulfonamide therapy, can explain the high frequency of recurrences caused by such bacteria...This selective effect of sulfonamide is serious. Because of the high frequency of multiple resistant bacteria in the feces...it may result in therapeutic problems in future recurrences."

Furadantin Oral Suspension

(nitrofurantoin)

Indications: Indicated for the treatment of pyelonephritis, pyelitis and cystitis due to E. coli, enterococci, Staph. aureus, some strains of Klebsiella-Aerobacter and Proteus, or a small percentage of strains of Pseudomonas, when demonstrated to be susceptible to in vitro susceptibility testing. Not indicated for the treatment of renal cortical or perinephric abscesses, systemic infections, prostatitis, or in any genitourinary tract infections other than pyelonephritis, pyelitis or cystitis.

Contraindications: Anuria, oliguria, or extensive impairment of renal function, infants under one month, pregnant patients at term, known hypersensitivity.

Warnings: May cause hemolytic anemia of the primaquine sensitivity type, apparently linked to a glucose-6-phosphate dehydrogenase deficiency (found in 10% of Negroes and in a small percentage of ethnic groups of Mediterranean and Near-Eastern origin. Such patients should be closely observed while receiving nitrofurantoin). Discontinue the drug at any sign of hemolysis. Hemolysis ceases on withdrawal. Superinfections (limited to the genitourinary tract) may occur, most commonly due to Pseudomonas.

Safety not established during pregnancy and lactation. Should not be used in women of childbearing potential unless the expected benefits outweigh the possible hazards.

Precautions: Peripheral neuropathy may occur. A fatality has been reported. Predisposing conditions such as renal impairment, anemia, diabetes, electrolyte imbalance, vitamin B deficiency, and debilitating disease may enhance such occurrence.

Adverse Reactions: Nausea, emesis and diarrhea may occur; reduction in dosage may alleviate these symptoms. Sensitization appearing as cutaneous eruptions or pruritus has occurred. Hypersensitivity reactions resulting in nonfatal anaphylaxis, angioedema, pulmonary infiltration with pleural effusion, and eosinophilia have been reported. Other possible reactions are chills, fever, jaundice, asthma, symptoms and hypotension. Occasionally headache, dizziness, nyctagmus, vertigo, drowsiness, malaise and muscular aches have occurred. Transient alopecia has been reported. Leukopenia, including granulocytopenia, has been reported rarely. The blood picture has returned to normal following cessation of therapy.

Supplied: Furadantin (nitrofurantoin) Oral Suspension 25 mg per 5 cc tsp., in bottles of 60 cc and 473 cc.

2 GOVAN DE, FAIR WR, FRIEDLAND GW et al. West J Med 121 352-369 1974

Furadantin Oral Suspension

(nitrofurantoin)

Indications: Indicated for the treatment of pyelonephritis, pyelitis and cystitis due to E. coli, enterococci, Staph. aureus, some strains of Klebsiella-Aerobacter and Proteus, or a small percentage of strains of Pseudomonas, when demonstrated to be susceptible to in vitro susceptibility testing. Not indicated for the treatment of renal cortical or perinephric abscesses, systemic infections, prostatitis, or in any genitourinary tract infections other than pyelonephritis, pyelitis or cystitis.

Contraindications: Anuria, oliguria, or extensive impairment of renal function, infants under one month, pregnant patients at term, known hypersensitivity.

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Safety not established during pregnancy and lactation. Should not be used in women of childbearing potential unless the expected benefits outweigh the possible hazards.

Precautions: Peripheral neuropathy may occur. A fatality has been reported. Predisposing conditions such as renal impairment, anemia, diabetes, electrolyte imbalance, vitamin B deficiency, and debilitating disease may enhance such occurrence.

Adverse Reactions: Nausea, emesis and diarrhea may occur; reduction in dosage may alleviate these symptoms. Sensitization appearing as cutaneous eruptions or pruritus has occurred. Hypersensitivity reactions resulting in nonfatal anaphylaxis, angioedema, pulmonary infiltration with pleural effusion, and eosinophilia have been reported. Other possible reactions are chills, fever, jaundice, asthma, symptoms and hypotension. Occasionally headache, dizziness, nyctagmus, vertigo, drowsiness, malaise and muscular aches have occurred. Transient alopecia has been reported. Leukopenia, including granulocytopenia, has been reported rarely. The blood picture has returned to normal following cessation of therapy.

Supplied: Furadantin (nitrofurantoin) Oral Suspension 25 mg per 5 cc tsp., in bottles of 60 cc and 473 cc.

2 GOVAN DE, FAIR WR, FRIEDLAND GW et al. West J Med 121 352-369 1974
the bare

antibacterial

anti-inflammatory

antipruritic

antifungal
The condition is pediatric — but the problem it poses is often full-sized.

For even a child needs more than an ordinary topical steroid to clear a dermatitis infected with fungi or bacteria.

Vioform-Hydrocortisone combines the antibacterial, antifungal actions of Vioform with the anti-inflammatory and antipruritic actions of hydrocortisone — provides the kind of comprehensive therapy many common dermatoses* require.

*This drug has been evaluated as possibly effective for these indications. See brief prescribing information.

**Vioform-Hydrocortisone**

(iodochlorhydroxyquin and hydrocortisone)

**INDICATIONS**

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

**Possibly effective** Contact or atopic dermatitis; impetiginized eczema; nummular eczema; infantile eczema; endogenous chronic infectious dermatitis; stasis dermatitis; pyoderma; nuchal eczema and chronic eczematoid oitis externa; acne urticata; localized or disseminated neurodermatitis; lichen simplex chronicus; anogenital pruritus (vulvae, scroti, anil), folliculitis; bacterial dermatoses; mycotic dermatoses such as tinea (capitis, cruris, corporis, pedis); moniliasis; intertrigo.

