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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.
** "Lacking substantial evidence of effectiveness as a fixed combination": For the prophylaxis and treatment of the symptoms associated with the common cold.

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and a low incidence of diarrhea3

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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—Streptococci (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. 8 h. (depending on infection site and offending organisms). Children—20-40 mg./kg./day orally q. 8 h. (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.
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Oral Suspension—125 mg./5 ml. and 250 mg./5 ml. in 80 ml. and 150 ml.
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(AMOXICILLIN) BRISTOL

BRISTOL LABORATORIES – Div. Bristol-Myers Company, Syracuse, New York 13201
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<th>Retail Price</th>
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<tr>
<td>Datril Elixir/4-oz.</td>
<td>UP TO $1.69</td>
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<tr>
<td>Tylenol Elixir/4-oz.</td>
<td>UP TO $2.10*</td>
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More than 90% of congenital adrenal hyperplasia (CAH) is attributable to an adrenal 21-hydroxylase deficiency.

Biochemical lesion of 21-hydroxylase impairs the synthesis of cortisol resulting in increased production of 17-hydroxyprogesterone (17-OHP).

The degree of impairment of cortisol biosynthesis and consequent hypersecretion of 17-OHP is directly related to the severity of the 21-hydroxylase lesion. The disease is manifested either as simple virilization (Type I), or the more severe virilizing form with salt loss and Addisonian crisis (Type II).

A specific RIA procedure for 17-OHP now allows the physician to screen for CAH and assess the severity of the 21-hydroxylase defect simultaneously.

Plasma 17-OHP RIA is a simple, direct method which involves no urine collections, requires a minimal plasma sample and is well quantitated. Contrary to previously employed urine procedures, dramatic differences between normals and patients affected with CAH are consistently observed. Levels from 6-2000 times greater than normal have been observed in patients with untreated CAH.*

**Normal levels of plasma 17-Hydroxyprogesterone:**

<table>
<thead>
<tr>
<th>Type</th>
<th>Range (ng/100 ml)</th>
<th>Mean (ng/100 ml)</th>
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<tr>
<td>Prepubertal Children</td>
<td>3-90</td>
<td>38</td>
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<tr>
<td>Adult Male</td>
<td>27-199</td>
<td>80</td>
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<tr>
<td>Adult Female, Follicular</td>
<td>15-70</td>
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<tr>
<td>Luteal</td>
<td>35-290</td>
<td>165</td>
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For Details concerning assay frequency, plasma collection, shipping instructions, or pick-up service, contact Endocrine Sciences, 18418 Oxnard Street, Tarzana 91356. Telephone (213) 345-6503

*Data from three years of clinical studies conducted by Endocrine Sciences and Pediatric Endocrinologists. Data available upon request.
A highly appropriate spectrum for gram-negative neonatal sepsis*

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10 mg. per ml.
Each ml. contains gentamicin sulfate equivalent to 10 mg. gentamicin
20 mg./2 ml. vials

Continuing effectiveness against Escherichia coli and other major gram-negative pathogens

Although attention has recently been drawn to the emergence of resistance of E. coli to certain commonly used antibiotics,1-3 a similar pattern of E. coli resistance to GARAMYCIN Pediatric Injectable has not been demonstrated to date.1,2 GARAMYCIN Pediatric Injectable also offers a high probability of effectiveness against other major gram-negative pathogens associated with neonatal infections.* These are:

Proteus, indole-negative
Proteus, indole-positive
Pseudomonas aeruginosa
Klebsiella
Enterobacter
Serratia} species

*When caused by susceptible organisms

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Moreover, GARAMYCIN Pediatric Injectable has been shown to be effective in serious staphylococcal infections.** It may be considered in those infections when the organism is resistant to the penicillins or when other less potentially toxic drugs are contraindicated. It may also be considered in mixed infections caused by susceptible strains of *Staphylococcus aureus* and gram-negative organisms.

**Well tolerated in neonates**

GARAMYCIN Pediatric Injectable appears to be well tolerated in neonates, infants, and children. The risk of toxic reactions is low, especially in patients with normal renal function who do not receive the drug at higher doses or for longer periods of time than recommended.

See Warning Box for statement on ototoxicity and nephrotoxicity.

**Convenience of administration**

GARAMYCIN Pediatric Injectable offers the versatility of either I.V. or I.M. administration... preparation is preconstituted and ready for use—requires no mixing, no refrigeration. 10 mg. per ml. concentration provides ease of calibration and less chance of dosage error especially in the low weight infant.

Available: 20 mg./2 ml. vials for single or multiple dose.

---

**WARNING**

Patients treated with GARAMYCIN Pediatric Injectable should be under close clinical observation because of the potential toxicity associated with the use of this drug.

Ototoxicity, both vestibular and auditory, can occur in patients, primarily those with pre-existing renal damage, treated with GARAMYCIN Pediatric Injectable usually for longer periods or with higher doses than recommended.

GARAMYCIN Pediatric Injectable is potentially nephrotoxic, and this should be kept in mind particularly when it is used in patients with pre-existing renal impairment.

Monitoring of renal and eighth nerve function is recommended during therapy of patients with known impairment of renal function. This testing is also recommended in patients with normal renal function at onset of therapy who develop evidence of nitrogen retention (increasing BUN, NPN, creatinine or oliguria). Evidence of ototoxicity requires dosage adjustments or discontinuance of the drug.

In event of overdose or toxic reactions, peritoneal dialysis or hemodialysis will aid in removal of gentamicin from the blood. In the newborn infant exchange transfusions may also be considered.

Serum concentrations should be monitored when feasible and prolonged concentrations above 12 mcg./ml. should be avoided.

Concurrent use of other neurotoxic and/or nephrotoxic drugs, particularly streptomycin, neomycin, kanamycin, cephalothin, vancomycin, polymyxin B, and polymyxin E (colistin), should be avoided.

The concurrent use of gentamicin with potent diuretics should be avoided, since certain diuretics by themselves may cause ototoxicity. In addition, when administered intravenously, diuretics may cause a rise in gentamicin serum level and potentiate nephrotoxicity.

See Clinical Considerations section which follows...
In neonatal sepsis... a highly appropriate spectrum

GARAMYCIN® Pediatric Injectable gentamicin sulfate
I.M./I.V.
Each ml contains gentamicin sulfate equivalent to 10 mg. gentamicin
20 mg./2 ml. vials

**WARNING**
Patients treated with GARAMYCIN Pediatric Injectable should be under close clinical observation because of the potential toxicity associated with the use of this drug. G compliments the activity of other antibiotics, can occur in patients, primarily those with pre-existing renal impairment, can be kept in mind particularly when it is used in patients with pre-existing renal impairment. Monitoring of renal and eighth nerve function is recommended during therapy of patients with known impairment of renal function. This testing is also recommended in patients with normal renal function at onset of therapy who develop evidence of nitrogen retention (increasing BUN, NPN, creatinine or oliguria). Evidence of ototoxicity requires dosage adjustments or discontinuation of the drug.

In event of overdose or toxic reactions, peripheral dialysis or hemodialysis will aid in removal of gentamicin from the blood. In the newborn intravascular exchange transfusions may also be considered.

Serum concentrations should be monitored when feasible and prolonged concentrations above 12 mcg./ml. should be avoided. Close observation of other nephrotoxic and/or neurotoxic drugs, particularly streptomycin, neomycin, kanamycin, capreomycin, neo-
mycin, polymixin B, and polymyxin E (colistin), should be avoided. The concurrent use of gentamicin with potent diuretics should be avoided, since certain diuretics by themselves may cause ototoxicity. In addition, when administered intravenously, diuretics may cause a rise in gentamicin serum level and potentiate neurotoxicity.

**CLINICAL CONSIDERATIONS: INDICATIONS**
GARAMYCIN Pediatric Injectable is indicated with due regard for relative toxicity of antibiotics, in the treatment of serious infections caused by susceptible strains of the following microorganisms: Proteus aerogenes, Proteus rettgeri, Serratia marcescens, and Staphylococcus aureus. These strains have been isolated from serious and severe infections of the central nervous system (meningitis), urinary tract, respiratory tract, gastrointestinal tract, skin, and soft tissue (including burns). In suspected or documented gram-negative sepsis, GARAMYCIN Pediatric Injectable may be considered as initial therapy. The decision to continue therapy with this drug should be based on the results of susceptibility testing of the infection, and the important additional concepts contained in the Warning Box. In the neonate with suspected sepsis or septic shock, the correct diagnosis is often difficult and the decision to treat should be made with caution. An aminoglycoside, particularly Garamycin, penicillin type drug is usually indicated as concomitant antimicrobial therapy.

GARAMYCIN Pediatric Injectable has been shown to be effective in selected nonopportunistic infections. It may be considered in those infections where the organism is resistant to the penicillins or other less potentially toxic drugs and where gentamicin is contraindicated. It may also be considered in mixed infections caused by susceptible strains of Staphylococcus aureus and gram-negative organisms.

Bacteriologic tests to detect the causative organisms and their susceptibility to gentamicin should be performed. Bacterial resistance to gentamicin develops slowly in stepwise fashion; there have been no reports of primary resistance to gentamicin.

**CONTRAINDICATIONS**
A history of hypersensitivity to gentamicin is a contraindication to its use.

**WARNINGS**
See Warning Box.

**PRECAUTIONS**
Neuromuscular blockade and respiratory paralysis may occur with gentamicin, especially if it is administered to patients receiving neuromuscular blocking agents such as succinylcholine or tubocurarine. Calcium or neostigmine may reverse these phenomena. Treatment with gentamicin may result in overgrowth of nonsusceptible organisms. If this occurs, appropriate therapy should be initiated.

ADVERSE REACTIONS
Nephrotoxicity: Adverse renal effects, as demonstrated by increased BUN, NPN, creatinine, or oliguria, have been reported. They occur more frequently in patients with a history of renal impairment usually treated with larger than recommended dosage.

Neurotoxicity: Adverse effects on both vestibular and auditory branches of the eighth nerve have been reported. They include hearing loss, tinnitus, vertigo, dizziness, or vertigo, and headache.

Transitory diarrhea, nausea, vomiting, and abdominal pain have occurred.

Neuromuscular blockade, respiratory paralysis, and respiratory depression occur with the use of neosteroids, cholinergic agents, such as theophylline, and certain other agents, such as succinylcholine.

Other adverse reactions, possibly related to the use of gentamicin, include increased serum transaminase (SGOT, SGPT), increased serum bilirubin, transient hyperglycemia, elevation of serum calcium; splanchnic, anemia, increased and decreased hematocrit, eosinophilia, hyperkalemia, hyperglycemia, hypocalcemia, and hypothyroidism.

**DOSE AND ADMINISTRATION**
GARAMYCIN Pediatric Injectable may be given intramuscularly or intravenously.

**For Intramuscular Administration:**
- **Children:** 3 to 5 mg./kg./day administered in three equal doses every 8 hours.
- **Infants and Neonates:** 5 to 8 mg./kg./day administered in two equal doses every 12 hours, or 3 equal doses every 8 hours.
- **Premature or Full Term Neonates One Week of Age or Less:** The total daily dose should be administered in two equal doses every 12 hours. The usual duration of treatment is 7 to 10 days. In patients with meningitis, ototoxicity is more apt to occur with treatment extended over 10 days.

