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AMERICAN ACADEMY OF PEDIATRICS EVANSTON ILLINOIS 60204

Pediatrics

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.

Wellcome

Burroughs Wellcome Co.
Research Triangle Park
North Carolina 27709

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

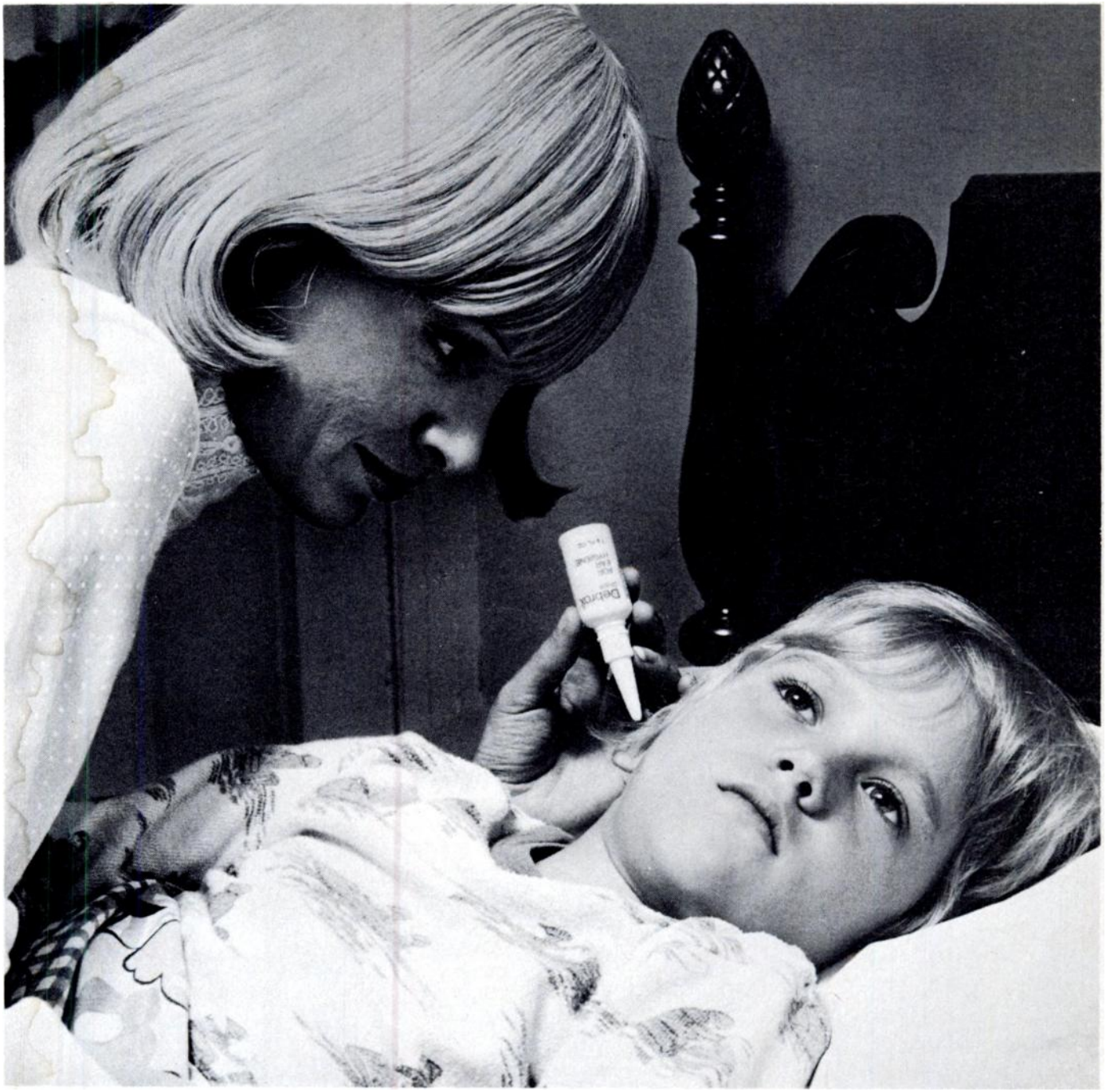
In the following conditions, adjunctive therapy with analgesics, antihistaminics, antibiotics, expectorants and other measures may be employed with Sudafed brand Pseudoephedrine Hydrochloride for optimum results: • allergic rhinitis • asthma • croup • acute otitis media • acute and subacute sinusitis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



5 reasons why you should recommend Debrox® Drops to your patients

1. A recent survey of physicians shows more Debrox recommendations for in-home use than all other non-Rx brands combined! (Data available on request.)

2. Debrox Drops provides a safe, non-irritating method of softening and removing earwax.

3. Debrox cleanses ear with sustained micro-foam without causing earwax to swell.

4. Debrox helps to relieve painful congestion of surface inflammation.

5. Debrox is safe. It is clinically effective and chemically stable. (Contains carbamide peroxide 6.5% in specially prepared anhydrous glycerol.)

International Pharmaceutical Corporation
Kansas City, Missouri 64114

Three of these children were recent candidates for hospitalization.

All made uneventful recoveries at home...

Kenny S.:
Tracheobronchitis;*
age and general condition made risk of diarrhea particularly undesirable.
Patient treated with Polymox (amoxicillin) oral suspension 250 mg./5 ml. t.i.d.
No diarrhea reported, recovery rapid with complete eradication of culturable pathogens.

Stacy M.:
Acute cystitis;*
high urine levels of appropriate antibiotic essential.
Polymox (amoxicillin) 250 mg. t.i.d. prescribed.
Urine sterile two days post-treatment, recovery smooth and uneventful thereafter.

ORAL T.I.D.

polymox®

(amoxicillin) BRISTOL™

...when outpatient therapy demands inpatient blood levels

Joey R.:
Acute infectious exacerbation of chronic lung disease,* demanding near-parenteral levels of antibiotics. Treated with Polymox (amoxicillin) 500 mg. t.i.d.; afebrile in 72 hours, unremarkable recovery thereafter.

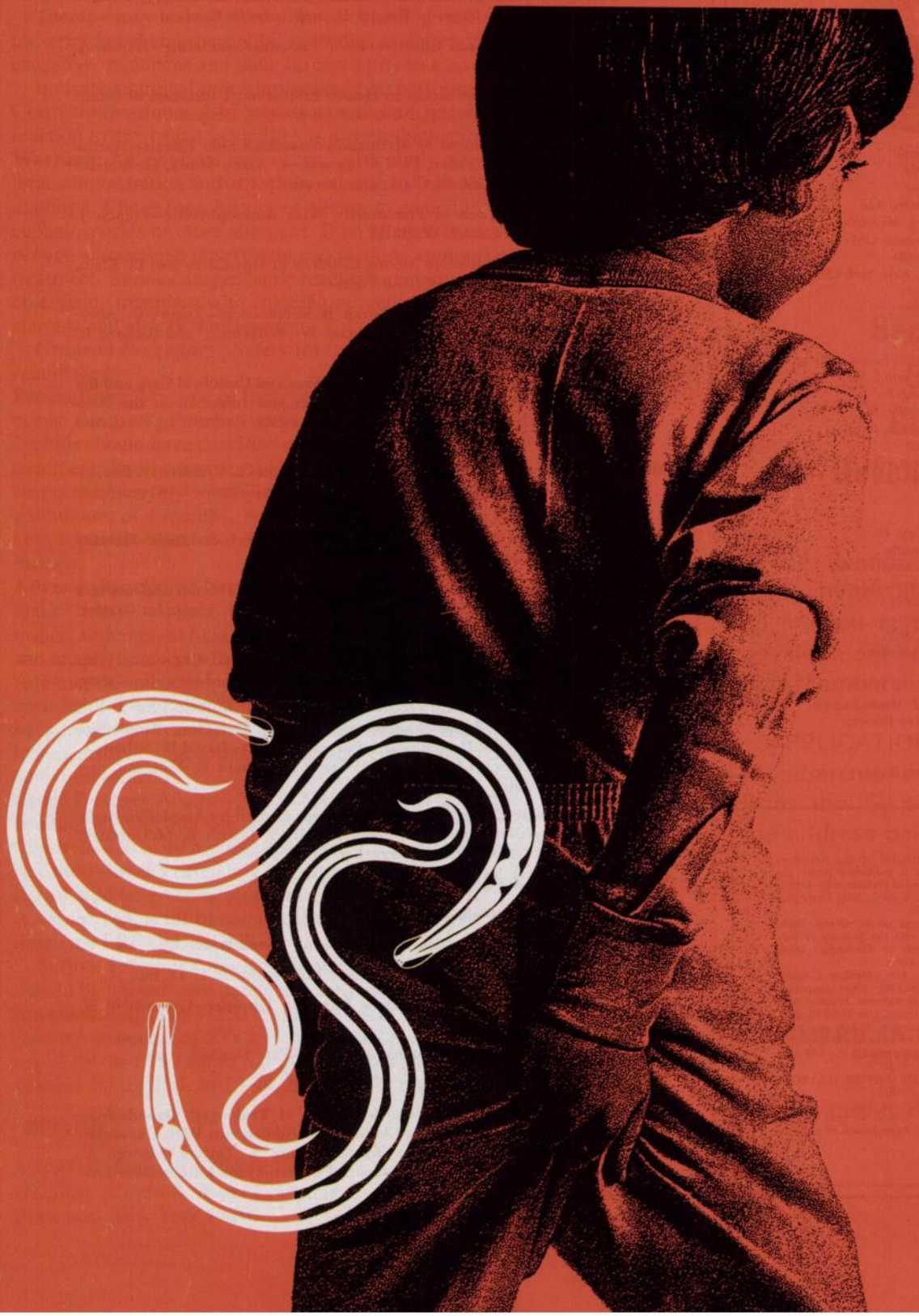
*due to susceptible organisms

The cases shown here are hypothetical.

Please see following page for Brief Summary of prescribing information.

JUST ONE CHEWABLE TABLET

usually eradicates pinworms in both children and adults†



No dosage calculations

Vermox (mebendazole) offers a greatly simplified method of treating pinworm. Just one tablet, for every member of the family, regardless of weight or age.†

Simplicity of administration

Patients can take the tablet at any time. It can be chewed, swallowed, or crushed and mixed with food. No messy liquids to pour.

Not a dye

Vermox will not stain clothes, teeth, feces, toilet bowls, etc.

Highly effective

In clinical studies, the pinworm mean cure rate with Vermox was 95% (range 90-100%). In cases where reinfection occurs, a repeat tablet is advised.

Well tolerated

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

Also effective against whipworm...as well as roundworm and hookworm

Just one simple dosage, regardless of weight or age,† for single or mixed infections: 1 chewable tablet b.i.d. for 3 consecutive days. If the patient is not cured 3 weeks after treatment, a second course of treatment is advised.

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

a single chewable tablet treatment for pinworm

Vermox

TRADEMARK

chewable tablets

(mebendazole)

DESCRIPTION VERMOX (mebendazole) is methyl 5-benzoylbenzimidazole-2-carbamate.

ACTIONS VERMOX exerts its anthelmintic effect by blocking glucose uptake by the susceptible helminths, thereby depleting the energy level until it becomes inadequate for survival. An insignificant amount of mebendazole is absorbed from the gastrointestinal tract. Most of this is excreted in the urine within three days either as metabolites or unchanged drug.

INDICATIONS VERMOX is indicated for the treatment of *Trichuris trichiura* (whipworm), *Enterobius vermicularis* (pinworm), *Ascaris lumbricoides* (roundworm), *Ancylostoma duodenale* (common hookworm), *Necator americanus* (American hookworm) in single or mixed infections.

Efficacy varies in function of such factors as pre-existing diarrhea and gastrointestinal transit time, degree of infection and helminth strains. Efficacy rates derived from various studies are shown in the table below:

	Trichuris	Ascaris	Hookworm	Pinworm
cure rates mean (range)	68% (61-75%)	98% (91-100%)	96% –	95% (90-100%)
egg reduction mean (range)	93% (70-99%)	99.7% (99.5-100%)	99.9% –	– –

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

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

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

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

DOSAGE AND ADMINISTRATION The same dosage schedule applies to children and adults. For the control of pinworm (enterobiasis), a single tablet is administered orally, one time.

For the control of roundworm (ascariasis), whipworm (trichuriasis), and hookworm infection, one tablet of VERMOX is administered, orally, morning and evening, on three consecutive days.

If the patient is not cured three weeks after treatment, a second course of treatment is advised.

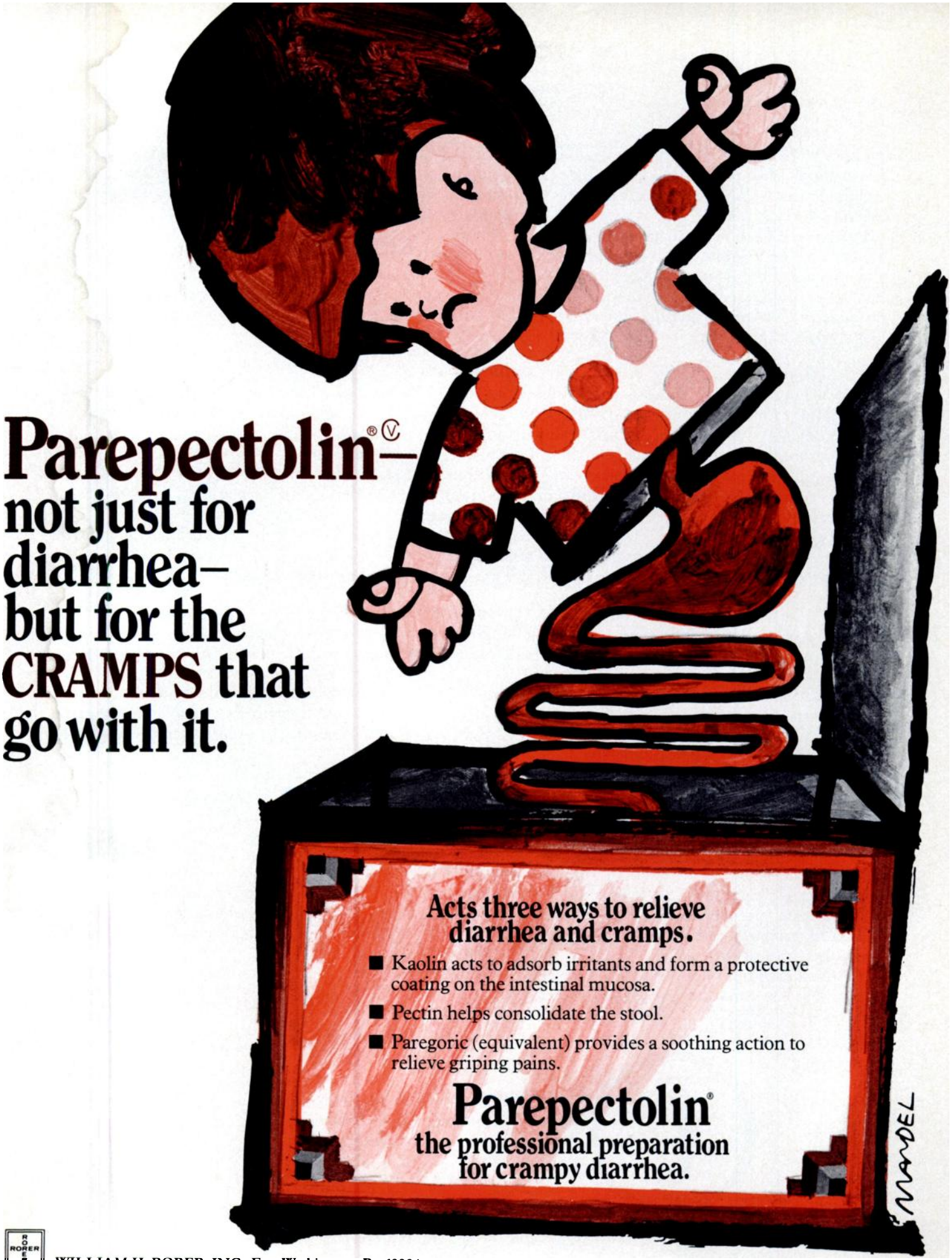
No special procedures, such as fasting or purging, are required.

HOW SUPPLIED VERMOX is available as tablets, each containing 100 mg of mebendazole, and is supplied in boxes of twelve tablets.

VERMOX (mebendazole) is an original product of Janssen Pharmaceutica, Belgium, and co-developed by Ortho Pharmaceutical Corporation.

Ortho Pharmaceutical Corporation
Raritan, New Jersey 08869

OJ 175-6



WILLIAM H. RORER, INC., Fort Washington, Pa. 19034

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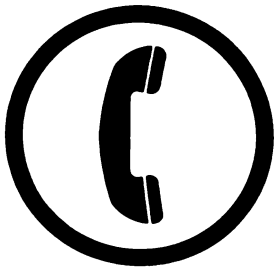

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Formula or breast milk provides needed nutrients during infancy. And milk later supplies many nutrients to help achieve a balanced diet.

Similac® ADVANCE® Growing-Up Beverage offers some of the advantages of both infant formula and cow milk... to help meet the needs of babies as they progress from an infant diet to family foods.

The caloric density of ADVANCE approximates that of 2% lowfat milk. The protein concentration of ADVANCE is between formula and cow milk. However, the protein in ADVANCE, like that of infant formula, is heat-denatured to help avoid slight enteric blood loss sometimes associated with the consumption of nonheat-treated cow milk protein. Finally, the fat source, as in infant formula, is a homogenized blend of vegetable oils, high in polyunsaturated fatty acids.

ADVANCE satisfies the mother's desire to change her baby's milk beverage. But because the milk feeding still provides a substantial portion of protein, fat and caloric intake during this dietary transition, ADVANCE will satisfy your concern for continuing good nutrition during later infancy.