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

**CONTRAINDICATIONS**

Hypersensitivity to Vioform-Hydrocortisone, or any of its ingredients or related compounds; lesions of the eye; tuberculosis of the skin; most viral skin lesions (including herpes simplex, vaccinia, and varicella).

**WARNINGS**

This product is not for ophthalmic use.

In the presence of systemic infections, appropriate systemic antibiotics should be used.

**Usage in Pregnancy**

Although topical steroids have not been reported to have an adverse effect on pregnancy, the safety of their use in pregnant females has not been established. Therefore, they should not be used extensively on pregnant patients in large amounts or for prolonged periods of time.

**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.

Prolonged use may result in overgrowth of nonsusceptible organisms requiring appropriate therapy.

**ADVERSE REACTIONS**

Few reports include: Hypersensitivity, local burning, irritation, pruritus. Discontinue if untoward reaction occurs. Rarely, topical corticosteroids may cause striae site of application when used for long periods in intertriginous areas.

**DOSAGE**

Apply a thin layer to affected areas 3 or 4 times daily.

**HOW SUPPLIED**

Cream, 3% iodochlorhydroxyquin and 1% hydrocortisone in a water-washable base containing stearyl alcohol, cetyl alcohol, stearic acid, petrolatum, sodium lauryl sulfate, and glycercin 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, cetyl alcohol, stearic acid, petrolatum, sodium lauryl sulfate, and glycercin 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.

Consult complete product literature before prescribing.

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

2/4992.1 17

**Vioform-Hydrocortisone**

(iodochlorhydroxyquin and hydrocortisone)

Another fact... the most widely prescribed form...

20 Gm Cream

CIBA
By now she should
Rheumatic fever prevention and the noncompliant patient.

Patients on oral penicillin for prevention of recurrent rheumatic fever usually don't ignore their daily dosage regimen deliberately. But since patients are only human, doses are missed occasionally—through simple lapse of memory, lack of time or insufficient drug on hand.

Prolonged penicillin blood levels to obviate need for daily dosage.

A single injection of benzathine penicillin G (1.2 million units) once a month provides continuous prophylaxis in most patients. Which is why it's recommended as the method of choice* to prevent streptococcal infection and possible recurrence of rheumatic fever.

A method of choice in treatment of strep pharyngitis, too*

In therapy of mild to moderate Group A streptococcal pharyngitis without bacteremia, just one injection of 600,000 to 900,000 units usually maintains penicillin serum concentrations in children for the 10 days necessary to eradicate the infecting organisms.* In adults, 1.2 million units are required.

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

 handmade by the patient.

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**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.

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**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 a history of sensitivity to multiple allergens. Severe hypersensitivity reactions (aphthous stomatitis) have been well documented in patients with a 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.

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**Composition:** (units benzathine penicillin G as active ingredient in aqueous suspension)

300,000 units per cc. - 10-cc. multiple-dose vial. Each cc. also contains sodium citrate buffer, approximately 8 mg. sodium, 3 mg. povidone, 1.5 mg. carboxymethylcellulose, 0.5 mg. sorbitan monopalmitate, 0.5 mg. polysorbate 80, 1 mg. methylparaben and 0.14 mg. propylparaben.

600,000 units in 3-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, packages of 10.
2,400,000 units in 4-cc. single-dose disposable syringe, packages of 10.

Each TUBEX or disposable syringe also contains sodium citrate buffer, and, as w/v, approximately 0.5% sodium, 0.6% carboxymethylcellulose, 0.6% povidone, 0.1% methylparaben and 0.01% propylparaben.

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**Once-a-month rheumatic fever prophylaxis.**

**BICILLIN**® LONGL-ACTING

(sterile benzathine penicillin G suspension)

Wyeth Laboratories
Philadelphia, Pa. 19101

---

*have taken all of them.*
Now there's a better way
to plug the holes in

tuberculin screening

new APLITEST®
(tuberculin purified protein derivative)
Multiple Puncture Device

APLITEST is standardized...
clinically equivalent to 5 TU of PPD-S administered
in the Mantoux test.

APLITEST uses tuberculin purified protein
derivative (PPD) because it is demonstrably
more specific than Old Tuberculin.

APLITEST can save time, effort,
and money by elimination
of much retesting.

APLITEST tines are arranged
in a special design to
■ minimize bleeding
■ reduce possibility of
tuberculin washout after
application

See next page
for complete prescribing
information.

APLITEST is convenient
■ Stacks of 5s take little
storage space
■ No refrigeration required
■ 5-Stacks are easy to handle—
ideal for mass screening
programs as well as for office use
■ Two-year expiration date

Packages of 25 singles also available

PARKE-DAVIS

I would like information on:

☐ Aplitest® (tuberculin PPD) Introductory Special Offers
☐ Aplitest Measuring Device
☐ Aplitest Wall Chart (Typical Test Reactions)

NAME
STREET
CITY
STATE/ZIP
APLITEST (tuberculin purified protein derivative)

MULTIPLE PUNCTURE DEVICE

Description Aplitest (tuberculin PPD) is a sterile, single-use, multiple-puncture-type device for use in determining the tuberculin sensitivity status of individuals. The convenient, disposable devices are especially useful in mass tuberculin screening programs. The product packaging also facilitates the use of Aplitest units for testing of individual patients in office, ward, or clinic settings.

Each Aplitest unit consists of a cylindrical plastic holder bearing four equally spaced stainless steel lines at one end. The lines have been coated by dipping in a solution of tuberculin PPD and dried.

The devices are designed so that the narrow (tine-bearing) end of each unit fits into the hollow, handle portion of the adjacent unit (or into a protective cap) to protect the tines and maintain their sterility.

The purified tuberculin protein fraction is isolated from culture filtrates of human-type strains of Mycobacterium tuberculosis by the method of Florence B. Seibert.1,2 Purified tuberculin protein solution is prepared from a single master lot (No. 975302) to eliminate lot-to-lot variation.

The tuberculin solution which is applied to the tines is buffered with potassium and sodium phosphates and contains approximately 0.5% phenol as a preservative.

