IN ACUTE Otitis Media

While an Antibiotic Attacks the Pathogen

AURALGAN®

Otic Solution Promptly Relieves the Pain

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 serious 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.
NEONATOLOGIST

To be in charge and to assist in further developing a comprehensive neonatal intensive care facility for the City of Regina. This unit will also serve as a referral center for the Southern half of the province. In addition, as the Regina General Hospital has an active Teaching Program which is affiliated with the University of Saskatchewan, the incumbent will be required to participate in this Program as well. The appointment will therefore be made jointly with the College of Medicine.

Qualified Neonatologists, certified in Pediatrics by the Royal College of Physicians and Surgeons of Canada, are invited to submit their curriculum vitae together with supportive information to -

Dr. D. W. Carnduff
Administrator of Medical Care
Regina General Hospital
Regina, Saskatchewan
S4P 0W5

Knoll Pharmaceutical Company
Whippany, N.J. 07981
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—Quadrinal Suspension. Quadrinal 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 Quadrinal Suspension contains a full 160 mg of KI to liquefy 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

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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.
The simplicity of operation and digital readout allows rapid screening for otitis media and related ear pathologies.

PLOTTER Directly compatible with the Acoustic Impedance Meter, the TA-1P Tympanogram provides an opportunity for the tester to code or index the test results according to his data retrieval requirements.

Applications for Section Membership may be obtained from
American Academy of Pediatrics
P. O. Box 1034
Evanston, Illinois 60204
Unfortunately, you cannot recommend a single type of baby shoe to aid in the proper development of all stages of growing feet. That’s why Child Life responds with:

**First stepper.** Primary emphasis is on shoe flexibility, for natural development. Consideration is also given to gentle but firm heel control.

**Intermediate.** Sturdy, durable soles for protection and comfort on all surfaces. Firm heel counter for maximum control.

**Walker.** Flexibility, heel control and fit, plus a substantial shoe feel, corresponding to the needs of the growing foot.

No, you can’t look to one type of shoe for all kinds of children. But you can count on one manufacturer for all kinds of children’s shoes. Child Life. Sharing your commitment to save the feet. Child Life Shoes, P.O. Box 1952, Little Rock, Arkansas 72203.
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This child might have grown up with an ugly physical handicap. Fortunately, he received good orthopedic treatment from

for the child with an ostomy

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One-piece simplicity in child-size appliances. 9" Briefs offer the security of odor-barrier construction, hypo-allergenic adhesive and optional Karaya Seal skin protection.

Proportioned to fit youngsters, 9" Briefs by Hollister are shaped to provide maximum capacity with minimum bulk. They’re disposable...and so easy to apply that
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Our specialty is serving your specialty

Puzzled about the “best” decisions to make with your personal insurance plans? We’d like to help. Our counselling services offer you clearer insight into the sometimes confusing array of plans, coverages and costs. For example, we are currently offering Candidates and Fellows the following Comprehensive Health or Excess Major Medical Insurance:

**Plan #1**—$275,000 Comprehensive Health Insurance combines $25,000 in basic hospital benefits with up to $250,000 in excess major medical benefits. Choice of $300 and $500 deductibles.

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for the child with an ostomy

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Proportioned to fit youngsters. 9" Briefs by Hollister are shaped to provide maximum capacity with minimum bulk. They're disposable... and so easy to apply that even a first-grader can change one in a few minutes.

Available in a variety of styles for colostomy, ileostomy or urinary ostomies. Write for special Pediatric Sampler.
ANNOUNCEMENTS OF MEETINGS

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

SEPTEMBER

PEDIATRIC OTORHINOLARYNGOLOGY, symposium, Kansas City, Missouri, September 11-13 (February, p. 451).

NORTH PACIFIC PEDIATRIC SOCIETY, meeting, Rosarios on Orcas Island, the San Juans, Washington, September 14-17 (May, p. 749).

NEUROLOGICAL PROBLEMS IN PEDIATRIC PRACTICE, seminar, Honolulu, Hawaii, September 17-19 (August, p. 344).


ADOLESCENT IN OFFICE PRACTICE, symposium, Nashville, Tennessee, September 26 and 27 (June, p. 901).

