THE PHENERGAN® EXPECTORANT LINE
(two with codeine)

PHENERGAN® Expectorant
PLAIN (without codeine)

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PLAIN (without codeine)

PHENERGAN® Expectorant with
dextromethorphan PEDIATRIC

PHENERGAN® VC Expectorant with codeine C

Wyeth Laboratories
Philadelphia, Pa. 19101

For prescribing information
write to Professional Service,
Wyeth Laboratories, Box 8299,
Philadelphia, Pa. 19101, or
contact your local Wyeth
representative.
What does 100% pure Orange Juice from Florida have that both these women need?

Folic acid needs are increased by both pregnancy and oral contraceptives. During the third trimester of pregnancy, the RDA for folic acid is twice the normal amount. Folate deficiency is common during pregnancy and is highly related to megaloblastic anemia with associated risks of hemorrhage during delivery and abruptio placentae.

And, although an RDA has not been established for women taking oral contraceptives, evidence suggests that folic acid assimilation may be decreased among these women. Orange juice appears to be a reasonable and stable supplement for people needing additional amounts of folic acid.

Orange juice is an unusually good source of folic acid. There are many rich dietary sources of folate. But cooking or processing, in many cases, can destroy up to 95% of the initial folate. Orange juice not only has a relatively high level of folic acid. It is a stable source. Its high Vitamin C content protects the folate from oxidation and no folate is lost during home preparation since orange juice is not cooked. Also, the monoglutamic folate in orange juice is the most easily absorbed form. Best of all, your patients will love the taste of delicious 100% pure Orange Juice from Florida.

SOURCE: The facts about orange juice in this ad have been taken from Dr. Richard R. Streiff’s article, “Folate levels in citrus and other juices” published in the December 1971 issue of The American Journal of Clinical Nutrition.
Triaminic® Expectorant relieves coughs

1 2 3

Liquefies mucous with glyceryl guaiacolate to make coughs more productive

Decongests and restores nasal airway patency with phenylpropanolamine hydrochloride

Reduces nasal secretions with two antihistamines, pheniramine maleate and pyrilamine maleate

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%.

Indications: For use in providing temporary relief of coughs and nasal congestion 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 & Administration:
- Adults - 2 teaspoonfuls every 4 hours;
- children 1 to 6 - ½ teaspoonful every 4 hours;
- children 6 to 12 - 1 teaspoonful every 4 hours.


Dorsey LABORATORIES Division of Sandoz, Inc.
LINCOLN, NEBRASKA 68501
American Academy of Pediatrics

THE PEDIATRICIAN AND
THE CHILD WITH
MENTAL RETARDATION

The Committee on Children with Handicaps wrote this manual to provide pediatricians with up-to-date information for the treatment of children with mental retardation. Information pertaining to the history, causes, and treatment of mental retardation is included. The Committee has attempted to provide simple, useful material to professionals dealing with mental retardation. The pediatric problems associated with this condition and the right of the child to adequate community service are highlighted.

The manual is divided into three parts: A General Approach to the Problem, Professional Aspects, and The Patient and Society. The role of individual disciplines in the diagnosis and treatment of mental retardation, the role of the physician as coordinator of the other disciplines, and attitudes toward mental retardation are discussed. This manual attempts to give pediatricians all the aspects of mental retardation they must know to diagnose and treat it properly.

Indexed; illustrated; 160 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

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Ilosone* (erythromycin estolate)

Warning

Hepatic dysfunction with or without jaundice has occurred, chiefly in adults, in association with erythromycin estolate administration. It may be accompanied by malaise, nausea, vomiting, abdominal colic, and fever. In some instances, severe abdominal pain may simulate an abdominal surgical emergency. If the above findings occur, discontinue Ilosone promptly. Ilosone is contraindicated for patients with a known history of sensitivity to this drug and for those with preexisting liver disease.

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

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

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

A therapeutic dose should be administered for at least ten days. Alpha-Hemolytic Streptococci (Viridans Group)—Short-term prophylaxis against bacterial endocarditis prior to dental or other operative procedures in patients with a history of rheumatic fever or congenital heart disease who are hypersensitive to penicillin. (Erythromycin is not suitable prior to genitourinary surgery when the organisms likely to lead to bacteremia are gram-negative bacilli or belong to the enterococcus group of streptococci.)

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

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

Mycoplasma pneumoniae—In the treatment of primary atypical pneumonia when due to this organism.