Tuberculin PPD is employed as the diagnostic test. It is highly sensitive and it has been demonstrated to be more specific than Old Tuberculin.

Aplitest units have been standardized by clinical studies in human subjects to give reactions equivalent to 5 TU of PPD-S administered intradermally in the Mantoux test. This close correlation can be expected to minimize the incidence of false-positive reactions. However, all multiple-puncture-type devices should be regarded as screening tools and appropriate diagnostic procedures (eg, Mantoux test with tuberculin PPD diluted, Aplisol®) should be employed for retesting doubtful reactions.

Indication Aplitest is indicated to detect tuberculin-sensitive individuals. Aplitest units are also useful in programs to establish priorities for additional testing (ie, chest x-rays) and in epidemiological surveys to identify areas with high levels of infection.

Regular periodic (annual)4 testing of tuberculin-negative persons is recommended and is especially valuable because the conversion of a reactor from negative to positive is highly indicative of recent tuberculosis infection. Repeated testing of the uninfected individual does not sensitize to tuberculin. In persons with waning sensitivity to homologous or heterologous mycobacterial antigens, however, the skin test of a tuberculin test may "boost" or increase the size of reaction to a second test, even causing an apparent development of sensitivity in some instances.5

*US (International) Tuberculin Units

Precautions A separate, sterile unit must be used for each individual patient and disposed of after use.

As with any biological product, epinephrine should be immediately available in case an anaphylactoid or acute hypersensitivity reaction occurs.

Sensitivities may vary or disappear temporarily during or immediately following severe febrile illness; measles and other exanthemata; live virus vaccination; sarcoidosis; overwhelming miliary or pulmonary tuberculosis; and the administration of corticosteroids or immunosuppressive drugs. Severe malnutrition also may have a similar effect.

A positive tuberculin reaction does not necessarily signify the presence of active disease. Further diagnostic procedures should be carried out before a diagnosis of tuberculosis is made.

Adverse Reactions In highly sensitive individuals, strongly positive reactions including vesiculation, ulceration, or necrosis may occur at the test site. Cold packs or topical steroid preparations may be employed for symptomatic relief of the associated pain, pruritus, and discomfort.

Minimal bleeding may be experienced at a puncture site. This occurs infrequently and does not affect interpretation of the test.

Dosage and Administration Each Aplitest (tuberculin PPD, multiple puncture device) unit provides for the intradermal administration of one test dose of tuberculin PPD clinically equivalent to 5 TU administered by the Mantoux test.

Method of Application. 1. The preferred site of the test is the flexor surface of the forearm about four inches below the elbow. Other suitable skin sites, such as the dorsal surface of the forearm, may be used. Areas without adequate subcutaneous tissue, such as over a tendon, should be avoided.

2. The skin at the test site should be cleansed with 70% alcohol or other suitable agents, and allowed to dry thoroughly.

3. To expose the four impregnated tines, grasp the device (top one if stacked) and twist to break the perforated label seal. To prevent loss of sterility of the other units in a stack, the top unit must always be removed first and the remaining ones in sequence. Care should be taken to avoid breaking the seals on the remaining units when the end unit is removed.

4. Grasp the patient’s forearm firmly to stretch the skin taut at the test site and to prevent any jerking motion of the arm that could cause scratching with the tines.

5. Apply the Aplitest unit firmly and without twisting to the test area for approximately one second. Sufficient pressure should be exerted to assure that all four tines have penetrated the skin of the test area.

6. Dispose of used units in a manner to avoid accidents. Do not re-use.

Interpretation of Response Reading of reactions should be made during the period from 48 to 72 hours after application of Aplitest and should be conducted under good lighting conditions. Induration only should be considered in interpreting the test. Erythema should be disregarded.

The diameter of the induration of the greatest response at any of the four puncture points should be determined by visual inspection and palpation. If there is coalescence of reaction, the largest diameter of coalescent induration should be measured and recorded.

Prior to the development of Aplitest for determining sensitivity to tuberculin, the American Thoracic Society adopted at all multiple-puncture, tuberculin-skin tests be interpreted as follows. If vesiculation is present, the test may be considered as positive. If vesiculation is not present, induration of 2 mm or more is considered as a doubtful reaction and should be confirmed by Mantoux testing. Induration of less than 2 mm and/or erythema of any size is a negative test and there is no need for retesting.

In clinical studies with Aplitest, it has been determined that coalescence of the induration at around two or more puncture sites corresponds to 10 mm or more of induration in the same individual tested by Mantoux at the 5-TU level with PPD-S.1 On the basis of this correlation, a reaction must be considered to be "positive" if either vesiculation or coalescence is present. Thus the following criteria of interpretation have been established.

Vesiculation—Positive Reaction. The test should be interpreted as positive and the management of the subject is the same as that for one classified as a positive test.

Coalescence of induration from two or more puncture points—Positive Reaction. The test may be interpreted as positive but is equivalent to a reaction of 10 mm or more of induration with PPD-S (5 TU) administered by Mantoux test. Management of the subject is the same as that for those showing vesiculation at the test site.

2 mm or more of induration without coalescence—Doubtful Reaction. Reactions of this size range reflect sensitivity that can result from infection with either atypical mycobacteria or M tuberculosis; hence they are classified as doubtful. Aplitest skin test should be done on all subjects in this group. Management should be based on the reaction to the Mantoux test as well as other clinical considerations.

Less than 2 mm of induration—Negative Reaction. There is no need for retesting unless the individual is a contact to a case of tuberculosis or there is clinical evidence suggestive of tuberculosis infection.

Selection of the appropriate criteria for interpretation of response to the tuberculin PPD Aplitest should be made in accordance with the recommendations of the program and with consideration of the history and clinical status of the individual.

How Supplied NDC 0071-1590-01 (Bio 1589) 25-test package; five stacks of five Aplitest units. NDC 0071-1590-01 (Bio 1599) 25-test package; 25 individually capped Aplitest units in a dispensing package.