PEDIATRIC SURGICAL DISEASE OF THE LIVER, SPLEEN, AND PANCREAS, symposium, Detroit, Michigan, September 30 (June, p. 901).

OCTOBER

SOUTHERN PERINATAL ASSOCIATION, meeting, Birmingham, Alabama, October 1-4 (May, p. 750).

CHILD NEUROLOGY SOCIETY, annual meeting, Hamilton, Ontario, October 3 and 4 (August, p. 343).

PEDIATRICS FOR THE PRACTICING PHYSICIAN, symposium, Toledo, Ohio, October 3-5 (August, p. 344).


PEDIATRIC SURGERY, meeting, Innsbruck, Austria, October 4-6 (April, p. 580).

CHILD NEUROLOGY, congress, Toronto, Canada, October 6-10 (June, p. 955).

PULMONARY POSTGRADUATE COURSE, Lake Placid, New York, October 7-10 (July, p. 157).

CLINICAL AND EXPERIMENTAL HYPNOSIS, scientific program, Chicago, Illinois, October 7-12 (May, p. 749).

PEDIATRIC RADIOLOGY, conference, Miami, Florida, October 8-12 (May, p. 750).

PAN-AMERICAN CONGRESS OF NEUROLOGY, Mexico City, October 12-17 (June, p. 901).

NORTH AMERICAN SOCIETY FOR PEDIATRIC DIABETES AND METABOLISM, meeting, September 21-25 (August, p. 343).


THE INFECTION-PRONE HOSPITAL PATIENT, symposium, Boston, Massachusetts, October 20-22 (August, p. 343).

CONGENITAL ADRENAL HYPERPLASIA, symposium, Baltimore, Maryland, October 20-24 (June, p. 901).

PHYSIOLOGICAL BASIS OF NEONATAL MEDICINE, symposium, Chicago, Illinois, October 24 and 25 (September, p. 490).

MIDWEST SOCIETY FOR PEDIATRIC RESEARCH, annual meeting, Madison, Wisconsin, October 30 and 31 (July, p. 157).

NOVEMBER

ADVANCES IN PEDIATRIC DIAGNOSIS AND THERAPY, symposium, Providence, Rhode Island, November 5 (September, p. 490).

SOCIETY FOR EAR, NOSE AND THROAT ADVANCES IN CHILDREN, annual meeting, Mexico City, November 5-9 (August, p. 343).

CLEF PALATE AND CRANIO-FACIAL ANOMALIES, symposium, Santa Clara, California, November 8 (August, p. 344).

PEDIATRIC ALLERGY AND CLINICAL IMMUNOLOGY, workshop, San Francisco, California, November 10-14 (July, p. 157).

PEDIATRIC AND ADOLESCENT ECHOCARDIOGRAPHY, course, Tucson, Arizona, November 14-16 (August, p. 343).

TAY-SACHS DISEASE, international conference, Palm Springs, California, November 30 to December 3 (July, p. 157).

DECEMBER

GENETICS OF HUMAN CANCER, conference, Orlando, Florida, December 2-4 (September, p. 491).

JANUARY 1976


NEONATAL RESPIRATORY SYMPOSIUM, Los Angeles, January 16-18 (September, p. 491).

FEBRUARY 1976

MODERN CONCEPTS IN BRAIN TUMOR THERAPY, symposium, Atlanta, Georgia, February 26-28 (September, p. 491).

MAY 1976

EUROPEAN SOCIETY OF HUMAN GENETICS, annual meeting, Athens, Greece, May 7-9 (July, p. 157).
A new twist for stuffed and runny noses

Triaminic® Oral Infant Drops

Each ml contains: phenylpropanolamine hydrochloride, 20 mg; pheniramine maleate, 10 mg; pyrilamine maleate, 10 mg.

New safety cap for added protection in households with other children

Proved Triaminic® formula with a decongestant and two antihistamines

Relieves stuffed and runny noses

Indications: Relief from such symptoms as nasal congestion, profuse nasal discharge, and post-nasal drip associated with colds, nasal allergies, sinusitis and rhinitis.

Precautions: Warn mothers that drowsiness may occur. When prescribing antihistamine preparations, patients should be cautioned against mechanical activity requiring alertness. 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 and Administration: One drop per 2 pounds of body weight administered orally 4 times a day.