**PATIENTS WITH IMPAIRED RENAL FUNCTION**
Dose must be adjusted in patients with impaired renal function. Since the creatinine clearance rate and serum creatinine clearance rate are in direct correlation with the serum half-life of gentamicin, these laboratory tests provide the guidance necessary for adjustments of gentamicin dosage. In adults the serum half-life (in hours) of gentamicin may be approximately equal to the serum creatinine clearance in minutes divided by 100. The frequency of administration (in hours) may be estimated by doubling the serum half-life or by multiplying the serum creatinine clearance in minutes by 10. These guidelines may be considered when treating infants and children with impaired renal impairment.

When GARAMYCIN Pediatric Injectable is indicated in children with renal failure undergoing hemodialysis, a twice-weekly recommended dosage of 2 mg/kg. at the end of each dialysis period is recommended. These guidelines are not intended as rigid recommendations, but are presented as an aid to dosage when the measurement of gentamicin serum levels is not feasible. They should be used in conjunction with close clinical and laboratory monitoring of the patient and modified as deemed necessary by the treating physician.

**For Intravenous Administration:**
- **The intravenous administration of GARAMYCIN Pediatric Injectable is indicated in those circumstances when the intramuscular route is not feasible (e.g., patients in shock, with hemolytic disorders, with severe burns, or with markedly reduced muscle mass).**
- **For intravenous administration a single dose of GARAMYCIN Pediatric Injectable may be diluted in sterile isotonic saline to a solution of dextrose 5% in water. The concentration of gentamicin in solution should normally not exceed 1 mg/ml. (0.1%) and should be infused over a period of 1 to 2 hours.**
- **The recommended dose for intravenous administration is identical to that recommended for intramuscular use.**

GARAMYCIN Pediatric Injectable should not be physically premixed with other drugs but should be administered separately in accordance with the recommended route of administration and dosage schedule.

**HOW SUPPLIED**
- **GARAMYCIN Pediatric Injectable, 20 mg./2 ml., multiple-dose vials, for parenteral administration.**
- **Also available, GARAMYCIN Injectable, 40 mg./ml., multiple-dose vials, for parenteral administration.**

**For more complete prescribing details, consult Package Insert for Parenteral Dosage.**

Scherling pharmaceuticals is also available from your Schering Representative or Professional Services Department. Schering Corporation, Kenilworth, New Jersey 07033.

**March 1973**

AHSF Category 8-12-28 SLR-2L2

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To obviate the trauma of allergy skin tests

Phadebas RAST®

A new in vitro procedure for the determination of specific IgE antibodies.

Pharmacia Laboratories Inc.
800 Centennial Avenue
Piscataway, N.J. 08854

Kindly forward additional information:
☐ on the Phadebas RAST procedure and published clinical data.
☐ on Pharmacia Reference Laboratory services.
☐ Please have your representative contact me.

A sensitive in vitro procedure that is:
- convenient for both patient and physician
- unaffected by drug therapy
- allows testing in patients with severe skin disease
- valuable as a follow-up to immunotherapy

Pharmacia Laboratories Inc. Piscataway, N.J. 08854
Over a decade of controlled studies and clinical experience has shown the effectiveness of Ritalin in reducing the hyperactivity, distractibility, and disorganized behavior in the MBD child.

By lessening the effects of motor and attentional disorders, Ritalin can help the MBD child to better focus his attention on meaningful stimuli and thus can often improve cognition and promote learning.

And side effects – insomnia and appetite loss – with Ritalin have occurred less frequently than with dextroamphetamine.

Indeed, Ritalin is currently a drug of choice in many MBD situations, and can prove to be an important element in many complete remedial programs for MBD.

Therapy with Ritalin should be undertaken only after a medical diagnosis of MBD has been made. Drug treatment is not indicated for all children with MBD.

Dosage should be periodically interrupted. Often, these interruptions reveal some “stabilization” in the child's behavior even without medication, permitting a reduction in dosage and eventual discontinuance of drug therapy.
the treatment of MBD

1974

“...an effective agent in the alleviation of the hyperkinetic disorder...”
Hoffman et al, 1974
Ritalin® hydrochloride ©
(methylphenidate hydrochloride)

TABLETS

INDICATION
Minimal Brain Dysfunction in Children—As adjunct to other remedial measures (psychological, educational, social).

Special Diagnostic Considerations
Specific etiologies of MBD (minimal brain dysfunction) are not known; however, children suspected of having MBD should be given any appropriate diagnostic test. Adequate diagnosis requires the use not only of medical but also of special psychological, educational, and social resources.

Characteristics commonly reported include: chronic history of short attention span, distractibility, emotional liability, impulsivity, and moderate to severe hyperactivity; minor neurological signs and abnormal EEG. Learning may or may not be impaired. 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. Stimulants are not intended for use in the child who exhibits symptoms secondary to environmental factors and/or primary psychiatric disorders, including psychosis. Appropriate educational placement is essential and psycho-social intervention is generally necessary. When remedial 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.

CONTRAINDICATIONS
Minimal brain dysfunction and asthma, since Ritalin may aggravate these symptoms. Also contraindicated in known or suspected hypersensitivity to the drug and in patients with glaucoma.

WARNINGS
Ritalin should not be used in children under six years, since safety and efficacy in this age group have not been established. Sufficient data on safety and efficacy of long-term use of Ritalin in children with minimal brain dysfunction are not yet available. Although a causal relationship has not been established, suppression of growth (i.e., weight gain and/or height) has been reported with long-term use of stimulants in children. Therefore, children requiring long-term therapy should be carefully monitored.

Ritalin should not be used for severe depression of either exogenous or endogenous origin or for the prevention of normal fatigue states.

Ritalin may lower the convulsive threshold in patients with or without prior seizures; with or without prior EEG abnormalities, even in absence of seizures. Safe concomitant use of anti-convulsants and Ritalin has not been established. If seizures occur, Ritalin should be discontinued. Use cautiously in patients with hypertension. Blood pressure should be monitored at appropriate intervals in all patients taking Ritalin, especially those with hypertension.

Drug Interactions
Ritalin may decrease the hypotensive effect of guanethidine. Use cautiously with pressor agents and MAO inhibitors. Ritalin may inhibit the metabolism of anticoagulants, anti-convulsants (phenobarbital, diphenylhydantoin, primidone), phenylbutazone, and tricyclic antidepressants (imipramine, desipramine). Downward dosage adjustments of these drugs may be required when given concomitantly with Ritalin.

Usage in Pregnancy
Adequate animal reproduction studies to establish safe use of Ritalin during pregnancy have not been conducted. Therefore, until more information is available, Ritalin should not be prescribed for women of childbearing age unless, in the opinion of the physician, the potential benefits outweigh the possible risks.

Drug Dependence
Ritalin should be given cautiously to emotionally unstable patients, such as those with a history of drug dependence or alcoholism, because such patients may increase dosage on their own initiative. Chronically abusive use may lead to marked tolerance and psychic dependence with varying degrees of abnormal behavior. Frank psychotic episodes can occur, especially with parenteral abuse. Careful supervision is required during drug withdrawal, since severe depression as well as the effects of chronic overactivity can be unmasked. Long-term follow-up may be required because of the patient's basic personality disturbances.

PRECAUTIONS
Patients with an element of agitation may react adversely; discontinue therapy if necessary. Periodic CBC, differential, and platelet counts are advised during prolonged therapy.

ADVERSE REACTIONS
Nervousness and insomnia are the most common adverse reactions but are usually controlled by reducing dosage and omitting the drug in the afternoon or evening. Other reactions include: hyperactivity (including skin rash, urticaria, fever, arthralgia, exfoliative dermatitis, erythema multiforme with histopathological findings of necrotizing vasculitis, and thrombocytopenic purpura); anosmia; nausea; dizziness; palpitations; headache; dyskinesia; drowsiness; blood pressure and pulse changes, both up and down; tachycardia; angina; cardiac arrhythmia; abdominal pain; weight loss during prolonged therapy. Toxic psychosis has been reported. Although a definite causal relationship has not been established, the following have been reported in patients taking this drug: leukopenia and/or anemia; a few instances of scalp hair loss. In children, loss of appetite, abdominal pain, weight loss during prolonged therapy, insomnia, and tachycardia may occur more frequently; however, any of the other adverse reactions listed above may also occur.

DOSAGE AND ADMINISTRATION
Children with Minimal Brain Dysfunction (6 years and over)
Start with small doses (eg, 5 mg before breakfast and lunch) with gradual increments of 5 to 10 mg weekly. Daily dosage above 60 mg is not recommended. If improvement is not observed after appropriate dosage adjustment over a one-month period, the drug should be discontinued.

If paradoxical aggravation of symptoms or other adverse effects occur, reduce dosage, or, if necessary, discontinue the drug. Ritalin should be periodically discontinued to assess the child's condition. Improvement may be sustained with the drug is either temporarily or permanently discontinued.

Drug treatment should not and need not be indefinite and usually may be discontinued after puberty.

HOW SUPPLIED
Tablets, 20 mg (peach, scored); bottles of 100 and 1000.
Tablets, 10 mg (pale green, scored); bottles of 100, 500, 1000 and Accu-pak blister units of 10. Tablets, 5 mg (pale yellow); bottles of 100, 500, and 1000.

Consult complete product literature before prescribing.

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

References:
Breathing Exercises for Asthmatic Children

A physician or therapist must show the asthmatic child the correct breathing technique, but he cannot be present for the child's daily exercises. With the aid of this booklet, which was written to help asthmatic children institute and maintain correct breathing patterns, the child can practice the exercises by himself. The booklet is well illustrated, and the text is printed in big, bold letters for easy reading by young children. There is a chart on which the child can record his exercises to encourage him to use the booklet daily.

Prepared by the Section on Allergy of the American Academy of Pediatrics.
Prices: $1.00 each; six or more, 30¢ each.

AMERICAN ACADEMY OF PEDIATRICS
P. O. Box 1034
Evanston, Illinois 60204
Measles, mumps, and rubella are "simple" childhood diseases... until serious complications develop

The complications that can result from measles. Bronchopneumonia, middle ear infection, and encephalitis are complications that frequently make measles a severe disease. From 1966 through 1971 the average annual rate of occurrence of reported encephalitis was 95.7 per 100,000 cases of measles. Death from measles occurs primarily in children under five years of age, with about one half the fatalities occurring in children under two years.

Measles has by no means been eradicated. Although the incidence of measles has been greatly reduced within the last decade, the disease has not been eradicated. Persisting incidence of measles must be regarded as significant, especially in view of the potential for complications. The decline in incidence which occurred after the introduction of live measles virus vaccine (1963) was interrupted in 1969, and by 1971 there was a nationwide resurgence of the disease. This upswing in incidence correlates with a steadily declining use of vaccine between 1966 and 1970. Widespread use of vaccine for susceptible children is urged in the effort to reduce further the incidence of measles.

