

# For little leaguers with large coughs

Antihistamine-free

## **Dorcol<sup>®</sup>** Pediatric Cough Syrup

Each teaspoonful (5 ml.) contains:  
dextromethorphan hydrobromide, 7.5 mg.;  
phenylpropanolamine hydrochloride, 8.75 mg.;  
glyceryl guaiacolate, 37.5 mg.; alcohol, 5%.

**No Rx needed—  
economical  
therapy**



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

OL-SB



# THEY DON'T OUTGROW MALTSUPEX<sup>®</sup>

MALT SOUP EXTRACT

a proven aid to help restore  
normal bowel function  
in the constipated child

**Don't let its gentleness fool you.  
Maltsupex helps correct constipation  
in children of all ages.\***

**A dietary approach that works with nature**  
Maltsupex helps get bowel function back to normal  
by lowering the pH in the lower colon to between  
5 and 6, fostering an environment that promotes soft  
stools. It doesn't stimulate or irritate...has no  
tendency to cause diarrhea...isn't habit forming.

**Two forms that taste good**  
Powder or Liquid, Maltsupex tastes delicious with  
things kids like, such as milk, cereal or ice cream. The  
Liquid can be taken right from the spoon. *Maltsupex  
Powder* — in half pound and one pound jars.  
*Liquid* — in 8 and 16 fluidounce bottles.

\*Gentle enough for infants over one month.



WALLACE LABORATORIES  
Division of Carter-Wallace, Inc.  
Cranbury, N.J. 08512

# GM LOVE SEATS

can help protect critical body areas of small children riding in automobiles



Common sense suggests that infants and small children be protected against bodily harm resulting from traffic hazards and accidents.

General Motors Love Seats are scientifically designed restraints to help protect the chest, head, pelvic and other vulnerable body areas of infants and small children.

The Infant Love Seat is for babies from birth to 20 pounds. The Child Love Seat is for children 20 to 40 pounds in weight; up to 40 inches in height, who can sit up by themselves.

As an aid to safety, Love Seats are worthy of recommendation.

General Motors is highly interested in all aspects of automotive safety—the Love Seat is an extension of that concern. In addition, GM makes available technical literature for your study; also literature you may wish to give to your patients. Order, using the coupon in this announcement. No obligation. No salesman will call.

**FOR FULL DETAILS  
RE: LOVE SEATS  
MAIL THIS COUPON TODAY**



Love Seats are distributed by AC-Delco Division of General Motors Corporation

**GM LOVE SEATS**

P.O. Box 1973, North End Station, Detroit, Michigan 48202

Please send me the literature I have checked below...no cost or obligation. No salesman will call.

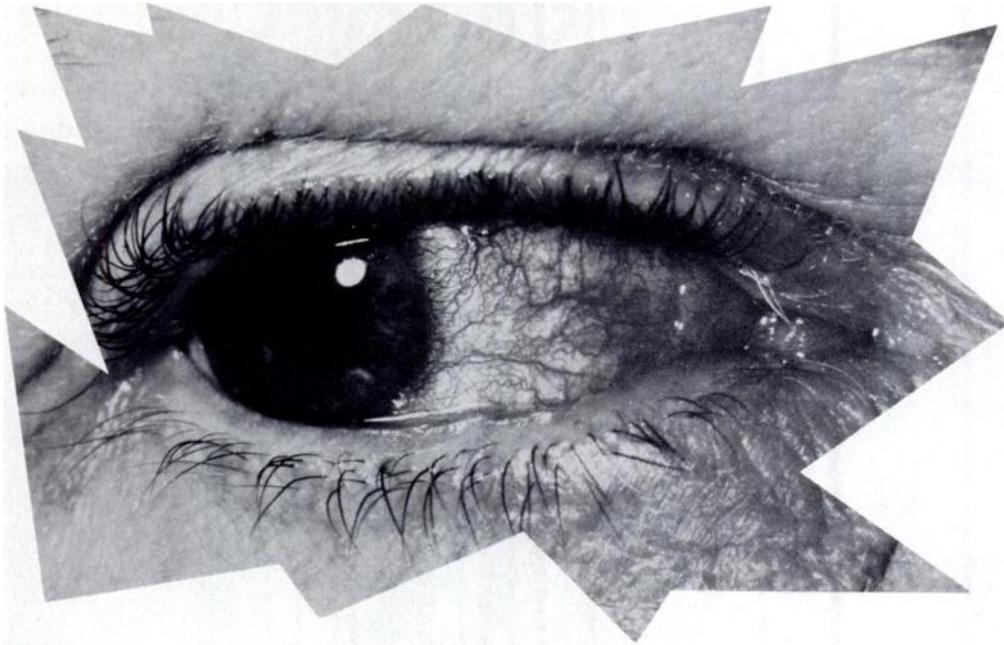
- Technical bulletins detailing the construction, design and testing of GM Love Seats
- Consumer pamphlets with direct mail coupons that I can distribute to my patients
- 11" x 14", self-standing take-one dispenser that holds consumer brochures. No hard sell appears on this dispenser.

NAME \_\_\_\_\_ (PLEASE PRINT)

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

# Problem: CONJUNCTIVITIS



## Solution: NEOSPORIN<sup>®</sup> Ophthalmic Solution sterile (polymyxin B-neomycin-gramicidin)



*This famous infection fighter provides a triple overlapping antibiotic formula for use against a wide range of gram-negative and gram-positive bacteria. It helps clear the infection and restore comfort when conjunctivitis is the problem. • Clear solution does not blur working-hours vision. • In convenient DropDose<sup>®</sup> plastic dispenser bottle of 10cc. Also available as Neosporin<sup>®</sup> Ophthalmic Ointment (polymyxin B-bacitracin-neomycin). • See next page for brief prescribing information.*

# NEOSPORIN® Ophthalmic Solution Sterile

Polymyxin B-  
Neomycin-Gramicidin

Each cc contains: Aerosporin® brand Polymyxin B Sulfate 5,000 Units; neomycin sulfate 2.5 mg (equivalent to 1.75 mg neomycin base); gramicidin 0.025 mg. Vehicle contains alcohol 0.5%, thimerosal (preservative) 0.001% and the inactive ingredients propylene glycol, polyoxyethylene polyoxypropylene compound, sodium chloride and purified water.

# NEOSPORIN® Ointment Ophthalmic Sterile

Polymyxin B-  
Bacitracin-Neomycin

Each gram contains: Aerosporin® 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 qs.

#### CONTRAINDICATIONS:

This product is contraindicated in those persons who have shown sensitivity to any of its components.

#### WARNINGS:

Prolonged use may result in overgrowth of nonsusceptible organisms. Ophthalmic Ointment may retard corneal healing.

#### PRECAUTIONS:

Culture and susceptibility testing should be performed during treatment.

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. Articles in the current literature indicate an increase in the prevalence of persons allergic to neomycin. Complete literature available on request from Professional Services Dept. PML.

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RBP, 1975



Burroughs Wellcome Co.  
Research Triangle Park  
North Carolina 27709

## American Academy of Pediatrics



### SCHOOL HEALTH: A GUIDE FOR PHYSICIANS

In 1966 the Academy developed a report on school health. *School Health: A Guide for Physicians* is an extensive revision of the 1966 report and is intended to bring the contents of the original report up to date and expand its scope. The manual is divided into four parts: Medicine and the Schools, Characteristics and Problems of School Children, Health Appraisal, and Component Programs and Activities. An Appendix contains such information as a schedule for active immunization, vision screening procedures, and field examination in football.