When you consider the long term benefits of sound nutrition during later infancy...
consider Similac®

ADVANCE®
Growing-Up Beverage.

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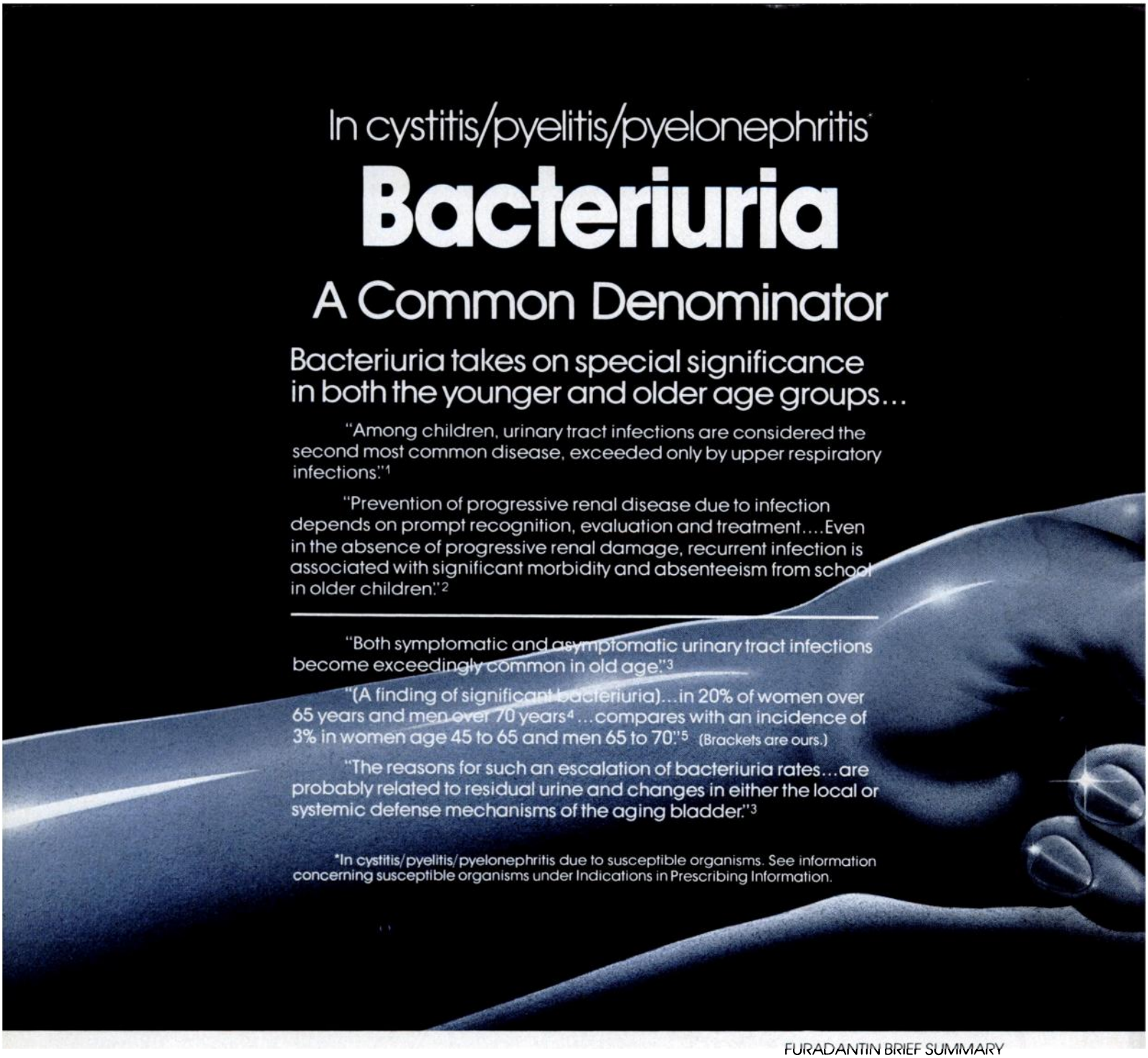
For Ingredients See Page A101



FURADANTIN BRIEF SUMMARY

INDICATIONS: Indicated for the treatment of pyelonephritis, pyelitis, and cystitis due to susceptible E. coli, enterococci, S. aureus (it is not indicated for the treatment of associated renal cortical or perinephric 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 primaquine 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

EATON LABORATORIES
division of Morton-Norwich Products, Inc.
Norwich, N.Y. 13815

debilitating disease may enhance such occurrence.

ADVERSE REACTIONS:

Gastrointestinal Reactions—Anorexia, nausea, emesis are the most frequent reactions; less frequently, 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 histologic findings of diffuse interstitial pneumonitis or fibrosis or both are common manifestations. Impaired pulmonary function may result even after cessation of the drug therapy

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

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

Hematologic Reactions—Hemolytic anemia, granulocytopenia, eosinophilia, and megaloblastic 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 alopecia.

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. tsp., in bottles of 60 and 473 cc.

References

1. Libert, I: Physician's World 3:69-72, Jan., 1974.
2. Boineau, FG and Lewy, JE: Pediatric Annals 4:515-525, Sept., 1975. 3. DeSanctis, P: Forum on Infection—Clinical Views From Research & Practice 1:1-14, Oct., 1974.
4. Brocklehurst, JC, et al: Geront. Clin. (Basal) 10:242, 1968. Cited in Brocklehurst, JC Geriat. 27:154-166, Feb., 1974.
5. Brocklehurst, JC: Geriat. 27:154-166, Feb., 1974.

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New from Knoll... for patients with asthma and Chronic Obstructive Lung Disease

THEOPHYL-225® ELIXIR

ANHYDROUS THEOPHYLLINE U.S.P.

225 mg/30 ml

Introduces great taste to theophylline therapy

THEOPHYL-225®: great taste for greater patient compliance

Often, taste can make the difference in compliance with your medical regimen. Chronic bronchial conditions are unpleasant enough to have a bitter taste of their own.

With the great new banana refreshmint of THEOPHYL-225 Elixir, the medication needn't add to it.

THEOPHYL-225: single-entity theophylline, now preferred

"It is presently recommended that a pure theophylline drug be used as initial therapy in the outpatient asthmatic."[1]

And in pediatric patients, also, "Theophylline alone appears to be the oral bronchodilator of choice for chronic asthma."[2]

THEOPHYL-225: low alcohol, sugar-free, too

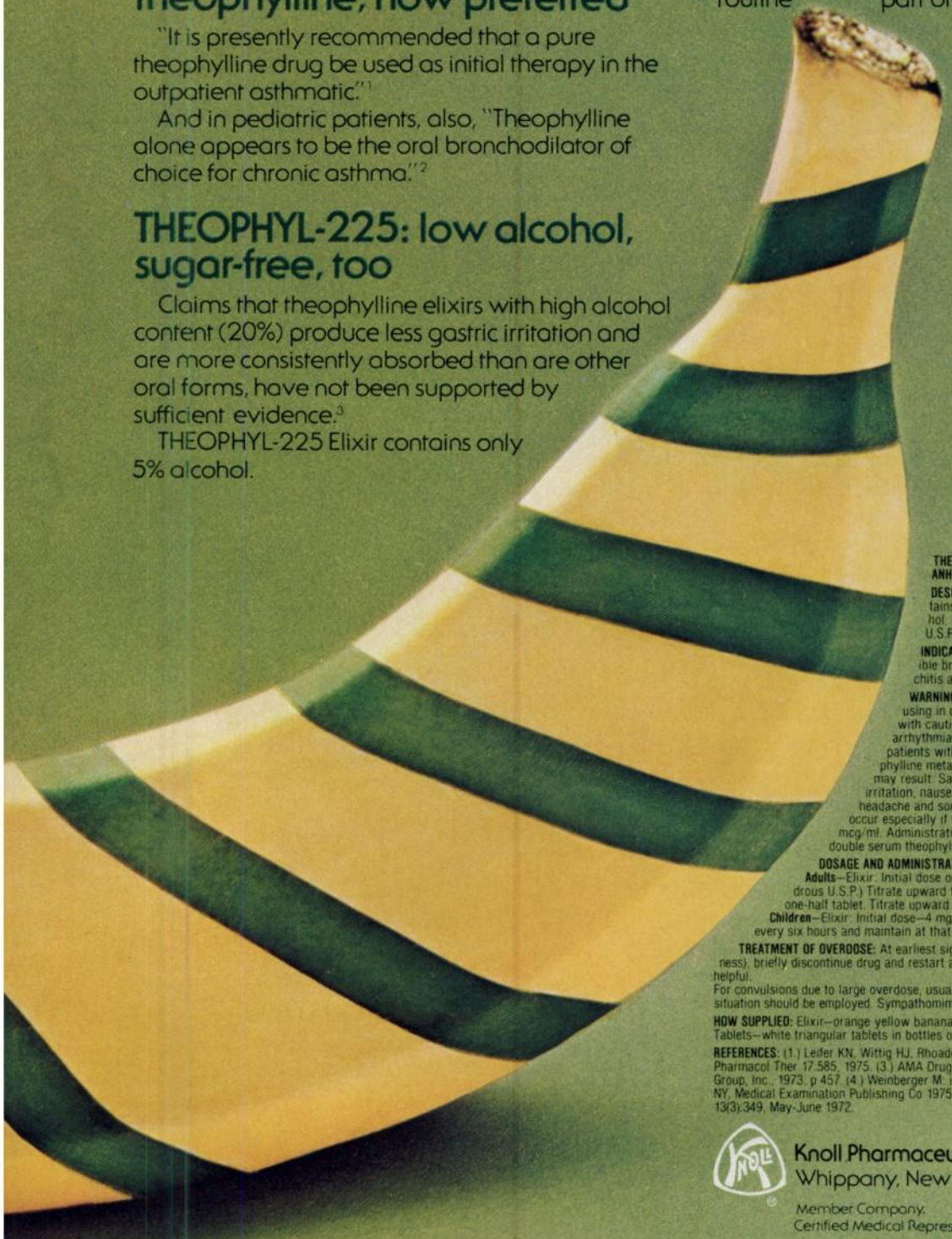
Claims that theophylline elixirs with high alcohol content (20%) produce less gastric irritation and are more consistently absorbed than are other oral forms, have not been supported by sufficient evidence.[3]

THEOPHYL-225 Elixir contains only 5% alcohol.

Facilities to monitor serum levels for dosage titration are more readily available

With the increasing return to single-entity oral theophylline in the treatment of chronic bronchial conditions, serum theophylline determinations are becoming more and more available through clinical laboratories.

Monitoring serum theophylline levels, important in individualizing dosage and in controlling gastric irritation[4,5], can therefore readily become a routine part of your treatment program.



THEOPHYL-225® TABLETS AND ELIXIR THEOPHYLLINE ANHYDROUS U.S.P.

DESCRIPTION: Each 30 ml (2 TABLESPOONfuls) Elixir contains 225 mg theophylline anhydrous U.S.P. with 5% alcohol. Each tablet contains 225 mg of theophylline anhydrous U.S.P.

INDICATIONS: Relief of acute bronchial asthma and reversible bronchospasm associated with chronic asthma, bronchitis and emphysema.

WARNINGS, PRECAUTIONS AND ADVERSE REACTIONS: Avoid using in combination with other theophylline preparations. Use with caution in children, patients with hypertension or cardiac arrhythmias, hypothyroidism and acute myocardial injury. In patients with congestive heart failure or hepatic disease, theophylline metabolism is reduced and higher than usual serum level may result. Safe use in pregnancy has not been established. Gastric irritation, nausea, vomiting, palpitations, restlessness, insomnia, headache and some stimulation of the central nervous system may occur especially if theophylline serum levels are maintained above 20 mcg/ml. Administration of theophylline with troleandomycin (TAO) may double serum theophylline levels.

DOSAGE AND ADMINISTRATION:
Adults—Elixir: Initial dose one TABLESPOONful (112.5 mg of theophylline anhydrous U.S.P.) Titrate upward to 225 mg every six hours. Tablets: Initial dose one-half tablet. Titrate upward to one tablet every six hours.
Children—Elixir: Initial dose—4 mg/kg every six hours. Titrate upwards to 6.0 mg/kg every six hours and maintain at that level if tolerated.

TREATMENT OF OVERDOSE: At earliest signs of overdose (usually nausea, vomiting or restlessness), briefly discontinue drug and restart at lower dose. Symptomatic treatment would be helpful.
For convulsions due to large overdose, usual methods of treatment depending on severity of situation should be employed. Sympathomimetics should be avoided.

HOW SUPPLIED: Elixir—orange yellow banana-mint flavored. Pints.
Tablets—white triangular tablets in bottles of 100.

REFERENCES: (1.) Leifer KN, Wittig HJ, Rhoades RB: Cutis 15:841, 1975. (2.) Weinberger M et al: Clin Pharmacol Ther 17:585, 1975. (3.) AMA Drug Evaluations, 2nd ed, Acton, Publishing Sciences Group, Inc., 1973, p 457. (4.) Weinberger M: in Frazier C (ed): Current Therapy of Allergy, Flushing NY, Medical Examination Publishing Co 1975, p 126. (5.) Jenne JW et al: Clin Pharmacol Ther 13(3):349, May-June 1972.

Knoll Pharmaceutical Company
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For any one of these conditions

Erythrocin® (ERYTHROMYCIN, ABBOTT) gives you effective therapy...

with an unsurpassed record of safety for your patient.

Consider this:

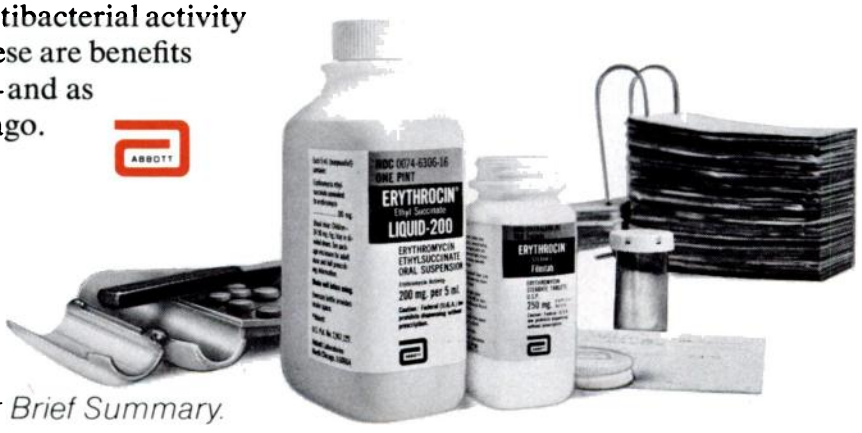
After 24 years, Erythrocin has never demonstrated significant toxicity to teeth, bone or blood. Nor has it been shown to cause photosensitivity.

While occasional abdominal discomfort and mild allergic reactions may occur, serious allergic reactions have been notably infrequent.

Only one contraindication: the rare patient with known hypersensitivity to erythromycin.

Yet, even with increasing reports of bacterial resistance to other antibiotics, organisms such as Group A beta hemolytic streptococci and *Streptococcus pneumoniae (Diplococcus pneumoniae)* continue to be extremely sensitive to Erythrocin. (And Erythrocin is a drug of choice in treating pneumonia caused by *Mycoplasma pneumoniae.)*

Effectiveness . . . safety . . . high antibacterial activity against susceptible organisms: these are benefits long associated with Erythrocin—and as valid today as they were 24 years ago.