Treponema pallidum—As an alternate treatment in penicillin-allergic patients. In primary syphilis, spinal-fluid examinations should be done before treatment and as part of follow-up after therapy.

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

C. minutissimum—In the treatment of erythrasma.

Entamoeba histolytica—In the treatment of intestinal amebiasis only.

Extraenteric amebiasis requires treatment with other agents.

Listeria monocytogenes—Infections due to this organism.

Contraindication: Known hypersensitivity to this antibiotic.

Warnings: (See Warning box above.) The administration of erythromycin estolate has been associated with the infrequent occurrence of cholesterol hepatitis. Laboratory findings have been characterized by abnormal hepatic function test values, peripheral eosinophilia, and leukocytosis. Symptoms may include malaise, nausea, vomiting, abdominal cramps, and fever. Jaundice may or may not be present. In some instances, severe abdominal pain may simulate the pain of biliary colic, pancreatitis, perforated ulcer, or an acute abdominal surgical problem. In other instances, clinical symptoms and results of liver function tests have resembled findings in extrahepatic obstructive jaundice.

Initial symptoms have developed in some cases after a few days of treatment but generally have followed one or two weeks of continuous therapy. Symptoms reappear promptly, usually within forty-eight hours after the drug is readministered to sensitive patients. The syndrome seems to result from a form of sensitization, occurs chiefly in adults, and has been reversible when medication is discontinued.

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

Precautions: Caution should be exercised in administering the antibiotic to patients with impaired hepatic function.

Adverse Reactions: Dose-related abdominal cramping and discomfort, nausea, vomiting, and diarrhea have been noted.

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

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

Additional information available to the profession on request

DISTA PRODUCTS COMPANY
Division of Eli Lilly and Company, Inc.
Indianapolis, Indiana 46206

[0235]
The critics* love it!

"Very good cherry flavor."

"It tastes like cherries."

"Cherry. It tastes good, smooth."

The new cheerful cherry flavor of Ilosone® Liquid 250 erythromycin estolate 250 mg.† per 5 ml.

*Children in Junior Taste-Test Panels, Consumer Preference Laboratory, Distal Products Company.†Equivalent to erythromycin.
RECOMMENDATIONS FOR DAY CARE CENTERS FOR INFANTS AND CHILDREN

Basic standards for day care centers were published by the Academy in 1971. These standards were intended only as a guideline until Recommendations for Day Care Centers for Infants and Children could be compiled and published.

The recommendations in this manual, written by the Committee on Infant and Preschool Child, provide ways for improving the development of a satisfactory program for children cared for in centers. The Committee has attempted to define a level of care which will promote growth and development instead of a minimum level of care. The recommendations are flexible enough to be used by centers in all areas as the emphasis is on using community resources rather than spending large sums of money which may not be available.

This manual will be a valuable aid for those establishing new centers or those wishing to improve existing centers.

Indexed; 66 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
With 45 non-prescription cough preparations already listed in PDR, Number 46 had better be something special.

In treating coughs and upper respiratory congestion due to colds and flu, new NOVAHISTINE DMX antitussive-decongestant merits special consideration.

NOVAHISTINE DMX provides the highest decongestant/expectorant levels per label dose of any non-prescription cough product. And, because the label dose is consistent with the physician-recommended dose, there's less confusion for the patient. Package dosage instructions are given for adults and children down to age 2.

NOVAHISTINE DMX combines an effective decongestant, a non-narcotic antitussive, and a recognized expectorant in an effective therapeutic dose when taken as recommended. And there's no antihistamine-related drowsiness or drying effect.

DOSAGE: Adults and older children, two teaspoonsfuls. Children 6 to 12, one teaspoonful. Children 2 to 5, one-half teaspoonful. To be taken 3 or 4 times a day. May be given to children under 2 at the discretion of the physician.

Each 5 ml. contains dextromethorphan hydrobromide 10 mg., pseudoephedrine hydrochloride 30 mg., guaifenesin (glyceryl guaiacolate) 100 mg., and alcohol 10%.

DOW PHARMACEUTICALS
The Dow Chemical Company
Indianapolis, IN 46268

Specialists in Cough and Cold Care

NEW Novahistine® DMX
For effective, convenient, economical cough and cold relief
When it's pinworms, treat the family

Povan® (pyrvinium pamoate)

- the No. 1 prescribed product for the management of pinworms
- over 16 years of proved clinical effectiveness and safety
- no measurable absorption from the GI tract—minimal systemic side effects
- one dose—one time—that's all that's usually required
- two dosage forms: Tablets and Suspension—suitable for the entire family

Povan—there's a form for every member of the family.
PARKE-DAVIS
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.