How Supplied: In 15 ml dropper bottles which deliver approximately 24 drops per ml.
NEW 20-YEAR, 40-VOLUME INDEX

The new index for Volumes 1 through 40 of PEDIATRICS is now available. This index was prepared by a compilation of data from all 40 volumes instead of combining data from the first 20 volumes with that from 1958-1967. There are approximately 16,000 subject and 12,500 author listings in 220 pages, which means that the Commentaries, Articles, Reviews, Reports, correspondence, and other items which filled some 35,000 pages and 20 years of text can be found quickly and easily.

Price: $16.00 per copy postage paid. Payment must accompany order.

AMERICAN ACADEMY OF PEDIATRICS
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NOW... RIA HYPOTHYROIDISM SCREENING with a Whole Blood Sample this small

BECAUSE OF THE ULTRA SIMPLICITY AND EXTREMELY SMALL SAMPLE REQUIRED (A DROP), NEONATES CAN BE ROUTINELY SCREENED FOR CONGENITAL HYPOTHYROIDISM IMMEDIATELY AFTER BIRTH, QUICKLY, CONVENIENTLY, AND IN TIME TO TREAT CONDITIONS WHICH CAN RESULT IN IRREVERSIBLE BRAIN DAMAGE. THE NEW TEST IS CALLED...

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Tetra-DOT is a highly specific (RIA) test that is unprecedented in its simplicity, convenience and minimal sample requirement. Utilizing a drop of blood from a heel prick, whole blood is absorbed on a 1/8" disc of filter paper. The sample is incubated in a simple, one-step procedure with 125I-T4 and its antisera. Dextran-coated charcoal is added to absorb the free 125I-T4 and the bound 125I-T4 is decanted and counted.

Judge for yourself Tetra-DOT's small sample requirements, specificity and convenience of use. Order your Tetra-DOT KIT, or if you prefer, we'll do your analyses in our lab. Simply write us. We'll send you sample mailing envelopes.


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GOOD NIGHT,
Nighttime.
Your allergic patient has only one thought on his mind: how to get rid of his itch and get a good night's sleep.
Allergic itching takes on a whole new character in the wee hours of the morning.
It becomes a "creeping" itch...tentative tinglings that make the patient want to crawl out of his skin to get a decent night's rest.
That's where BENADRYL can make a real difference as therapy for itch, when mild, uncomplicated allergic skin manifestations are the sole cause.

Benadryl is available in capsules, and as a pleasant-tasting elixir for young and old alike. (Please see starter-sample offer on the third page of this advertisement.) Consider Benadryl. And scratch one itch.

takes care of the itch...to provide the rest.

BENADRYL®
(diphenhydramine HCl)

PARKE-DAVIS

PS: Doctor, if you have an itch for a real nightcap of your own, return the coupon on next page and we'll send you one—compliments of BENADRYL.
I REQUEST
THE FOLLOWING.

☐ BENADRYL® CAPSULES, 25 mg (diphenhydramine HCl)
☐ BENADRYL KAPSEALS®, 50 mg
☐ BENADRYL Elixir, 12.5 mg/5 ml
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Office Address

City State Zip

MAIL TO: PARKE, DAVIS & COMPANY
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Detroit, Michigan 48232

BENADRYL®
(diphenhydramine HCl)
takes care of the itch... to provide the rest.

ACTION—Benadryl is a potent antihistaminic agent which possesses anticholinergic (antispasmodic), antitussive, antiemetic, and sedative effects.

INDICATIONS—Benadryl in the oral form is effective for the following indications:

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

Antitussive: For active and prophylactic treatment of motion sickness.

Antiparkinsonism: For parkinsonism (including drug-induced extrapyramidal reactions) in the elderly unable to tolerate more potent agents; mild cases of parkinsonism (including drug-induced) in other age groups; in other cases of parkinsonism (including drug-induced) in combination with centrally acting anticholinergic agents.

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

- Hypersensitivity to diphenhydramine hydrochloride
- Prostatic hypertrophy
- Stenosing peptic ulcer
- Asthmatic attack
- Narrow-angle glaucoma
- Bladder-neck obstruction

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

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

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

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

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

PRECAUTIONS—Diphenhydramine has an atropine-like action which should be considered when prescribing diphenhydramine hydrochloride. Use with caution in patients with a history of asthma.