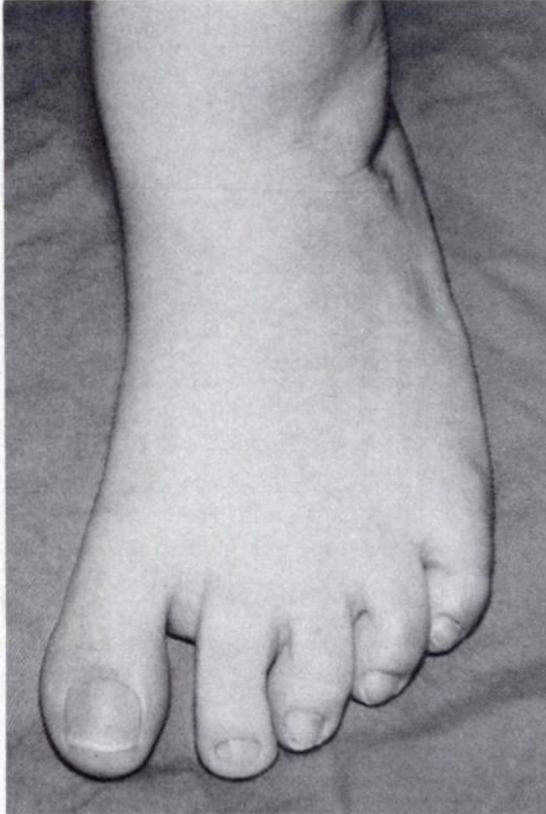
Although the manual was prepared primarily for physicians, many sections of it will be of interest and help to educators and school health personnel.

Indexed; 232 pages; illustrated.

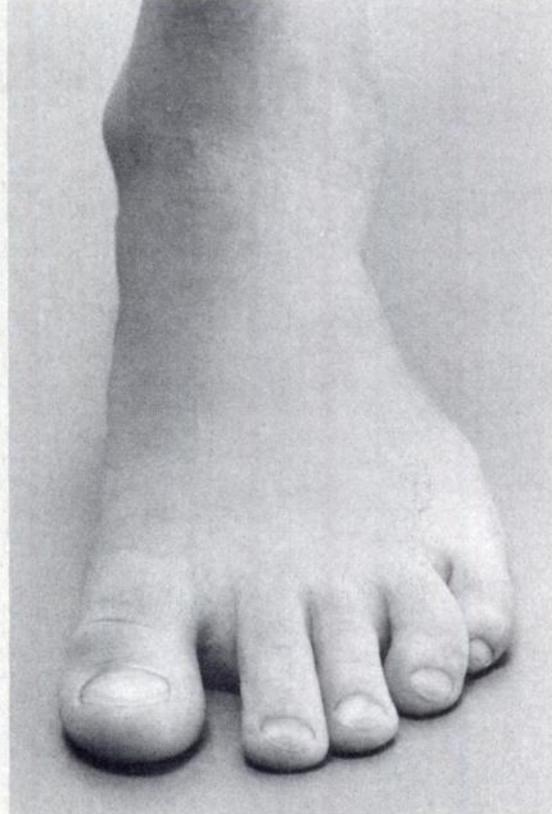
Price: \$3.00 per copy postage paid. Payment must accompany order. For quantity prices write to:

AMERICAN ACADEMY OF  
PEDIATRICS  
Department P, P.O. Box 1034  
Evanston, Illinois 60204

**This child needs  
a prescription  
shoe.**



**This child  
needs a normal  
shoe.**



## **Your Stride Rite shoe specialist has what both children need.**

Whether you're indicating prescription footwear, or recommending shoes for normal feet, he's the one to rely on. In fact, your local Stride Rite shoe specialist can fill most orders from stock — from extra-support and straight-last shoes to outflare footwear, special

appliances, and surgical boots.

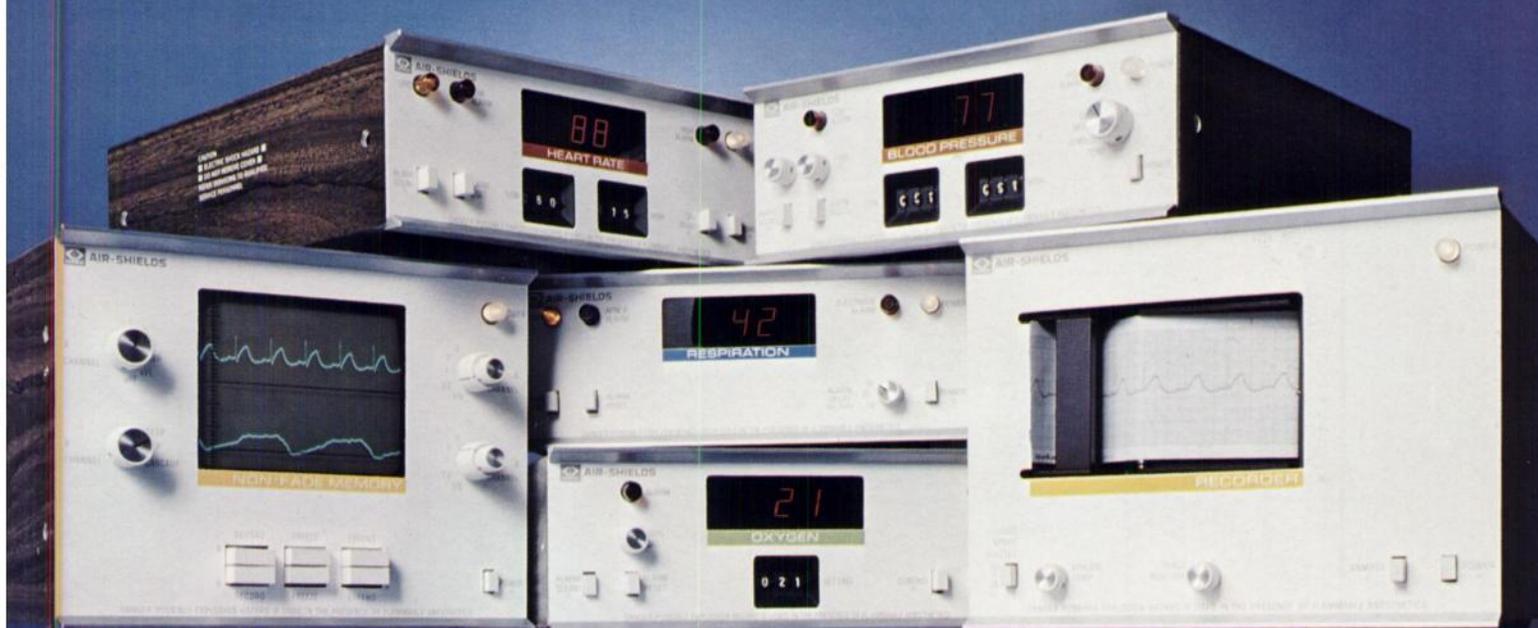
At Stride Rite we stock more sizes and widths of children's shoes than anyone else. And every pair of shoes is expertly fitted by a professional. When you specify Stride Rite, you're specifying a children's shoe specialist.

**Stride Rite®** THE CHILDREN'S SHOE SPECIALISTS.  
The Stride Rite Corporation, 960 Harrison Avenue, Boston, Massachusetts 02118

**YOU'VE GOT HER AT HIGH RISK.**



**WE'LL MONITOR AND RECORD HER VITAL SIGNS  
UNTIL SHE'S OUT OF DANGER.**



High-risk newborns require constant attention. Our digital monitors, dual-trace, non-fade scope, and recorder provide an important part of that attention. By keeping a constant check on blood pressure, heart rate, and respiration. And sounding the alarm when events exceed pre-set thresholds. These modular devices fulfill a broad range of patient parameters and operator preferences. And also permit the monitoring and control of O<sub>2</sub> level in the incubator environment. Tone and loudness of alarm are adjustable.

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A NARCO HEALTH COMPANY

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# AIR-SHIELDS DIGITAL MONITORS, NON-FADE SCOPE, AND RECORDER: A MODULAR SYSTEM FOR THE INTENSIVE CARE OF HIGH-RISK NEWBORNS.

**Dual-trace, Non-fade Scope** provides waveform display of ECG, respiration, and blood pressure. Two separate functions can be displayed simultaneously, frozen, expanded, or both. Waveforms on either channel may be recorded.