The people who care about good nutrition.
Miles Laboratories, Inc.
Elkhart, Ind. 46514 © 1975

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.

FLINTSTONES Characters © 1971 Hanna-Barbera Productions, Inc.
BUGS BUNNY Characters © 1971 Warner Bros., Inc.
2:30 a.m. is a miserable time.

Particularly when there's a child in the home who has a coughing attack, complicated by congestion. It's a familiar problem for most parents.

But familiar problems have familiar solutions—NOVAHISTINE EXPECTORANT decongestant-antitussive.

Novahistine Expectorant is a favorite of pediatricians because at 2:30 a.m., time-proven relief is needed.

And when expectorant action is not needed, there's Novahistine DH decongestant-antitussive.

NOVAHISTINE® EXPECTORANT C

Each 5 ml. contains: codeine phosphate, 10 mg. (warning: may be habit forming); phenylephrine hydrochloride, 10 mg.; chlorpheniramine maleate, 2 mg.; guaifenesin (glyceryl guaiacolate), 100 mg.; chloroform, 13.5 mg.; alcohol, 5%.

NOVAHISTINE® DH C

The same formula as Novahistine Expectorant without guaifenesin.

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

See PDR for dosage instructions.
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).

JANUARY


EPILEPSY FOR THE PEDIATRICIAN, course, Durham, North Carolina, January 15-17 (December, p. 1,087).

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

DEVELOPMENTAL PEDIATRICS, course, Baltimore, Maryland, January 29 and 30 (November, p. 841).

FEBRUARY


PEDIATRIC NEUROLOGY AND NEUROSURGERY, symposium, Maracaibo, Venezuela, February 19-21 (December, p. 1,087).

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

CHILDHOOD CANCER AND LEUKEMIA, symposium, Memphis, Tennessee, February 27 and 28 (October, p. 624).

MARCH

DEVELOPMENTAL DISABILITIES, symposium, Baltimore, Maryland, March 1 and 2 (December, p. 1,087).

PEDIATRIC TOPICS, annual meeting, Salt Lake City, Utah, March 1-3 (November, p. 841).

NUTRITION, symposium, Tampa, Florida, March 4 and 5 (November, p. 841).

MYELOMENINGOCELE, symposium, Cincinnati, Ohio, March 11-13 (December, p. 1,087).

CARDIAC RADIOLOGY, course, San Francisco, California, March 21-25 (October, p. 624).

PERINATAL MEDICINE, conference, Columbus, Georgia, March 24 and 25 (December, p. 1,087).


PEDIATRIC AND ADOLESCENT GYNECOLOGY, international symposium, Lausanne, Switzerland, March 25-27 (January, p. 167).

PEDIATRIC INFECTIOUS DISEASES, symposium, Milwaukee, Wisconsin, March 26 and 27 (December, p. 1,087).

APRIL

DIABETES AND OTHER ENDOCRINE DISORDERS, symposium, New York, New York, April 1 and 2 (December, p. 1,088).

NEONATOLOGY—1976, course, Atlanta, Georgia, April 5-7 (December, p. 1,088).

PEDIATRIC NUTRITION, course, Iowa City, Iowa, April 5-9 (December, p. 1,088).

GASTROINTESTINAL PROBLEMS IN PEDIATRICS, course, Honolulu, Hawaii, April 7-9 (January, p. 167).

DILEMMAS IN NEONATAL PEDIATRICS, symposium, Indianapolis, Indiana, April 20 and 21 (December, p. 1,088).

AMBULATORY PEDIATRICS, annual meeting, St. Louis, Missouri, April 26 and 27 (January, p. 167).

CYSTIC FIBROSIS, symposium, St. Louis, Missouri, April 27 (January, p. 168).

MEDICAL GENETICS, symposium, Debrecen-Hajdúsávoszió, Hungary, April 27-29 (December, p. 1,088).

MAY


ENDOCRINOLOGY AND METABOLISM, course, Charlottesville, Virginia, May 6-8 (January, p. 168).

EUROPEAN SOCIETY OF HUMAN GENETICS, annual meeting, Athens, Greece, May 7-9 (July, p. 157).