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

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

The usual adult dosage is 50 mg three or four times daily.

Children (over 20 lb): 12.5 to 25 mg three to four times daily.

Maximum daily dosage not to exceed 300 mg. For physicians who wish to calculate the dose on the basis of body weight or surface area, the recommended dosage is 5 mg/kg/24 hours or 150 mg/m²/24 hours.

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

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

HOW SUPPLIED—Benadryl is supplied as: NDC 0071 0373 (Kap. 373)—Each contains 50 mg diphenhydramine hydrochloride. Bottles of 100, 1,000, and unit-dose packages of 100 (10 strips of 10 capsules each). NDC 0071-0471 (Cap. 471)—Each contains 25 mg diphenhydramine hydrochloride. Bottles of 100, 1,000, and unit-dose packages of 100 (10 strips of 10 capsules each).

PARKE, DAVIS & COMPANY, Detroit, Michigan 48232

RG
He didn’t hear about Robitussin-DM® on one of his commercials.

Because we never advertise Robitussin-DM to the consumer. With its combination of glyceryl guaiacolate to loosen congestion and dextromethorphan to suppress the cough reflex for 6-8 hours, Robitussin-DM has become one of the most widely-used cough preparations through professional recommendation. And we want to keep it that way. Because, even though it’s available without a prescription, we still think of Robitussin-DM as medicine. And we believe medicine should be recommended by a professional, not sold by a disk jockey.

A. H. Robins Company, Richmond, Virginia 23220
As always...ethically promoted.
Diarrhea dries out children much faster than it does adults.

The size of the bowel relative to body weight is of crucial importance in diarrhea. In relation to body size, a child's bowel is larger than an adult's. Because of this, fluid and electrolyte losses may be more serious for children. In acute gastroenteritis, a child's fluid loss is proportionately greater than that of an adult and, if left unchecked and uncorrected, can become critical in several hours.

Lomotil® can prevent fluid loss and can usually stop diarrhea promptly. Lomotil is the standard of antidiarrheal therapy, and is the most widely prescribed combination in its class. Lomotil fluid loss control is over and the patient is usually back to normal in a short time.

A child's gastrointestinal system reacts sooner and more intensely than an adult's. Symptoms are usually more severe, but improvement is generally attained more rapidly. In pediatric diarrhea, Lomotil provides prompt relief of symptoms.

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

Lomotil consists of 2 mg atropine sulfate and 20 mg diphenoxylate hydrochloride in each 5 ml of sterile solution. It is available in 50 ml multidose bottles for oral administration. Each bottle contains 100 doses of 5 ml.

Lomotil, usually stops diarrhea promptly.
Lomotil\textsuperscript{\textregistered} brand of diphenoxylate hydrochloride with atropine sulfate usually stops diarrhea promptly.

IMPORTANT INFORMATION: This is a Schedule V substance by Federal law; diphenoxylate HCl is chemically related to meperidine. In case of overdose or individual hypersensitivity, reactions similar to those after meperidine or morphine overdose may occur; treatment is similar to that for meperidine or morphine intoxication (prolonged and careful monitoring). Respiratory depression may recur in spite of an initial response to naloxone (nalorphine HCl) or may be evidenced as late as 30 hours after ingestion. LOMOTIL IS NOT AN INNOVATION. DRUG AND DOSAGE RECOMMENDATIONS SHOULD BE STRICTLY ADHERED TO, ESPECIALLY IN CHILDREN. THIS MEDICATION SHOULD BE KEPT OUT OF REACH OF CHILDREN.

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

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

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

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

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

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

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

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

Dosage forms: Tablets, 2.5 mg. of diphenoxylate HCl with 0.025 mg. of atropine sulfate. Liquid, 2.5 mg. of diphenoxylate HCl and 0.025 mg. of atropine sulfate per 5 ml. A plastic dropper calibrated in increments of 0.5 ml. (total capacity, 2 ml.) accompanies each 2-oz. bottle of Lomotil liquid.