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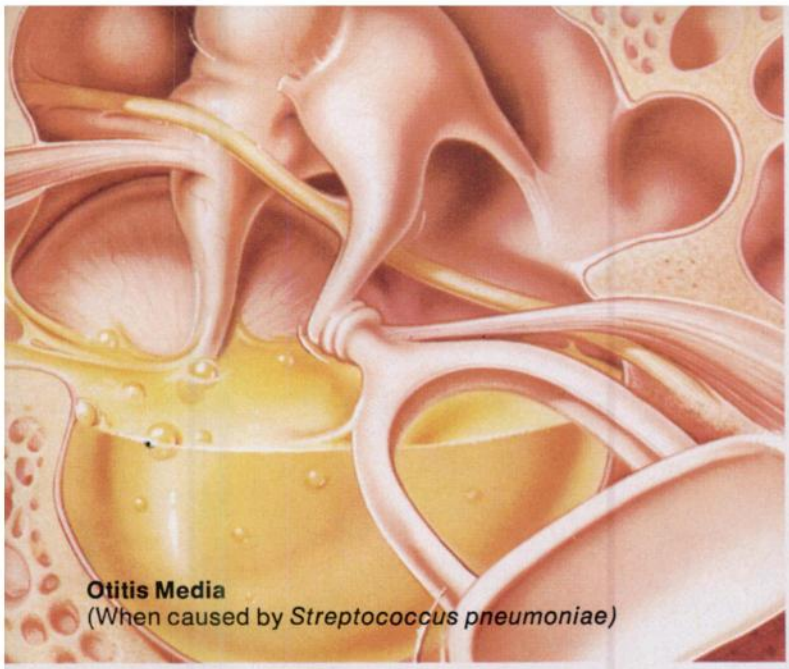
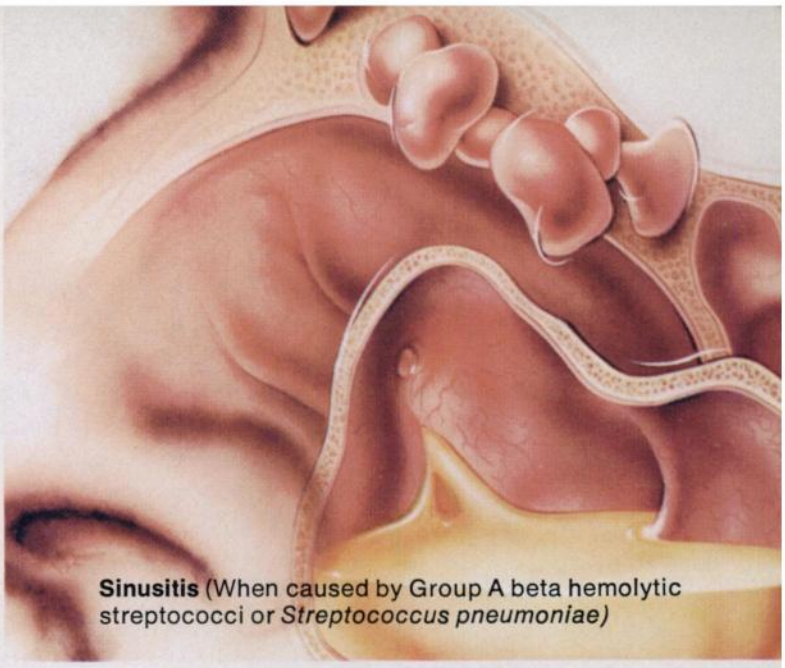
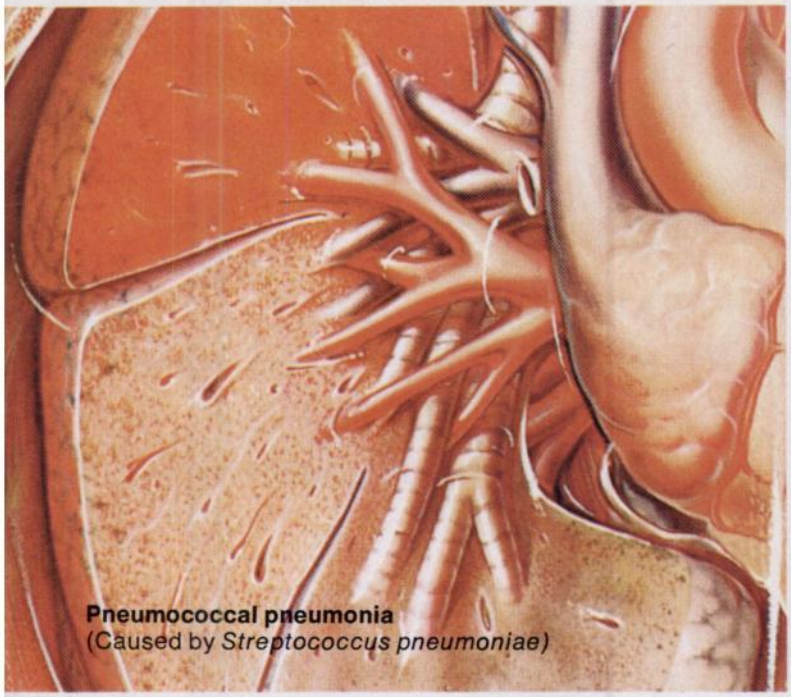
Please see back of next page for Brief Summary.



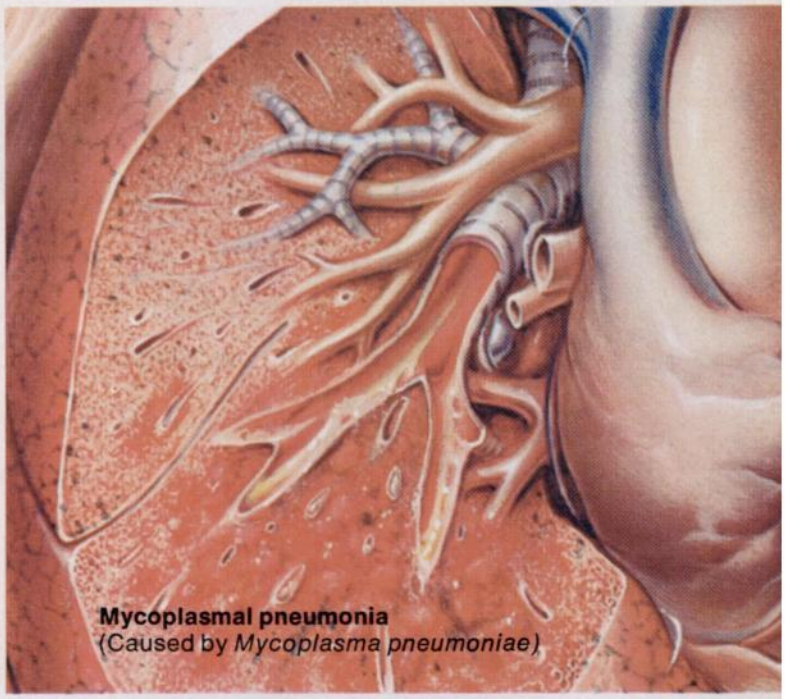
Otitis Media
(When caused by *Streptococcus pneumoniae)*



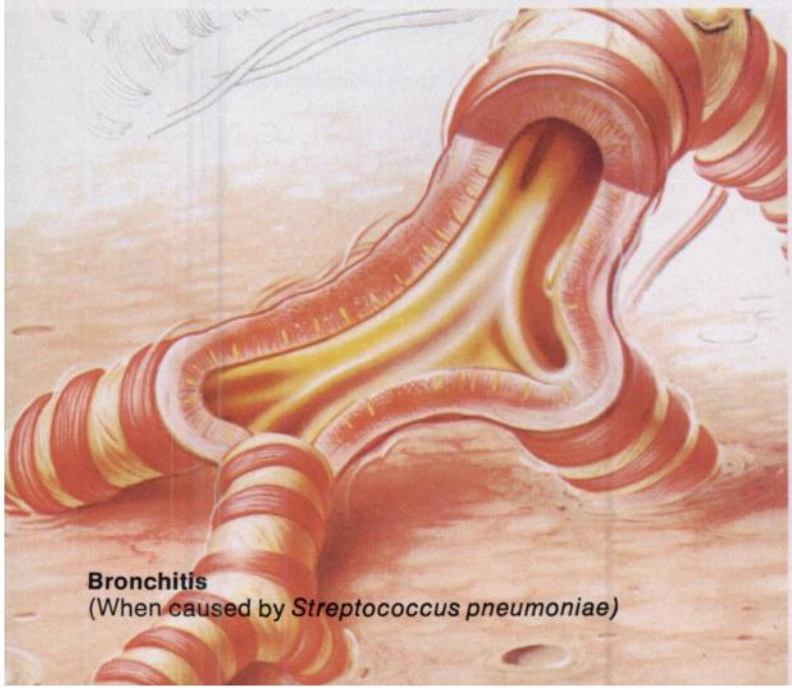
Sinusitis (When caused by Group A beta hemolytic streptococci or *Streptococcus pneumoniae)*



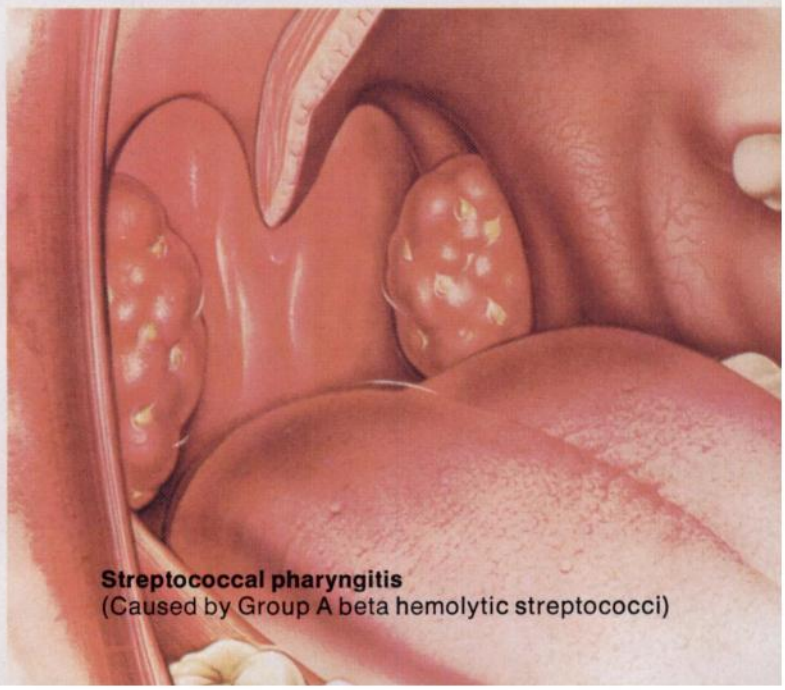
Pneumococcal pneumonia
(Caused by *Streptococcus pneumoniae)*



Mycoplasmal pneumonia
(Caused by *Mycoplasma pneumoniae)*



Bronchitis
(When caused by *Streptococcus pneumoniae)*

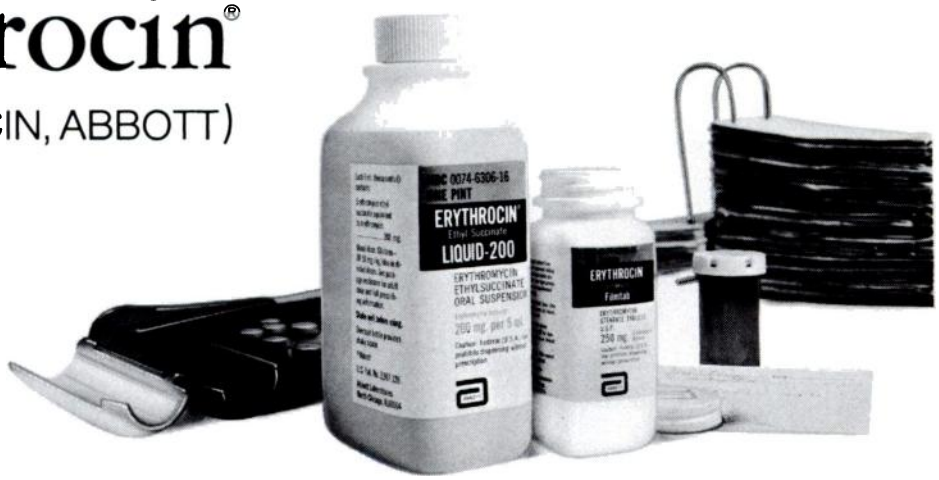


Streptococcal pharyngitis
(Caused by Group A beta hemolytic streptococci)

After 24 years...

Consider the remarkable safety record of Erythrocin®

(ERYTHROMYCIN, ABBOTT)



Erythrocin has never demonstrated significant toxicity to teeth, bone or blood. Nor has it been shown to cause photosensitivity.

(While occasional abdominal discomfort and mild allergic reactions may occur, serious allergic reactions have been notably infrequent.)

Brief Summary

Indications: ***Streptococcus pyogenes*** (Group A beta hemolytic streptococcus) — Upper and lower respiratory tract infections, skin, and soft tissue infections of mild to moderate severity, where oral medication is preferred. Therapy should be continued for 10 days.

Alpha-hemolytic streptococci (viridans group) — Short-term prophylaxis of bacterial endocarditis prior to dental or other operative procedures in patients with a history of rheumatic fever or congenital heart disease who are hypersensitive to penicillin.

S. aureus — Acute infections of skin and soft tissue of mild to moderate severity. Resistant organisms may emerge during treatment.

S. pneumoniae (D. pneumoniae) — Upper and lower respiratory tract infections of mild to moderate degree.

M. pneumoniae — For respiratory infections due to this organism.

Hemophilus influenzae: For upper respiratory tract infections of mild to moderate severity when used concomitantly with adequate doses of sulfonamides. Not all strains of this organism are susceptible at the erythromycin concentrations ordinarily achieved (see appropriate sulfonamide labeling for prescribing information).

Treponema pallidum — As an alternate treatment in patients allergic to penicillin.

C. diphtheriae and ***C. minutissimum*** — As an adjunct to antitoxin. In the treatment of erythrasma.

Entamoeba histolytica — In the treatment of intestinal amebiasis.

L. monocytogenes — Infections due to this organism.

Establish susceptibility of pathogens to erythromycin, particularly when *S. aureus* is isolated.

Contraindications: Known hypersensitivity to erythromycin.

Warnings: Safety for use in pregnancy has not been established.

Precautions: Exercise caution in administering to patients with impaired hepatic function. Surgical procedures should be performed when indicated.

Adverse Reactions: Dose-related abdominal cramping and discomfort. Nausea, vomiting, and diarrhea infrequently occur. During prolonged or repeated therapy, there is a possibility of overgrowth of non-susceptible bacteria or fungi. Mild allergic reactions such as urticaria and other skin rashes may occur. Serious allergic reactions, including anaphylaxis, have been reported.

A complete line —backed by Abbott quality

In **Tablets**, 500 mg., 250 mg. and 125 mg., in ready-mixed **Liquid** forms, 200 mg. and 400 mg./5-ml. tsp., in **Granules for Oral Suspension**, 200 mg./5-ml. tsp., in **Drops**, 100 mg./2.5-ml. dropperful and in 200-mg. **Chewable Tablets**. Also in **Suppositories** and in IM and IV forms. 6013107R

ABBOTT

IN ACUTE OTITIS MEDIA

WHILE AN ANTIBIOTIC ATTACKS THE PATHOGEN

AURALGAN® OTIC SOLUTION PROMPTLY RELIEVES THE PAIN

For prompt relief of the pain of acute otitis media, AURALGAN is an effective adjuvant to your antibiotic therapy. And since every child's earache is every parent's heartache, the faster you can provide pain relief, the better.

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

BRIEF SUMMARY

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

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

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

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

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

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

Auralgan®

OTIC SOLUTION

Each cc. contains:

Antipyrine	54.0 mg.
Benzocaine	14.0 mg.
Glycerin dehydrated q.s. to	1.0 cc.

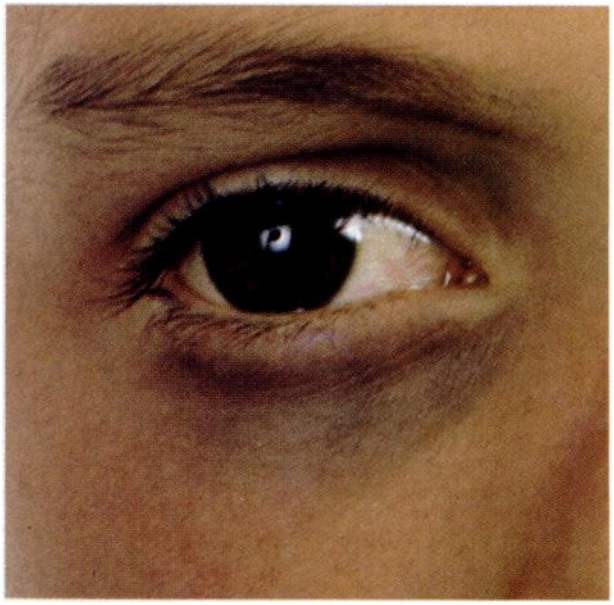
(contains not more than 0.6% moisture)
(Also contains oxyquinoline sulfate.)

ON PRESCRIPTION ONLY.

Ayerst. AYERST LABORATORIES
New York, N.Y. 10017

7431

cold or allergy?

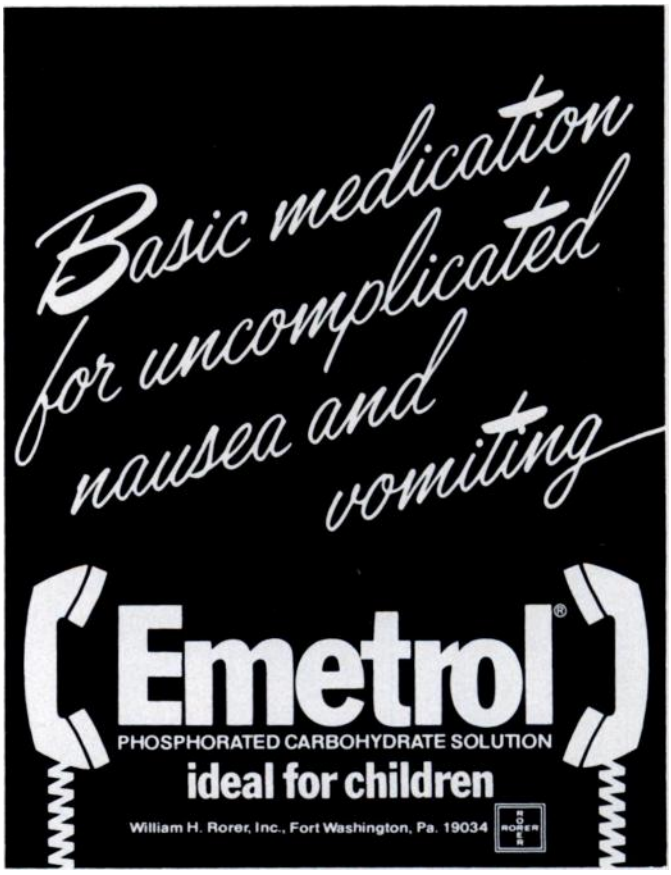


Maybe his mother's 'diagnosis' is right. It could be a cold. But that black eye looks like an 'allergic shiner,' and strongly suggests one of the various types of allergic rhinitis. Or perhaps allergic rhinitis complicated by a cold.

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,



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® NEONATAL (naloxone HCl)

Rapidly reverses narcotic effects to help ensure a more responsive beginning

NARCAN® 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® 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® 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.