PEDIATRIC CARDIOLOGY, international symposium, Baltimore, Maryland, May 24-26 (January, p. 168).

JUNE

PEDIATRIC NUTRITION, course, Iowa City, Iowa, June 7-11 (January, p. 168).

SEPTEMBER

PEDIATRIC ENDOCRINOLOGY, international congress, Milan, Italy, September 30 and October 1 (November, p. 842).
Now you can help make it a better place

It's important to discover the visually deficient child early, certainly between the first and fourth grades. Now you can, with the Titmus Vision Tester—a compact, portable instrument developed after 30 years of research. It makes vision testing fun for any child. Children can be made familiar with the symbols, and the test is a happy game usually taking less than 3 minutes. The Titmus Vision Tester offers a practical, time and space-saving means for indentifying children as young as 3½ years who are the most likely to benefit from professional eye care. Best of all, a nurse or other qualified person can be trained in minutes to administer the tests. We'll be happy to bring an instrument to you for demonstration.

Titmus Optical Company, Inc. • Petersburg, Virginia 23803
TRANSPORT OF HIGH-RISK NEW BORN INFANTS

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.
The three pathogens pictured below probably account for a major share of the bacterial infections you see in your office practice. In treating infections caused by susceptible strains of these organisms, Larotid (amoxicillin) has demonstrated both a high degree of clinical efficacy and a low incidence of diarrhea and other side effects. Larotid is also effective against susceptible strains of nonpenicillinase-producing staphylococci, Strep. faecalis, E. coli, P. mirabilis and N. gonorrhoeae – but not against Pseudomonas, penicillinase-producing staphylococci or most strains of Klebsiella-Enterobacter.

The pediatric pathogens:

H. INFLUENZAE
Larotid (amoxicillin) has shown 97% overall efficacy in otitis media due to H. influenzae (36 of 37 patients).*

BETA-HEMOLYTIC STREPTOCOCCUS
Larotid has shown 86% overall efficacy in upper respiratory infections due to beta-hemolytic streptococci (193 of 224 patients).*

D. PNEUMONIAE
Larotid (amoxicillin) has shown 100% overall efficacy in lower respiratory infections due to D. pneumoniae (16 of 16 patients).*

*Most patients were children under 12; all were treated with oral suspension at recommended doses. Overall efficacy was based on the number of evaluable cases showing success or improvement as determined by both clinical and bacteriologic criteria. In infections due to β-hemolytic streptococci, only successes are included. Data on file. Hoffmann-La Roche Inc., Nutley, New Jersey.

Please see last page of this advertisement for a summary of product information.
Larotid (amoxicillin) is almost completely absorbed from the gut—reaching blood, tissue and urine levels approximately twice as high as ampicillin at equal doses, even when taken with meals. As a result, the recommended pediatric dosage of Larotid is only 20 to 40 mg/kg/day in three divided doses without regard to meals, compared with 50 to 100 mg/kg/day for ampicillin. The cost of 10 days of therapy with Larotid oral suspension is usually comparable to that of 10 days of therapy with most branded ampicillin suspensions in children of the same body weight.

Diarrhea can be expected to occur more often in infants under two; however, the incidence of diarrhea in children treated with Larotid oral suspension has proved to be significantly lower than in those treated with ampicillin oral suspension—only 2.8% (24 of 847 patients) compared with 5.3% (15 of 282 patients) for ampicillin. As with all penicillins, of course, serious hypersensitivity reactions can occur, especially in atopic individuals.

**The broad spectrum pediatric penicillin:**

**VIRTUALLY COMPLETE ABSORPTION, EVEN WITH FOOD**

**HIGH BLOOD, TISSUE AND URINE LEVELS**

**LOW INCIDENCE OF DIARRHEA**

absorption is the reason

**Larotid oral suspension**

125 mg/5 ml and 250 mg/5 ml
Larotid
amoxicillin/Roche
the broad spectrum pediatric penicillin

- Excellent clinical results in pediatric infections due to susceptible bacteria
- Virtually complete absorption—even when taken with food or fluids
- Blood, tissue and urine levels approximately twice as high as ampicillin at equal doses
- Low incidence of diarrhea and other side effects to date
- T.I.D. dosage without regard to meals improves patient compliance

Before prescribing, please consult complete product information, a summary of which follows:

**Indications:** Infections due to susceptible gram-negative organisms: H. influenzae, E. coli, P. mirabilis and N. gonorrhoeae; and gram-positive organisms: streptococci (including Streptococcus faecalis), D. pneumoniae and nonpenicillinase-producing staphylococci. Therapy may be instituted prior to obtaining results from bacteriological and susceptibility studies to determine causative organisms and susceptibility to amoxicillin.