SEARLE Searle & Co. San Juan, Puerto Rico 00936

Address medical inquiries to: G. D. Searle & Co. Medical Department, Box 5110, Chicago, Illinois 60680 452 R

NEONATOLOGIST for an urban community hospital delivering 2500 per year. Intensive care facilities. 50 bed pediatric unit. Affiliation with medical school. Position carries full time faculty appointment, salary, fringe benefits. Applicant should have 2 years neonatal training or equivalent and license to practice in Pennsylvania or eligible. An equal opportunity, affirmative action employer. For information write Victor C. Vaughan, III, M.D., Medical Director, St. Christopher's Hospital For Children, 2500 N. Lawrence St., Phila., Pa. 19133.
in bronchospasm* associated with asthma and allergic bronchitis

Helps make life breathable

*This drug has been evaluated as possibly effective for this indication. See Brief Summary on last page of this advertisement.
Marax® Syrup

per 5 ml: ephedrine sulfate, 6.25 mg; theophylline, 32.50 mg; Atarax® (hydroxyzine HCl), 2.5 mg; and ethyl alcohol 5% w/v
contains Atarax® (hydroxyzine HCl) instead of the usual barbiturates
TABLETS: ephedrine sulfate, 25 mg; theophylline, 130 mg; and Atarax® (hydroxyzine HCl), 10 mg
SYRUP, per 5 ml: ephedrine sulfate, 6.25 mg; theophylline, 32.50 mg; Atarax® (hydroxyzine HCl), 2.5 mg; and ethyl alcohol, 5% v/v

Helps make life breathable for patients with bronchospastic disorders*

☐ Marax is the only bronchodilating/bronchospasmyolycotic agent with Atarax® (hydroxyzine HCl) instead of barbiturates, which have the potential to depress respiration
☐ Marax contains Atarax to help prevent excessive excitation by modifying the central stimulatory action of ephedrine

*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: For controlling bronchospastic disorders.
Final classification of the less than effective indication requires further investigation.

Contraindications: Because of the ephedrine, Marax is contraindicated in cardiovascular disease, hyperthyroidism, and hypertension. This drug is contraindicated in individuals who have shown hypersensitivity to the drug or its components. Ephedrine, when administered to the pregnant mouse, rat, and rabbit induced fetal abnormalities in the rat at doses substantially above the human therapeutic range. Clinical data in human beings are inadequate to establish safety in early pregnancy. Until such data are available, hydroxyzine is contraindicated in early pregnancy.

Precautions: Because of the ephedrine component this drug should be used with caution in elderly males or those with known prostatic hypertrophy.

The potentializing action of hydroxyzine, although mild, must be taken into consideration when the drug is used in conjunction with central nervous system depressants; and when other central nervous system depressants are administered concomitantly with hydroxyzine their dosage should be reduced.

Patients should be warned—because of the hydroxyzine component—of the possibility of drowsiness occurring and cautioned against driving a car or operating dangerous machinery while taking this drug.

Adverse Reactions: With large doses of ephedrine, excitation, tremulousness, insomnia, nervousness, palpitation, tachycardia, precordial pain, cardiac arrhythmias, vertigo, dryness of the nose and throat, headache, sweating, and warmth may occur. Because ephedrine is a sympathomimetic agent some patients may develop vesical sphincter spasm and resultant urinary retention, and occasionally acute urinary retention. This should be borne in mind when administering preparations containing ephedrine to elderly males or those with known prostatic hypertrophy. At the recommended dose for Marax, a side effect occasionally reported is palpitation, and this can be controlled with dosage adjustment, additional amounts of concurrently administered Atarax (hydroxyzine HCl), or discontinuation of the medication. When ephedrine is given three or more times daily patients may develop tolerance after several weeks of therapy.

Theophylline when given on an empty stomach frequently causes gastric irritation accompanied by upper abdominal discomfort, nausea, and vomiting. Administration of the medication after meals will serve to minimize this side effect. Theophylline may cause diuresis and cardiac stimulation. The amount of Atarax (hydroxyzine HCl) present in Marax has not resulted in disturbing side effects. When used alone specifically as a tranquilizer in the normal dosage range (25 to 50 mg three or four times a day), side effects are infrequent; even at these higher doses, no serious side effects have been reported and confirmed to date. Those which do occasionally occur when Atarax (hydroxyzine HCl) is used alone are drowsiness, xerostomia and, at extremely high doses, involuntary motor activity, unsteadiness of gait, neuromuscular weakness, all of which may be controlled by reduction of the dosage or discontinuation of the medication.