Mumps can have serious, even fatal, consequences. In 1971, 310 cases of encephalitis associated with mumps were reported in the United States, and 288 cases were reported in 1970. One half of the reported cases from 1967 through 1970 occurred in children 5 to 9 years old. According to yearly reports from 1960 to 1969, there was a relatively constant incidence of 2 to 4 cases of mumps encephalitis in every 1,000 cases of mumps. From 1960 to 1968, the case fatality ratio likewise showed relative constancy, with a range of 1.6 to 3.8 deaths per 10,000 reported cases of mumps.

Congenital defects that may result from maternal rubella. The risk of congenital defects, such as deafness, congenital heart disease, cataract, and psychomotor retardation, is greatest following maternal rubella infection during the first four months of pregnancy. In one study, multiple defects occurred in almost all affected infants. Furthermore, infants infected in utero may shed rubella virus in pharyngeal secretions for weeks or months. They remain infective for susceptible persons during this period.
You can vaccinate against all three with just one injection...

**M-M-R**

*(MEASLES, MUMPS AND RUBELLA VIRUS VACCINE, LIVE | MSD)*

Single-Dose Vials

M-M-R, a single injection, simplifies your routine vaccination program for susceptible children age one to puberty. Given at 12 months of age, M-M-R provides for vaccination early in life against measles, mumps, and rubella. (Clinical experience with live attenuated measles, mumps, and rubella virus vaccines given individually indicates that encephalitis and other nervous system reactions have occurred very rarely. These might occur also with M-M-R. See brief summary on following page for a more complete discussion.)

In 715 triple seronegative children age 7 months to 8 years receiving M-M-R, antibodies were induced against measles in 96 percent, against rubella in 94 percent, and against mumps in 95 percent. It is expected that antibody levels produced by M-M-R will be as durable as those produced by administration of the single vaccines given separately.

The adverse clinical reactions associated with the use of

M-M-R are those expected to follow administration of the monovalent vaccines given separately. These may include fever and rash; mild local reactions such as erythema, induration, tenderness, and regional lymphadenopathy; parotitis; thrombocytopenia and purpura; allergic reactions such as urticaria; and arthritis, arthralgia, and polyneuritis. Moderate fever (101-102.9 F) occurs occasionally, and high fever (above 103 F) occurs less commonly. On rare occasions, children developing fever may exhibit febrile convulsions. Rash occurs infrequently and is usually minimal without generalized distribution.

Combination measles, mumps and rubella virus vaccine, live, is recommended for use by the Committee on Infectious Diseases of the American Academy of Pediatrics (AAP) and the United States Public Health Service (USPHS) Advisory Committee on Immunization Practices.1-7

For a brief summary of prescribing information, please see following page.
Vaccination against measles, mumps, and rubella with just one injection

M-M-R® (MEASLES, MUMPS AND RUBELLA VIRUS VACCINE, LIVE [MSD])
Single-Dose Vials

Contraindications: Pregnancy or possibility of pregnancy within three months following vaccination; infants less than one year old; sensitivity to chicken or duck, chicken or duck eggs or feathers, or neomycin; any febrile respiratory illness or other active febrile infection; active untreated tuberculosis; therapy with ACTH, corticosteroids, irradiation, alkylating agents, or antimetabolites; blood dyscrasias, leukemia, lymphomas of any type, or other malignant neoplasms affecting the bone marrow or lymphatic systems; gamma globulin deficiency, i.e., agammaglobulinemia, hypogammaglobulinemia, and dysgammaglobulinemia.

Precautions: Administer subcutaneously; do not give intravenously. Epinephrine should be available for immediate use should an anaphylactoid reaction occur. Should not be given less than one month before or after immunization with other live virus vaccines, with the exception of monovalent or trivalent poliovirus vaccine, live, oral, which may be administered simultaneously; vaccination should be deferred for at least three months following blood transfusions or administration of more than 0.02 ml immune serum globulin (human) per pound of body weight, or human plasma.

Due caution should be employed in children with a history of febrile convulsions, cerebral injury, or any other condition in which stress due to fever should be avoided. The physician should be alert to the temperature elevation which may occur 5 to 12 days after vaccination. Excretion of the live attenuated rubella virus from the throat has occurred in the majority of susceptible individuals administered the rubella vaccine. There is no definitive evidence to indicate that such virus is contagious to susceptible persons who are in contact with the vaccinated individuals. Consequently, transmission, while accepted as a theoretical possibility, has not been regarded as a significant risk.

Attenuated live virus measles, mumps, and rubella vaccines, given separately, may temporarily depress tuberculin skin sensitivity; therefore, if a tuberculin test is to be done, it should be scheduled before vaccination, to avoid the possibility of a false negative response.

Before reconstitution, refrigerate vaccine at 2–8 C (35.6–46.4 F) and protect from light. Use only diluted supplied to reconstitute vaccine. If not used immediately, return reconstituted vaccine to refrigerator at 2–8 C (35.6–46.4 F), and discard after eight hours.

Adverse Reactions: To date, clinical evaluation has not revealed any adverse reactions peculiar to the combination.

Fever, rash: mild local reactions such as erythema, induration, tenderness, regional lymphadenopathy; parotitis; thrombocytopenia and purpura; allergic reactions such as urticaria; arthritis, arthralgia, and polyneuritis. Occasionally, moderate fever (101–102.9 F); less commonly, high fever (above 103 F): rarely, febrile convulsions. Encephalitis and other nervous system reactions that have occurred very rarely with the individual vaccines may also occur with the combined vaccine. Experience from more than 44 million doses of all live measles vaccines given in the U.S. by mid-1971 indicates that significant central nervous system reactions such as encephalitis, occurring within 30 days after vaccination, have been temporally associated with measles vaccine approximately once for every million doses. In no case has it been shown that reactions were actually caused by vaccine. The Center for Disease Control has pointed out that "a certain number of cases of encephalitis may be expected to occur in a large childhood population in a defined period of time even when no vaccines are administered. A survey conducted in New Jersey in 1965 showed that 2.6 cases of encephalitis (of unknown cause) occurred per million children, ages 1-9 years per 30-day period." However, the Center for Disease Control has analyzed the reported reactions following measles vaccines and pointed out that "the clustering of cases in the period 6 through 13 days after inoculation as well as the recovery of measles virus (probably the vaccine strain) from the CSF of one patient does suggest that some of these cases may have been caused by the vaccine. The risk of such serious neurological disorders following live measles virus vaccine administration remains far less than that for encephalitis with measles (one per thousand reported cases).

Transient arthritis, arthralgia, and polyneuritis are features of natural rubella and occur in frequency and severity with age and sex, being greatest in adult females and least in prepubertal children. Such reactions have been reported with live attenuated rubella virus vaccines. Symptoms relating to joints (pain, swelling, stiffness, etc.) and to peripheral nerves (pain, numbness, tingling, etc.) occurring within approximately two months after immunization should be considered as possibly vaccine related. Symptoms have generally been mild and of no more than three days' duration. The incidence in prepubertal children would appear to be less than 1% for reactions that would interfere with normal activity or necessitate medical attention.

How Supplied: Single-dose vials of lyophilized vaccine, containing when reconstituted not less than 1,000 TCD50 (tissue culture infectious doses) of measles virus vaccine, live, attenuated, 5,000 TCID50 of mumps virus vaccine, live, and 1,000 TCID50 of rubella virus vaccine, live, expressed in terms of the assigned titer of the FDA Reference Measles, Mumps, and Rubella Viruses, and approximately 25 mcg neomycin, with a disposable syringe containing diluent and fitted with a 25-gauge, ½” needle. Also in boxes of 10 single-dose vials nested in a pop-out tray with a separate box of 10 diluent-containing syringes.

For more detailed information, consult your MSD representative or see full prescribing information. Merck Sharp & Dohme, Division of Merck & Co., Inc., West Point, Pa. 19486.
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 pledge 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.

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

AURALGAN® OTIC SOLUTION PROMPTLY RELIEVES THE PAIN
American Academy of Pediatrics

MEMORIAL AND ENDOWMENT FUND FOR CHILDREN

was established in 1974 by the Executive Board for the primary purpose of making financial resources available to practicing pediatricians to encourage and assist them in accomplishing investigation and research that will improve the health and welfare of children.

Four pediatricians recently received grants ranging to $2,500 for their clinical research.

The number and size of future grants to be distributed to Fellows depend entirely upon the generosity of your contributions to the Fund.

Please mail your donations to:

ALEXANDER HATOFF, M.D.
Fund Administrator

AMERICAN ACADEMY OF PEDIATRICS
1801 Hinman Avenue
Evanston, Illinois 60204

REVISED FORMULA

HYCOMINE® PEDIATRIC SYRUP (III)

DESCRIPTION Each teaspoonful (5 ml) contains:

Hydrocodone bitartrate ... 2.5 mg
WARNING: May be habit forming
Phenylpropanolamine hydrochloride.................. 12.5 mg

USUAL DOSAGE (ages 6-12 yrs.) 1 teaspoonful every four hours after meals and at bedtime (not to exceed 6 teaspoonfuls in a 24 hour period).

ACTIONS Hydrocodone bitartrate is an effective semisynthetic narcotic antitussive. Phenylpropanolamine is a sympathomimetic amine which provides nasal decongestion.

INDICATIONS To control cough and to provide symptomatic relief of congestion in the upper respiratory tract due to the common cold, pharyngitis, tracheitis, and bronchitis.

CONTRAINDICATIONS Hypersensitivity to any component of the drug.

PRECAUTIONS Use with caution in diabetes, hyperthyroidism, hypertension and cardiovascular disease. Since drowsiness and dizziness may occur, patients should be cautioned about activities requiring alertness.

Before prescribing antitussive medication to suppress or modify cough, it is important to ascertain that the underlying cause of the cough is identified, that modification of the cough does not increase the risk of clinical or physiologic complications, and that appropriate therapy for the primary disease is provided.

ADVERSE REACTIONS HYCOMINE® PEDIATRIC SYRUP is generally well tolerated. Occasional drowsiness, cardiac palpitation, dizziness, nervousness, or gastrointestinal upset may occur.

HOW SUPPLIED As a green-colored, fruit-flavored syrup.

CAUTION Federal law prohibits dispensing without prescription.

Oral prescription where permitted by State Law.
SPECIFIC SYMPTOMS:
Coughs of Colds

SPECIFIC THERAPY:
HYCOMINE® PEDIATRIC SYRUP

Revised Formula Each teaspoonful (5 ml) contains: hydrocodone bitartrate 2.5 mg
(Warning: May be habit forming) and phenylpropanolamine HCl 12.5 mg

Specific symptomatology requires specific therapy.
And that's why we reformulated HYCOMINE® Pediatric Syrup — to specifically treat coughs of colds and accompanying nasal congestion.