**Heart Rate Monitor** presents bright, easy-to-read, continuous digital readout of patient heart rate; audible signal from each heart beat; and audible and visible alarms if pre-set high or low-rate thresholds

are exceeded. When used with the Air-Shields respiration monitor, the two units can share common sensing electrodes.

**Respiration Rate Monitor** signals each breath, provides a digital readout or respiration rate, and gives audible and visible alarms upon cessation of breathing. Waveforms may be displayed and recorded.

**Blood Pressure Monitor** presents continuous digital readout of arterial or venous blood pressure; gives audible and visible alarms when pre-set high and low thresholds are exceeded.

**Oxygen Monitor/Controller** presents continuous, digital readout of O<sub>2</sub> level in the incubator; permits selection and control of O<sub>2</sub> level within  $\pm 2\%$ , with one simple digital set point adjustment; and

gives audible and visible alarms when O<sub>2</sub> concentration changes  $\pm 5\%$ .

**Waveform Recorder** provides permanent tracings of ECG, respiration, or blood pressure waveforms on demand from other Air-Shields monitors and dual-trace, non-fade scope. *Automatically* records ECG signal upon threshold violations of *any* parameter.



**You may need to  
see an Air-Shields  
representative now.**

**We'd like to see  
that you do.**

Just fill out and return  
the attached reply card.  
Or call us toll-free at  
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We promise that one of  
our sales representatives  
will contact you for an  
appointment within  
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- Please have an Air-Shields sales representative call me for an appointment.
- Please send more information on the Air-Shields Digital Monitors.
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Title \_\_\_\_\_ Hospital \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_



**AIR-SHIELDS, INC.**  
A NARCO HEALTH COMPANY

330 JACKSONVILLE ROAD / HATBORO, PA 19040 (215) 675-5200

ABC



## Middle-ear testing is easier now . . . even on seat-squirming youngsters

The new Grason-Stadler 1722 Middle-Ear Analyzer introduces unparalleled ease and speed to middle-ear testing.

Even youngsters are easier to work with because the test is completed quickly and the 1722's lightweight ear probe and nylon headband are comfortable and easy to adjust.

### Completely automatic

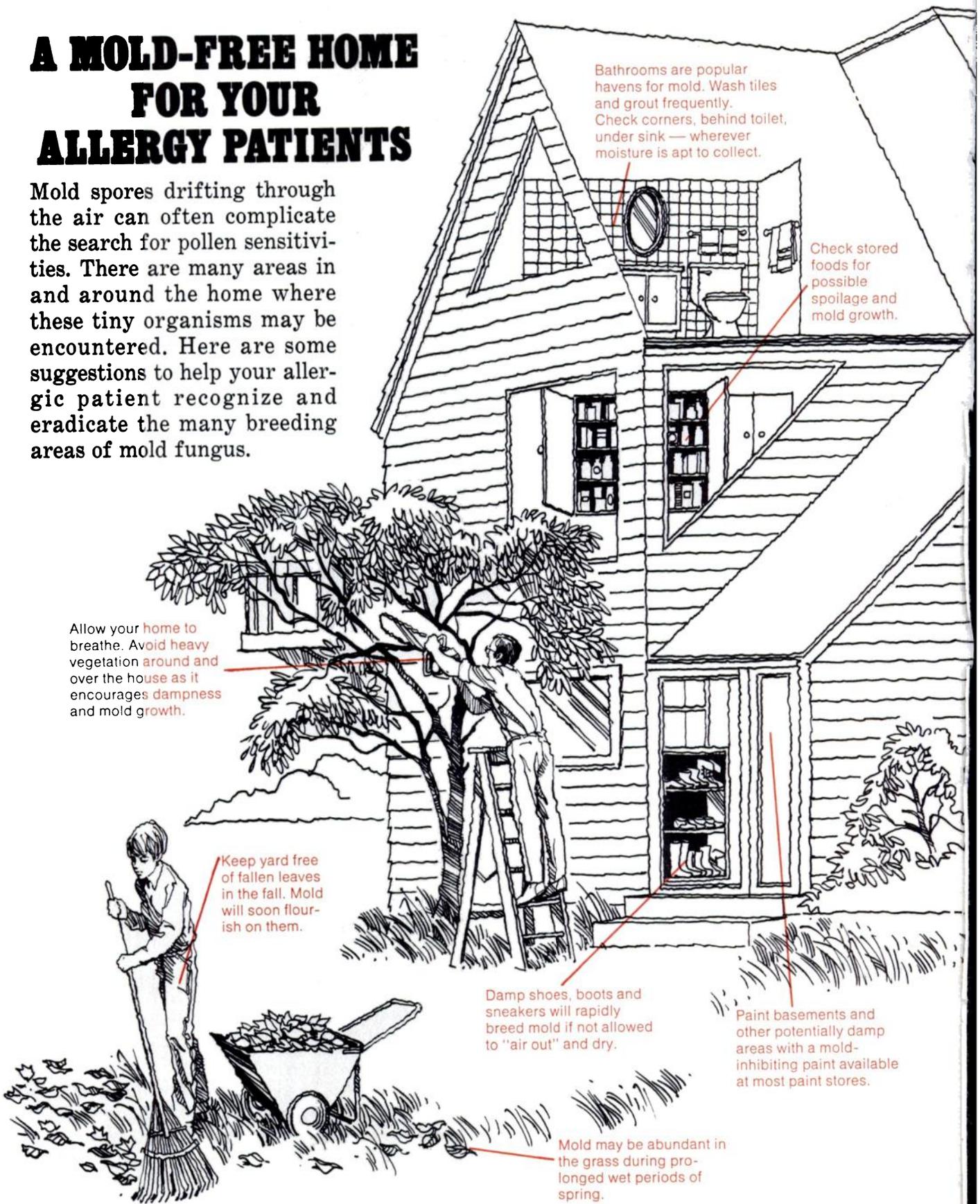
Place a chart on the 1722, fit the small lightweight probe with an eartip, seal the ear canal, and press the start button. In less than 30 seconds, one ear test is complete and a tympanogram plus the results of two reflex tests are plotted automatically. Flip the chart and repeat the procedure for the other ear.

Physicians, clinical personnel, school nurses, and others will find the 1722 unparalleled for its speed and simplicity of operation. Request complete information from GenRad Enviromedics Division, formerly Grason-Stadler, Main Street, Bolton, Massachusetts 01740, (617) 779-6961.

 **GenRad**

# A MOLD-FREE HOME FOR YOUR ALLERGY PATIENTS

Mold spores drifting through the air can often complicate the search for pollen sensitivities. There are many areas in and around the home where these tiny organisms may be encountered. Here are some suggestions to help your allergic patient recognize and eradicate the many breeding areas of mold fungus.



Bathrooms are popular havens for mold. Wash tiles and grout frequently. Check corners, behind toilet, under sink — wherever moisture is apt to collect.

Check stored foods for possible spoilage and mold growth.