Aplitest (tuberculin PPD, multiple puncture device) units should be stored at no warmer than 30 C (86 F).

1Purified Protein Derivative (Seibert), Lot No. 49608, the standard adopted by the World Health Organization in 1952 as International PPD Tuberculin and used to prepare the official US Public Health Service 5-TU solution of tuberculin for skin testing known as PPD-S.


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PK
Immunization "dyspractice": The need for "no fault" insurance

We are on a collision course in many areas of the United States. A number of states have passed compulsory immunization laws for school children, yet the majority of the vaccines required in fulfillment of these laws have a specific incidence of adverse reactions. These range from mild fever or irritability to encephalitis or paralysis. True, the incidence is small, but it is real. For live oral trivalent poliovirus vaccine, for example, the package insert cautions that "the possible low level of risk to the vaccinated subject or to close contacts [should] be considered at all times."

Yet what recourse does the one person in tens of thousands suffering an adverse reaction have? Is the paralyzed vaccinee the victim of medical malpractice by the physician or drug company? Rather than malpractice, the resulting adverse reaction would appear to be "dyspractice." As used in this context, dyspractice pertains to an undesirable, yet unavoidable, result of practice in contrast to malpractice which implies reprehensible ignorance, negligence, or criminal intent. It would be difficult to support a charge of malpractice against the physician in the package insert, especially if he is carrying out a legal mandate to immunize.

Is the drug company at fault? It would be unfair to judge it liable if the manufacturer has complied with the rules specified in the Code of Federal Regulations for the preparation of the product. If the federal government has approved the safety and efficacy of the vaccine and the state government has required its use, is it fair to have the manufacturer sued for the rare but expected adverse reactions?

Is the patient at fault? The government has required the immunization and sponsored programs to carry out its regulations. No shot, no school! Presently the only recourse the patient has is to sue the manufacturer, physician, or government. Should a patient who has been paralyzed, for example, suffer the trials of his misfortune for years while his case is tied up in the courts, or should he receive prompt settlement based on a fair schedule of compensation? And even if he wins a law suit, should he have to pay out a significant amount of the judgment for legal fees?

The answer to all of the questions posed above is "no." Of course, if malpractice has occurred (e.g., improper manufacture, improper administration) then a suit may be justified. In the majority of cases, however, there is no one at fault, and dyspractice, not malpractice, has occurred.

If society is to benefit from immunization practice, as it obviously does—witness the dramatic decline in poliomyelitis, measles, diphtheria, and other diseases—then society, through its government, should logically be responsible for immunization dyspractice. Society—not the manufacturer, the physician, or the patient—should support those who suffer the adverse consequences of our laws. Other countries have done so. Denmark, Germany, and Japan have enacted
ADOPTION OF CHILDREN, Third Edition

Adoption is the most desirable solution to the problem of children without parents, and is openly accepted in our society as a means of creating families. Although adoption is a legal procedure, it also is a matter of social concern. Adoption requires community control and regulation for the protection of the child, his natural and adoptive parents, and society.

Physicians in every community care for homeless children, and they frequently take an active role in the placement process. To serve the best interests of the child in adoption, physicians must work cooperatively with social workers, lawyers, and sometimes other professionals. This edition of Adoption of Children retains the basic principals of adoption given in previous editions. But, it has been updated to include changes which have taken place in society in recent years, for example, transracial and mixed racial adoption, single parent adoption, placement of unadopted children, rights of the natural father, and adoption of handicapped and older children. Many more unwed mothers are keeping their infants than in previous times, and services for them prior to and after reaching a decision are also discussed.

Adoption of Children, written by the Committee on Adoption and Dependent Care, provides information on how to give a child one of his basic rights—the right to have his own parents. It is aimed at all professionals involved in or interested in the welfare of homeless children.

Indexed; 123 pages.

Price, $3.00 per copy postage paid; quantity prices on request. Payment must accompany order.

AMERICAN ACADEMY OF PEDIATRICS
Department P, P.O. Box 1034, Evanston, Illinois 60204
1. **NEONATOLOGY PATHOPHYSIOLOGY AND MANAGEMENT OF THE NEWBORN**

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   A practical guide to therapeutic strategies and an aid to understanding the unique pathophysiology of the newborn. This new text is organized around problems as they occur, as well as by organ systems. It presents normal physiology and pathophysiology and discusses specific management. Coverage includes fetomaternal interaction, management of pregnancy and delivery, problems of the newborn, and those affecting infants in the first three months.

   1136 pages/over 400 illustrations/1975/about $59.00

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When the “drug vacation” shows that the child with MBD still needs medication, consider

**Cylert® (Pemoline)**

ABBOTT
Cylert (pemoline) offers these benefits

- Single daily dose administration
- Minimal cardiovascular effects
- No evidence of tolerance

If you wish to switch a child to Cylert:
Many clinicians recommend that drug-free periods be scheduled periodically to observe if there is still a need for drug therapy. These drug-free periods are the logical time to introduce Cylert if symptoms return. Because the serum half-life of other drugs (methylphenidate and d-amphetamine) used for MBD is very short, if abnormal behavior returns, it is usually within a day or two.

Dosage and administration
Cylert is given as a single oral dose each morning.

The recommended starting dose is 37.5 mg. per day. This daily dosage should be gradually increased at one week intervals using increments of 18.75 mg. until the desired clinical response is obtained.

The mean daily effective dose ranges from 56.25 to 75 mg. per day. The maximum recommended daily dose of Cylert is 112.5 mg.

Using the recommended schedule of dose titration, significant benefits may not be seen until the third or fourth week of drug therapy. Side effects may be seen prior to optimum clinical results.

Cylert can be taken with meals
You can prescribe Cylert a.c., p.c., or with meals. Although the speed of absorption is slightly slowed by food, the total absorption is not affected.