New HYCOMINE® Pediatric Syrup contains hydrocodone bitartrate, a highly effective antitussive, and phenylpropanolamine HCl, a well-absorbed oral nasal decongestant. Especially formulated for children, HYCOMINE® Pediatric Syrup allows for convenient full-teaspoon dosage.

Helps stop persistent coughing while it helps relieve nasal congestion

Usual Pediatric Dosage: (ages 6-12 yrs.)
1 teaspoonful every four hrs. after meals and at bedtime (not to exceed 6 teaspoonfuls in a 24-hour period).

Note: Telephone Rx's permitted in most states. Rx's may be refilled 5 times within six months.*

*Where permitted by state laws and regulations.
HYCOMINE® is an Endo Registered U.S. Trademark.

Please see full prescribing information.
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.

Gantrisin®
acetyl sulfisoxazole/Roche
Pediatric Suspension

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.

Established safety

Gantrisin is rapidly absorbed and excreted. Its high solubility minimizes the threat of crystalluria and possible renal damage. While side effects are few, during any sulfonamide therapy adequate fluid intake should be maintained, and urinalysis with careful microscopic examination should be performed frequently.

Economical

Gantrisin costs less than most other therapies—significantly less.

10-14 days’ therapy

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

Good-tasting flavors

The rich raspberry flavor of the Pediatric Suspension and the chocolate flavor of the Syrup are readily acceptable to children.

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 responses.

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 rashes, 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, pruritis, toxic nephrosis with oliguria and anuria. Periarteritis nodosa and L.E. phenomenon have occurred. Due to certain chemical similarities with some goitrogenic, 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.

Supplied: Pediatric Suspension and Syrup containing the equivalent of 0.5 Gm sulfisoxazole per teasp.

Roche Laboratories
Division of Hoffmann-La Roche Inc.
Nutley, New Jersey 07110

Usual pediatric dosage
(0.5 Gm/5-ml teasp.)

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<td>1¼ teasp. / 20 lbs</td>
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“But we still have some medicine from his last strep throat!”
Some patients just won't complete the full course of prescribed oral therapy. This is becoming an all too common occurrence. Especially in strep pharyngitis when patients can be asymptomatic after only 5 days.

One way to save a "noncomplying patient" from himself is to administer penicillin parenterally. Then, therapy is in your hands alone. You know exactly how much medication your patient receives.

Bicillin® C-R produces initial high, followed by long lasting, penicillin blood levels. Given in adequate doses, Bicillin C-R usually controls pharyngitis, tonsillitis and other common susceptible streptococcal infections in children.†


FOR DEEP INTRAMUSCULAR INJECTION ONLY

This product is not indicated for continuous prophylaxis of rheumatic fever or in the treatment of venereal diseases.

†Indications: The treatment of moderately severe infections due to penicillin-G susceptible microorganisms susceptible to serum levels common to this dosage form. Therapy should be guided by bacteriological studies (including susceptibility testing) and by clinical response. NOTE: When high-sustained serum levels are required sodium or potassium penicillin G either IM or IV should be used. This drug should not be used in the treatment of venereal diseases including syphilis, gonorrhea, yaws, bejel, and pinta.

The following infections usually respond to adequate dosages of this drug: Streptococcal infections (group A—without bacteraemia). Moderately severe to severe infections of the upper respiratory tract, skin and soft tissue infections, scarlet fever and erysipelas. To prevent rheumatic fever or glomerulonephritis, in most instances, a measurable blood concentration of penicillin must be maintained for at least 10 days. NOTE: Streptococci in groups A, C, G, H, L and M are very sensitive to penicillin G. Other groups, including group D (enterococci) are resistant. Sodium or potassium penicillin G is recommended for streptococcal infections with bacteraemia. Pneumococcal infections. Moderately severe pneumonia and otitis media. NOTE: Severe pneumonia, empyema, bacteraemia, pericarditis, meningitis, peritonitis and arthrosis of pneumococcal etiology are better treated with sodium or potassium penicillin G during acute stage.

Contraindications: Previous hypersensitivity reaction to any penicillin or to procaine.

Warnings: Serious and occasionally fatal hypersensitivity (anaphylactoid) reactions have been reported. Although anaphylaxis is more frequent following parenteral therapy it has occurred with oral penicillins. Reactions are more apt to occur in individuals with a history of sensitivity to multiple allergens. Reports of individuals with a history of penicillin hypersensitivity reactions who have had severe hypersensitivity reactions when treated with a cephalosporin have been well documented. Before penicillin therapy, inquire carefully concerning previous hypersensitivity reactions to penicillins, cephalosporins and other allergens. If allergic reaction occurs, drug should be discontinued and patient treated with the usual agents, e.g., pressor amines, antihistamines and corticosteroids.

Precautions: Penicillin should be used with caution in individuals with histories of significant allergies and/or asthma. Care should be taken to avoid intravenous or intraarterial administration or injection into or near major peripheral nerves or blood vessels, since such injections may cause severe neurologic reactions.

Bicillin® C-R produces initial high, followed by long lasting, penicillin blood levels. Given in adequate doses, Bicillin C-R usually controls pharyngitis, tonsillitis and other common susceptible streptococcal infections in children.†

Where's he going to get his calcium if he won't or can't drink milk?

If he has milk allergy, he's beyond the age of high-calcium, milk-free formulas. And would probably refuse them anyway. A special high-calcium diet is just as impractical.

Or maybe he simply dislikes milk. And backs up the decision with all the power of his two-year-old stubbornness. Yet he needs calcium, and will through adolescence.

Consider Neo-Calglucon<sup>®</sup> Syrup (glubionate calcium) the only liquid calcium supplement.

Orange-flavored Neo-Calglucon Syrup is phosphorus free for better calcium absorption. It rarely provokes G.I. irritation.

Each tablespoonful (15 ml.) contains 345 mg. of elemental, well-absorbed calcium. By comparison, an 8-oz. glass of whole milk supplies 267 mg. of calcium.* Neo-Calglucon Syrup is the most soluble of the nonirritating calcium salts.

Recommend Neo-Calglucon Syrup. Keep the child's vital needs for calcium well supplied . . . regardless of diet, allergies, or the mountain-like stubbornness of a two-year-old "No!"


**USUAL DOSAGE**

As a dietary supplement†

**Infants**

1 teaspoonful (5 ml.) 5 times daily

(may be taken undiluted, mixed with infant's formula, or with fruit juice)

**Children under 4 years of age**

2 teaspoonfuls (10 ml.) 3 times daily

**Children 4 or more years of age**

1 tablespoonful (15 ml.) 3 times daily

†Supplies the approximate US Recommended Daily Allowance for calcium-adjust dosage to individual patient needs.
Welcome to our new Spanish language edition

Beginning with this month's issue, Pediatrics will be translated into Spanish. Angel Ballabriga, M.D., Professor of Pediatrics in the Autonomous University and Chairman of the Children's Hospital of the Seguridad Social, Barcelona, Spain, will be the guest editor. Our Spanish edition will be published and distributed by Ediciones Doyma in Spain to approximately 15,000 physicians caring for children.

We hope that our new readers in Spain will find Pediatrics useful in their practices. Professor Ballabriga will select, for highlighting, those articles he believes to be of particular interest to Spanish physicians.

If this venture is judged to be mutually successful, we hope that it will be but the first of several steps planned to bring Pediatrics to a wider international audience.

JEROLD F. LUCEY, M.D.

Where's the hyperactive child going?

Hyperactivity in childhood, and its correlates of behavior problems and learning disorders, is a problem that pediatricians are facing with increasing frequency. Newspapers, magazines, scientific journals, and other media have popularized this topic and consequently parents, teachers, psychologists, and just friends are looking at children in a new light. As a result, physicians are frequently being asked how a child's learning abilities can be improved or maximized, what will happen when he grows up, if medication is indicated, and a variety of related questions. In this issue of Pediatrics Huessy and Cohen present data on hyperkinetic children followed over a seven-year period. Data like these are needed
SCHEDULE OF MEETINGS

ANNUAL MEETINGS

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-Eight
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 11 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
When otitis externa makes them unhappy, Cortisporin® Otic Drops helps them smile (from ear to ear).

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.

Cortisporin® Otic Drops Sterile
(polymyxin B-neomycin-hydrocortisone)

Each cc contains; Aerosporin® 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 inactive ingredients cetyl alcohol, propylene glycol, polysorbate 80, purified water and thimerosal (preservative) 0.01%.

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

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**FOR DEEP INTRAMUSCULAR INJECTION ONLY.**

**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 bacteriologic studies (including sensitivity tests) and clinical response. The following infections usually respond to adequate dosage of IM benzathine penicillin G:

- **Streptococcal infections** (Group A without bacteremia). Mild to moderate upper respiratory infections (e.g., pharyngitis).
- **Vernal infections:** Syphils, yaws, bejel, and pinta.
- **Medical Conditions:** In which Benzathine Penicillin G Therapy is indicated as Prophylaxis.
- **Rheumatic fever and/or chorea**—prophylaxis with benzathine penicillin G has proven effective in preventing recurrence of these conditions. It has also been used as followup prophylactic therapy for rheumatic heart disease and acute glomerulonephritis.

**Contraindications:** Previous hypersensitivity reaction to any penicillin.

**Warnings:** Serious and occasionally fatal hypersensitivity (anaphylactic) reactions have been reported. Anaphylaxis is more frequent following parenteral therapy but has occurred with oral penicillins. These reactions are more apt to occur in individuals with history of sensitivity to multiple allergens. Severe hypersensitivity reactions with cephalosporins have been well documented in patients with history of penicillin hypersensitivity. Before penicillin therapy can carefully inquire into previous hypersensitivity to penicillins, cephalosporins and other allergens. Allergic reaction occurs, discontinue drug and treat with usual agents, e.g., pressor amines, corticosteroids and corrinoids.

**Precautions:** Use cautiously in individuals with histories of significant allergies and/or asthma. Carefully avoid intravenous or intravascular use or injection into or near major peripheral nerves or blood vessels, since such injection may produce neurovascular damage. In streptococcal infections, therapy must be sufficient to eliminate the organism, otherwise the sequelae of streptococcal disease may occur. Take cultures following completion of treatment to determine whether streptococci have been eradicated.

Prolonged use of antibiotics may promote overgrowth of non-susceptible organisms including fungi. Take appropriate measures if superinfection occurs.

**Adverse Reactions:** Hypersensitivity reactions reported are skin eruptions (maculopapular to exfoliative dermatitis), urticaria and other serum sickness-like reactions, laryngeal edema and anaphylaxis. Fever and eosinophilia may frequently be only reaction observed. Hemolytic anemia, leukopenia, thrombocytopenia, neuropathy and nephropathy are infrequent and usually associated with high parenteral doses.

As with other antibiotics, Jarisch-Herxheimer reaction has been reported.