With the relatively low dose of Atarax (hydroxyzine HCl) in Marax, these effects are not likely to occur. In addition, the antispastic action of Atarax (hydroxyzine HCl) may modify the cardiac stimulatory action of ephedrine, and concurrently, increasing the amount of Atarax (hydroxyzine HCl) may control or abolish this undesirable effect of ephedrine.

Marax syrup contains a tartrazine dye (FD&C Yellow No. 5), which has been shown to rarely produce a variety of hypersensitivity reactions, particularly in aspirin-sensitive individuals.

Dosage: The dosage of Marax should be adjusted according to the severity of complaints, and the patient's individual tolerance.

Tablets: In general, an adult dose of 1 tablet, 2 to 4 times daily, should be sufficient. Some patients are controlled adequately with 1/2 to 1 tablet at bedtime.

The time interval between doses should not be shorter than four hours. The dosage for children over 5 years of age and for adults who are sensitive to ephedrine, is one-half the usual adult dose. Clinical experience to date has been confined to ages above 5 years.

Syrup: The dose for children over 5 years of age is 1 teaspoon (5 ml), 3 to 4 times daily. Dosage for children 2 to 5 years of age is 1/2 to 1 teaspoon (2.5-5 ml), 3 to 4 times daily. Not recommended for children under 2 years of age.

How Supplied: Marax Tablets are available as light blue, scored tablets in bottles of 100 and 500.

Marax Syrup is available in pints and gallons, and should be dispensed in amber-colored bottles.

MARAX®

A division of Pfizer Pharmaceuticals, New York, N.Y. 10017
"Kid, this stuff is the bananas."

Experts agree: when it comes to good-tasting banana flavor—without the unpleasant taste of paregoric—the makers of Donnagel®-PG really know their stuff!

For diarrhea
**Donnagel-PG®**
Donnagel with paregoric equivalent

Each 30 cc. contains:

<table>
<thead>
<tr>
<th>Ingredient</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kaolin</td>
<td>6.0 g.</td>
</tr>
<tr>
<td>Pectin</td>
<td>142.8 mg.</td>
</tr>
<tr>
<td>Hyoscyamine sulfate</td>
<td>0.1037 mg.</td>
</tr>
<tr>
<td>Atropine sulfate</td>
<td>0.0194 mg.</td>
</tr>
<tr>
<td>Hyoscine hydrobromide</td>
<td>0.0065 mg.</td>
</tr>
<tr>
<td>Powdered opium, USP (equivalent to paregoric 100 mg.) (warning: may be habit forming)</td>
<td>24.0 mg.</td>
</tr>
<tr>
<td>Sodium benzoate (preservative)</td>
<td>60.0 mg.</td>
</tr>
<tr>
<td>Alcohol, 5%</td>
<td></td>
</tr>
</tbody>
</table>

Now with child-proof closure

**A.H. ROBINS**
A.H. Robins Company
Richmond, Virginia 23220
Continues to kill Staph. aureus and other burn wound invaders...

Furacin® soluble dressing
(nitrofurazone)
for dressing and re-dressing second- and third-degree burns

With the constant advent of new antibacterials, resistance patterns change...but today, as in 1947, Furacin (nitrofurazone) continues to be bactericidal against Staph. aureus, the most common burn wound invader, and one which frequently develops resistance to other antibacterials. Furacin is also bactericidal against most other bacteria commonly causing surface infection.

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

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

Contains: 0.2% Furacin (nitrofurazone). Indications: Adjunctive therapy for 2nd and 3rd degree burns when bacterial resistance to other agents is a real or potential problem. Skin grafting where bacterial contamination may cause graft rejection and/or donor site infections. Contraindications: Known prior sensitization to nitrofurazone. Warnings: Nitrofurazone has been shown to produce mammary tumors when fed at high doses to female Sprague-Dawley rats. The relevance of this to topical use in humans is unknown. Safe use of nitrofurazone during pregnancy has not been established. Use on women of child-bearing age is not recommended unless the therapeutic benefit outweighs the possible risk. Precautions: As with other topical antimicrobial agents, overgrowth of resistant organisms may occur. If this occurs, or if irritation, sensitization or superinfection develop, treatment with nitrofurazone should be discontinued and appropriate therapy instituted. Adverse Reactions: Furacin has not been significantly toxic in man by topical application. Sensitivity is low, with an overall incidence of 1.1 percent. Sensitivity reactions should be handled in a normal manner, except in the rare instance of severe contact dermatitis, when steroid administration may be indicated.
Because children's dietary inadequacies have no respect for income levels...