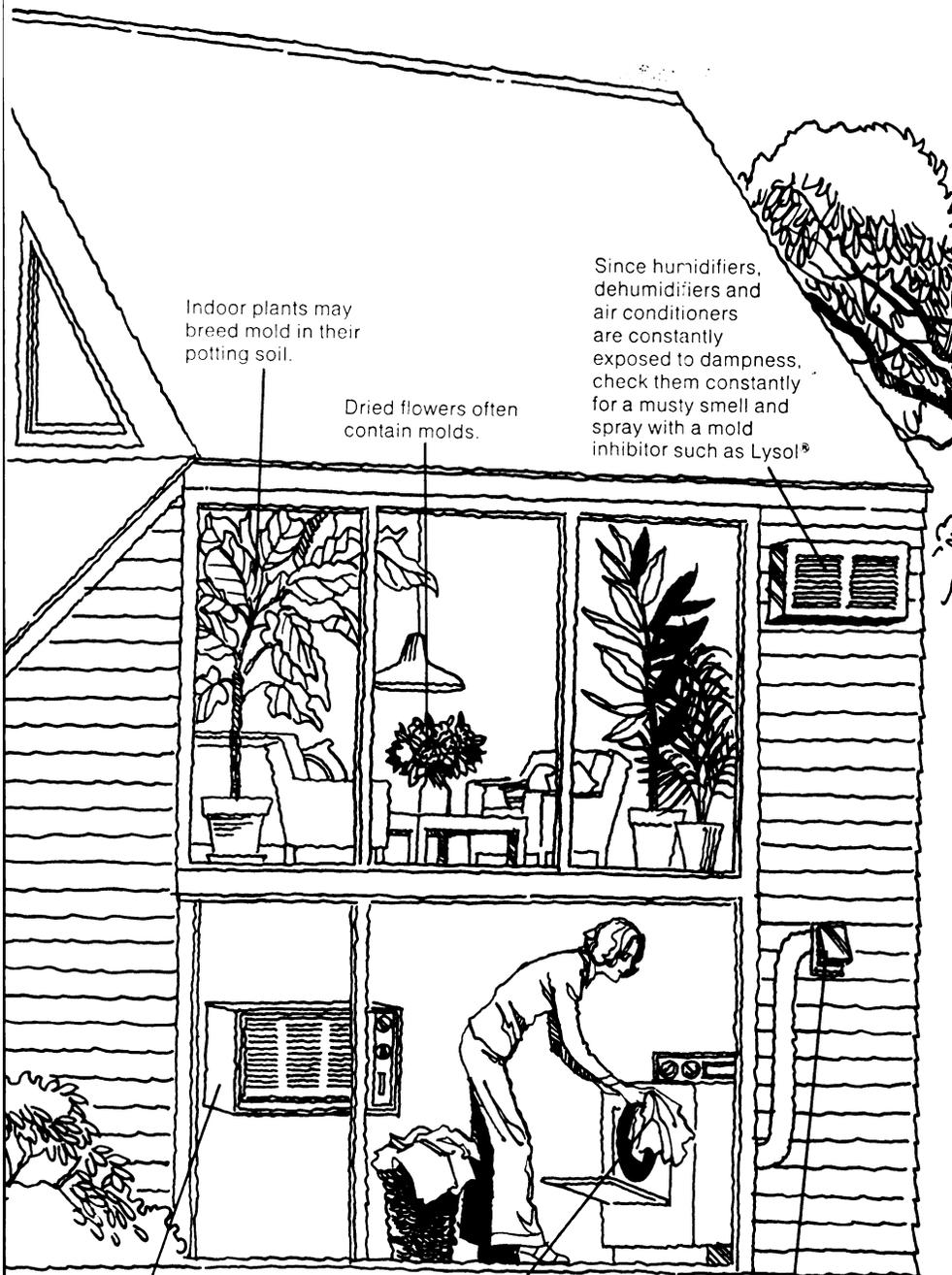
Allow your home to breathe. Avoid heavy vegetation around and over the house as it encourages dampness and mold growth.

Keep yard free of fallen leaves in the fall. Mold will soon flourish on them.

Damp shoes, boots and sneakers will rapidly breed mold if not allowed to "air out" and dry.

Paint basements and other potentially damp areas with a mold-inhibiting paint available at most paint stores.

Mold may be abundant in the grass during prolonged wet periods of spring.



Indoor plants may breed mold in their potting soil.

Dried flowers often contain molds.

Since humidifiers, dehumidifiers and air conditioners are constantly exposed to dampness, check them constantly for a musty smell and spray with a mold inhibitor such as Lysol®

Dehumidify your cellar. Molds will abound where it is dark and damp.

Don't allow clothing to remain damp. Dry immediately after laundering.

Vent clothes dryer to the outside to help keep cellar dry.

To help tame the reaction when offending allergens cannot be avoided.\*

## **DIMETANE Extentabs®**

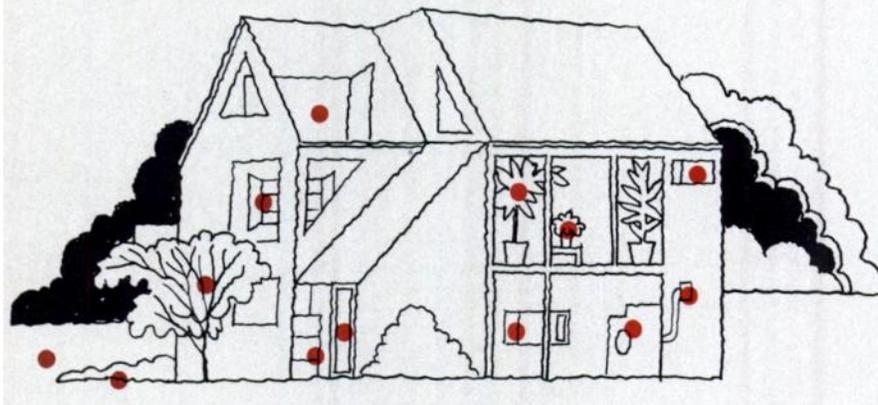
(BROMPHENIRAMINE MALEATE,  
8 mg. and 12 mg.)

When preventive measures aren't enough and an anti-histamine is needed to help bring the symptoms of allergy under control, prescribe Dimetane Extentabs. They keep working for 10-12 hours. Economical Dimetane Extentabs often produce good results in stubborn as well as routine cases, usually without drowsiness or overstimulation.

\*This drug has been evaluated as "probably" effective for this indication. See prescribing information on the next page.

**A·H·ROBINS**

# TO HELP TAME THE REACTION WHEN OFFENDING ALLERGENS CANNOT BE AVOIDED\*



## DIMETANE Extentabs® (BROMPHENIRAMINE MALEATE, 8 mg. and 12 mg.)

### \* 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:

#### Tablet and Elixir Form

##### Effective:

For the symptomatic treatment of seasonal and perennial allergic rhinitis; vasomotor rhinitis, and allergic conjunctivitis due to inhalant allergens and foods. Mild uncomplicated allergic skin manifestations of urticaria and angioedema. For the amelioration of the severity of allergic reactions to blood or plasma. Dermographism. As therapy for anaphylactic reactions adjunctive to epinephrine and other standard measures after the acute manifestations have been controlled.

#### Extentab Dosage Form

##### "Probably" effective:

For the symptomatic treatment of seasonal and perennial allergic rhinitis; vasomotor rhinitis, and allergic conjunctivitis due to inhalant allergens and foods. Mild uncomplicated allergic skin manifestations of urticaria and angioedema. For the amelioration of the severity of allergic reactions to blood or plasma.

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

**Contraindications:** Use in Newborn or Premature Infants. This drug should not be used in newborn or premature infants.

Use in Nursing Mothers. Because of the

higher risk of antihistamines for infants generally and for newborns and prematures in particular, antihistamine therapy is contraindicated in nursing mothers.

**Use in Lower Respiratory Disease.** Antihistamines should not be used to treat lower respiratory tract symptoms including asthma.

Antihistamines are also contraindicated in the following conditions: hypersensitivity to Dimetane (brompheniramine maleate) and other antihistamines of similar chemical structure; monoamine oxidase inhibitor therapy (see Drug Interaction section).

Do not use antihistamines in patients with: narrow angle glaucoma, stenosing peptic ulcer, symptomatic prostatic hypertrophy, bladder neck obstruction, pyloroduodenal obstruction.

**Warnings:** *Use in Children:* In infants and children, especially, antihistamines in *overdosage* may cause hallucinations, convulsions, death.

As in adults, antihistamines may diminish mental alertness in children. In the young child, particularly, they may produce excitation.

**Use in Pregnancy.** Reproduction studies have been performed in rats and mice and there was no evidence of harm to the animal fetus. The relevance of these studies to the human is not known. Since there is no experience with the use of this drug in pregnant women, safety in pregnancy has not been established.

**Use With CNS Depressants.** Dimetane may have additive effects with alcohol and other CNS depressants (hypnotics, sedatives, tranquilizers, anti-anxiety agents, etc.).