**Composition:** Benzathine penicillin G as active ingredient in aqueous suspension:

- 300,000 units per cc. 10-cc. multi-dose vial. Each cc. also contains sodium citrate buffer, approximately 6 mg, lecithin, 3 mg, povidone, 1 mg, carboxymethylcellulose, 0.5 mg, sorbitan monopalmitate, 0.5 mg, polyethylene sorbitan monopalmitate, 1.2 mg, methylparaben and 0.14 mg, propylparaben.
- 600,000 units in 1-cc. TUBEX® (sterile cartridge-needle unit). Wyeth. packages of 10
- 900,000 units in 1-cc. TUBEX® (sterile cartridge-needle unit). Wyeth. packages of 10
- 1,200,000 units in 2-cc. TUBEX® (sterile cartridge-needle unit). Wyeth. 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% lecithin, 0.6% carboxymethylcellulose, 0.6% povidone, 0.1% methylparaben and 0.01% propylparaben

**INJECTION**

Bicillin® L-A (sterile benzathine penicillin suspension)

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

Wyeth Laboratories
Philadelphia, Pa 19101
A Rapid Sensitive Test System for Detecting the Presence of Endotoxins at Concentrations of at least 1.0 ng/ml

Studies have demonstrated that lysate of the amebocytes of the Horseshoe Crab (*Limulus polyphemus*) will clot in the presence of picogram quantities of endotoxins which may be contaminants of parenteral fluids or clinical specimens such as cerebral spinal fluid.

The use of LAL for testing serum or urine has been reported. However, its use for this purpose is not firmly established.

To eliminate your preparation of pyrogen-free glassware, Microbiological Associates provides:

- Freeze dried lysate. Product container serves as test vial.
- Endotoxin standards.
- Inhibition Control.
- Pyrogen free water.
- Pyrogen free capillary pipettes.
- Pyrogen free specimen collection vials.

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<td>50-500</td>
<td>Provides for 20 tests</td>
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<td>(with 1 set of controls)</td>
<td>1-19 pkgs. $74.00/pkg.</td>
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<td>20-49 pkgs. 68.50/pkg.</td>
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<td>50-100 pkgs. 61.65/pkg.</td>
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<td>50-503</td>
<td>Provides for 5 tests</td>
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<td>(with 5 sets of controls)</td>
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This product is not intended as a replacement for the established USP rabbit test for pyrogens nor for the detection of endotoxemia in man.

For additional information please call us Toll Free 800-638-0998. Maryland customers call (301) 845-8021.

Microbiological Associates
A Division of Whittaker Corporation
BUILDING 100
BIGGS FORD ROAD
WALKERSVILLE, MARYLAND 21793
The first canker sore visualized by scanning electron microscopy

**Before therapy**
(magnification 50×)
Prior to treatment with Proxigel
1. Canker sore ulcer (partially obscured by overlying material)
2. Coronal margin of ulcer
3. Air bubble artifact
4. Detritus particle
5. Floor of ulcer crater (obscured by overlying material)

**After therapy**
(magnification 50×)
6 minutes posttreatment
1. Canker sore ulcer and surrounding tissue clearly revealed (overlying material has been removed)
2. Coronal margin of ulcer revealed in its entirety
3. Air bubble artifacts
4. Fine network of individual cell margins characteristic of normal oral mucosa
5. Floor of ulcer crater
6. Compacted and distorted surface morphology

And in your clinical practice…
- Proxigel provides longer oxygenating action as it aids debridement of the affected area.
- Proxigel is bactericidal against certain pathogens of the mouth, helps inhibit odor-causing bacteria.
- Proxigel helps soothe painful tissue and aids in healing canker sore lesions.
- ... also adjunctive therapy in gingivitis, periodontitis, stomatitis, Vincent’s infection and denture irritation.

*Data on file, Reed & Carnrick Research Department.

Proxigel®
Active Ingredient: Carbamide Peroxide 11% in water-free gel base.
**ORAL ANTI-SEPTIC & CLEANSER**
Adjunctive therapy for canker sores

Reed & Carnrick/Kenilworth, N.J. 07033
Cold or allergy?

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

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

But right now, whether he’s got allergic rhinitis or a cold, he’s suffering from the same irritating symptoms of drip, congestion and stuffiness. Try Dimetapp® Elixir. It’s formulated to relieve these symptoms without much chance of causing drowsiness or overstimulation. And its grape flavor is really tasty. Your patients will like it, and their parents will like the way it is accepted.

*Whether it’s a cold or an allergy, Dimetapp® Elixir relieves stuffiness,*
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 symptomatic relief of upper respiratory infection, rhinitis, acute sinusitis, asthma, hay fever, nasal congestion, pharyngitis, bronchitis, and otitis.

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

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

SIDE EFFECTS: Hypersensitivity reactions including skin rashes, urticaria, hypotension and thrombocytopenia have been reported on rare occasions. Drowsiness, lassitude, nausea, giddiness, dryness of the mouth, mydriasis, increased irritability or excitement may be encountered.

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

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

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

NOW AVAILABLE
Report of the Committee on Infectious Diseases
Seventeenth Edition

This report, also known as the Red Book, has been updated and expanded. It now includes an enlarged section on parasitic diseases and a newly prepared set of tables on antimicrobial drugs.

Indexed; 227 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
In cystitis/pyelitis/pyelonephritis

Bacteriuria
A Common Denominator

Bacteriuria takes on special significance in both the younger and older age groups...

"Among children, urinary tract infections are considered the second most common disease, exceeded only by upper respiratory infections."

"Prevention of progressive renal disease due to infection depends on prompt recognition, evaluation and treatment... Even in the absence of progressive renal damage, recurrent infection is associated with significant morbidity and absenteeism from school in older children."

"Both symptomatic and asymptomatic urinary tract infections become exceedingly common in old age."

"(A finding of significant bacteriuria)...in 20% of women over 65 years and men over 70 years...compares with an incidence of 3% in women age 45 to 65 and men 65 to 70. (Brackets are ours.)"

"The reasons for such an escalation of bacteriuria rates...are probably related to residual urine and changes in either the local or systemic defense mechanisms of the aging bladder."

"In cystitis/pyelitis/pyelonephritis due to susceptible organisms. See information concerning susceptible organisms under Indications in Prescribing Information.

FURADANTIN BRIEF SUMMARY

INDICATIONS: Indicated for the treatment of pyelonephritis, pyelitis, and cystitis due to susceptible Escherichia coli, enterococci, S. aureus (it is not indicated for the treatment of associated renal cortical or periurethral abscesses) and certain strains of Klebsiella-Aerobacter, Proteus and Pseudomonas.

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

WARNINGS: May cause hemolytic anemia of the primate sensitivity type, apparently linked to a glucose-6-phosphate dehydrogenase deficiency. 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:

Gastrointestinal Reactions—Anorexia, nausea, vomiting, and abdominal pain are the most frequent reactions. Less frequent, abdominal pain and diarrhea, rarely, hepatitis. This dose-related toxicity reaction can be minimized by reduction of dosage, especially in the female patient.

Hypersensitivity Reactions—Pulmonary sensitivity reactions, which can be acute, subacute, or chronic. Acute reaction is commonly manifested by fever, chills, cough, chest pain, dyspnea, pulmonary infiltration with consolidation or pleural effusion on X-ray and eosinophilia. The acute reactions usually occur within the first week of treatment and resolve with cessation of the drug therapy.

Subacute or chronic pulmonary reaction is associated with prolonged therapy. Insidious onset of malaise, dyspnea on exertion, cough, altered pulmonary function, and roentgenographic and roentgenographic findings of diffuse interstitial pneumonia or fibrosis or both are common manifestations. Impaired pulmonary function may result even after cessation of the drug therapy.

Dermatologic Reactions—Maculopapular, erythematous, or edematous eruption, pruritus, urticaria, and angioedema.

Other Sensitivity Reactions—Anaphylaxis, asthmatic attack in patients with history of asthma, cholestatic jaundice, drug fever and arthritis.

Hematologic Reactions—Hemolytic anemia, granulocytopenia, eosinophilia, and megakaryocytic anemia. Return of the blood picture to normal has followed cessation of therapy.

Neurological Reactions—Peripheral neuropathy, headache, dizziness, nystagmus, and drowsiness.

Miscellaneous Reactions—Transient eosinophilia.

SUPPLIED: FURADANTIN (nitrofurantoin) is supplied as round, yellow, bisected imprinted tablets of 50 mg (coded "Eaton 036") and 100 mg (coded "Eaton 037") in bottles of 25, 100 and 500 tablets.

FURADANTIN Tablets are also available in hospital unit-dose packages, strip packaged in boxes of 100.

FURADANTIN (nitrofurantoin) Oral Suspension, 25 mg per 5 cc, in bottles of 60 and 473 cc.

REFERENCES
1. Libert. J. Physiol. 5, 695-72, Jan. 1974
Furadantin® (nitrofurantoin)
Oral Suspension
25 mg per 5 cc In bottles of 60 and 473 cc
An Uncommon Dosage Form

☐ For long-term or short-term therapy of pediatric/geriatric infections of the urinary tract.*
☐ Dosage may be titrated to lowest effective level to meet individual patient needs.
☐ Unique, pleasant-tasting oral suspension for patients who cannot swallow capsules or tablets and for fractional dosage in infants (NOTE: contraindicated in infants under one month).
☐ Compatible with food or milk.
☐ Consistently effective against the major uropathogens — E. coli, enterococci, Staph aureus and Klebsiella — Aerobacter.
☐ Will not alter intestinal or introital flora; will not foster bacterial resistance.

*In cystitis/pyelitis/pyelonephritis due to susceptible organisms. See information concerning susceptible organisms under Indications in Prescribing Information.

Provides undiminished efficacy without disturbing G.I. flora

MAIL THIS COUPON TODAY

Now Eaton can do even more for your patients with urinary tract infection. Complete the coupon and mail it to EATON LABORATORIES and you will receive a complimentary EATON Diagnostic/Treatment Kit for Urinary Tract Infection. Each kit contains a supply of diagnostic MICROSTIX® -3 with instructions and enough samples to start selected patients on FURADANTIN® Oral Suspension.

Send for your complimentary EATON Diagnostic/Treatment Kit for Urinary Tract Infection

Complete and mail to:
EATON LABORATORIES

Please send a complimentary EATON Diagnostic/Treatment Kit for Urinary Tract Infection to:

Name [ ] M.D.
Home Address
City
State Zip Code

Offer Expires June 30, 1976

Originators and Developers of the Nitrofurans
EATON LABORATORIES
Division of Morton-Norwich Products, Inc.
Norwich, N.Y. 13815

EAFOS 7885
For little people with big coughs and colds...

Tuss-Ornade cough/cold liquid

orange-pineapple flavored

Before prescribing, see complete prescribing information in SK&F literature or PDR. The following is a brief summary.

**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:

Lacking in substantial evidence of effectiveness as a fixed combination; for relief from coughing, upper respiratory congestion and hypersecretion associated with the common cold, sinusitis, vasomotor rhinitis and allergic rhinitis.

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

**Contraindications:**
Hypersensitivity to any component, concurrent MAO inhibitor therapy; severe hypertension, bronchial asthma, coronary artery disease; stenosing peptic ulcer; pyloroduodenal or bladder neck obstruction. Do not use 'Tuss-Ornade' liquid in children less than six months of age or under 15 lbs. in weight. Do not use 'Tuss-Ornade' Spansule capsules in children under 12 years of age.