Further evidence indicating that vitamin and iron supplementation may be necessary in many children has emerged from the preliminary findings of the First Health and Nutrition Examination Survey (called the HANES study).* These findings indicate that large numbers of American children, of all income levels, are not receiving sufficient amounts of important nutrients. Iron deficiency with evidence of anemia, for example, is most marked from ages 1 through 17, while a substantial percentage of infants and children ranging in age from 1 through 5 are not receiving Recommended Dietary Allowances of Vitamin A and Vitamin C.


To help meet the need for iron and essential vitamins in the growing years

FLINTSTONES® Plus Iron Multivitamin Supplement
CHOCKS® Plus Iron Multivitamin Supplement
CHOCKS® BUGS BUNNY® Plus Iron Multivitamin Supplement

Each tablet contains 18 mg. of iron (as ferrous fumarate), as well as ten essential vitamins for which new U.S. Recommended Daily Allowances (U.S. RDA) have been established. Also available without iron as FLINTSTONES Multivitamin Supplement, CHOCKS Multivitamin Supplement and CHOCKS-BUGS BUNNY Multivitamin Supplement.

The people who care about good nutrition.

Miles Laboratories, Inc.
Elkhart, Ind. 46514 © 1975

FLINTSTONES Characters © 1971 Hanna-Barbera Productions, Inc.
BUGS BUNNY Characters © 1971 Warner Bros., Inc.
A potent, effective bronchodilator, now in syrup form!

NEW

Metaprel®

(metaproterenol sulfate)

Syrup

10 mg/5 ml

● Because Metaprel Syrup is SINGLE-ENTITY therapy, it is easily titrated to achieve maximum patient response with the least medication

● No sedatives or tranquilizers

● Good-tasting cherry flavor for pediatric use

● Efficacy of metaproterenol sulfate shown in double-blind study

Dorsey LABORATORIES
Division of Sandoz, Inc.
LINCOLN, NEBRASKA 68501

(See prescribing information on last page.)
**Metaprel Syrup**

*metaproterenol sulfate*

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

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

*Dosage depending upon patient's age and weight.*

---

**FEV₁ — Initial Test Dose**

<table>
<thead>
<tr>
<th>Hours After Test Dose</th>
<th>Metaprel</th>
<th>Placebo</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>1</td>
<td>10.0</td>
<td>0.0</td>
</tr>
<tr>
<td>2</td>
<td>20.0</td>
<td>0.0</td>
</tr>
<tr>
<td>3</td>
<td>30.0</td>
<td>0.0</td>
</tr>
<tr>
<td>4</td>
<td>40.0</td>
<td>0.0</td>
</tr>
</tbody>
</table>

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

---

**FEV₁ — Final Test Dose After 90 Days**

<table>
<thead>
<tr>
<th>Hours After Test Dose</th>
<th>Metaprel</th>
<th>Placebo</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>1</td>
<td>10.0</td>
<td>0.0</td>
</tr>
<tr>
<td>2</td>
<td>20.0</td>
<td>0.0</td>
</tr>
<tr>
<td>3</td>
<td>30.0</td>
<td>0.0</td>
</tr>
<tr>
<td>4</td>
<td>40.0</td>
<td>0.0</td>
</tr>
</tbody>
</table>

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

---

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

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

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

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

**Data on file. Dorsey Laboratories**

**Metaprel (metaproterenol sulfate) Prescribing Information**

**DESCRIPTION:** Chemically, Metaprel (metaproterenol sulfate) is 1-(3,5-dihydroxyphenyl) 3-[4-amino-4-oxo-3-oxo-5-phenyl-1,2,3,4-tetrahydroisoquinolin]-2-butyric acid, a white, crystalline, racemic mixture of two optically active isomers. It differs from isoproterenol hydrochloride by having two hydroxyl groups attached to the meta positions on the benzene ring rather than one at the meta and one at the para position.