**Use in Activities Requiring Mental Alertness.** Patients should be warned about engaging in activities requiring mental alertness as driving a car or operating appliances, machinery, etc.

**Precautions:** As other antihistamines, Di-

metane has an atropine-like action and, therefore, should be used with caution in patients with: history of bronchial asthma, increased intraocular pressure, hyperthyroidism, cardiovascular disease, hypertension.

**Adverse Reactions:** The most frequent adverse reactions to antihistamines are: sedation, sleepiness, dryness of mouth, nose and throat, thickening of bronchial secretions, dizziness, epigastric distress, disturbed coordination.

Other adverse reactions which occur are: fatigue, confusion, restlessness, excitation, nervousness, insomnia, euphoria, anorexia, nausea, vomiting, diarrhea, constipation, hypotension, tightness of chest and wheezing, urticaria, drug rash, anaphylactic shock, blurred vision, diplopia, vertigo, tinnitus, headache, palpitation, tachycardia, nasal stuffiness, urinary frequency, difficult urination, urinary retention, photosensitivity, hemolytic anemia, leukopenia, agranulocytosis.

**Dosage and Administration:** *Adults.* One to two 4 mg. tablets three or four times a day. One Extentab (8 or 12 mg.) every eight to twelve hours or twice daily. Two to four teaspoonfuls of elixir three or four times a day.

*Children Over Six.* One tablet three or four times a day. One Extentab (8 or 12 mg.) every twelve hours. One or two teaspoonfuls of elixir three or four times a day.

*Children Under Six.* 0.5 mg. of brompheniramine maleate per kg of body weight per 24 hours, or 15 mg. per M<sup>2</sup> per 24 hours, divided into 3-4 doses.

**Drug Interactions:** MAO inhibitors prolong and intensify the anticholinergic (drying) effects of antihistamines.

**A-H-ROBINS**

A. H. ROBINS COMPANY RICHMOND, VA 23220

## AMERICAN ACADEMY OF PEDIATRICS



### Memorial and Endowment Fund for Children

The 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.

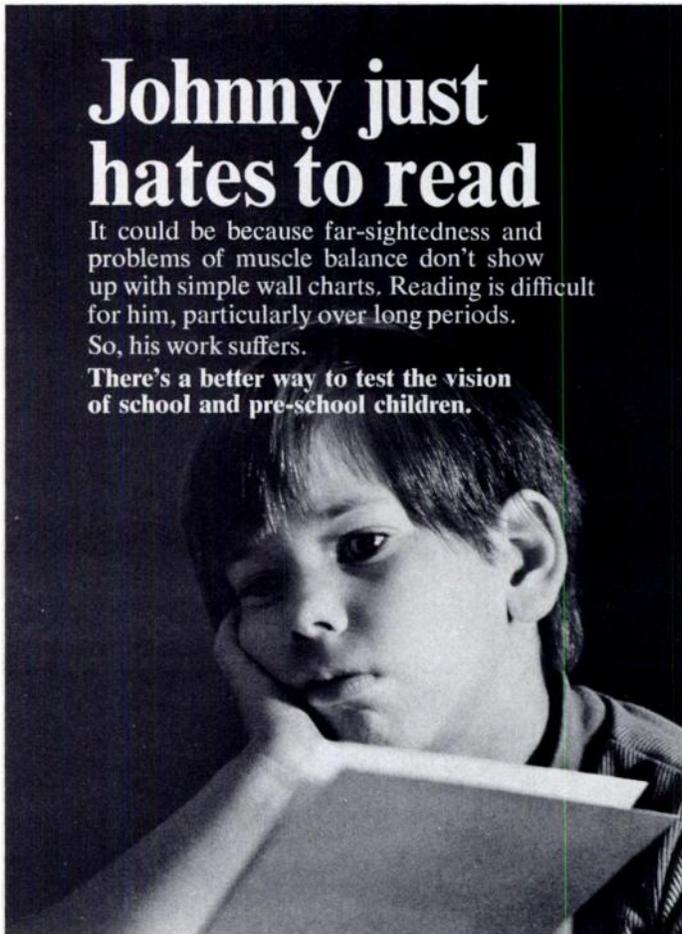
Please mail your donations to:

ALEXANDER HATOFF, M.D.  
Fund Administrator  
AMERICAN ACADEMY OF PEDIATRICS  
1801 Hinman Avenue  
Evanston, Illinois 60204

## Johnny just hates to read

It could be because far-sightedness and problems of muscle balance don't show up with simple wall charts. Reading is difficult for him, particularly over long periods. So, his work suffers.

**There's a better way to test the vision of school and pre-school children.**



## The Titmus Vision Tester

The Titmus Vision Tester is ideal for discovering visual deficiencies in children, particularly in the early critical years between three and ten. The child need not be literate or English-speaking, and even the mentally deficient can be tested. The tests are confidential between the tester and the child—even while others are observing.

**The easiest, fastest, surest, most complete and least expensive way there is to discover the child with vision deficiencies.**

**Titmus Optical Inc., Petersburg, Va. 23803**

Please write for additional information or a demonstration on your premises.

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City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_



**TITMUS**

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# Pediatrics

## CLASSIFIED ADVERTISEMENTS

**POLICY:** Ads must be relevant to the practice of medicine.

**RATES:** 25 words or less—1 time, \$10.00; 3 times or more, \$8.00 each time. Each word over 25, \$.50, each time. **Bold face** or *italics*, \$3.00 one time charge. Blind Box charge, \$2.00 each time. Boxed ad, \$10.00 one time charge. Note: *Initials or abbreviations equal 1 word. Telephone number with area code equals 1 word.*

**TERMS:** Payment must accompany order. Make checks payable to **Arthur Retlaw and Associates, Inc.** Advertiser may cancel ad without refund.

**DEADLINE:** 15th of second month preceding issue (January 15th for March issue).

**ADDRESS:** **PEDIATRICS Classifieds**  
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PEDIATRICIANS (1 or 2) for indep. practice in the Heart of the Ozarks, lakes galore. Other maj. specialties (32 M.D.'s) already here. Pop. 10,000. 175 bed expanding hosp. Call coll. (501) 365-7411, or write T. Hoberock, M.D., 651 N. Spring, Harrison, Ark. 72601.

□

PEDIATRICIANS—Desire to expand from solo practice through addition of one to two pediatric colleagues in developing private practice. Lucreative opportunity in beautiful southern Indiana city of 150,000+. Vigorous medical community with multispecialty representation and three progressive hospitals; total bed complement of 1,400. Excellent cultural, recreational facilities. Write Box #3067 or call collect (812) 426-3203.

□

HEMATOLOGIST for position on the faculty of the Department of Pediatrics, LSUMC School of Medicine in Shreveport, La. located in the center of the Ark-La-Tex, serving an estimated population of 1.8 mil as the cultural and economic hub. Salary negotiable. Applicants should have a strong potential for developing independent, vigorous research programs using modern facilities. Interested person should send a curriculum vitae, a short statement of proposed research and references to Joseph A. Little, M.D., P.O. Box 3932, Shreveport, Louisiana 71130. An Equal Employment Opportunity Agency.

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### OPPORTUNITIES

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PEDIATRIC CLINIC IN SOUTHWESTERN CITY SEEKING PEDIATRICIAN FOR ASSOCIATION LEADING TO PARTNERSHIP. UNUSUALLY GOOD OPPORTUNITY FOR THE RIGHT INDIVIDUAL. MUST BE GOOD CLINICIAN. WILL CONSIDER NON-BOARD CERTIFIED. PLEASE REPLY BOX #3017.

□

NEEDED: Pediatrician with Neonatologist training. Take charge of Level 2 Neonatal Intensive care Nursery, organize Pediatric teaching of Family Practice residents, supervise Pediatric Clinic. Full Time. Located in lovely northeast Florida coastal town. Contact Box #3066.