**Warnings:**
Warn vehicle or machine operators of possible drowsiness. Warn patients of possible additive effects of alcohol and other CNS depressants.

**Usage in Pregnancy:**
Use in pregnancy, nursing mothers and women who might bear children only when potential benefits have been weighed against possible hazards. An inhibitory effect on lactation may occur.

**Effect on PBI Determination and 131I Uptake:**
The iodine in isopropamide iodide may alter PBI test results and will suppress 131I uptake; use thyroid tests unaffected by exogenous iodides.

**Precautions:**
Use with caution in persons with cardiovascular disease, glaucoma, prostatic hypertrophy, hyperthyroidism.

**Adverse Reactions:**
Drowsiness; excessive dryness of nose, throat or mouth; nervousness, insomnia; nausea, vomiting, diarrhea; rash; dizziness; weakness; tightness of chest; angina pain; abdominal pain; irritability; palpitation; headache; incoordination; tremor; difficulty in urination; thrombocytopenia, leukopenia; convulsions; hypertension, hypotension, anorexia; constipation; visual disturbances; iodine toxicity (acne, parotitis); dysuria, epigastric distress.

**Supplied:**

*Trademark
Each 5 ml. teaspoonful contains 5 mg. caramiphen eclysate; 2 mg. Teladin® (brand of chlorpheniramine maleate); 1.5 mg. phenylpropanolamine hydrochloride, 0.75 mg. isopropamide, as the iodide and alcohol, 7.5%.

**SK&F Smith Kline & French Laboratories**
Division of SmithKline Corporation, Philadelphia, Pa. 19101
Before prescribing or administering, see package circular.

**taming allergic dermatoses with strong emotional overlay...**

**Atarax® Syrup**

(hydroxyzine hydrochloride)

10 mg per 5 ml, ethyl alcohol 0.5% v/v

- **rapid antianxiety action**
- **demonstrated antihistaminic activity**

**Contraindications:** Hypersensitivity to hydroxyzine. Hydroxyzine, 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:** Hydroxyzine may potentiate the action of central nervous system depressants such as meperidine and barbiturates. In conjunctive use, dosage for these drugs should be reduced. Because drowsiness may occur, patients should be cautioned against driving a car or operating dangerous machinery.

**Adverse Reactions:** Drowsiness may occur; if so, it is usually transitory and may disappear in a few days of continued therapy or upon dosage reduction. Dryness of the mouth may occur with higher doses. Involuntary motor activity, including rare instances of tremor and convulsions, has been reported, usually with higher than recommended dosage.

**Supply:** Tablets, containing 10 mg, 25 mg, or 50 mg hydroxyzine hydrochloride, 100's and 500's; Tablets, containing 100 mg, 100's; Syrup, containing 10 mg per teaspoonful (5 ml) and ethyl alcohol 0.5% v/v, pint bottles.

Before prescribing or administering, see package circular.
Under simulated physiological conditions, Viokase digests 100 times its weight of dietary protein; 150 times its weight of starch; 70 times its weight of fat. Contains esterases, peptidases, nucleases, elastase and other enzymes of pancreas.

“The initiation of dietary and pancreatic replacement therapy prior to or with the appearance of early signs of gastrointestinal involvement in the absence of pulmonary symptoms permits nearly normal growth and development. It will diminish the usual complaints of frequent, loose, foul movements, protuberant abdomen and excessive appetite, it will markedly reduce the incidence of rectal prolapse and possibly secondary fecal impaction which may result in intestinal obstruction.”*

- Costs your patient less than other pancreatic preparations.
- Effectiveness confirmed by more than 20 years of clinical experience.

**Composition:** Viokase is a high lipase pancreatic enzyme concentrate of porcine origin containing standardized amylase, protease and lipase activities, plus esterases, peptidases, nucleases and elastase. Each 325 mg tablet contains 100 N.F. units per mg of protease, 150 N.F. units per mg amylase, and 20 N.F. units per mg of lipase. Each tablet contains sufficient pancreatic enzymes to digest in vitro 32 grams of dietary protein, 48 grams of dietary starch, and 23 grams of dietary fat. Viokase contains less than 1% fat. NOT ENTERIC COATED.

**Indications:** As a digestive aid in cystic fibrosis: replacement therapy where digestion of protein, carbohydrates and fat is inadequate due to pancreatic insufficiency.

**Administration and dosage:** Powder: ½ teaspoon (0.75 grams) with meals. Tablets: 1 to 3 tablets with meals.

**Warnings:** None.

**Precautions:** Use with caution in patients known to be allergic to pork protein.

**How supplied:** Powder: Bottles of 4 ounces and 8 ounces. Tablets: Bottles of 100 and 500.

**Literature available** on request. For those exceptional patients allergic to pork we offer Bovine Pancreas Substance.

**VIOKASE®**

4xN.F. Protease
6xN.F. Amylase
10xN.F. Lipase (whole pancreas)

**Pancreatic replacement for C/F patients**

“We have used pancreatin (Viokase) in powder or tablet form as an effective product since 1951.”*


**VIOBIN**

VIOBIN CORPORATION
A Subsidiary of A.H. Robins Company
Monticello, Illinois 61856
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 caries. Too much fluoride, and there is danger of dental fluorosis.

LURIDE Drops - Each pleasantly flavored (sugar-free) chewable lozenge-type tablet contains 1.6 mg fluoride (from 2.2 mg sodium fluoride). LURIDE Lozi-Tabs 0.5 mg (half-strength). Each pleasantly flavored (sugar-free) chewable lozenge-type tablet contains 0.5 mg fluoride (from 1.1 mg sodium fluoride). LURIDE Drops - Each calibrated drop (0.033 ml) from the dropper bottle contains approximately 0.1 mg fluoride (from 0.22 mg sodium fluoride) equivalent to 0.1 ppm in water. Contraindications: LURIDE Lozi-Tabs are contraindicated when the fluoride content of drinking water exceeds 0.3 ppm. LURIDE Lozi-Tabs and LURIDE Drops are contraindicated when the drinking water contains 0.7 ppm F or more. Precaution: Recommended dosage should not be exceeded since prolonged over-dosage may result in dental fluorosis. Administration and Dosage. When drinking water contains 0 to 0.3 ppm F, age three and over - 10 drops or one tablet daily. When drinking water contains 0.3 to 0.6 ppm F, age three and over - one tablet daily. Lowering water contains 0.7 ppm F, age three and over - one tablet daily or one-half the drop dosage of older children. Supplies: Drops: 40 ml drop-delivery plastic bottle. Lozi-Tabs: chewable lozenge-type tablets, bottles of 120. Bottles of 1000 and 5000 for dispensing only. Available in cherry, lemon, lime, orange and rainbow assortment flavors. 0.5 LURIDE Lozi-Tabs tablets (half-strength), bottles of 120, bottles of 1200 for dispensing only, grape flavored.


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 caries 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.)
a pediatric vaccine line that's more than a line...

Meruvax®
(Rubella Virus Vaccine, Live | MSD)

MumpsVax®
(Mumps Virus Vaccine, Live | MSD)

Attenuvax®
(Measles Virus Vaccine, Live, Attenuated | MSD)

Biavax®
(Rubella and Mumps Virus Vaccine, Live | MSD)

M-R-Vax®
(Measles and Rubella Virus Vaccine, Live | MSD)

M-M-R®
(Measles, Mumps and Rubella Virus Vaccine, Live | MSD)

*Trademark of Merck & Co., Inc.*
it's an integrated system from Merck Sharp & Dohme

Color-coded packaging — instant identification of the vaccine you want

Disposable syringes — containing a diluent that can be used interchangeably with any of the vaccines in the line

Nurse's handbook — professional information on use and administration of live virus vaccines

Office test records — practical aids in keeping your records up to date

Patient's personal record — provides parents with a record at a glance of vaccines given to date

For a brief summary of prescribing information, please see following page.
pediatric vaccines from Merck Sharp & Dohme

Indications: ATTENUVAX® (Measles Virus Vaccine, Live, Attenuated, MSD)—Active immunization against measles (rubeola) in children one year of age or older. BIAVAX® (Rubella and Mumps Virus Vaccine, Live, MSD)—Simultaneous immunization against rubella and mumps in children one year of age to puberty. M-M-R® (Measles, Mumps and Rubella Virus Vaccine, Live, MSD)—Simultaneous immunization against measles, mumps, and rubella in children one year of age to puberty. MUPSVAX® (Mumps Virus Vaccine, Live, MSD)—Immune response to the vaccine strains of mumps virus which occur in the U.S. in a ratio of 1:000 to 1:25 (with approximatley 25 mg of each component) as a single-dose vial of lyophilized vaccine, containing when reconstituted not less than 1,000 TCID₅₀ (tissue culture infectious doses) of measles virus vaccine expressed in terms of the assigned titer of the FDA Reference Measles Virus, and approximately 25 mcg of each component as a single-dose vial of lyophilized vaccine, containing when reconstituted not less than 1,000 TCID₅₀ (tissue culture infectious doses) of rubella virus vaccine, live, and 5,000 TCID₅₀ of mumps virus vaccine, live, expressed in terms of the assigned titer of the FDA Reference Rubella and Mumps Vaccines, and approximately 25 mcg neomycin. MERUVA® (Rubella Virus Vaccine, Live, MSD)—Single-dose vials of lyophilized vaccine, containing when reconstituted not less than 1,000 TCID₅₀ of measles virus vaccine expressed in terms of the assigned titer of the FDA Reference Rubella Virus, and approximately 25 mcg neomycin. M-M-R® (Mumps, Mumps and Rubella Virus Vaccine, Live, MSD)—Single-dose vials of lyophilized vaccine, containing when reconstituted not less than 1,000 TCID₅₀ of measles virus vaccine expressed in terms of the assigned titer of the FDA Reference Measles Virus, and approximately 25 mcg neomycin. MUPSVAX® (Mumps Virus Vaccine, Live, MSD)—Single-dose vials of lyophilized vaccine, containing when reconstituted not less than 5,000 TCID₅₀ of mumps virus vaccine expressed in terms of the assigned titer of the FDA Reference Mumps Virus, and approximately 25 mcg neomycin. Each of these vaccines is supplied as a single-dose vial packed with a disposable syringe containing diluent and fitted with a 25-gauge, ½” needle, and as a box of 10 single-dose vials in a pop-out tray with an accompanying blister pack containing 10 diluent-containing dry fillets. Within 30 minutes of exposure to air, these vaccines are suitable for use with affixed needles. For more detailed information, consult your MSD representative or see full prescribing information. Merck Sharp & Dohme, Division of Merck & Co., Inc., West Point, Pa. 19486. National Communicable Disease Center, Encephalitis Surveillance Report, 1965 Annual Supplement, July 1, 1966.
Catching impetigo is easy

Neosporin Ointment, used as an adjuvant to appropriate systemic therapy, can help you control impetigo before other children catch it from your young patient. Neosporin Ointment provides topical antibiotic action against susceptible organisms, notably Staphylococcus and Streptococcus—broad and reliable action from antibiotics seldom used systemically.