**Contraindications:** In individuals with a history of allergic reaction to penicillin.

**Warnings:** SERIOUS AND OCCASIONALLY FATAL HYPERSENSITIVITY (ANAPHYLACTOID) REACTIONS REPORTED IN PATIENTS ON PENICILLIN THERAPY. ALTHOUGH MORE FREQUENT FOLLOWING PARENTERAL THERAPY, ANAPHYLAXIS HAS OCCURRED IN PATIENTS ON ORAL PENICILLINS. MORE LIKELY IN INDIVIDUALS WITH A HISTORY OF SENSITIVITY TO MULTIPLE ALLERGENS. BEFORE THERAPY, INQUIRE CONCERNING PREVIOUS HYPERSENSITIVITY REACTIONS TO PENICILLINS, CEPHALOSPORINS OR OTHER ALLERGENS. IF ALLERGIC REACTION OCCURS, INSTITUTE APPROPRIATE THERAPY AND CONSIDER DISCONTINUANCE OF AMOXICILLIN SERIOUS ANAPHYLACTOID REACTIONS REQUIRE IMMEDIATE EMERGENCY TREATMENT WITH EPINEPHRINE. ADMINISTER OXYGEN, INTRAVENOUS STEROIDS AND AIRWAY MANAGEMENT, INCLUDING INTUBATION, AS INDICATED.

**Use in Pregnancy:** Safety in pregnancy not established.

**Precautions:** As with any potent drug, assess renal, hepatic and hematopoietic function periodically during prolonged therapy. Keep in mind possibility of superinfections with mycotic or bacterial pathogens; if they occur, discontinue drug and/or institute appropriate therapy.

**Adverse Reactions:** As with other penicillins, untoward reactions will likely be essentially limited to sensitivity phenomena and more likely occur in individuals previously demonstrating penicillin hypersensitivity and those with history of allergy, asthma, hay fever or urticaria. Adverse reactions reported as associated with use of penicillins: Gastrointestinal: Nausea, vomiting, diarrhea. Hypersensitivity Reactions: Erythematous maculopapular rashes, urticaria. NOTE: Urticaria, other skin rashes and serum sickness-like reactions may be controlled with antihistamines and, if necessary, systemic corticosteroids. Discontinue amoxicillin unless condition is believed to be life-threatening and amenable only to amoxicillin therapy.

**Liver:** Moderate rise in SGOT noted, but significance unknown. HEMIC AND LYMPHATIC SYSTEMS: Anemia, thrombocytopenia, thrombocytopenic purpura, eosinophilia, leukopenia, agranulocytosis. All are usually reversible on discontinuation of therapy and believed to be hypersensitivity phenomena.

**Dosage:** Ear, nose, throat, genitourinary tract, skin and soft tissues 250 mg every 8 hours. Children: 20 mg/kg/day in divided doses every 8 hours; under 6 kg, 1 ml of Pediatric Drops every 8 hours; children weighing 6-8 kg, 2 ml of Pediatric Drops every 8 hours; 8-18 kg, 4 ml of Pediatric Drops every 8 hours.

**Gonorrhea:** Acute uncomplicated anogenital and urethral infections—Males and females: 3 grams as a single oral dose. NOTE: Children weighing more than 8 kg should receive appropriate dose of oral suspension 125 mg or 250 mg. Patients weighing 20 kg or more should be dosed according to adult recommendations.

**Note:** In gonorrhea with suspected lesion of syphilis, perform dark-field examinations before amoxicillin therapy and monthly serological tests for at least four months. In chronic urinary tract infections, frequent bacteriological and clinical appraisals are necessary. Smaller than recommended doses should not be used. In stubborn infections, several weeks' therapy may be required. Except for gonorrhea, continue treatment for a minimum of 48-72 hours after patient is asymptomatic or bacterial eradication is evidenced. Treat hemolytic streptococcal infections for at least 10 days to prevent acute rheumatic fever or glomerulonephritis.