□

Pediatrician to join two other pediatricians in multispecialty group in Westchester community on Long Island Sound. Early partnership. Reply with Curriculum vitae. Box #3069.

□

NEONATOLOGIST WANTED for hospital based position in 486 bed teaching hospital with expanding Pediatric Department. Competitive salary and fringe benefits. Reply to William Weathers, M.D., Director of Pediatric Education, St. Mary's Hospital, 3700 Washington Avenue, Evansville, IN 47750, (812) 479-4335.

□

Pediatrician wanted to join 3 man general pediatric group in Minn. Close affiliation with children's hospital. Salary first year leading to partnership. Reply Box # 3071.

□

Pediatrician, 28, Yale trained, board eligible, desires position in general pediatrics from September, 1976 through June, 1977 in Washington D.C. area. Reply Box # 3070.

□

WANTED: Fulltime academic neonatologist at the University of Arizona Pediatric Department. Inquiries to Grant Morrow, M.D., Department of Pediatrics, University of Arizona Medical Center, Tucson, Arizona 85724. An equal opportunity/affirmative action employer under state and federal laws and regulations including Title IX, 1972, Education Amendments.

□

PEDIATRIC NURSE PRACTITIONER. Two years military experience as PNP. BS. Nursing, 1973, Univ. Northern Colorado. PNP, Univ. of Texas, 1974. Jill Farnell, 2400 Mathews, Fort Collins, Co. 80521, (303) 482-8812.

□

Pediatrician—well-trained—to join with new group practice in beautiful university community near Pittsburgh. Write or call Ralph J. Miller, M.D., Indiana Medical Center, Heatherbrae Square, Indiana, Pennsylvania 15701, (412) 465-2056.

□

Pediatrician, 29, university trained, board eligible, interested in general pediatrics, group or partnership, experience in private practice, urban or suburban area. Box # 3075 or (513) 275-5950.

□

NEEDED: Board qualified Pediatrician to be Director of Emergency Room, Children's Hospital, Inc. St. Paul, Mn. Expected to plan and organize 24-hour coverage of the E.R.; take part in teaching of medical students and residents. Children's is affiliated with the Univ. of Minn. and is building a new facility with plans for an active ambulatory program. Good fringe benefits including malpractice insurance, salary negotiable. Send vitae to Dr. Richard Gehrz, Children's Hospital, Inc., 311 Pleasant Avenue, St. Paul, Mn. 55102.

□

Board Certified Neonatologist seeking position in Tertiary Care Perinatal Center with University affiliation. Primary patient care, teaching, research, regionalization interests. Available July, 1977. Reply Box # 3074.

□

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**POSITION WANTED**

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Pediatrician, 35, Board certified, F.A.A.P., Military completed, 5 years University Community Pediatrics. Married, one child, desires group practice suburban Philadelphia, Eastern Penna., or Northeast. Reply Box # 3056.

□

Board Eligible in both Pediatrics and Physical Medicine and Academics, seeking a position July. That includes clinical, teaching, administration and research. Reply Box # 3073.

□

Pediatrician, 43, Canadian, trained in Canada and USA, private practice for 10 years. Wishes to relocate in Western USA. Please reply to Box # 3059.

□

PEDIATRICIAN, 30, board eligible, Montreal/Boston Children's training. Two years experience pediatric/adolescent practice. Seeks non-urban New England opportunity for solo/small group practice. Reply Box # 3072.

□

**Narcotic  
analgesia  
during  
labor...**

**suspected  
cause of  
depression in  
the newborn**

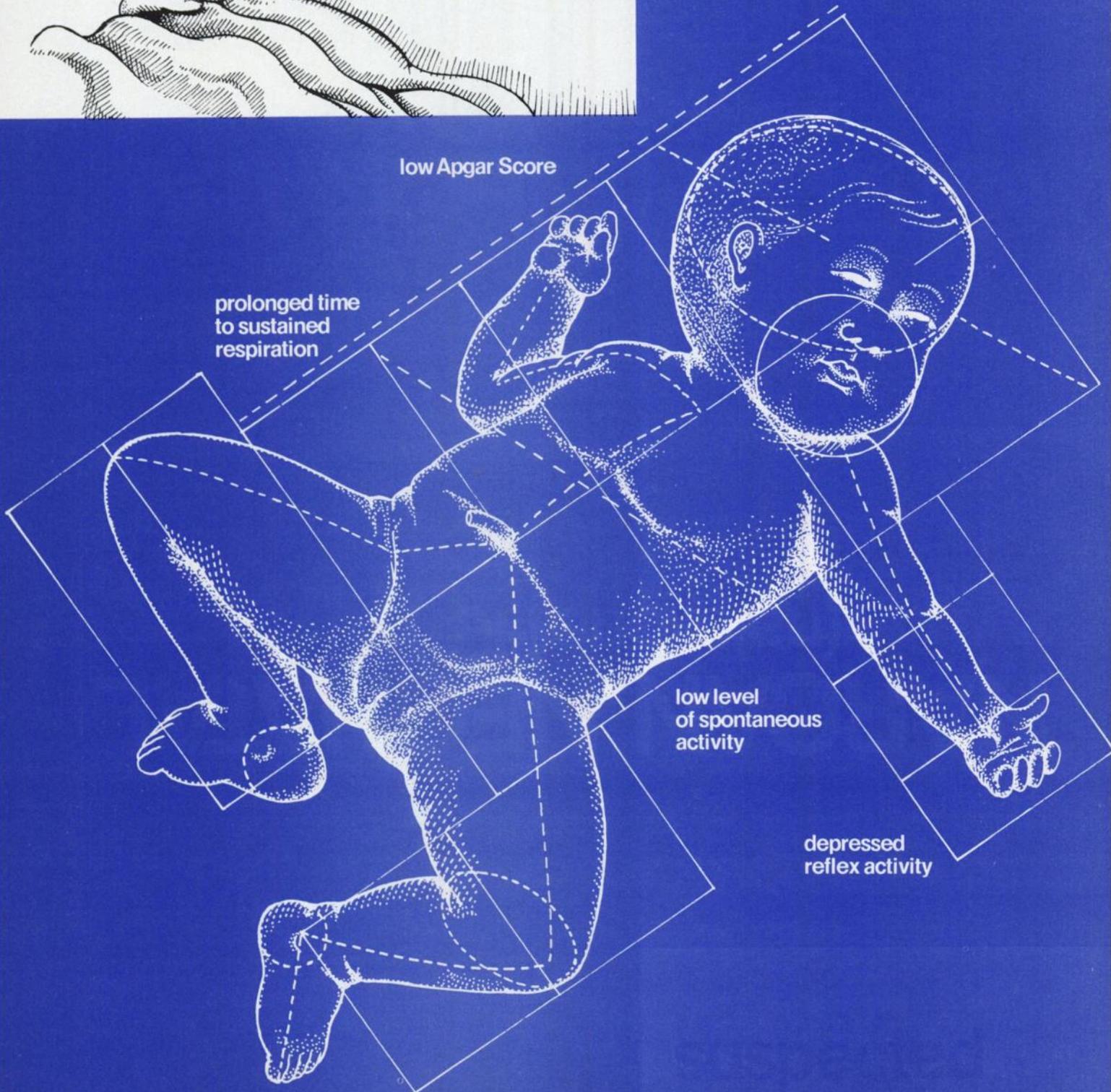


**low Apgar Score**

**prolonged time  
to sustained  
respiration**

**low level  
of spontaneous  
activity**

**depressed  
reflex activity**



# NARCAN<sup>®</sup> NEONATAL (naloxone HCl)

## Rapidly reverses narcotic effects to help ensure a more responsive beginning

NARCAN<sup>®</sup> NEONATAL (naloxone HCl) counteracts narcotic effects including all degrees of narcotic-induced respiratory depression—without causing depression of its own or deepening depression that's not due to a narcotic.