Cylert 37.5 mg.
Disp. # 50
Sig: tabs 1 q AM
Call Dr. in one week

The 3 dosage strengths

Cylert 18.75 mg.
(yellow-colored, grooved)
Cylert 37.5 mg.
(orange-colored, grooved)
Cylert 75 mg.
(tan-colored, grooved)

Tablets Shown Actual Size

Please see last page of this advertisement for Prescribing Information.
Physicians', teachers', and parents' ratings demonstrated Cylert (pemoline) to be effective.\(^1,2\)

### Description of Clinical Studies

**Multi-clinic design**
21 investigators from 10 states and two provinces in Canada.

**Double-blind, placebo control**
413 patients randomly assigned to Cylert or placebo groups. 238 patients met all criteria for evaluation of efficacy.

**Patient selection**
Strict criteria were established: ages 6 to 12; intelligence, a WISC score of 90 or above; good health with no significant personal or family psychopathology; one or more of the general indicators of MBD; and a combined (parent and teacher) "hyperkinesis index" rating of 36 or more.

**Physical examination**
Included determination that vision and hearing were within normal limits to preclude their being major factors in disorder.

**Laboratory tests**
Obtained at beginning and end of study: hemoglobin, hematocrit, WBC differential and platelet estimate, BUN, alkaline phosphatase, SGOT, SGPT (or LDH), bilirubin, uric acid and urinalysis.

**Length of study**
Nine weeks.

### Results of Clinical Studies

**Measurement of results**
Global (overall) ratings by teachers, parents and physicians were performed at weeks 0, 3, 6 and 9.

**Overall results**
Roughly two out of three patients were significantly improved by treatment with Cylert as reflected by global ratings.

**Behavioral changes**
Parents and teachers reported in general that, compared with the control group, children on Cylert:
- Got along better with others
- Were less subject to temper tantrums
- Showed less tendency to leave things unfinished
- Engaged in less fighting
- Seemed more mature

**Psychological tests**
Children on Cylert had statistically significantly higher scores than those on placebo on these psychological tests:
- The Wechsler Intelligence Scale for Children (WISC) and its performance IQ Sub-Component
- The Wide Range Achievement Test (WRAT) (reading and arithmetic)
- The Lincoln-Oseretsky Motor Performance Test Factor II

**Laboratory tests**
No abnormalities attributed to Cylert.

Cylert (pemoline) single daily dosage benefits both child and adults

**For the adults:**
- Control of medication stays with parents

**For the child:**
- No drug in child's possession while at school

- Obviates need for nurse or teacher to supervise taking of mid-day doses
- Avoids situation in which child is repeatedly singled out as being "different"

- Helps assure that the prescribed dosage is being given each day
- Helps prevent possible variations in effect caused by missed, forgotten or delayed doses

**Cylert**, alone among CNS stimulants used to treat MBD, is inherently long-acting, permitting once-daily dosage.

---

**When not to use Cylert**

Cylert should not be used for (and will not be effective in) simple cases of overactivity in school-age children.

Neither should it be used in the child who exhibits symptoms secondary to environmental factors and/or primary psychiatric disorders, including psychosis.

The physician should rely on a complete history of the child and a thorough description of symptoms from both parents and teacher before postulating a diagnosis of MBD.

*Please see last page for Prescribing Information.*
Cylert (pemoline) has an impressive safety profile

From Multi-Clinic Studies (9 weeks); safety data analyzed on 407 patients

No significant difference between Cylert and placebo groups—

- in blood pressure
- in pulse
- in laboratory tests
- in neurological status

Other criteria:

Adverse reactions . . . . . . . . . Insomnia and anorexia were the most frequently seen side effects and often improved with continuation of treatment or reduction of dosage. (For other side effects, please see Prescribing Information on last page.)

Weight loss . . . . . . . . . . . . . . . Mean weight loss of 1.1 lbs. was demonstrated in Cylert group during early weeks of treatment, long-term studies have shown that by 3-6 months, most children return to the normal rate of weight gain for their age group.

From Additional Studies (Long-Term) on Cylert (up to two years and continuing)

Mean dosage . . . . . . . . . . . Essentially unchanged on mg./kg. basis from original effective dosage.

Blood pressure . . . . . . . . . . . No significant changes attributed to Cylert.

Pulse rate . . . . . . . . . . . . . No significant changes attributed to Cylert.

Laboratory examination . . . . . . Mild to moderate increase in transaminase (SGOT and SGPT) levels in 1-2% of patients (no clinical symptoms); levels returned to normal on withdrawal of medication. No clinically significant abnormalities in the other tests.
Cylert (pemoline)

Description: Cylert (pemoline) is a white, tasteless, odorless powder which is relatively insoluble (less than 1 mg/ml) in water, chloroform, ether, acetone, and benzene. In 95% ethyl alcohol, the solubility of pemoline is 2.2 mg/ml.

Actions: Cylert (pemoline) is a central nervous system stimulant. The pharmacologic activity of pemoline is similar to that of other known stimulants but with minimal sympathomimetic effects. Pemoline is structurally dissimilar from the amphetamines and methylphenidate. Although the exact mode of pharmacodynamic action is undetermined in man, pemoline has been reported to increase the rate of synthesis of dopamine in rat brain.

In human subjects, Cylert produces peak blood levels within 2-4 hours. The serum half-life is approximately 12 hours. Multiple dose studies in adults at several dose levels indicate that serum levels plateau in approximately three days. Cylert and its metabolites are primarily excreted by the kidneys with approximately 75% of an oral dose appearing in the urine within a 24-hour period. Approximately 43% of pemoline is excreted unchanged. Metabolites include pemoline dione, conjugated pemoline and mandelic acid.

Cylert (pemoline) has a gradual onset of action in children with minimal brain dysfunction. Using the recommended schedule of dosage titration, significant clinical benefit may not be evident until the third or fourth week of drug administration.

Indications: MINIMAL BRAIN DYSFUNCTION IN CHILDREN—as adjunctive therapy with remedial measures (psychological, educational, social).