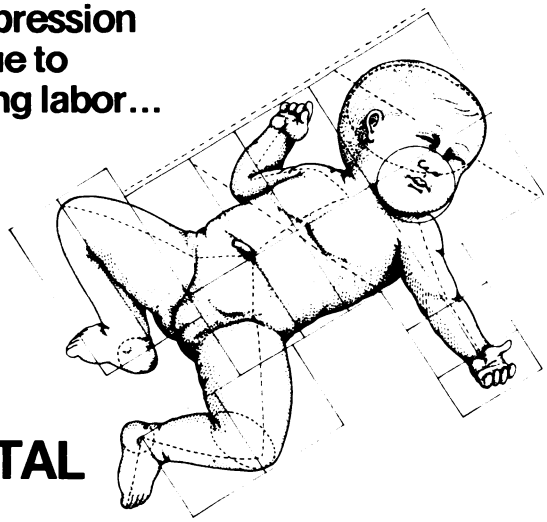
Following satisfactory response, the neonate should be observed closely and given repeat doses, if necessary, since the duration of action of some narcotics may exceed that of NARCAN® NEONATAL.

NARCAN® 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.

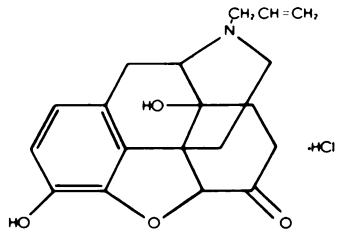
Endo Laboratories, Inc.
Subsidiary of E.I. du Pont de Nemours & Co. (Inc.)
Garden City, N.Y. 11530
DUPONT

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
(N-allyl-nor-oxymorphone HCl)

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 overdosage.

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_{50} is 150 ±5 mg/kg and 109 ±4 mg/kg respectively. In acute subcutaneous toxicity studies in newborn rats the LD_{50} (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.

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

DUPONT

76-1 EDO-6070

Whose iron bank is going broke?

Neither race nor income level is an adequate predictor of which children may develop iron deficiencies. Even though black children are somewhat more at risk, the recent large-scale Health and Nutrition Examination Survey (HANES)* showed that there were children in each income group and race who suffered iron deficiencies as measured by low hemoglobin and hematocrit levels. In fact, low transferrin saturation values, which were seen in all age groups, were even more frequent in white than in black children in the 6-11 year age group, both above and below the poverty level.

Other nutritional inadequacies also crossed all income lines. For example, a substantial percentage of children in the 1-5 age group are not receiving Recommended Dietary Allowances of Vitamin A and Vitamin C.

*Preliminary Findings of the First Health and Nutrition Examination Survey, United States, 1971-1972, Public Health Service, U.S. Department of Health, Education and Welfare. DHEW Publication No. (HRA) 74-1219-1. January, 1974

The people who care about good nutrition.

Miles Laboratories, Inc.
Elkhart, Ind. 46514 © 1976

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

FLINTSTONES®

Flintstones® Multivitamin Supplement

Flintstones® Plus Iron Multivitamin Supplement

Each FLINTSTONES Multivitamin Supplement provides the following (with percentage of U.S. RDA for adults and children 4 or more years of age): Vitamin A 5000 I.U. (100%); Vitamin E 15 I.U. (50%); Vitamin C 60 mg. (100%); Folic Acid 0.4 mg. (100%); Thiamine 1.5 mg. (100%); Riboflavin 1.7 mg. (100%); Niacin 20.0 mg. (100%); Vitamin B_6 2.0 mg. (100%); Vitamin B_{12} 6.0 mcg. (100%); Vitamin D 400 I.U. (100%). Each FLINTSTONES Plus Iron Multivitamin Supplement provides, in addition, 18 mg. of Iron (100%) (as ferrous fumarate).

Improved Formula

ASBRON G™

Elixir/Inlay-Tabs®

Each Inlay-Tab or tablespoonful (15 ml) of Asbron G Elixir contains theophylline sodium glycinate 300 mg (equivalent to 150 mg theophylline), guaifenesin 100 mg. The Elixir supplies the active ingredients in a solution containing 15% alcohol.

Fewer Ingredients
More Flexibility

Improved Asbron G is a simpler formula with the phenylpropanolamine removed. It gives you more flexibility in your management of patients with reversible bronchospasm: asthma, chronic bronchitis, emphysema. For instance, you can now use Asbron G concomitantly with sympathomimetic bronchodilators. The tartrazine dye has also been removed to make an even better formula.

In each tablet or tablespoonful of Asbron G, your patient does receive:

150 mg of theophylline in a highly soluble salt; the time-tested expectorant, guaifenesin (glyceryl guaiacolate)

Your patient does not receive:

Sedatives	Tranquilizers
Ephedrine	Tartrazine

A goal of therapy in reversible bronchospasm is to improve respiration . . . so why risk depressing it with sedatives or tranquilizers?

ASBRON G™

Elixir/Inlay-Tabs®

Ideal first-line therapy in reversible bronchospasm

Each Asbron G Inlay-Tab and each tablespoonful (15 ml) of Asbron G Elixir contains theophylline sodium glycinate 300 mg (equivalent to 150 mg theophylline), guaifenesin 100 mg. The elixir supplies the active ingredients in a solution containing 15% alcohol.

Asbron G contains a bronchodilator and an expectorant. Theophylline sodium glycinate is a xanthine bronchodilating agent freely soluble in water. The expectorant component is guaifenesin (formerly called glyceryl guaiacolate) which helps loosen and thus clear the bronchial passageways of bothersome, thickened mucus.

INDICATIONS: For relief of acute bronchial asthma and for reversible bronchospasm associated with chronic bronchitis and emphysema.

CONTRAINDICATIONS: Sensitivity to any of the ingredients. Xanthines may be contraindicated in patients with peptic ulcers.

WARNING: There is great patient to patient variation in the serum half-life of theophylline. Dosage must be individualized. When possible, serum theophylline levels should be measured to assist in titration of dosage.

ADVERSE REACTIONS: Large doses may cause nervousness, agitation, headache, palpitations, tachycardia, nausea and vomiting. Cardiac arrhythmias and ventricular ectopic beats have been associated with the use of theophylline.

PRECAUTIONS: Use with caution in the presence of hyperthyroidism, hypertension or cardiovascular disease. Acidifying agents can inhibit the action of theophylline by enhancing excretion. Alkalinizing agents can potentiate the action of theophylline by decreasing urinary excretion. Other oral xanthine derivatives should not be given concurrently and intravenous aminophylline should be administered with great caution to a patient having received Asbron G.

USUAL DOSAGE: Adults—1 or 2 tablets or tablespoonfuls (15-30 ml), 3 or 4 times daily. Children 6-12—2 or 3 teaspoonfuls (10-15 ml), 3 or 4 times daily. Children 3-6—1 to 1½ teaspoonfuls (5-7.5 ml), 3 or 4 times daily. Children 1-3—½ to 1 teaspoonful (2.5-5 ml), 3 or 4 times daily.

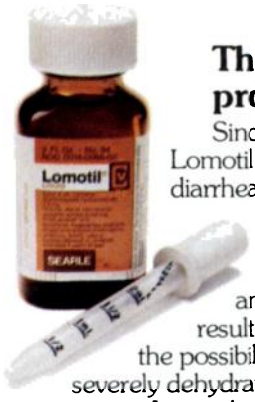
During the first day of treatment, especially in severe attacks, the higher dosage may be indicated. After the first day, dosage should be adjusted on an individual basis. Administration after meals may reduce the infrequent possibility of gastric distress or CNS stimulation.

HOW SUPPLIED: Asbron G Inlay-Tabs, in bottles of 100 (NDC 0043-0062-51). Asbron G Elixir, in pint bottles (NDC 0043-0520-16).

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

DA-YD

Dropper Dosage.



This dropper insures accurate, proper dosage of Lomotil® Liquid.

Since 1961, physicians have relied on the efficacy of Lomotil® Liquid for their young patients suffering from diarrhea. The 2-oz. bottle comes with a plastic, calibrated, 2-ml. dropper which insures both accuracy and ease of administration. When using Lomotil, it is important to maintain the child's normal fluid and electrolyte balance. Failure to do so may result in excessively high blood levels of Lomotil and the possibility of an overdose reaction in the event of a severely dehydrated condition. When properly used, adverse reactions to Lomotil are uncommon and generally mild. For children's diarrhea, prescribe the Dropper Dosage of Lomotil Liquid. Lomotil is contraindicated in children under 2 years of age.

LOMOTIL® LIQUID

Each 5 ml of liquid contains: diphenoxylate hydrochloride, 2.5 mg. (Warning: May be habit forming), atropine sulfate, 0.025 mg.

Please see next page for brief summary of prescribing information.

LOMOTIL®

brand of diphenoxylate
hydrochloride with
atropine sulfate

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

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

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

Warnings: Use with special caution in young children, because of variable response, and with extreme caution in patients with cirrhosis and other advanced hepatic disease or abnormal liver function tests, because of possible hepatic coma. Diphenoxylate HCl may potentiate the action of barbiturates, tranquilizers and alcohol. In theory, the concurrent use with monoamine oxidase inhibitors could precipitate hypertensive crisis. In severe dehydration or electrolyte imbalance, withhold Lomotil until corrective therapy has been initiated.

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

Precautions: Addiction (dependency) to diphenoxylate HCl is theoretically possible at high dosage. Do not exceed recommended dosages. Administer with caution to patients receiving addicting drugs or known to be addiction prone or having a history of drug abuse. The subtherapeutic amount of atropine is added to discourage deliberate overdosage; strictly observe contraindications, warnings and precautions for atropine; use with caution in children since signs of atropinism may occur even with the recommended dosage. Use with care in patients with acute ulcerative colitis and discontinue use if abdominal distention or other symptoms develop.

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

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

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

Dosage forms: Tablets, 2.5 mg. of diphenoxylate HCl with 0.025 mg. of atropine sulfate. Liquid, 2.5 mg. of diphenoxylate HCl and 0.025 mg. of atropine sulfate per 5 ml. A plastic dropper calibrated in increments of ½ ml. (total capacity, 2 ml.) accompanies each 2-oz. bottle of Lomotil liquid.

SEARLE **Searle & Co.**
San Juan, Puerto Rico 00936

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

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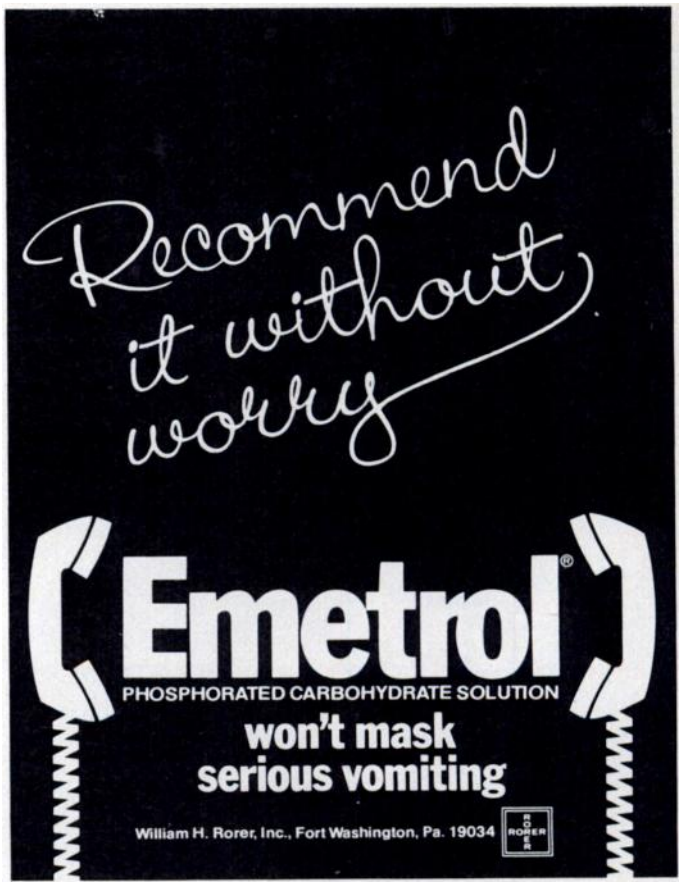
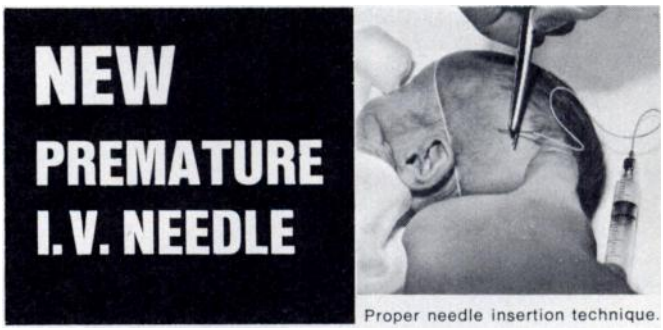




Proper needle insertion technique.

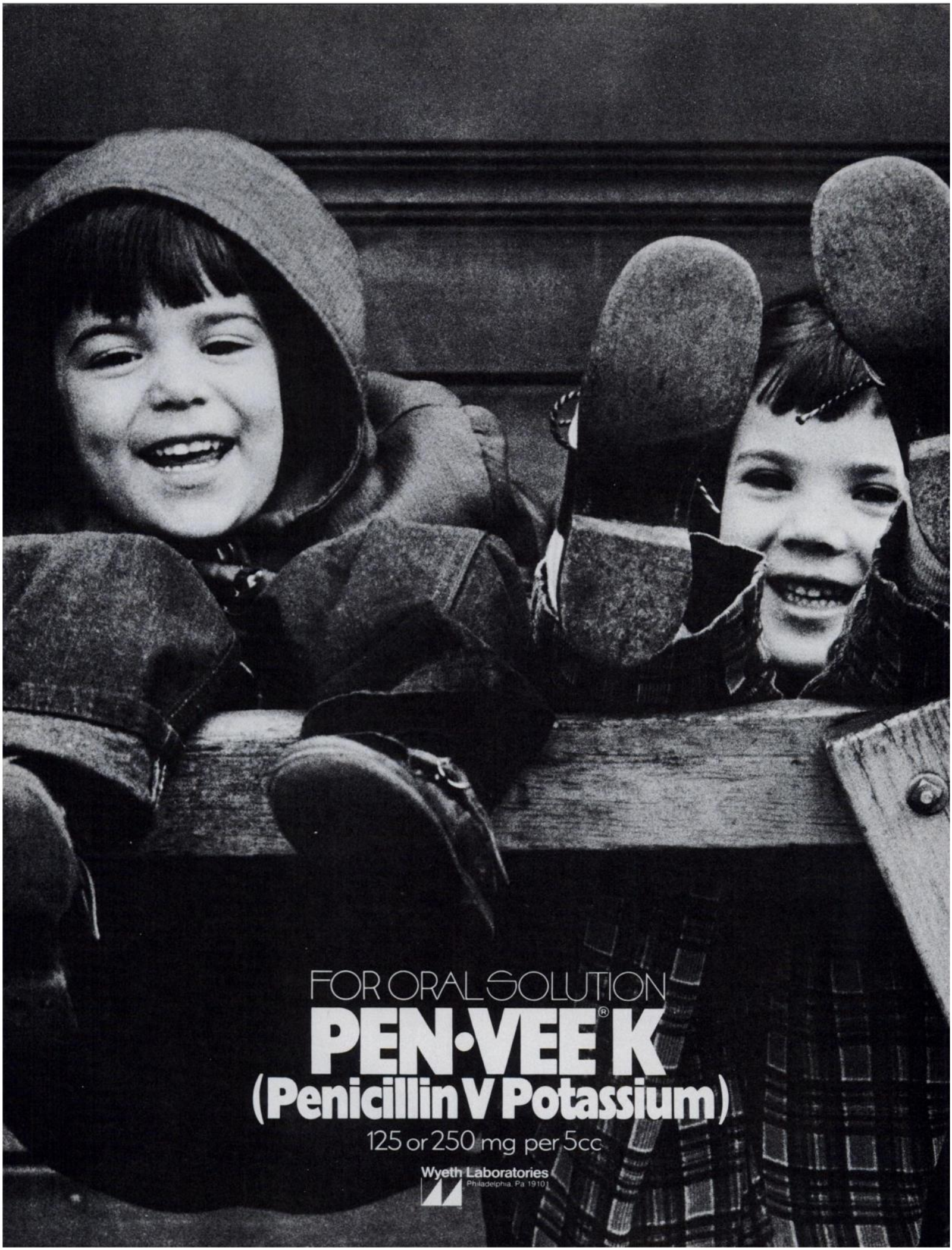
Ranfac's improved stainless steel scalp vein needle for intravenous use in premature infants has been gaining acceptance because of its advantages over the plastic winged needles heretofore available.

The new needle's ultra-flexible silastic tubing eliminates needle displacement from tube twisting, and the small needle sits flat on the scalp thus facilitating easy immobilization. The "handle" allows excellent control during placement with forceps in small scalp veins; the LuerLok hub reduces the danger of accidental disconnection, and the small needle fits well on the highly-curved skull of the premature infant. Physicians believe that peripheral IV's are easier to start and that the duration between infiltrations of the average IV is lengthened.

For further information write to Dept. H.

RANFAC **Custom needles, all types, and special R. Q. spinal needle sizes, developed and manufactured on request. Ranfac quality and service, of course.**

RANDALL FAICHNEY CORP.
AVON INDUSTRIAL PARK · AVON, MASS. 02322 U.S.A.


FOR ORAL SOLUTION
PEN·VEE® K
(Penicillin V Potassium)
125 or 250 mg per 5cc
Wyeth Laboratories
Philadelphia, Pa 19101

HISTORY OF OXYGEN THERAPY AND RETROLENTAL FIBROPLASIA

As medical technology improves and more patients survive conditions which once meant certain death, the demand for better treatment of problems which may afflict these survivors has increased. This is particularly true for infants who develop retrolental fibroplasia. It is now known that the administration of oxygen which saves the lives of numerous premature and low birthweight infants also causes the development of retrolental fibroplasia—in many instances leading to permanent blindness.