The onset of action of NARCAN<sup>®</sup> NEONATAL is generally evident within two minutes following I.V. administration, and only slightly longer with I.M. use. Duration of action depends upon dose and route of administration—I.M. produces a more prolonged effect than I.V. The usual dose is 0.01 mg/kg body weight.

Because NARCAN<sup>®</sup> NEONATAL has no narcotic-like activity, you can repeat it I.V. at 2 to 3 minute intervals if the initial dose doesn't give the desired degree of narcotic counteraction and improvement in respiratory function.

Following satisfactory response, the neonate should be observed closely and given repeat doses, if necessary, since the duration of action of some narcotics may exceed that of NARCAN<sup>®</sup> NEONATAL.

NARCAN<sup>®</sup> NEONATAL should be administered cautiously to an infant whose mother is known or suspected to be physically dependent on narcotics. In such cases an abrupt and complete reversal of narcotic effects may precipitate acute withdrawal symptoms.

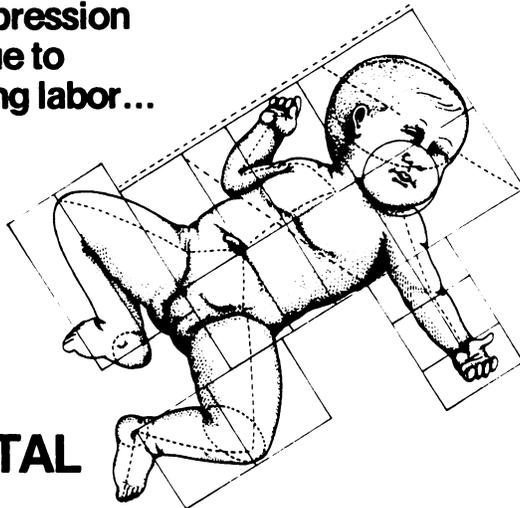
Please see next page for complete prescribing information.

NARCAN<sup>®</sup> is an Endo registered U.S. trademark U.S. Pat. 3,254,088

**Endo Laboratories, Inc.**  
Subsidiary of E. I. du Pont de Nemours & Co. (Inc.)  
Garden City, N.Y. 11530

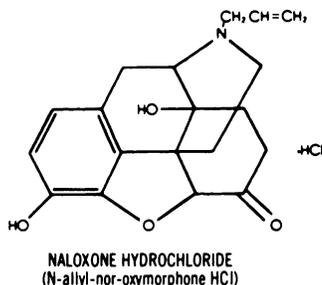


When you suspect depression  
in the newborn due to  
narcotic analgesia during labor...



## NARCAN® NARCAN® NEONATAL (naloxone HCl)

**DESCRIPTION** NARCAN® (naloxone hydrochloride), a narcotic antagonist, is a synthetic congener of oxymorphone. In structure it differs from oxymorphone in that the methyl group on the nitrogen atom is replaced by an allyl group.



Naloxone hydrochloride occurs as slightly off-white crystals, and is soluble in water, slightly soluble in alcohol and practically insoluble in ether.

**NARCAN®** (naloxone hydrochloride) injection is available in two concentrations, 0.02 mg and 0.4 mg of naloxone hydrochloride per ml. Each ml of either strength contains 8.6 mg of sodium chloride; and 2.0 mg of methylparaben and propylparaben as preservatives in a ratio of 9 to 1. pH is adjusted with hydrochloric acid.

**ACTIONS** NARCAN® (naloxone hydrochloride) is an essentially pure narcotic antagonist, i.e., it does not possess the "agonistic" or morphine-like properties characteristic of other narcotic antagonists; NARCAN® (naloxone hydrochloride) does not produce respiratory depression, psychotomimetic effects or pupillary constriction. In the absence of narcotics or agonistic effects of other narcotic antagonists it exhibits essentially no pharmacologic activity.

In the presence of physical dependence on narcotics NARCAN® (naloxone hydrochloride) will produce withdrawal symptoms; it has not been shown to produce tolerance nor to cause physical or psychological dependence.

When NARCAN® (naloxone hydrochloride) is administered intravenously the onset of action is generally apparent within two minutes; the onset of action is only slightly less rapid when it is administered subcutaneously or intramuscularly. The duration of action is dependent upon the dose and route of administration of NARCAN® (naloxone hydrochloride). Intramuscular administration produces a more prolonged effect than intravenous administration. The requirement for repeat doses of NARCAN® (naloxone hydrochloride), however, will also be dependent upon the amount, type and route of administration of the narcotic being antagonized.

**INDICATIONS** NARCAN® (naloxone hydrochloride) is indicated for the complete or partial reversal of narcotic depression, including respiratory depression, induced by natural and synthetic narcotics, propoxyphene and the narcotic-antagonist analgesic pentazocine.

NARCAN® (naloxone hydrochloride) is also indicated for the diagnosis of suspected acute opiate overdose.

**CONTRAINDICATIONS** NARCAN® (naloxone hydrochloride) is contraindicated in patients known to be hypersensitive to it.

**WARNINGS** NARCAN® (naloxone hydrochloride) should be administered cautiously to persons including newborns of mothers who are known or suspected to be physically dependent on opioids. In such cases an abrupt and complete reversal of narcotic effects may precipitate an acute abstinence syndrome.

The patient who has satisfactorily responded to NARCAN® (naloxone hydrochloride) should be kept under continued surveillance and repeated doses of NARCAN® (naloxone hydrochloride) should be administered, as necessary, since the duration of action of some narcotics may exceed that of NARCAN® (naloxone hydrochloride).

NARCAN® (naloxone hydrochloride) is not effective against respiratory depression due to non-opioid drugs.

**Usage in Pregnancy** Safe use of NARCAN® (naloxone hydrochloride) during pregnancy (other than labor) has not been established. Animal reproduction studies have not demonstrated teratogenic or other embryotoxic effects (See ANIMAL PHARMACOLOGY AND TOXICOLOGY). However, NARCAN® (naloxone hydrochloride) should be administered to pregnant patients only when, in the judgment of the physician, the potential benefits outweigh the possible hazards.

**PRECAUTIONS** In addition to NARCAN® (naloxone hydrochloride), other resuscitative measures such as maintenance of a free airway, artificial ventilation, cardiac massage, and vasopressor agents should be available and employed when necessary to counteract acute narcotic poisoning. In an isolated report two patients with pre-existing ventricular irritability requiring lidocaine, and either isoproterenol or epinephrine for hypotension following cardiopulmonary bypass procedures, developed ventricular tachycardia or fibrillation when given NARCAN® (naloxone hydrochloride) i.v. at 9 and 14 hours, respectively, postoperatively for persistent unresponsiveness. Although a direct cause and effect relationship has not been established, NARCAN® (naloxone hydrochloride) should be used with caution in patients with cardiac irritability.

**ADVERSE REACTIONS** In rare instances nausea and vomiting have been reported in postoperative patients receiving NARCAN® (naloxone hydrochloride) in doses higher than that recommended; a cause and effect relationship has not been established.

**DOSAGE AND ADMINISTRATION** NARCAN® (naloxone hydrochloride) may be administered intravenously, intramuscularly, or subcutaneously. The most rapid onset of action is achieved by intravenous administration and it is recommended in emergency situations.

Since the duration of action of some narcotics may exceed that of NARCAN® (naloxone hydrochloride) the patient should be kept under continued surveillance and repeated doses of NARCAN® (naloxone hydrochloride) should be administered, as necessary.

**USAGE IN ADULTS Narcotic Overdose—Known or Suspected** The usual initial adult dose is 0.4 mg (1 ml) NARCAN® (naloxone hydrochloride) administered i.v., i.m. or S.C. If the desired degree of counteraction and improvement in respiratory function is not obtained immediately following i.v. administration, it may be repeated intravenously at 2 to 3 minute intervals. Failure to obtain significant improvement after 2 or 3 doses suggests that the condition may be due partly or completely to other disease processes or non-opioid drugs.