Special Diagnostic Considerations:
Specific etiology of minimal brain dysfunction (MBD) is unknown, and there is no single diagnostic test. Adequate diagnosis includes the use not only of medical but of psychological, educational, and social resources.

Characteristics commonly reported include: A chronic history of moderate to severe hyperactivity, short attention span, distractibility, emotional lability, and impulsivity. Nonlocalizing (soft) neurological signs, learning disability, and abnormal EEG may or may not be present.

The diagnosis of MBD must be based upon a complete history and evaluation of the child and not solely on the presence of one or more of these characteristics. Drug treatment is not indicated for all children with MBD. In the primary therapy of MBD, appropriate educational placement is essential and psychosocial intervention is generally necessary. When these measures alone are insufficient, the decision to prescribe stimulant medication will depend upon the physician’s assessment of the chronicity and severity of the child’s symptoms. Stimulants are not intended for use in the child who exhibits symptoms secondary to environmental factors and/or primary psychiatric disorders, including psychosis.

Contraindication: Cylert (pemoline) is contraindicated in patients with known hypersensitivity or idiosyncrasy to the drug. (See PRECAUTIONS)

Warnings: Cylert is not recommended for children under six years of age since safety and efficacy in this age group have not yet been established.

Since Cylert (pemoline) and its metabolites are excreted primarily by the kidneys, caution should be observed in administering the drug to children with significantly impaired renal function.

Sufficient data on safety and efficacy of Cylert administration for periods beyond two years duration in children with minimal brain dysfunction are not yet available. Although a definite causal relationship has not been established, some temporary suppression of predicted growth pattern (i.e., height, weight and/or height) has been reported with the long-term use of stimulants in children. Therefore, patients requiring long-term therapy should be carefully monitored.

Drug Interactions: Interactions between Cylert and other drugs have not been studied in humans. As with most other drugs, concurrent administration with other agents, especially drugs with central nervous system activity, should be carefully monitored.

Usage In Pregnancy: Safety for use in pregnancy has not been established. Standard studies of fertility, teratology and reproduction were conducted in rats and rabbits. Daily oral doses of pemoline of 18.75 and 37.5 mg/kg beginning at conception produced no abnormalities in the fetuses and did not affect viability at birth. Further studies using similar dose levels with drug administration beginning 14 days before conception demonstrated an increased incidence of stillbirths in these animals.

Drug Dependence: Studies of the drug abuse potential of Cylert (pemoline) in primates have not demonstrated a potential for self-administration. However, the pharmacologic similarities between Cylert and other CNS stimulants with known abuse liability suggest that drug dependence of the stimulant type might occur. There have been isolated reports of transient psychotic symptoms in adults following long-term misuse of pemoline taken orally in excessive quantities. Therefore, caution should be observed in emotionally unstable patients considered to have a psychological potential for drug dependence.

Precautions: Delayed hypersensitivity reactions involving the liver have been reported in 1-2% of the patients receiving Cylert usually after several months of therapy. No clinical symptomatology has been observed, but mild to moderate increases in transaminase (SGOT and SGPT) levels have occurred in these cases. These effects appear to be completely reversible when drug treatment is discontinued. Transaminase levels should be determined periodically during therapy with Cylert to detect any such reactions.

Adverse Reactions: The most frequently reported adverse reaction with Cylert is insomnia. Insomnia has been observed prior to optimum therapeutic response and in the majority of cases was transient in nature or responded to dosage reduction. Anorexia with weight loss during the first few weeks of therapy has also been reported. With continuing therapy, a return to a normal weight curve usually occurred within three months. Other adverse reactions reported include stomach- ache, skin rash, irritability, mild depression, nausea, dizziness, headache, drowsiness, and hallucinations. Mild adverse reactions appearing early in treatment often remit with continuing therapy. If adverse reactions are of a significant or protracted nature, dosage reduction or discontinuation should be considered.

Dosage and Administration: Cylert (pemoline) is administered as a single oral dose each morning. The recommended starting dose is 37.5 mg per day. This daily dosage should be gradually increased at one week intervals using increments of 18.75 mg until the desired clinical response is obtained. The mean daily effective dose ranges from 56.25 to 75 mg per day. The maximum recommended daily dose of pemoline is 112.5 mg.

Clinical improvement with Cylert is gradual. Using the recommended schedule of dosage titration, significant benefit may not be evident until the third or fourth week of drug administration. Drug administration should be interrupted occasionally to determine if behavioral symptoms sufficient to require continuing therapy recur.

Overdosage: Cylert overdosage has been reported to produce symptoms of tachycardia, hallucinations, agitation, or restlessness. The treatment of acute massive overdosage with pemoline is essentially the same as that for overdosage with any drug having CNS stimulatory effects. Management is largely symptomatic and may include induction of emesis, gastric lavage or other measures as appropriate.

How Supplied: Cylert (pemoline) is supplied as monogrammed, grooved tablets in three dosage strengths: 18.75 mg. tablets (yellow-colored) in bottles of 100 (NDC 0074-6025-13) 37.5 mg. tablets (orange-colored) in bottles of 100 (NDC 0074-6057-13) 75 mg. tablets (tan-colored) in bottles of 100 (NDC 0074-6073-13)

Prescribing Information
COMMERCIAL
WELCH ALLYN-GRAM

ALL OTOSCOPE USERS EVERYWHERE

NOW WELCH ALLYN'S NEW 2.5 MM (COLOR, GREEN) KLEENSPEC® DISPOSABLE OTOSCOPE SPECULA SPEED AND SIMPLIFY YOUR EXAMINATIONS. NEW SIZE JOINS OUR 4 MM SIZE (COLOR, BLACK). USE ONCE, DISCARD. NO WAITING. NO DELAYS. NO CROSS-INFECTION. IMMEDIATE DELIVERY!