The Committee on Fetus and Newborn of the American Academy of Pediatrics strives to make conditions ideal for all newborn infants, and it has become increasingly concerned about the infants who develop retrolental fibroplasia. In an attempt to compress the work done by researchers throughout the world into one document—and thus more easily see possible causes and solutions as well as stimulate more research—the Committee prepared and wrote the History of Oxygen Therapy and Retrolental Fibroplasia. This document, which was published as a supplement to *Pediatrics*, is available to all persons involved with or interested in the treatment of newborn infants, especially infants who are at high risk for developing retrolental fibroplasia.

The sequence of events concerning the use of oxygen and the development of retrolental fibroplasia is given. Considerable attention has been paid to the historical background of modern care for premature infants, the status of medical practice when oxygen was first used on premature infants, and the process of dissemination of new research data. Included are the Academy's recommendations on the use of oxygen through the years, the current state regulations on the use of oxygen, and six pages of references which go back as far as 1862.

Price, $5.00 per copy postage paid. Payment must accompany order.

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


THE GIFT OF AIR.
Tedral means air...
so children with asthma
can be children.
Once symptoms have
begun, Tedral can reduce
bronchospasm and help
to relieve dyspnea and
wheezing. And, it may
be used prophylactically
to reduce the frequency
and severity of
asthmatic attacks.
Either way, Tedral can
help young asthmatics
lead more active, normal lives.
Available in three convenient
dosage forms for children:
a cherry-flavored elixir,
a licorice-flavored suspension,
and tablets.
See preceding page for prescribing information.
Tedral® Elixir
Each 5 ml teaspoonful contains:
32.5 mg theophylline,
6 mg ephedrine hydrochloride,
and 2 mg phenobarbital;
the alcohol content is 15%.
Tedral®
Each tablet contains:
130 mg theophylline,
24 mg ephedrine hydrochloride,
and 8 mg phenobarbital
ASTHMA THERAPY
A CHILD
CAN LIVE WITH

VOLUME 58 • SEPTEMBER 1976 • NUMBER 3

Pediatrics

COMMENTARIES

A first priority—Childhood automobile safety

Pediatricians are well acquainted with the fact that accidents are the leading cause of death in children after the first year of life, and that the automobile causes more deaths than all other accidental causes combined. During the last 20 years, while the death rates from infectious diseases and other causes have shown a marked decline, death rates from accidents, in children under 4 years of age, have remained unchanged. It is all too apparent that vigorous action among those providing medical care for children must now be directed to the prevention of accidental death and injury, particularly from the automobile.

Proper restraining devices on infants and children under the age of 5 could save the lives of 91% of the children who would otherwise be killed in automobile accidents. Proper restraints could also reduce injuries by 78%. Older children using seat belts in automobiles have an 81% reduction in expected deaths and a 64% reduction in disabling injuries. In spite of the effectiveness of childhood and adult restraints, less than 15% of our children and youth are protected. Parents do not readily accept automobile safety advice for their children once their driving habits have been established.

The article, "Pediatric Automotive Restraints, Pediatricians, and the Academy" by authors Lieberman *et al.*[1] in this issue of *Pediatrics*,[1] reinforces the fact that education of parents in the use of seat belt restraints in automobiles can be accomplished in the office of a busy pediatrician with active state chapter participation. This was done without waiting for mandatory state seat belt legislation.

Passive protection of automobile passengers and drivers that will interfere little with their activity and personal well-being will be more effective in reducing injuries from accidents. The technology (air bag) to date has not been sufficiently developed, especially for children. The passive method has reduced burn injuries in children by the use of flame-retardant sleepwear.

Studies of maternity education programs in hospitals of Washington, New Jersey, and Wisconsin have proven that the mother on the maternity ward with her newborn infant readily accepts advice to protect the life of her child. She will either buy an infant seat before leaving the hospital or make a mental commitment to buy one. Reinforcement of this commitment on routine follow-up appointment results in 75% of the mothers protecting their baby in an approved infant carrier in the automobile. Ninety percent of these mothers continue to use appropriate safety restraints for their children as they get older and also for other members of their families. An infant and child automotive safety program should be part of every maternity service. The ultimate objective of such a program should be that where appropriate, the infant should leave the hospital in an automotive safety seat. Of necessity, the assistance of obstetricians, nurses,

must go beyond mere selection of safe restraint systems.

While anticipatory guidance is recognized as a major component of pediatric practice, without systematic planning, car safety counseling will continue to be haphazardly provided. The prenatal period is logically an ideal time to encourage parents to provide safe automobile restraints for their children. While prenatal visits are considered "luxury items" in pediatric practice, the involvement of pediatricians or nurse clinicians in childbirth education courses would seem to be an alternative and equally effective method of providing such counseling.

SUMMARY

In a middle-class pediatric practice, car safety counseling was provided to 16 primigravida women during a prenatal pediatric interview. A control group of 19 women received no counseling during a similar interview. Forty-two percent of noncounseled mothers and 69% of counseled mothers were using a safe infant restraint system at the six-week pediatric visit.

Parent education in infant travel safety is best begun in the prenatal period. The pediatrician can play an important counseling role both in prenatal office visits and in involvement in community childbirth education programs.

REFERENCES

1. Consumer Reports: Car Safety Restraints for Children. Mount Vernon, New York, Consumer Union, February 1974, pp 108-112.
2. Shelness A, Charles S: Children as passengers in automobiles. *Pediatrics* 56:217, 1975.
3. Scherz RG: Creating a safety program for your practice. Read before the American Academy of Pediatrics Conference, San Francisco, California, October 1974.
4. Pless IB, Roghmann K, Agranata P: The prevention of injuries to children in automobiles. *Pediatrics* 49:420, 1972.
5. Physicians for Automotive Safety: Stop Risking your Child's Life!, Irvington, New Jersey, 1973.
6. Hollingshead B, Redlich F: The Two-Factor Index of Social Class and Mental Illness. New York, John Wiley & Sons, 1958, pp 398-407.

POVERTY AND STYLE

Consider a society in which artificially aged and worn blue jeans sell for more than new ones . . . .

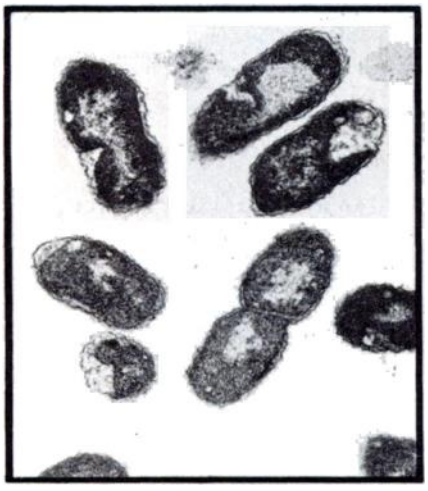
The younger generation finds a special value in the costumes of poverty and disarray simply because these aspects of life have become far scarcer for children of the middle class than good clothes and comeliness. Just as French aristocrats at the time of the French Revolution took great delight in dressing as peasants and cavorting in bucolic roles, our young people affect the costumes of poverty; in their horizon, the poor are little more than a romantic abstraction.

JOHN SILBER
President, Boston University
(Interview in the St. Paul *Pioneer Press*)

Noted by J.F.L.

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

The pediatric pathogens:



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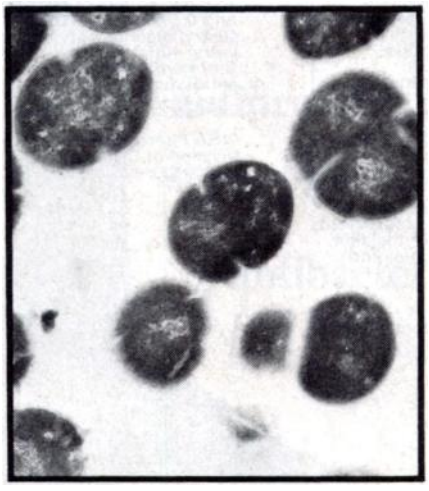

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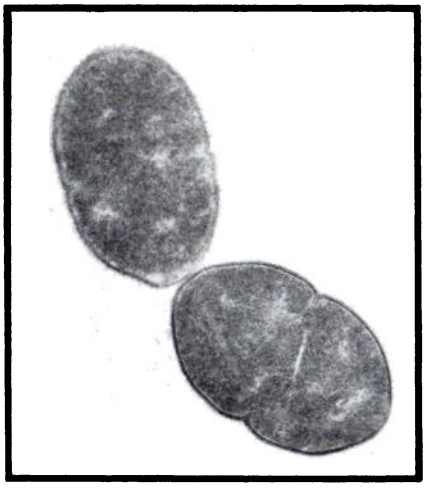

D. PNEUMONIAE

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

ROCHE

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Please see last page of this advertisement for a summary of product information.

AMERICAN ACADEMY OF PEDIATRICS

1801 Hinman Avenue
Evanston, Illinois 60204

SCHEDULE OF MEETINGS

ANNUAL MEETINGS

1976	Palmer House, Chicago	October 16 to 21
1977	New York Hilton Americana Hotel, New York City	November 5 to 10
1978	Palmer House, Chicago	October 21 to 26
1979	San Francisco Hilton St. Francis Hotel, San Francisco	October 13 to 18
1980	Detroit Plaza Hotel, Detroit, Michigan	October 24 to 30
1981	New Orleans	October 31 to Nov. 5
1982	New York Hilton Americana Hotel, New York City	October 23 to 29
1983	San Francisco	October 22 to 27

SPRING SESSIONS

1977	New Orleans Marriott, New Orleans, Louisiana	April 17 to 21
1978	Century Plaza, Los Angeles, California	April 9 to 13
1979	Four Seasons Sheraton, Toronto, Canada	April 22 to 26
1980	Las Vegas Hilton, Las Vegas, Nevada	April 20 to 24
1981	Washington, D.C.	April 5 to 9
1982	Honolulu, Hawaii	March 21 to 25

Note: All Annual Meetings start on Saturday
All Spring Sessions start on Sunday

Triaminicol® Cough Syrup

Each teaspoonful (5 ml) contains: phenylpropanolamine hydrochloride 12.5 mg, pheniramine maleate 6.25 mg, pyrilamine maleate 6.25 mg, dextromethorphan hydrobromide 15 mg, ammonium chloride 90 mg, in a palatable vehicle.

quiets coughs

Antitussive/Decongestant

- Nonnarcotic cough relief with dextromethorphan
- Relief of stuffed and runny noses and postnasal drip
- Nonalcoholic
- Pleasant CHERRY flavor
- *Non-Rx* convenience and economy

One of the Recommendables from Dorsey LABORATORIES
Division of Sandoz, Inc.
LINCOLN, NEBRASKA 68501

ED-EB


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

have taken all of them.

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 bacteriological 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).

Venereal infections. Syphilis, 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 (anaphylactoid) reactions have been reported. Anaphylaxis is more frequent following parenteral therapy but has occurred with oral penicillins. These reactions are more apt to occur in individuals with 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, carefully inquire into previous hypersensitivity to penicillins, cephalosporins and other allergens. If allergic reaction occurs, discontinue drug and treat with usual agents, e.g., pressor amines, antihistamines and corticosteroids.

Precautions: Use cautiously in individuals with histories of significant allergies and/or asthma.

Carefully avoid intravenous or intraarterial use or injection into or near major peripheral nerves or blood vessels, since such injection may produce neurovascular damage.

†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, leucopenia, thrombocytopenia, neuropathy and nephropathy are infrequent and usually associated with high parenteral doses.

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

Composition: (units 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. polyoxyethylene sorbitan monopalmitate, 1.2 mg. methylparaben and 0.14 mg. propylparaben.

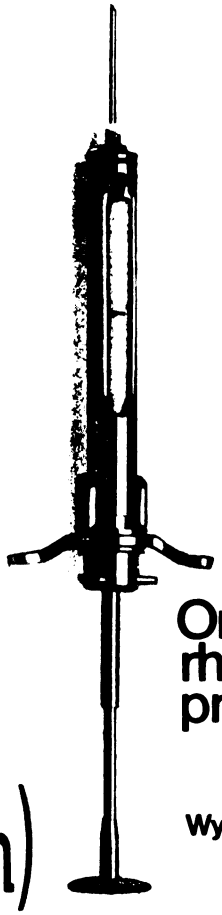
600,000 units in 1-cc. TUBEX® (sterile cartridge-needle unit) Wyeth, packages of 10.

900,000 units, 1.5-cc. fill in 2-cc. TUBEX, packages of 10.

1,200,000 units in 2-cc. TUBEX, packages of 10, and in 2-cc. single-dose disposable syringe, packages of 10.

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

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



INJECTION

Bicillin® L-A

(sterile benzathine penicillin G suspension)

Once-a-month rheumatic fever prophylaxis.

Wyeth Laboratories
Philadelphia, Pa. 19101

™

Back in 1956, Plum and Dunning pointed out that if a suction catheter adhered to the tracheobronchial mucosa and was pulled away from it , such a technique was tantamount

AERO-FLO changed all that with a simple ring!

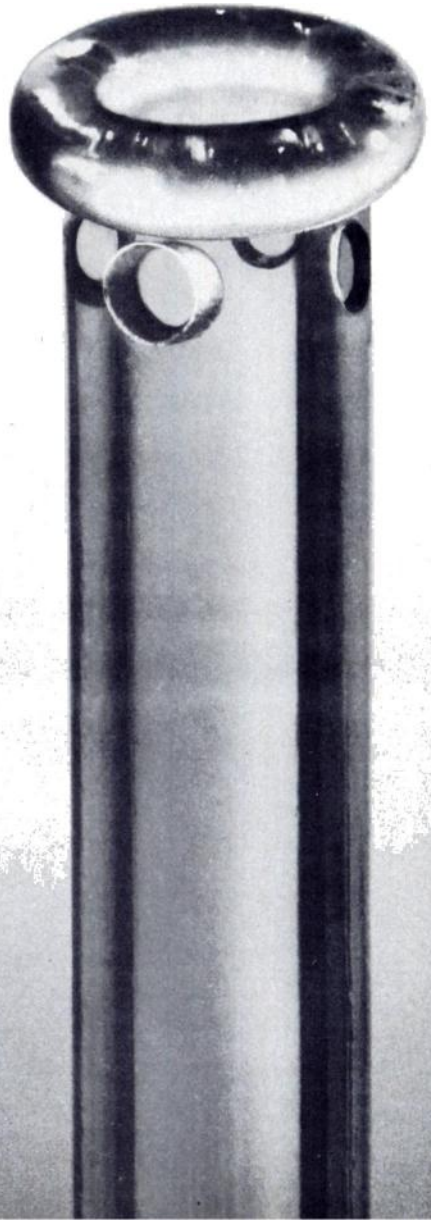
The ring on our catheter tip keeps the eyes from contacting the mucosa. In addition, the ring creates an air cushion that helps center the catheter in the airway.

This AERO-FLO® TIP causes less damage to your patient than any suction catheter made.

Judge for yourself. The latest bronchofiberscope film showing the action and effect of various suction catheters while in use is available through your Sherwood representative.

To set up a free trial evaluation, contact:

SHERWOOD MEDICAL | Dept. BE-2
1831 Olive St. | St. Louis, Mo. 63103

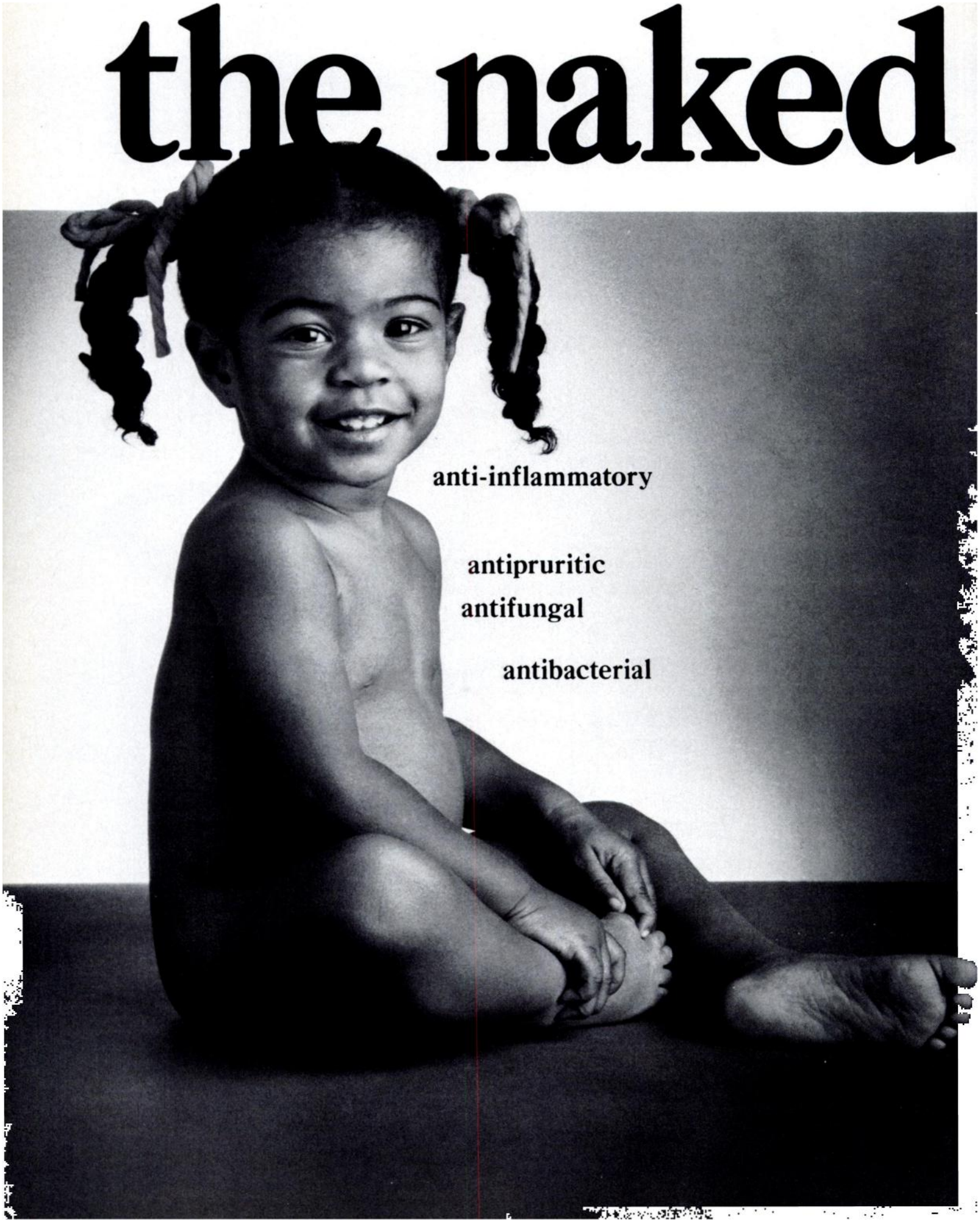


argyle®
AERO-FLO® TIP
Suction Catheters

Sherwood MEDICAL
A BRUNSWICK COMPANY

BC BRUNSWICK

the naked


anti-inflammatory
antipruritic
antifungal
antibacterial

truth...