**Post Operative Narcotic Depression** For the partial reversal of narcotic depression following the use of narcotics during surgery, smaller doses of NARCAN® (naloxone hydrochloride) are usually sufficient. The dose of NARCAN® (naloxone hydrochloride) should be titrated according to the patient's response. Excessive dosage of NARCAN® (naloxone hydrochloride) may result in significant reversal of analgesia and increase in blood pressure. Similarly, too rapid reversal may induce nausea, vomiting, sweating or tachycardia.

For the initial reversal of respiratory depression, NARCAN® (naloxone hydrochloride) should be injected in increments of 0.1 to 0.2 mg intravenously at two to three minute intervals to the desired degree of reversal i.e., adequate ventilation and alertness without significant pain or discomfort.

Repeat doses of NARCAN® (naloxone hydrochloride) may be required within one to two hour intervals depending upon the amount, type (i.e., short or long acting) and time interval since last administration of narcotic. Supplemental intramuscular doses have been shown to produce a longer lasting effect.

**USAGE IN CHILDREN Narcotic Overdose—Known or Suspected** The usual initial child dose is 0.01 mg/kg body weight given i.v., i.m. or S.C. This dose may be repeated in accordance with the adult administration guideline. If necessary, NARCAN® (naloxone hydrochloride) can be diluted with sterile water for injection.

**USAGE IN NEONATES Narcotic-induced depression** The usual initial dose is 0.01 mg/kg body weight administered i.v., i.m. or S.C. This dose may be repeated in accordance with adult administration guidelines.

**HOW SUPPLIED** 0.4 mg/ml of NARCAN® (naloxone hydrochloride) for intravenous, intramuscular and subcutaneous administration.

Available in 1 ml ampuls in boxes of 10 and 100.

0.02 mg/ml of NARCAN® (naloxone hydrochloride) NEONATAL INJECTION for intravenous, intramuscular and subcutaneous administration.

Available in 2 ml ampuls in boxes of 10 and 100 ampuls.

**ANIMAL PHARMACOLOGY AND TOXICOLOGY** In the mouse and rat the intravenous LD<sub>50</sub> is 150 ± 5 mg/kg and 109 ± 4 mg/kg respectively. In acute subcutaneous toxicity studies in newborn rats the LD<sub>50</sub> (95% CL) is 260 (228-296) mg/kg. Subcutaneous injection of 100 mg/kg/day in rats for 3 weeks produced only transient salivation and partial ptosis following injections; no toxic effects were seen at 10 mg/kg/day for 3 weeks.

Reproductive studies including fertility, general reproductive performance, embryotoxicity, teratogenicity, and lactation did not show any abnormality in mice and rats at 10 mg/kg/day.

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## LEDERCILLIN® VK PENICILLIN V POTASSIUM

### For Oral Solution:

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

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

Also available:

### Tablets:

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

500 mg (800,000 units)  
bottles of 100; unit-dose 10 x 10's

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

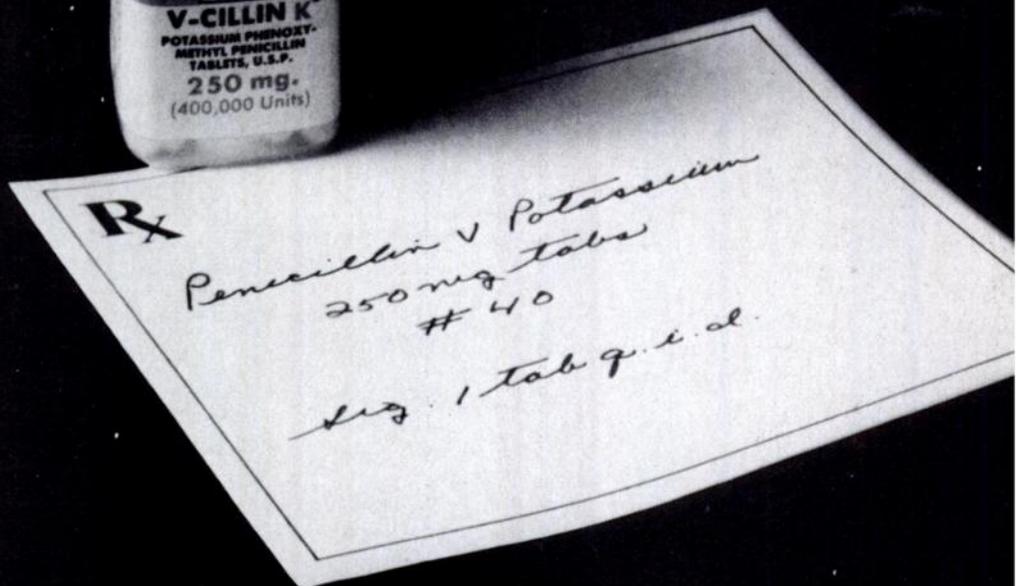
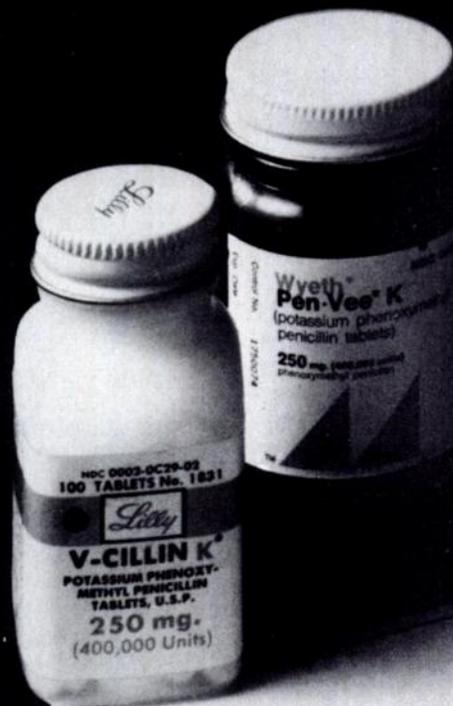
**Contraindications:** Previous hypersensitivity to penicillin

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

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

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

# 62% of these generic scripts are filled with a high quality- high priced brand.\*



\*Based on a 1974 survey of 3000 retail pharmacies. Data available upon request.



LEDERLE LABORATORIES  
A Division of American Cyanamid Co.  
Pearl River, New York 10965 808-6

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PEN VEE® K is a registered trademark of Wyeth Laboratories

# "Wynken, Blynken, and Nod one night Sailed off in a wooden shoe,"

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



## NEO-MULL-SOY®

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

**SYNTEX**

SYNTEX LABORATORIES, INC.  
PALO ALTO, CALIFORNIA 94304



Ingredients per 100 grams of concentrate: water 75.2 g., sucrose 12.9 g., soy oil 6.9 g., soy protein isolate 4.0 g., potassium citrate 0.47 g., tricalcium phosphate 0.44 g., dibasic magnesium phosphate 0.11 g., lecithin 0.1 g., salt 0.06 g., calcium carrageenan 0.028 g., ascorbic acid 0.025 g., l-methionine 0.025 mg., choline chloride, ferrous sulfate, dl-alpha-tocopheryl acetate, niacinamide, zinc sulfate, manganese sulfate, d-calcium pantothenate, vitamin A palmitate, riboflavin, cupric sulfate, thiamine hydrochloride, pyridoxine hydrochloride, vitamin D<sub>3</sub>, potassium iodide, folic acid, vitamin B<sub>12</sub>.

### APPROXIMATE ANALYSIS

|                      | Undiluted | Diluted with an equal volume of water |
|----------------------|-----------|---------------------------------------|
| Water                | 75.5%     | 87.8%                                 |
| Protein              | 3.6%      | 1.8%                                  |
| Fat                  | 7.0%      | 3.5%                                  |
| Carbohydrate         | 12.8%     | 6.4%                                  |
| Minerals (Ash)       | 0.9%      | 0.5%                                  |
| Calcium              | 0.17%     | 0.085%                                |
| Phosphorous          | 0.13%     | 0.06%                                 |
| Iron                 | 0.002%    | 0.001%                                |
| Calories per fl. oz. | 40        | 20                                    |