Neosporin® Ointment
(polymyxin B-bacitracin-neomycin)

Each gram contains: Aeroglor® brand Polymyxin B Sulfate 5,000 units; zinc bacitracin 400 units; neomycin sulfate 5 mg. (equivalent to 3.5 mg. neomycin base); special white petrolatum q.s. In tubes of 1 oz. and ½ oz. and ¼ oz. (approx.) foil packets.

NEOSPORIN for topical infections due to susceptible organisms, as in impetigo, surgical aftercare, and pyogenic dermatoses.

Contraindications: Not for use in the external ear canal if the eardrum is perforated. This product is contraindicated in those individuals who have shown hypersensitivity to any of the components.

Precaution: As with other antibiotic preparations, prolonged use may result in overgrowth of nonsusceptible organisms and/or fungi. Appropriate measures should be taken if this occurs. Articles in the current medical literature indicate an increase in the prevalence of persons allergic to neomycin. The possibility of such a reaction should be borne in mind.

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

Burroughs Wellcome Co.
Research Triangle Park
North Carolina 27709
For years you've recommended Novahistine Elixir for runny noses.

Because you know it works.

Novahistine Elixir was introduced in 1952 as the nation's first oral decongestant-antihistaminic. Today it's still the medication physicians often recommend for the symptomatic relief of colds, hay fever and other upper respiratory allergic conditions.

Novahistine Elixir—an ideal choice for your recommendation—contains a decongestant and an antihistaminic to reduce nasal congestion, promote sinus drainage and relieve runny noses and itchy, watery eyes. And there is little if any CNS stimulation to interfere with a child's sleep.

CAUTION: Care should be taken in recommending to individuals with high blood pressure, heart disease, diabetes, thyroid disease or difficulty in urination.

Novahistine® Elixir...
Relieving America's Colds and Allergies for over 20 years.

Each 5 ml. contains phenylephrine hydrochloride 5 mg., chlorpheniramine maleate 1 mg., chloroform 13.5 mg., and alcohol 5%.

DOW PHARMACEUTICALS
The Dow Chemical Company
Indianapolis, Ind. 46268

Specialists in Cough and Cold Care
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
PREScribing INFORMATION

Antiminth (pyrantel pamoate) Oral Suspension

Actions. Antiminth (pyrantel pamoate) has demonstrated anthelmintic activity against Enterobius vermicularis (pinworm) and Ascaris lumbricoides (roundworm). The anthelmintic action is probably due to the neuromuscular blocking property of the drug.

Antiminth is partially absorbed after an oral dose. Plasma levels of unchanged drug are low. Peak levels (0.05-0.13 μg/mL) are reached in 1-3 hours. Quantities greater than 50% of administered drug are excreted in feces as the unchanged form, whereas only 7% or less of the dose is found in urine as the unchanged form of the drug and its metabolites.

Indications. For the treatment of ascariasis (roundworm infection) and enterobiasis (pinworm infection).

Warnings. Usage in Pregnancy: Reproduction studies have been performed in animals and there was no evidence of propensity for harm to the fetus. The relevance to the human is not known.

There is no experience in pregnant women who have received this drug.

Precautions. Minor transient elevations of SGOT have occurred in a small percentage of patients. Therefore, this drug should be used with caution in patients with pre-existing liver dysfunction.

Adverse Reactions. The most frequently encountered adverse reactions are related to the gastrointestinal system.

Gastrointestinal and hepatic reactions: anorexia, nausea, vomiting, gastralgia, abdominal cramps, diarrhea and tenesmus, transient elevation of SGOT.

CNS reactions: headache, dizziness, drowsiness, and insomnia. Skin reactions: rashes.

Dosage and Administration. Children and Adults: Antiminth Oral Suspension (50 mg of pyrantel base/ml) should be administered in a single dose of 11 mg of pyrantel base per kg of body weight (or 5 mg/lb.); maximum total dose 1 gram. This corresponds to a simplified dosage regimen of 1 cc of Antiminth per 10 lb. of body weight. (One teaspoonful = 5 cc.)

Antiminth (pyrantel pamoate) Oral Suspension may be administered without regard to ingestion of food or time of day, and purging is not necessary prior to, during, or after therapy. It may be taken with milk or fruit juices.

How Supplied. Antiminth is available as a pleasant tasting caramel-flavored suspension which contains the equivalent of 50 mg pyrantel base per ml., supplied in 60 cc bottles and Unitcups™ of 5 cc in packages of 12.
A single dose of Antiminth (1 cc. per 10 lbs. of body weight, 1 tsp./50 lbs. — maximum dose, 4 tsp. = 20 cc.) offers highly effective control of both pinworms and roundworms.

Antiminth has been shown to be extremely well tolerated by children and adults alike in clinical studies.* Pleasantly caramel-flavored, it is non-staining to teeth and oral mucosa on ingestion... doesn't stain stools, linen or clothing.

One prescription can economically treat the entire family.

ROERIG
A division of Pfizer Pharmaceuticals
New York, New York 10017

Pinworms, roundworms controlled with a single, non-staining dose of

ANTIMINTH
(pyrantel pamoate)

equivalent to 50 mg. pyrantel/ml.

ORAL SUSPENSION

*Data on file at Roerig
Her stuffy nose and ears are bad enough. Why make her drowsy, too?

Single-entity SUDAFED* (pseudoephedrine HCl) Syrup works without antihistamines—so it opens the nose without closing the eyes. Can't cause antihistamine 'overdry' either.

SUDAFED Syrup also helps to decongest the sinuses and to restore eustachian tube patency for easier drainage in otitis media. Orally effective, SUDAFED Syrup reaches areas drops and sprays can't. Avoids the rebound problem, too.

SUDAFED Syrup. Available on your Rx or recommendation.

It has the taste children like.

PRESCRIPTION INDICATIONS: • acute coryza • vasomotor rhinitis • acute eustachian salpingitis • aerotitis (barotitis) media • serous otitis media with eustachian tube congestion

In the following conditions, adjunctive therapy with analgesics, antihistaminics, antibiotics, expectorants and other measures may be employed with SUDAFED brand Pseudoephedrine Hydrochloride for optimum results: • allergic rhinitis • asthma • croup • acute otitis media • acute and subacute sinusitis • acute tracheobronchitis

PRECAUTION: Although pseudoephedrine is virtually without pressor effect in normotensive patients, it should be used with caution in hypertensives.

SIDE EFFECTS: While the great majority of patients will experience no side effects, those particularly sensitive to sympathomimetic drugs may note mild stimulation.

decongestion without drowsiness

SUDAFED
pseudoephedrine HCl
30mg/5cc Syrup
You don't have to walk to type.

Because being able to walk has nothing to do with being able to type. The only thing that matters is how well you can think and how fast your hands can move.

Remember, you're hiring her ability, not her handicap.
Goodenough-Harris Draw-a-Person test from a study in which Cylert was included in the treatment program.

Drawing made prior to treatment

Drawing made at week 8 during treatment

Cylert (pemoline) will not in itself "enhance learning or resolve difficult behavioral problems. But it can increase attention span in the hyperkinetic child and reduce the impulsivity that often interferes with the learning process."
Cylert offers these benefits in a treatment program for MBD

- Single daily dose administration
- Minimal cardiovascular effects
- Mean dosage in long-term studies remained remarkably constant

**EFFICACY**

**Multi-clinic study**¹,²
21 investigators from 10 states and two provinces in Canada took part in the clinical studies.

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

**Psychological test results**
Children on Cylert had significantly higher scores statistically 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

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

**SAFETY**

**Multi-clinic study (9 weeks); safety data analyzed on 407 patients**
There was no significant difference between Cylert and placebo groups in:
- Blood pressure
- Laboratory tests
- Pulse
- Neurological status

Insomnia and anorexia were the most frequently seen side effects and often improved with continuation of treatment or reduction of dosage.
Mean weight loss of 1.1 lbs. was demonstrated in the 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.

**Long-term study on Cylert; up to 3 years and continuing**
Mean dosage . . . remained remarkably constant.
Blood pressure . no significant changes attributed to Cylert.

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

Laboratory examination—mild to moderate increase in transaminate (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.

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*Please see last page of this advertisement for Prescribing Information.*
Importance of single daily dosage to the child, the parents and the teacher

For the child
- No drug in child’s possession while at school
- Avoids situation in which child is repeatedly singled out as being “different”
- Helps prevent possible variations in effect caused by missed, forgotten or delayed doses

For the adults
- Control of medication remains with parents
- Obviates need for nurse or teacher to supervise taking of mid-day doses
- Helps assure that the prescribed dosage is being given each day

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

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.

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.

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.

The three dosage strengths of Cylert (pemoline)

<table>
<thead>
<tr>
<th>Tablet</th>
<th>Description</th>
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<tbody>
<tr>
<td>![Cylert, 18.75 mg. (yellow-colored, grooved)]</td>
<td>Cylert, 18.75 mg. (yellow-colored, grooved)</td>
</tr>
<tr>
<td>![Cylert, 37.5 mg. (orange-colored, grooved)]</td>
<td>Cylert, 37.5 mg. (orange-colored, grooved)</td>
</tr>
<tr>
<td>![Cylert, 75 mg. (tan-colored, grooved)]</td>
<td>Cylert, 75 mg. (tan-colored, grooved)</td>
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Tablets are actual size.
Cylert (PEMOLINE)

Prescribing Information

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 children, 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 of pemoline demonstrate that peak 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 to other 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 liability, and impulsivity. Nonlocalizing (soft) neuropsychological 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, supportive and educational treatment is essential and psychosocial intervention is generally necessary. When these measures alone are insufficient, the decision to add 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., 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 to six 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 overdose with pemoline is essentially the same as that for overdose 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)

ABBOTT LABORATORIES
North Chicago, Illinois 60064
ORGANIDIN* (iodinated glycerol) Solution, Tablets, Elixir

INDICATIONS: Organidin (iodinated glycerol) is indicated for use as an adjunctive treatment in respiratory tract conditions, such as: bronchitis, bronchial asthma, pulmonary emphysema, cystic fibrosis, chronic sinusitis, and after surgery to help prevent atelectasis.

CONTRAINDICATIONS: Organidin (iodinated glycerol) is contraindicated in patients with a history of marked sensitivity to iodides.

WARNINGS: Discontinue use if skin rash or other evidence of sensitivity appears.

PRECAUTIONS: Some patients are sensitive to iodine and develop a dermatitis and other reversible manifestations of iodism with chronic use. High intake of inorganic iodides has also been shown to interfere with laboratory determination of protein bound iodine (PBI). Although these have not been reported to be a problem clinically with the use of Organidin (iodinated glycerol) in the usually recommended dosage, they should be kept in mind. No effect on T4 was observed following therapeutic doses of Organidin for six days in one normal volunteer.