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; pyoderma; nuchal eczema and chronic eczematoid otitis externa; acne urticata; localized or disseminated neurodermatitis; lichen simplex chronicus; anogenital pruritus (vulvae, scroti, ani); folliculitis; bacterial dermatoses; mycotic dermatoses such as tinea (capitis, cruris, corporis, pedis); moniliasis; intertrigo.
Final classification of the less-than-effective indications requires further investigation.

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

WARNINGS
This product is not for ophthalmic use.
In the presence of systemic infections, appropriate systemic antibiotics should be used.

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

PRECAUTIONS
May prove irritating to sensitized skin in rare cases. If this occurs, discontinue therapy. May stain.
If used under occlusive dressings or for a prolonged period, watch for signs of pituitary-adrenal axis suppression.
May interfere with thyroid function tests. Wait at least one month after discontinuance of therapy before performing these tests. The ferric chloride test for phenylketonuria (PKU) can yield a false-positive result if Vioform is present in the diaper or urine.
Prolonged use may result in overgrowth of nonsusceptible organisms requiring appropriate therapy.

ADVERSE REACTIONS
Few reports include: Hypersensitivity, local burning, irritation, pruritus. Discontinue if untoward reaction occurs. Rarely, topical corticosteroids may cause striae 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, stearic acid, petrolatum, sodium lauryl sulfate, and glycerin in water; tubes of 5 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 glycerin in water; tubes of ½ and 1 ounce. *Mild Ointment,* 3% iodochlorhydroxyquin and 0.5% hydrocortisone in a petrolatum base; tubes of 1 ounce.

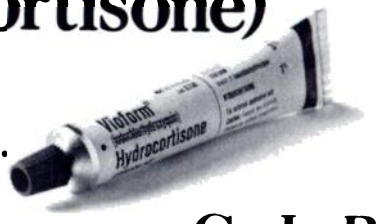
Consult complete product literature before prescribing.

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

2/5053 17

Vioform®-Hydrocortisone (iodochlorhydroxyquin and hydrocortisone)

the most widely prescribed form... 20 Gm Cream



CIBA

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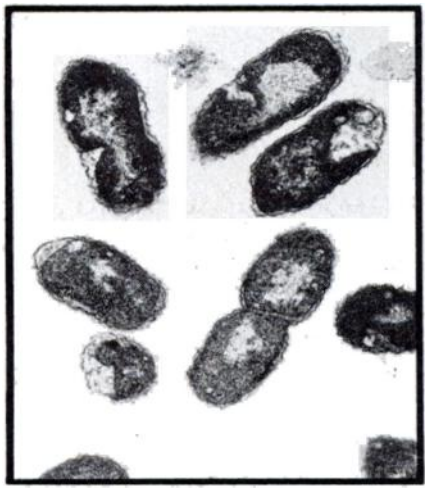

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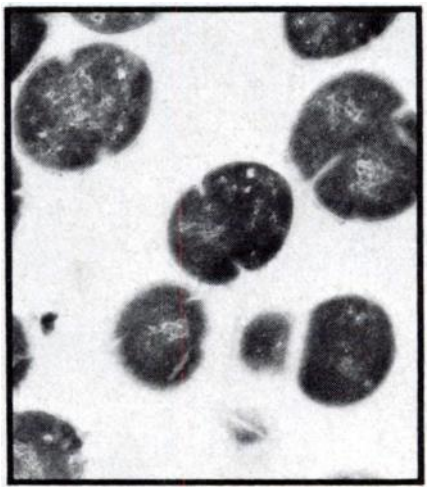

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*Most patients were children under 12; all were treated with oral suspension at recommended doses. Overall efficacy was based on the number of evaluable cases showing success or improvement as determined by both clinical and bacteriologic criteria.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

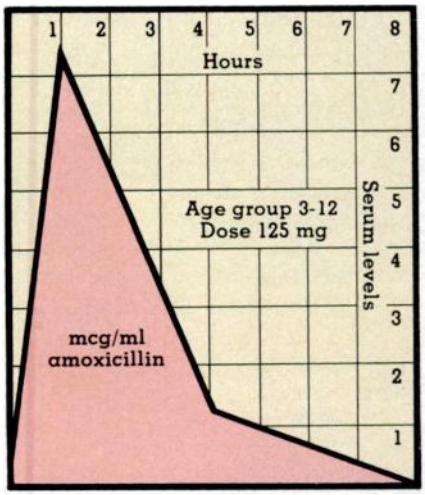
Please see last page of this advertisement for a summary of product information.

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

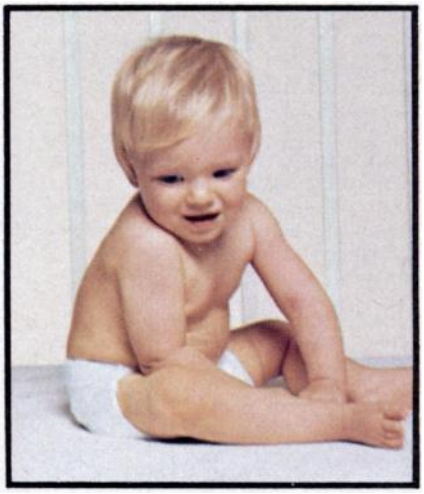
Diarrhea can be expected to occur more often in infants under two; however, the incidence of diarrhea in children treated with Larotid oral suspension has proved to be significantly lower than in those treated with ampicillin oral suspension—only 2.8% (24 of 847 patients) compared with 5.3% (15 of 282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

The broad spectrum pediatric penicillin:

VIRTUALLY COMPLETE ABSORPTION, EVEN WITH FOOD



HIGH BLOOD, TISSUE AND URINE LEVELS



LOW INCIDENCE OF DIARRHEA

absorption is the reason

Larotid™ **oral suspension**
125 mg/5 ml and
250 mg/5 ml
amoxicillin/Roche

Larotid™
amoxicillin/Roche

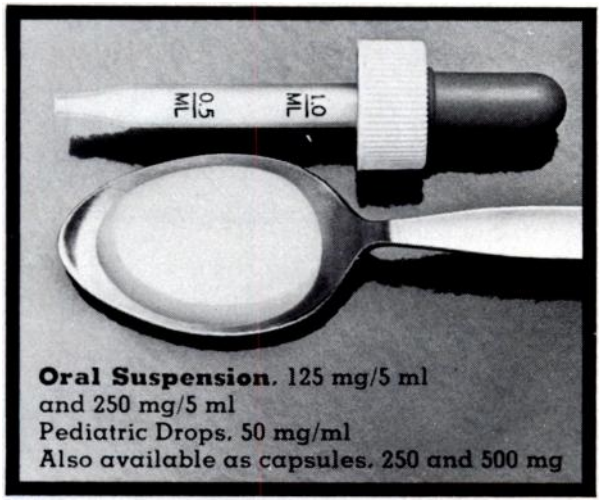
the broad spectrum pediatric penicillin

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

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

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

Contraindications: In individuals with history of allergic reaction to penicillins.



Oral Suspension. 125 mg/5 ml and 250 mg/5 ml
Pediatric Drops. 50 mg/ml
Also available as capsules. 250 and 500 mg

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

Usage in Pregnancy: Safety in pregnancy not established.

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

Adverse Reactions: As with other penicillins, untoward reactions will likely be essentially limited to sensitivity phenomena and more likely occur in individuals previously demonstrating penicillin hypersensitivity and those with history of allergy, asthma, hay fever or urticaria. Adverse reactions reported as associated with use of penicillins: *Gastrointestinal:* Nausea, vomiting, diarrhea. *Hypersensitivity Reactions:* Erythematous maculopapular rashes, urticaria. *NOTE:* Urticaria, other skin rashes and serum sickness-like reactions may be controlled with antihistamines and, if necessary, systemic corticosteroids. Discontinue amoxicillin unless condition is believed to be life-threatening and amenable only to amoxicillin therapy. *Liver:* Moderate rise in SGOT noted, but significance unknown. *Hemic and Lymphatic Systems:* Anemia, thrombocytopenia, thrombocytopenic purpura, eosinophilia, leukopenia, agranulocytosis. All are usually reversible on discontinuation of therapy and believed to be hypersensitivity phenomena.

Dosage: Ear, nose, throat, genitourinary tract, skin and soft tissue infections—Adults: 250 mg every 8 hours. Children: 20 mg/kg/day in divided doses every 8 hours; under 6 kg, 0.5 ml of Pediatric Drops every 8 hours; 6-8 kg, 1 ml of Pediatric Drops every 8 hours. Lower respiratory tract infections and severe infections or those caused by less susceptible organisms—Adults: 500 mg every 8 hours. Children: 40 mg/kg/day in divided doses every 8 hours; under 6 kg, 1 ml of Pediatric Drops every 8 hours; 6-8 kg, 2 ml of Pediatric Drops every 8 hours. Gonorrhea (acute uncomplicated anogenital and urethral infections)—Males and females: 3 grams as a single oral dose. NOTE: Children weighing more than 8 kg should receive appropriate dose of oral suspension 125 mg or 250 mg/5 ml. Children weighing 20 kg or more should be dosed according to adult recommendations.

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

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

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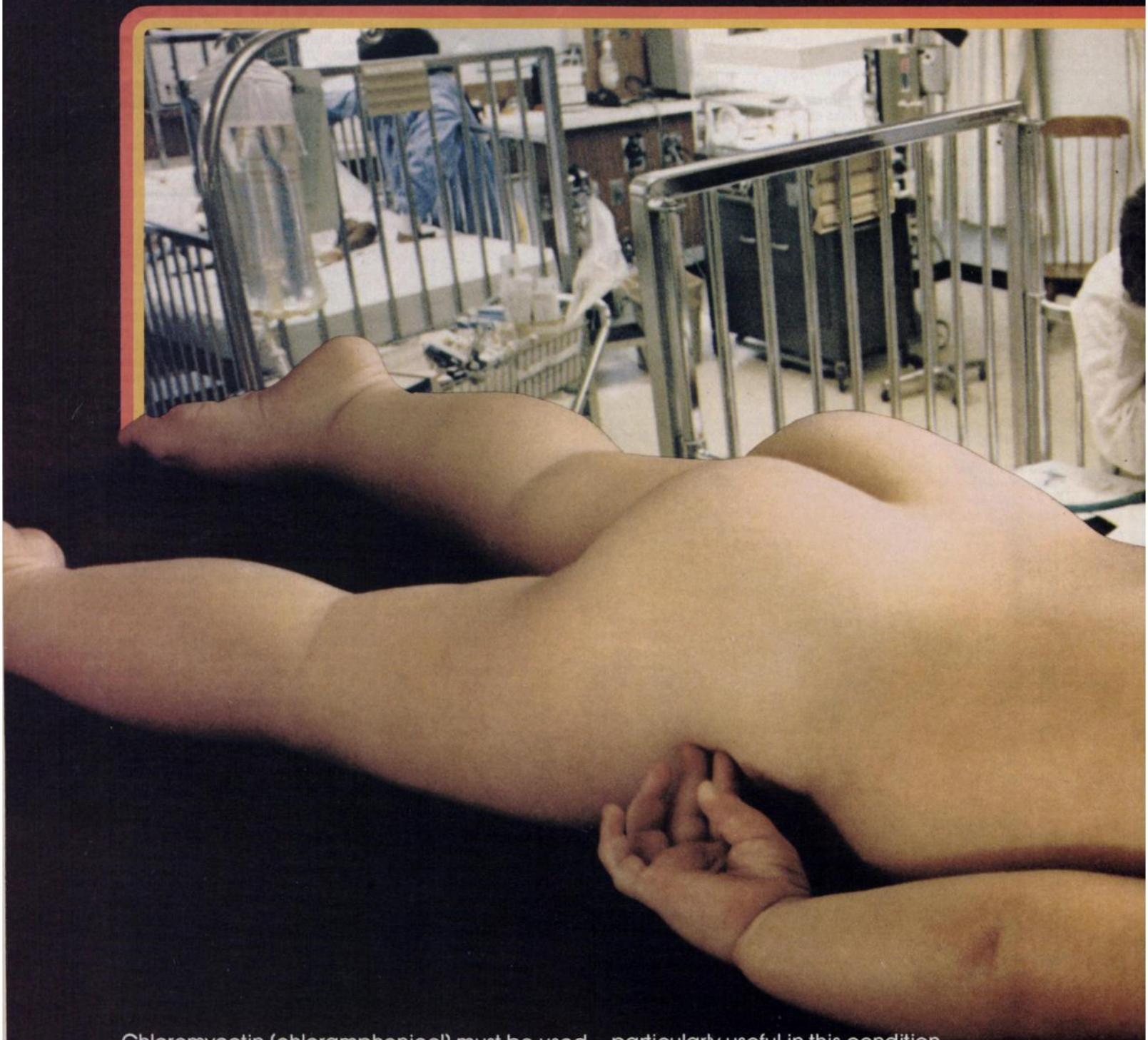

Chloromycetin (chloramphenicol) must be used only in those serious infections for which less potentially dangerous drugs are ineffective or contraindicated. However, Chloromycetin may be chosen to initiate antibiotic therapy on the clinical impression that *Hemophilus influenzae* meningitis is believed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

Among diseases of the central nervous system *H influenzae* meningitis is one of the most