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Evanston, Illinois 60204

SCHEDULE OF MEETINGS

ANNUAL MEETINGS

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

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

1977—Forty-Sixth
November 5 to 10
New York Hilton and Americana Hotel, New York City

1978—Forty-Seventh
October 21 to 26
Palmer House, Chicago

1979—Forty-Eighth
October 13 to 18
San Francisco Hilton St. Francis Hotel, San Francisco

1980—Forty-Ninth
October 24 to 30
Detroit Plaza Hotel, Detroit, Michigan

SPRING SESSIONS

1976—Bellevue Stratford
April 12 to 15
Philadelphia, Pennsylvania

1977—New Orleans Marriott
April 18 to 21
New Orleans, Louisiana

1978—Century Plaza
April 10 to 13
Los Angeles, California

Note: All Annual Meetings start on Saturday
All Spring Sessions start on Monday
For prompt relief of the pain of acute otitis media, AURALGAN is an effective adjuvant to your antibiotic therapy. And since every child's earache is every parent's heartache, the faster you can provide pain relief, the better.

AURALGAN provides effective analgesic action; in addition, decongestant action with the driest glycerin available for use in the ear. Fully compatible with antibacterial therapy. Available on your prescription only.

BRIEF SUMMARY

OTITIS MEDIA (ACUTE): AURALGAN is indicated for relief of pain and reduction of inflammation in the congestive and serous stages of acute otitis media. It is effective adjuvant therapy when antibiotics or sulfonamides are administered systemically for otic infections.

Administration: Otitis media (acute): Instill AURALGAN, permitting the solution to run along the wall of the canal until it is filled. Avoid touching ear with dropper. Then, moisten cotton pledget with AURALGAN and insert into the meatus. Repeat every one to two hours (or three or four times a day).

REMOVAL OF CERUMEN: AURALGAN facilitates the removal of excessive or impacted cerumen.

Administration for Removal of Cerumen: Instill AURALGAN three times daily for two days to help detach cerumen from wall of canal and facilitate removal of plug. Irrigate with warm water.

Note: Keep well closed. Do not rinse dropper after use.

SUPPLIED: No. 1000 — AURALGAN Otic Solution, in package containing 15 cc. bottle with separate dropper-screw cap attachment.
American Academy of Pediatrics

has formed a new Section on Perinatal Pediatrics.

The Section Committee cordially invites all fellows with an interest in the field of perinatology to apply for Section Membership.

Join now in time for the Section’s first business meeting to be held on October 20, 1975 in Washington, D.C. during the Academy’s annual meeting.

Applications for Section Membership may be obtained from The American Academy of Pediatrics P. O. Box 1034 Evanston, Illinois 60204

Quadrinal
Bronchodilator/Expectorant Tablets/Suspension

Also an important part of bronchitis therapy in children

Warnings: Phenobarbital may be habit-forming. Use in pregnancy: Caution is recommended. (Although an extremely rare occurrence, iodide-induced goiter with hypothyroidism in the newborn has been reported.)

Precautions: Caution is recommended in patients sensitive to iodides; in cardiovascular disease; in hyperthyroidism; in peptic ulcer and during pregnancy. In some patients, prolonged use of iodides can lead to hypothyroidism.

Adverse Reactions: Quadrinal is usually well tolerated. Gastrointestinal irritation is rarely encountered when taken with or after meals.

Dosage and Administration: Adults and children over 12 years—1 tablet or 2 teaspoonfuls Suspension three or four times daily; if needed, an additional 1 tablet or 2 teaspoonfuls upon retiring for nighttime relief. Children 6 to 12 years—½ tablet or 1 teaspoonful Suspension t.i.d.; children under 6 years—dose is proportionately less.

How Supplied: Quadrinal Tablets (white, convex, uncoated, scored on one side, mark of the Knoll triangle on the other side)—bottles of 100 and 1000.

Quadrinal Suspension (pink, fruit flavored)—bottles of 1 pint (473 ml).
Toward a more complete understanding of the ASTHMATIC CHILD: SECOND IN A SERIES

Home away from home

One concept in asthmatic therapy, "parentectomy," allows children with intractable asthma a warm emotional climate free from family strife—at a residential convalescent asthma home. After varying periods of rehabilitation at these homes away from home, many children return to their families without recurrence of intractable asthma.

And today many young patients will also improve from a more traditional kind of asthma therapy—Quadinal Suspension. Quadinal combines ephedrine HCl, the classic bronchodilator, with a well-tolerated form of theophylline.
Some similar preparations for asthma and bronchitis contain no expectorant.
Each fruit flavored teaspoonful of Quadinal Suspension contains a full 160 mg of KI to liquify tenacious mucus so airways can be cleared. A full therapeutic dose of phenobarbital effectively allays anxiety.

more complete medication for the child with asthma and bronchitis

Quadrinal
Bronchodilator/Expectorant Suspension
Each 5 ml (1 teaspoonful) contains 12 mg ephedrine HCl, 12 mg phenobarbital (Warning: May be habit-forming), 65 mg theophylline calcium salicylate, 160 mg potassium iodide.
**Enterobicide:**

**Eradication of the pinworm.**

Pictured here, 80 times actual size, is an adult pinworm, *Enterobius vermicularis*. Its anterior end has three retractable lips with a penchant for taking up carbohydrates from the human intestine.

Herein lies the key to its eradication. Povan apparently prevents carbohydrate uptake, thus, the pinworm uses up its endogenous sources—and dies.

One convenient dose of Povan is usually all that is needed. And Povan is safe—because there is no measurable systemic absorption, there are no serious side effects. Prescribe it with confidence. Reasonably priced.

**Povan**

*(pyrvinium pamoate)*

tablets and suspension...