ADVERSE REACTIONS: The following have been rarely encountered—gastrointestinal irritation, rash, hypersensitivity.

DOSAGE AND ADMINISTRATION: Adults—Solution: 20 drops 4 times a day, with liquid. Tablets: 2 tablets 4 times a day, with liquid. Elixir: 1 teaspoonful 4 times a day. WITH OTHER COUGH PREPARATIONS: Elixir—equal parts. Solution—1 ounce in q.s. 4 ounces.

Children—To determine dose for child with average build, apply Clark's Rule up to the following maximum recommended dosage: Solution: 5-10 drops 4 times a day with liquids. Tablets: 1 tablet 4 times a day with liquids. Elixir: 1/2 teaspoonful 4 times a day.

HOW SUPPLIED: Organidin (iodinated glycerol) is available as: Solution: 5%, in 30 ml dropper bottles (NDC 0037-4211-10); Tablets: 30 mg, in bottles of 100 (NDC 0037-4224-40); Elixir: 1.2% in bottles of one pint (NDC 0037-4213-30) and one gallon (NDC 0037-4213-40).

TUSSI-ORGANIDIN* C

INDICATIONS: For the symptomatic relief of irritating, unproductive cough associated with allergic manifestations of respiratory conditions such as allergic bronchitis, bronchial asthma, tracheobronchitis, and the common cold; also for the symptomatic relief of coughs accompanying other respiratory tract conditions, such as laryngitis, pharyngitis, croup, pertussis and emphysema. Appropriate therapy should be provided for the primary disease.

CONTRAINDICATIONS: History of marked sensitivity to inorganic iodides or hypersensitivity to any of the ingredients or related compounds.
Organidin®

(iodinated glycerol)

a unique mucolytic/expectorant

Helps liquefy tenacious mucus...makes sputum easier to raise
Increases bronchial secretions...makes coughs more productive...
improves respiratory airflow...helps reduce dyspnea and wheezing.

Effective mucolytic/expectorant action...with 1/9th the iodine
of saturated solution of KI in comparable dosage
Metabolized more slowly...iodine blood levels maintained longer than with inorganic iodides.

Low incidence of unwanted iodine effects
Rarely causes G.I. irritation, rash, hypersensitivity...no metallic "iodine" taste...
no clinically significant effect on thyroid activity,
as measured by PBI in euthyroid subjects at usually recommended dosage.

To relieve irritating, unproductive cough...
help restore bronchial patency

Tussi-Organidin® — each 5 ml teaspoonful contains
Organidin (iodinated glycerol) 30 mg (15 mg organically bound iodine);
chlorpheniramine maleate 2 mg; codeine phosphate
(Warning: May be habit forming) 10 mg; and alcohol 15%, by volume.

Antitussive/mucolytic/expectorant
Half the iodine content of Organidin Elixir plus the classic antitussive, codeine.

WARNINGS: Discontinue if rash or other evidence of hypersensitivity appears.
Antihistamines may produce various degrees of drowsiness and patients
should not engage in potentially hazardous activities requiring mental alert-
ness, such as driving or operating machinery, until their response has been
determined. The central nervous system (CNS) effects of antihistamines and
alcohol or other CNS depressants (e.g., hypnotics, sedatives, tranquilizers)
may be additive. Codeine may be habit forming.

PRECAUTIONS: Antihistamines may produce excitation, particularly in chil-
dren. Dermatitis and other reversible manifestations of iodism have been
reported in patients sensitive to iodine with the chronic use of inorganic iodides
and interference with laboratory determinations of PBI has also occurred.
Although these have not been reported to be a problem clinically with the use
of Organidin (iodinated glycerol) they should be kept in mind in patients receiv-
ing these preparations for prolonged periods.

ADVERSE REACTIONS: Side effects have generally been uncommon with
these preparations, but it should be kept in mind that side effects sometimes
seen with the individual active ingredients may occur and may be modified
as a result of their combination.
Organidin®—Gastrointestinal irritation, rash and hypersensitivity have rarely
been reported.

Chlorpheniramine maleate—The most frequent side effects of antihistamines
have been drowsiness, sedation, dry mouth, nausea, restlessness, and drying
of the bronchial mucous membranes. Dizziness, headache, heartburn, dysuria,
polyuria, visual disturbances, and excitation, particularly in children, have
also been reported with antihistamines.
Codeine phosphate—Nausea, vomiting, constipation, drowsiness, dizziness,
and miosis have been reported.

DOSAGE AND ADMINISTRATION: Caution: Federal law prohibits dispensing
without prescription. Adults: 1 to 2 teaspoonsful every 4 hours. Children: 1/2 to
1 teaspoonful every 4 hours.

HOW SUPPLIED: Tussi-Organidin is available in bottles of one pint (NDC
0037-4811-10) and one gallon (NDC 0037-4811-20).

*Organidin (iodinated glycerol) is a registered trademark of Carter-Wallace, Inc.
Introducing New BAYER Acetaminophen Non-Aspirin Pain Reliever

...and some worldwide experience to go with it.

What to expect from an acetaminophen pain reliever

It's probably no surprise to you that Sterling Drug Inc., producer of Bayer* Aspirin, is one of the world's leading marketers of aspirin. But, you might be interested to learn that we're also one of the world's largest and most experienced manufacturers of acetaminophen. As such, we're particularly pleased at this time to announce the introduction of Bayer* Acetaminophen Non-Aspirin Pain Reliever. We're also pleased to share some clinical insights gained during our more than 20 years of experience.

Very briefly, what you can expect from acetaminophen is effective analgesic activity and efficient antipyresis. What you cannot expect is anti-inflammatory activity since acetaminophen has virtually no effect on the body's inflammatory processes.

In recommended doses, acetaminophen has demonstrated a low level of side effects. For this reason it is an excellent agent for those of your patients who can't take aspirin-containing products.

Where and when to use it

The specific clinical situations where acetaminophen can be of greatest value are generally well known. For patients with coagulation disorders or those receiving anticoagulant therapy, acetaminophen is preferred to aspirin-containing products because it is much less likely to affect hemostasis and prolong bleeding time.
However, it should be noted that large or prolonged doses of acetaminophen have been reported to potentiate the action of oral anticoagulants. 1,2 Close observation is, in fact, necessary when any drug is added to the regimen of a patient on anticoagulants—especially when both drugs are of the type bound to the plasma proteins.3

In patients with peptic ulcer, acetaminophen provides antipyresis and relief of mild pain with little likelihood of gastric irritation.4,5

Acetaminophen may also be used in patients who are hypersensitive to aspirin-containing products.

In short, for those patients who, for medical reasons, should not take aspirin-containing products, acetaminophen provides an effective analgesic and antipyretic alternative.

No medication is completely “safe”

Over the years acetaminophen has achieved a reputation as a non-toxic drug. However, the perception that acetaminophen is problem-free is inaccurate. As with any active agent, it has produced side effects in some patients. Although serious adverse effects are rare with usual therapeutic dosages, instances of fixed dermatitis, hypoglycemia, and asthma have been reported.3,6,7

Allergic reactions to acetaminophen do occur, although they are relatively uncommon.6

Liver damage may become evident. Hepatic damage with elevation of liver enzymes, serum bilirubin and prothrombin time will occur when an adult has ingested more than 15 gms. at one time9,10 or a two year old child has ingested more than 3 gms.11

Treatment has included early emptying of the stomach, hemodialysis,12 cysteamine13,14,15 administration and general measures supportive of liver function.8

Why Bayer?

Bayer® Acetaminophen Non-Aspirin Pain Reliever is produced by Sterling Drug Inc.—a publicly-owned American company and one of medicine’s most respected suppliers of analgesics. Every batch of Bayer Acetaminophen undergoes extensive inspection and testing to assure you and your patients of a product with quality, stability and potency.

The unique capsule shape of Bayer Acetaminophen Non-Aspirin Pain Reliever makes it easier for patients to swallow, helps ensure greater co-operation. Each tablet provides 5 grains of acetaminophen, with the recommended dosage for adults: 1 to 2 tablets 3 or 4 times daily, for children (age 6-12) ½ to 1 tablet 3 or 4 times daily. Tablets are supplied in bottles of 24, 50 and 100.

From now on, whenever acetaminophen therapy is indicated, recommend the name that has become synonymous with quality and dependability in analgesics—BAYER.


BAYER. Acetaminophen Non-Aspirin Pain Reliever

From the world’s most experienced producer of analgesics

Glenbrook Laboratories, Division of Sterling Drug Inc.
90 Park Avenue, New York, New York 10016
the naked

anti-inflammatory
antipruritic
antifungal
antibacterial
Today a child's skin problem is harder to hide, but easier to treat... with Vioform® Hydrocortisone.

The four-way action of Vioform-Hydrocortisone provides the kind of comprehensive therapy that many common dermatoses* may require, particularly those infected with bacteria or fungi.

*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; psoriasis; mycotic eczematoid dermatitis; acne urticata; localized or disseminated neurodermatitis; lichen simplex chronicus; anogenital pruritus (vulvae, scroti, ani); folliculitis; bacterial dermatoses; mycotic dermatoses such as tinea (caps, cruris, corporis, pedis); moniliasis; intertrigo.

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

**CONTRAINDICATIONS**
Hyper-sensitivity 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 at 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, stearyl sulfate, and glycerin in water; tubes of 3 and 20 gm. Ointment, 3% iodochlorhydroxyquin and 1% hydrocortisone in a petrolatum base; tubes of 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 glycine in water; tubes of 1% and 1 ounce. Mild Ointment, 3% iodochlorhydroxyquin and 0.5% hydrocortisone in a petrolatum base; tubes of 1 ounce.

Consult complete product literature before prescribing.

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

*5/5991 17*
Freedom to breathe

Effective bronchodilation
Theophylline calcium salicylate, an effective bronchodilator, produces little gastric irritation and is complemented by ephedrine HCl for rapid relief of bronchial constriction.

Effective expectoration
KI to liquefy bronchial secretions.

Gentle calming
A therapeutic dose of phenobarbital to allay apprehension.

Quadrinal
Bronchodilator/Expectorant Tablets/Suspension
Each tablet or 10 ml suspension contains 24 mg ephedrine HCl, 130 mg theophylline calcium salicylate, 320 mg potassium iodide, 24 mg phenobarbital. (Warning: May be habit-forming.)

Dosage: 1 tablet or 2 teaspoonfuls suspension three or four times daily. Children 6 to 12 – 1/2 adult dosage.

How Supplied: Bottles of 100 and 1000. 1 pint bottles.

Knoll Pharmaceutical Company
Whippany, New Jersey 07981

Warnings, Precautions & Adverse Reactions: Phenobarbital may be habit-forming. Use caution in patients with sensitivity to iodides, cardiovascular disease, hyperthyroidism, peptic ulcer and during pregnancy. (Iodide induced goiter with hypothyroidism has rarely been reported in the newborn.) In some patients, prolonged use of iodides can lead to hypothyroidism. QUADRINAL is well tolerated. Gastrintestinal irritation is rarely encountered when taken after meals.