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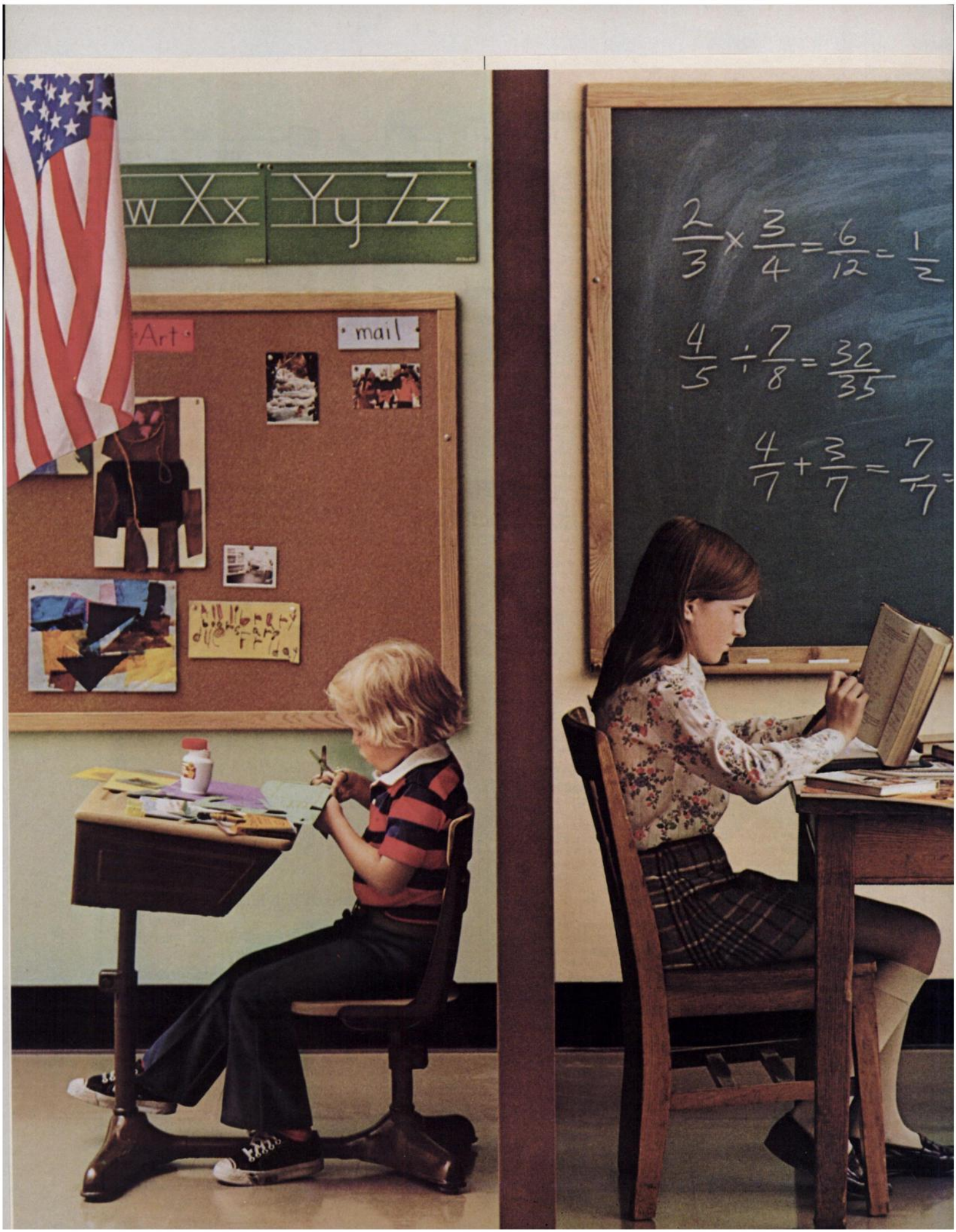
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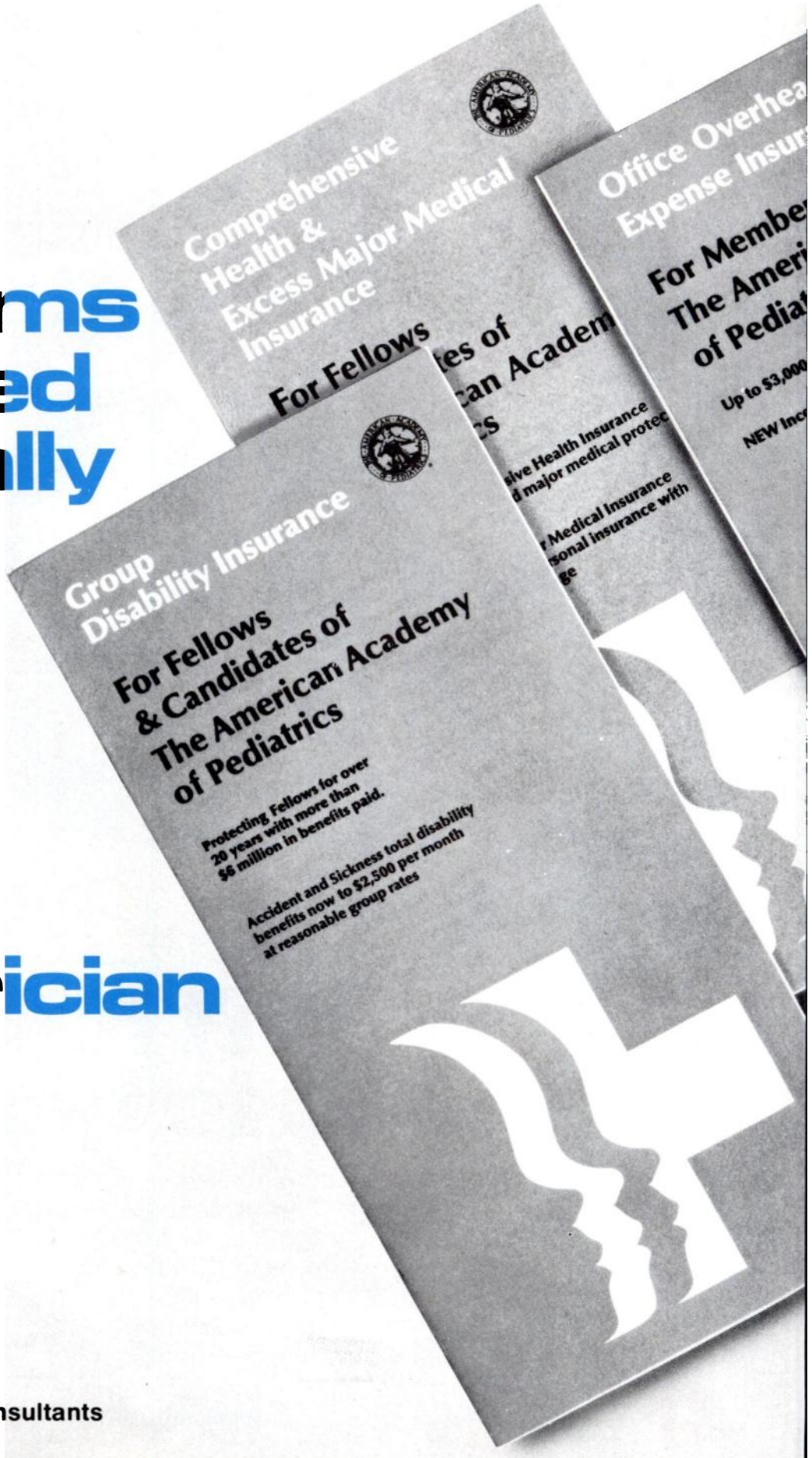

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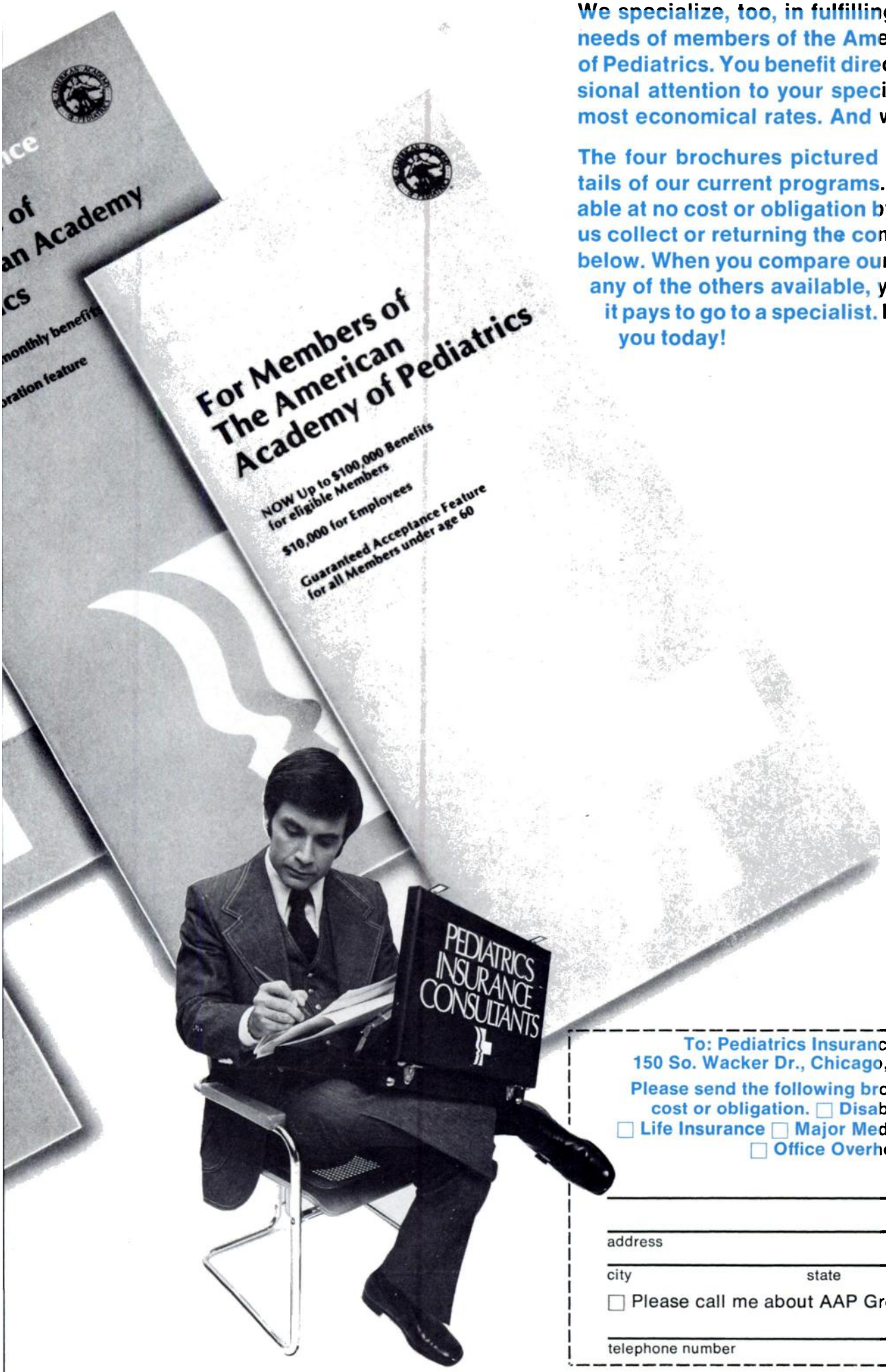

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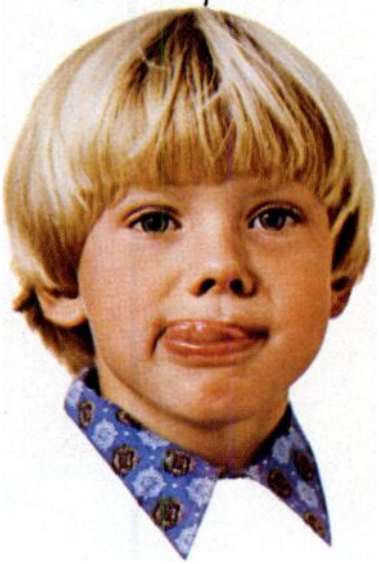
"Very good cherry flavor."



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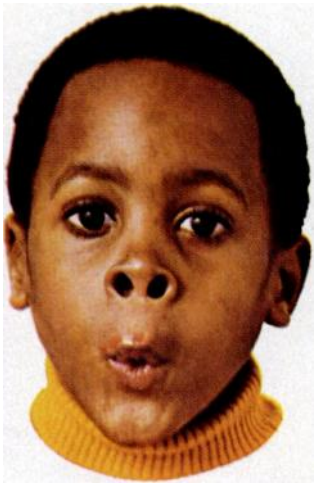

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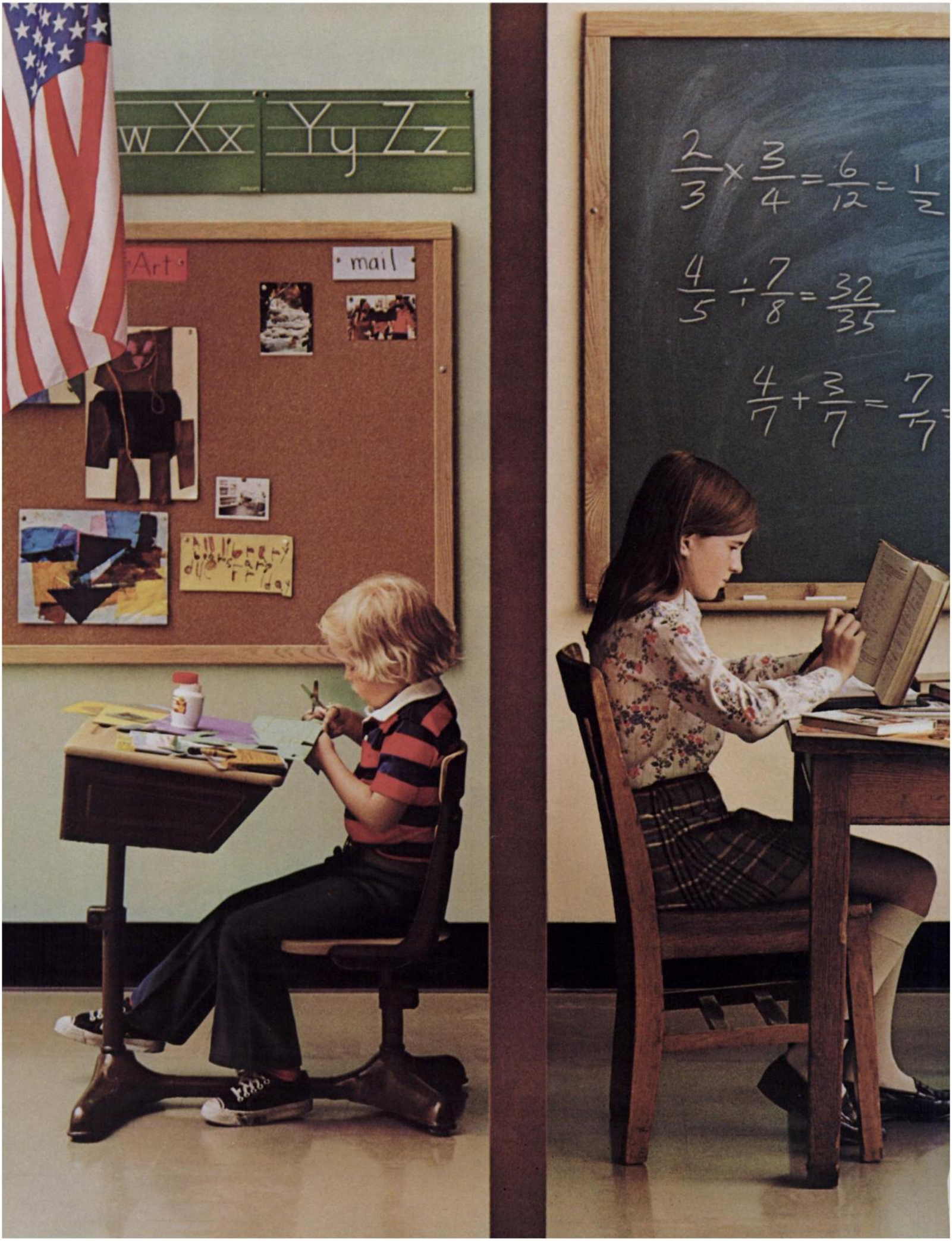
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The vulnerable ages

The first epileptic seizure is most likely to occur during early childhood and at the onset of puberty

About 9 out of 10 epileptics experience their first seizure before the age of 20—with the highest incidence between 5 and 7, when children start school, and at the onset of puberty, a time of physiological and psychic turmoil.[1] The most common type, grand mal, occurs in approximately 75% of epileptic children,[1] and more than 50% of patients who suffer initially from petit mal develop grand mal seizures before they reach the age of 16.[2]

Mysoline (primidone) for control of grand mal, psychomotor and focal epilepsy

At the onset and afterwards — used alone or as concomitant therapy, MYSOLINE may reduce the frequency and severity of major motor seizures—or even eliminate them. *Excellent* for control of grand mal. Valuable for control of psychomotor[1,3,4] and focal epilepsy as well.[5]

Add Mysoline when control with other anticonvulsants is inadequate — As concomitant therapy, MYSOLINE can improve seizure control in grand mal and psychomotor epilepsy. The combined use of phenobarbital, diphenylhydantoin, and MYSOLINE may have additive anticonvulsant effects without additive side effects.[6]

Change to Mysoline when other anticonvulsants fail — A changeover to MYSOLINE is frequently warranted when other anticonvulsants must be discontinued because of important side effects, or when grand mal seizures are refractory to phenobarbital, with or without diphenylhydantoin.[7]

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Mysoline® (primidone)

Tablets 250 mg.
50 mg.
Suspension 250 mg./5 cc.

May be the start of a better life for the epileptic

See following page of advertisement for prescribing information.

Mysoline® (primidone)

may be the start of a better life for the epileptic

initial and maintenance therapy for
grand mal, psychomotor and focal epilepsy

BRIEF SUMMARY
(For full prescribing information, see package circular.)

MYSOLINE® Brand of PRIMIDONE
Anticonvulsant

ACTIONS: MYSOLINE acts on the central nervous system to raise seizure threshold or alter seizure pattern. The mechanism(s) of action of anticonvulsant drugs is not known.

Primidone has anticonvulsant activity *per se*. In addition, its two metabolites possess anticonvulsant qualities. The major metabolite is phenylethylmalonamide (PEMA); the other is phenobarbital. In addition to its own anticonvulsant potential, PEMA potentiates phenobarbital.

INDICATIONS: MYSOLINE, either alone or used concomitantly with other anticonvulsants, is indicated in the control of grand mal, psychomotor, and focal epileptic seizures. It may control grand mal seizures refractory to other anticonvulsant therapy.

CONTRAINDICATIONS: Primidone is contraindicated in: 1) patients with porphyria and 2) patients who are hypersensitive to phenobarbital (see ACTIONS).

WARNINGS: The abrupt withdrawal of antiepileptic medication may precipitate status epilepticus.

The therapeutic efficacy of a dosage regimen takes several days before it can be assessed.

Use in pregnancy: Recent reports strongly suggest an association between the use of anticonvulsant drugs by women with epilepsy and an elevated incidence of birth defects in children born to these women. Reference has been made to primidone in several cases in which it was used *in combination* with other anticonvulsants; but its teratogenicity has not been conclusively demonstrated. The possibility exists that other factors, *e.g.*, genetic factors or the epileptic condition, may contribute to the higher incidence of birth defects. The data also indicate that the great majority of mothers receiving anticonvulsant medication deliver normal infants.

Anticonvulsant drugs should not be discontinued in patients in whom the drug is administered to prevent major seizures because of the strong possibility of precipitating status epilepticus with attendant hypoxia and risk to both mother and the unborn child.

When the nature, frequency, and severity of the seizures do not pose a clear threat to the patient, good medical practice requires that the physician weigh the expected therapeutic benefit of anticonvulsant therapy against possible risk on an individual basis.

Neonatal hemorrhage, with a coagulation defect resembling vitamin K deficiency, has been described in newborns whose mothers were taking primidone and other anticonvulsants. Pregnant women under anticonvulsant therapy should receive prophylactic vitamin K_1 therapy for one month prior to, and during, delivery.

The physician should weigh all of the foregoing considerations when treating and counseling epileptic women of childbearing potential.

PRECAUTIONS: The total daily dosage should not exceed 2 Gm. Since MYSOLINE therapy generally extends over prolonged periods, a complete blood count and a sequential multiple analysis-12 (SMA-12) test should be made every six months.

In nursing mothers: There is evidence that in mothers treated with primidone, the drug appears in the milk in substantial quantities. Since tests for the presence of primidone in biological fluids are too complex to be carried out in the average clinical laboratory, it is suggested that the presence of undue somnolence and drowsiness in nursing newborns of MYSOLINE-treated mothers be taken as an indication that nursing should be discontinued.