16 years of proven clinical effectiveness

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**Brief Summary**

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

**Indication:** Povan is indicated for the treatment of enterobiosis.

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

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

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

**How Supplied:** Each Povan Filmseal® contains pyrvinium pamoate equivalent to 50 mg pyrvinum; supplied in bottles of 50 (NDC 0071-0747-50; Stock No. 25-747-50). Povan Suspension, a pleasant-tasting strawberry-flavored preparation containing pyrvinium pamoate equivalent to 10 mg pyrvinium per milliliter, is supplied in 2-oz bottles (NDC 0071-1254-31; Stock No. 22-253-31).
Because all drinking water is not the same, vitamin-fluoride combinations may not be serving your patients well.

When drinking water is deficient in fluoride content, a daily sodium fluoride supplement is usually indicated for patients from infancy to age fourteen. The amount of that supplement depends on the existing level of fluoride in the water and the age of the patient.

With vitamin-fluoride combinations, the proportions of ingredients are fixed. So it is often impossible to compensate adequately for varying amounts of fluoride deficiency without also altering desired vitamin intake. And yet, titration of fluoride dosage is very important. Too little fluoride, and a child misses needed protection against cavities. Too much fluoride, and there is danger of dental fluorosis.

With Luride standardized sodium fluoride drops, you can titrate fluoride dosage to the nearest 0.1 mg. — without altering vitamin intake. That's because Luride Drops contain no vitamin supplements.

Luride Drops are as effective as fluoridated water in preventing cavities when used on a consistent and continuous basis. And just as safe, too. So when drinking water contains suboptimal amounts of fluoride, consider prescribing pleasantly-flavored Luride Drops for your younger patients. (Hoyt also makes multi-flavored, chewable Luride Lozi-Tabs for older children.)

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(standardized sodium fluoride)

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When a cough spoils your patient's day...

Triaminic® Expectorant

Each teaspoonful (5 ml.) contains:
Triaminic, 25 mg. (phenylpropanolamine hydrochloride, 12.5 mg.; pheniramine maleate, 6.25 mg.; pyrilamine maleate, 6.25 mg.); glyceryl guaiacolate, 100 mg.; alcohol, 5%.

Available in 8-oz. Family Size and 4-oz.
No Rx needed—recommend over the phone.

For Children's Unproductive Coughs

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Switch First To ISOMIL.

...When The Baby Can't Take Milk

Illuminating the issue:

**Normal Rapid Growth**
Infants fed Isomil grow as rapidly as those fed milk formula.* This was the conclusion of a study comparing the growth (by body weight, length and head circumference) of 20 normal babies started on Isomil and 20 fed milk formula (Similac® With Iron).

**Well Accepted**
The milk-like color and consistency, and pleasant aroma help ensure acceptability.

**Easily Digested**
Heat denatured protein and doubly homogenized vegetable fat promote ease in digestion.


**ISOMIL** Ready To Feed
**INGREDIENTS:**  86.4% water, 4.1% corn syrup, 3.2% sucrose, 2.2% soy protein isolate, 1.4% soy oil, 1.4% coconut oil, 0.7% corn oil, 0.13% dicalcium phosphate, 0.03% calcium carbonate, 0.06% potassium citrate, 0.07% potassium chloride, 0.04% monocalcium phosphate, 0.03% glycerol, monostearate, 0.03% soy lecithin, 0.03% carrageenan, 0.01% ascorbic acid, 0.016% magnesium chloride, 0.008% L-lysine, 0.006% choline chloride, 0.005% sodium chloride, 0.003% ferrous sulfate, niacinamide, calcium pantothenate, zinc sulfate, alpha tocopherol acetate, copper sulfate, vitamin A palmitate, riboflavin, pyridoxine hydrochloride, thiamin chloride hydrochloride, potassium iodide, biotin, phytomenadione, folic acid, vitamin D3 and cyanocobalamin.

NET 32 FL OZ (1 QT)
Otitis externa. Itchy. Painful. Swollen. And you know what that does to kids. But Cortisporin® Otic Drops helps put them back in a good mood because it relieves the symptoms and gets to the cause of most superficial bacterial external otitis.

Helping kids smile may be one reason that Cortisporin Otic Drops is prescribed more than any other agent of its kind. And here are other reasons:

- antibacterial against a broad range of susceptible pathogens in superficial otitis externa, especially *Pseudomonas* and staphylococci.
- anti-inflammatory for effective relief of itching, swelling and pain caused by inflammation.
- acid pH helps restore skin's normal acid mantle.
- economical for your patients.

**CONTRAINDICATIONS:** This product is contraindicated in those individuals who have shown hypersensitivity to any of its components, and in herpes simplex, vaccinia and varicella.

**WARNINGS:** As with other antibiotic preparations, prolonged treatment may result in overgrowth of nonsusceptible organisms and fungi.

If the infection is not improved after one week, cultures and susceptibility tests should be repeated to verify the identity of the organism and to determine whether therapy should be changed.

Patients who prefer to warm the medication before using should be cautioned against heating the solution above body temperature, in order to avoid loss of potency.

**PRECAUTIONS:** If sensitization or irritation occurs, medication should be discontinued promptly.

This drug should be used with care in cases of perforated eardrum and in longstanding cases of chronic otitis media because of the possibility of ototoxicity caused by neomycin.

Treatment should not be continued for longer than ten days.

Allergic cross-reactions may occur which could prevent the use of any or all of the following antibiotics for the treatment of future infections: kanamycin, paromomycin, streptomycin, and possibly gentamicin.

**ADVERSE REACTIONS:** Neomycin is a not uncommon cutaneous sensitizer. There are articles in the current literature that indicate an increase in the prevalence of persons sensitive to neomycin.

**HOW SUPPLIED:** Bottles of 5 cc and 10 cc with sterile droppers.

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**Cortisporin® Otic Drops**

*(polymyxin B-neomycin-hydrocortisone)*

Each cc contains: Aerospor® brand Polymyxin B Sulfate 10,000 Units; neomycin sulfate 5 mg (equivalent to 3.5 mg neomycin base); hydrocortisone 10 mg (1%). The vehicle contains the active ingredients cetyl alcohol, propylene glycol, polysorbate 80, purified water and thimerosal (preservative) 0.01%.

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