**Supplied:** Amoxicillin as the trihydrate: Capsules, 250 mg and 500 mg; oral suspension, 125 mg/5 ml and 250 mg/5 ml; pediatric drops, 50 mg/ml.

Roche Laboratories
Division of Hoffmann-La Roche Inc.
Nutley, New Jersey 07110
PACE is a personal assessment for continuing education.

It's a series of three-hour, written, self-scored, self-assessment examinations, containing patient management problems and multiple-choice questions.

Part I is now in the mail to all U.S.A. Fellows.

The remaining 5 parts will be mailed over the next 18 months at three-month intervals.

PACE is for you. We urge your support.

For further information or a non-member order form please contact:

American Academy of Pediatrics
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STAFF FELLOW

The National Institutes of Health, Public Health Service, Human Biochemical and Developmental Genetics, Neonatal and Pediatric Medicine Branch, National Institute of Child Health and Human Development, is offering an appointment of two years for a Staff Fellow. Minimum salary of $18,800 per year.

Duties will include clinical and laboratory investigative research of inborn errors of metabolism, intermediary metabolism, nutrition, and the biochemistry of human and mammalian development.

Candidate must be a M. D. Experience in Pediatrics preferred.

Position is available beginning July 1, 1976. Please submit curriculum vitae as soon as possible to:

Joseph D. Schulman, M. D.
Chief, Section on Human Biochemical and Developmental Genetics, NICHD
NATIONAL INSTITUTES OF HEALTH
Public Health Service
Building 10, RM 13N-256
Bethesda, Md. 20014
(301) 496-6683

An Equal Opportunity Employer M/F.
PREPARATION OF MANUSCRIPTS

A CURRENT issue of PEDIATRICS should be consulted for general style. Two complete copies of the manuscript (including tables and illustrations) must be supplied. ALL material (including tables and references) should be double-spaced and typed on white 8½ x 11-inch bond paper with margins at least 1¼ inches wide. Single-spaced material will be returned for retyping. Number pages consecutively.

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

The author’s style will be respected; however, writing should conform to acceptable English usage and syntax. Titles should be concise and clear, subtitles avoided. Terminology should follow Standard Nomenclature of Diseases and Operations. Give authors’ full names and professional degrees, principal author’s address, and name of institution(s) where work was done; omit departmental appointments unless necessary for special reasons. Slang, medical jargon, obscure abbreviations, and abbreviated phrasing should be avoided. Mathematical terms, formulas, abbreviations, units, and measurements must conform to usage in PEDIATRICS, based on standards in Science, 120:1078, 1954. The metric system will be used; equivalent measurement in the English system may be included in parentheses. Name of chemical compounds—not formulas—should be given. Proprietary names, if unavoidable, will be indicated by capitalization of the first letter. Conversions to accepted standards and terms should be made before the manuscript is submitted.

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

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

Thirty-eight years of laboratory testing—including patch tests and arm immersion experiments—confirm that Ivory is one of the mildest, least irritating soaps you can recommend. And 89 years of safe consumer use support this clinical experience.

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

*Summary of Procter & Gamble Market Research Study #80222. Available on request to interested physicians.
Cherry-Punch Flavored Oral Solution

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

The therapeutic benefits include:

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

For Oral Solution:

<table>
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<tr>
<th>Strength</th>
<th>Volume</th>
<th>Reconstituted Volume</th>
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<tr>
<td>125 mg (200,000 units)</td>
<td>5cc</td>
<td>200,000 units</td>
</tr>
<tr>
<td>250 mg (400,000 units)</td>
<td>5cc</td>
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Also available:

Tablets:

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<th>Strength</th>
<th>Volume</th>
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<tbody>
<tr>
<td>250 mg (400,000 units)</td>
<td>bottles of 100 and 1000</td>
<td>400,000 units</td>
</tr>
<tr>
<td>500 mg (800,000 units)</td>
<td>bottles of 100</td>
<td>800,000 units</td>
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</tbody>
</table>

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

Contraindications: Previous hypersensitivity to penicillin.

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

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

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

LEDERLE LABORATORIES, A Division of American Cyanamid Company, Pearl River, New York 10965
DOSE FOR DOSE, OUR BEST PENICILLIN BARGAIN
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, acneiform eruptions, hypopigmentation. The following may occur more frequently with occlusive dressings than without such therapy: maceration of the skin, secondary infection, skin atrophy, striae, milia. See package insert for full prescribing information.