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

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

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

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

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

**CONTRAINdications:** Use in patients with cardiac arrhythmias or associated with tachycardia is contraindicated.

**PRECAUTIONS:** Extreme care must be exercised with respect to the administration of additional sympathomimetic agents. A sufficient interval of time should elapse prior to administration of another sympathomimetic agent.

Because Metaprel (metaproterenol sulfate) is a sympathomimetic drug, it should be used with caution in patients with hypertension, coronary artery disease, congestive heart failure, hyperthyroidism and diabetes.

**Usage in Pregnancy:** Safety in pregnancy has not been established. Metaprel should not be used except with caution during pregnancy, weighing the drug's benefit to the patient against potential risk to the fetus. Studies of metaproterenol in mice, rats and rabbits have revealed no significant teratogenic effects at oral doses up to 50 mg/kg (3.1 times the recommended daily human dose) in rabbits, fetal loss and teratogenic effects have been observed at and above oral doses of 50 and 100 mg/kg, respectively.

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

**Dosage and Administration:** Children aged 6 years or weight under 50 lbs - one teaspoonful three to four times a day. Children over 6 years or weight over 50 lbs - two teaspoonfuls three to four times a day. Experience in children under the age of six is limited to seventy-eight children. Of this number, forty were treated with Metaprel (metaproterenol sulfate) Syrup for at least one month. In this group, daily doses of approximately 1.3 to 2.6 mg/kg were well-tolerated.

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

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

**Symptoms of Overdose:** The symptoms of overdosage are those of excessive beta adrenergic stimulation listed under Adverse Reactions.

**How Supplied:** Metaprel (metaproterenol sulfate) is available as a chewy flavored syrup, 10 mg per teaspoonful (5 ml) in 16 oz. bottles.

Metaprel is also available as 20 mg tablets in bottles of 100 and as micronized powder in 15 cc metered dose inhalers (approximately 0.65 mg delivered with each metered dose). For details on Metaprel (metaproterenol sulfate) Tablets and Metered Dose Inhaler, please refer to separate Prescribing Information.

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**Dorsey Laboratories**

Division of Sandor, Inc.

Lincoln, Nebraska 68501
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DOSE FOR DOSE, OUR BEST PENICILLIN BARGAIN

200 cc. The Anti-Inflationary Bottles.

Economics are involved in every prescription you write.
Dose for dose, our 200 cc bottle is 30% less costly
than our 80 cc size — and 10% less than the 200 cc size
of another leading brand of phenoxyethyl penicillin.

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

For Oral Solution:

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

Also available:

Tablets:

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

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

Contraindications: Previous hypersensitivity to penicillin

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

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

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

Indications: For relief of the inflammatory manifestations of corticosteroid responsive dermatoses. Contraindications: Topical steroids are contraindicated in vaccinia and varicella. Topical steroids are contraindicated in those patients with a history of hypersensitivity to any of the components of the preparation. Precautions: If irritation develops, the product should be discontinued and appropriate therapy instituted. In the presence of an infection the use of an appropriate antifungal or antibacterial agent should be instituted. If a favorable response does not occur promptly, the corticosteroid should be discontinued until the infection has been adequately controlled. If extensive areas are treated or if the occlusive technique is used, the possibility exists of increased systemic absorption of the corticosteroid and suitable precautions should be taken. Although topical steroids have not been reported to have an adverse effect on pregnancy, the safety of their use in pregnant females has not absolutely been established. Therefore, they should not be used extensively on pregnant patients, in large amounts, or for prolonged periods of time. The product is not for ophthalmic use. Adverse reactions: The following local adverse reactions have been reported with topical corticosteroids: burning, itching, irritation, dryness, folliculitis, hypertrichosis, acneform eruptions, hypopigmentation. The following may occur more frequently with occlusive dressings than without such therapy: maceration of the skin, secondary infection, skin atrophy, striae, miliaria. See package insert for full prescribing information.

Synalar® Cream
(fluocinolone acetonide)
0.025%