ADVERSE REACTIONS: The most frequently occurring early side effects are ataxia and vertigo. These tend to disappear with continued therapy, or with reduction of initial dosage. Occasionally, the following have been reported: nausea, anorexia, vomiting, fatigue, hyperirritability, emotional disturbances, sexual impotency, diplopia, nystagmus, drowsiness, and morbilliform skin eruptions. Occasionally, persistent or severe side effects may necessitate withdrawal of the drug. Megaloblastic anemia may occur as a rare idiosyncrasy to MYSOLINE and to other anticonvulsants. The anemia responds to folic acid, 15 mg. daily, without necessity of discontinuing medication.

DOSAGE AND ADMINISTRATION: The average adult dose is 0.75 to 1.5 Gm. per day. The initial dose is 250 mg. Increments of 250 mg. are added, usually at weekly intervals, to tolerance, or therapeutic effectiveness, up to daily doses not exceeding 2.0 Gm. A typical dosage schedule for the introduction of MYSOLINE (primidone) is as follows:

Adults and Children Over 8 Years of Age

1st Week 250 mg. daily at bedtime	*2nd Week* 250 mg. b.i.d.
3rd Week 250 mg. t.i.d.	*4th Week* 250 mg. q.i.d.

In children under 8 years of age maintenance levels are established by a similar schedule, but at one-half the adult dosage. It is best to begin with 125 mg., with gradual weekly increases of 125 mg. a day, to a daily total usually between 500 mg. and 750 mg.

In patients already receiving other anticonvulsants: MYSOLINE should be gradually increased as dosage of the other drug(s) is maintained or gradually decreased. This regimen should be continued until satisfactory dosage level is achieved for combination, or the other medication is completely withdrawn. When therapy with this product alone is the objective, the transition should not be completed in less than two weeks.

MYSOLINE 50 mg. Tablet can be used to practical advantage when small fractional adjustments (upward or downward) may be required, as in the following circumstances:

- for initiation of combination therapy
- during "transfer" therapy
- for added protection in periods of stress or stressful situations that are likely to precipitate seizures (menstruation, allergic episodes, holidays, etc.)

HOW SUPPLIED: MYSOLINE *Tablets* — No. 430 — Each tablet contains 250 mg. of primidone (scored), in bottles of 100 and 1,000. Also in unit dose package of 100. No. 431 — Each tablet contains 50 mg. of primidone (scored), in bottles of 100 and 500. MYSOLINE *Suspension* — No. 3850 — Each 5 cc. (teaspoonful) contains 250 mg. of primidone, in bottles of 8 fluid ounces.

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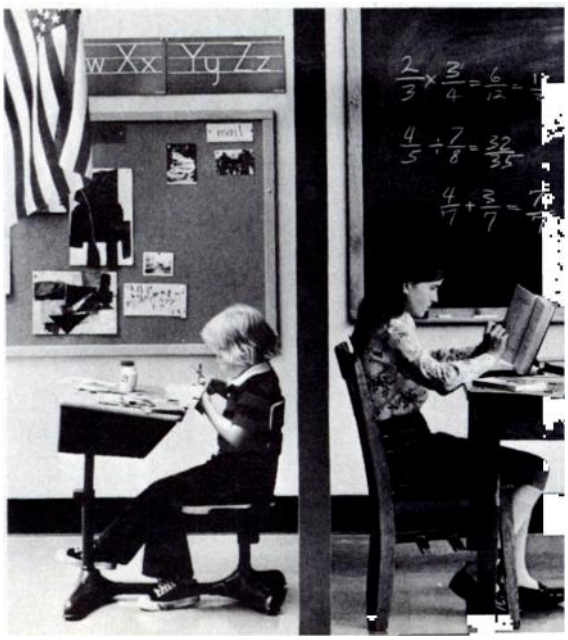

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INQUIRY AND KNOWLEDGE

The primary process used in a university is inquiry; its primary product is knowledge. Therefore, the issues raised by the uses of knowledge and the consequences of knowing pose a radical, even an heretical, challenge to the university and to its scholars. As we have seen, the fruits of knowledge are not always regarded as unmixed blessings, and, if the time ever comes when humanity regards new understandings as ultimately more harmful then beneficial, then the end of universities will be in sight. The university must raise to the challenge of its responsibility on the uses of knowledge and the consequences of knowing. If its primary process is inquiry and its primary product is knowledge, its primary concern must be the human intellect and its ultimate concern the human being and the future of humanity. The university must embrace not only the first of Kant's questions: What can I know? but the second one as well: What ought I to do? . . . .

The notion that a university should embrace responsibility for the question: What ought I to do? will not be easily and universally accepted . . . .

The development of proper responses to the university's responsibilities to consider knowledge both in its intellectual and moral dimensions is not a task for frivolous tinkerers or enthusiastic amateurs. Rather, they are tasks worthy of the best analytical, synthetic, and humane intellects of our time, for there are no simple recipes for doing these things.

W. G. HOLLADAY
"The Uses of Knowledge and The Consequences of Knowing"
(*The Key Reporter* 41:2, 1975)

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FAMILY SIZE AND CONTRACEPTION

In the Victorian era, urban professional couples used both self-restraint and contraceptive practices to keep their families surprisingly small, a new Stanford study suggests.

This conclusion was based on a remarkably detailed sex survey of a small sample of married women, initiated in the 1890's by a Stanford student, Dr. Clelia Duel Mosher, 50 years before Kinsey.

After graduating from Stanford in 1893, Mosher became one of the first women to earn an M.D. at Johns Hopkins University in 1900. She returned to Stanford as a professor of physiology and personal hygiene, compiling a ten-volume series of research papers on *The Hygiene and Physiology of Women,* which was presented to the University following her death in 1940.

Faculty wives and other women who answered the unusually detailed items in Mosher's questionnaire concerning their sexual and reproductive experiences were not selected at random. But the fertility of this group was remarkably similar to that reflected in U. S. census data for contemporary married women whose husbands had professional occupations. Those age 25 to 34 reported having intercourse with their husbands an average of four to five times per month. Those age 35 to 44 reported an average frequency of three to four times per month. This compared with an average frequency of more than seven times per month reported for younger married women in the Kinsey studies for 1935 to 1950 and roughly 5.5 for the older age group. More recent findings from the 1970 National Fertility Survey for the United States indicate average frequencies of 8.5 times per month among women age 25 to 34 and 6.4 times per month among women age 35 to 44.

In the Mosher study, four out of five women reported using some kind of contraceptive, even before 1900. Such methods as douching and having intercourse only during "safe" periods may have been far more common than previously supposed.

Detailed mathematical modeling of various contraceptive techniques indicates that the effectiveness of inherently unreliable, intermediate methods in limiting childbirths during marriage is significantly enhanced when the frequency of intercourse remains comparatively low.

Analysis of economic data for the same periods shows that urban professional couples had a fairly strong incentive to keep their families small because their economic status was static or even declining compared to the rest of society.

"Members of the professional class also were strongly motivated to reduce their fertility to bring it in line with the continuing decline in infant and child mortality," the economists added.

Each of these tendencies may have enhanced the others, leading middle-class Victorian couples to achieve remarkably small families.

In urban portions of the Northeast, native white women of native parents, born as early as 1845-54, averaged fewer than three births during their lifetime.

In Rhode Island, Cleveland, and Minneapolis, those married from 10 to 19 years and under age 45 at the turn of the century had an average of only 2.4 births. This compares with an average of 2.9 children among similar urban white women as late as 1970.

Stanford University News Service
(June 28, 1976)

The American Academy of Pediatrics

proudly announces publication of a new manual by the

Canadian Paediatric Society

TRANSPORT OF HIGH-RISK NEW BORN INFANTS

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

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

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

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

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

Orders should be sent to: Dr. Victor Marchessault, Executive Secretary, Canadian Paediatric Society, c/o Department of Paediatrics, Centre Hospitalier Universitaire, University of Sherbrooke, Sherbrooke, P.Q., Canada.

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Relieves stuffed and runny noses

Rx only

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

Precautions: Warn mothers that drowsiness may occur. When prescribing antihistamine preparations, patients should be cautioned against mechanical activity requiring alertness. Use with caution in the presence of hypertension, hyperthyroidism, cardiovascular disease or diabetes.

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

Dosage and Administration: One drop per 2 pounds of body weight administered *orally* 4 times a day.

How Supplied: In 15 ml. dropper bottles which deliver approximately 24 drops per ml.

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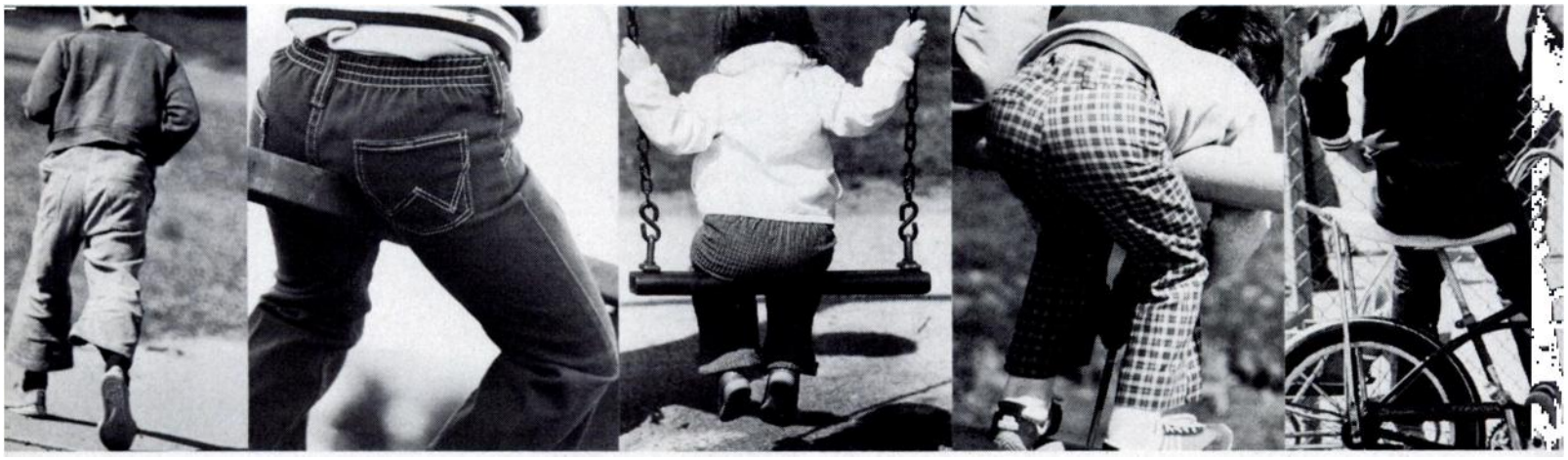
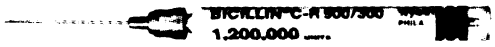


New Bicillin C-R 900/300 provides in a single injection the benefits of both penicillin G benzathine and penicillin G procaine.

The penicillin G benzathine component, 900,000 units, is the recommended dose for children of all ages, and when given in this dose usually maintains penicillin serum concentrations for the 10 days necessary to eradicate the infecting organisms. New Bicillin C-R 900/300 in strep pharyngitis. For children of all ages.



INJECTION

BICILLIN® C-R 900/300
(penicillin G benzathine and penicillin G procaine suspension)

Wyeth Laboratories
Philadelphia, Pa 19101

FOR DEEP INTRAMUSCULAR INJECTION ONLY
This product is not indicated for continuous prophylaxis of rheumatic fever or in the treatment of venereal diseases.

Indications: For use in children of all ages in 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, penicillin G sodium or potassium 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 bacteremia). Moderately severe to severe infections of the upper respiratory tract, skin and soft tissue infections, scarlet fever and erysipelas. 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. Penicillin G sodium or potassium is recommended for streptococcal infections with bacteremia. **Pneumococcal infections:** Moderately severe pneumonia and otitis media. NOTE: Severe pneumonia, empyema, bacteremia, pericarditis, meningitis, peritonitis and arthritis of pneumococcal etiology are better treated with penicillin G sodium or potassium during acute stage.

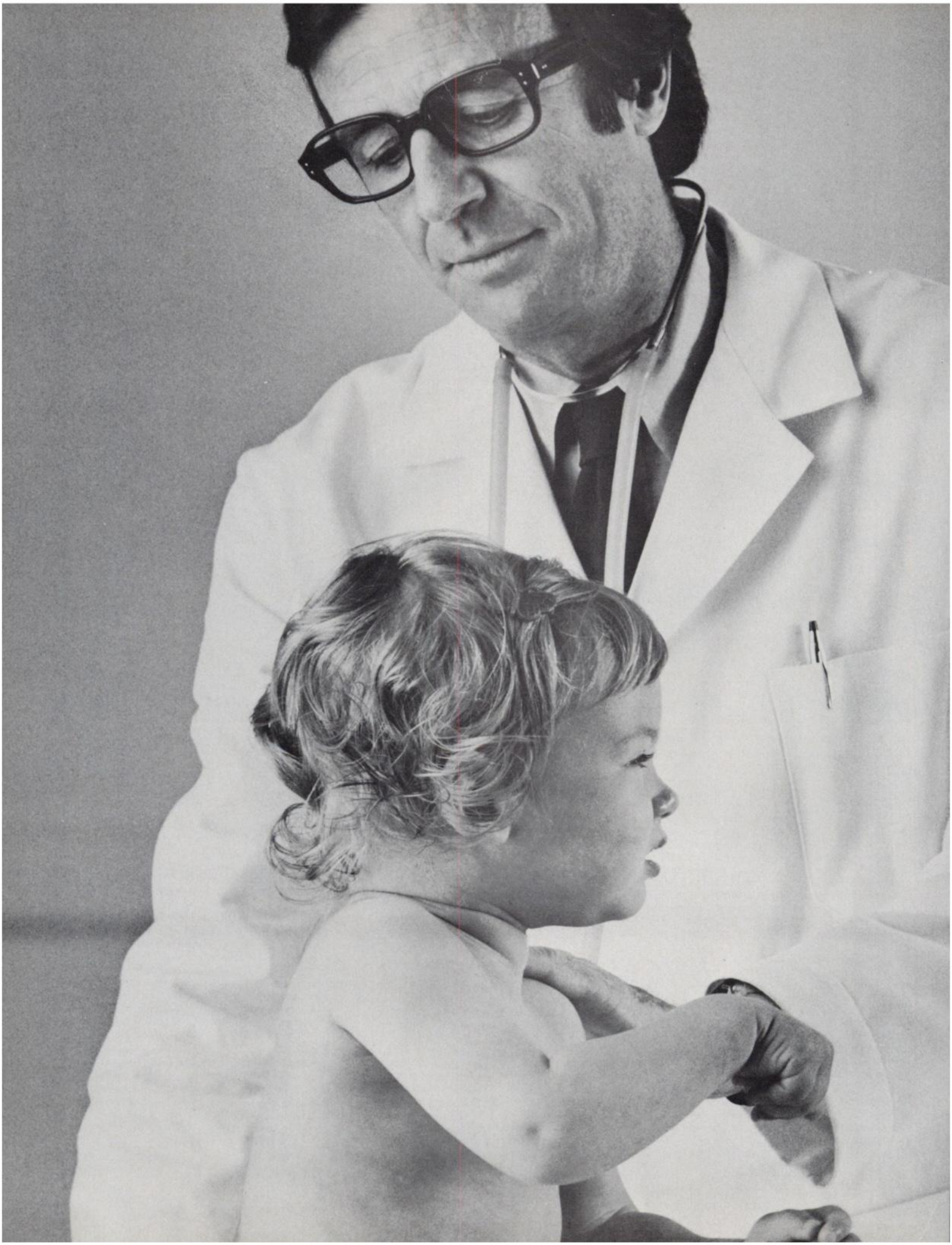
Contraindications: Previous hypersensitivity reaction to any penicillin or to procaine.

Warnings: Serious and occasionally fatal hypersensitivity (anaphylactoid) reactions have been reported in patients on penicillin therapy. 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 intra-arterial administration or injection into or near major peripheral nerves or blood vessels, since such injections may produce neurovascular damage. In streptococcal infections, therapy must be sufficient to eliminate the organism; otherwise the sequelae of streptococcal disease may occur.*Cultures should be taken following completion of treatment to determine whether streptococci have been eradicated. A small percentage of patients are sensitive to procaine. If there is a history of sensitivity make the usual test: Inject intradermally 0.1 ml of a 1 to 2 percent procaine solution. Development of an erythema, wheal, flare or eruption indicates procaine sensitivity. Sensitivity should be treated by the usual methods, including barbiturates, and procaine penicillin preparations should not be used. Antihistaminics appear beneficial in treatment of procaine reactions. The use of antibiotics may result in overgrowth of nonsusceptible organisms. Constant observation of the patient is essential. If new infections due to bacteria or fungi appear during therapy, the drug should be discontinued and appropriate measures taken. Whenever allergic reactions occur, penicillin should be withdrawn unless, in the opinion of the physician, the condition being treated is life threatening and amenable only to penicillin therapy. In prolonged therapy with penicillin, and particularly with high dosage schedules, periodic evaluation of the renal and hematopoietic systems is recommended.

Adverse Reactions: Penicillin is a substance of low toxicity but does possess a significant index of sensitization. The following hypersensitivity reactions associated with use of penicillin have been reported: skin rashes, ranging from maculopapular eruptions to exfoliative dermatitis; urticaria; serum sickness-like reactions, including chills, fever, edema, arthralgia and prostration. Severe and often fatal anaphylaxis has been reported (see "Warnings").

Description: Each TUBEX® sterile cartridge-needle unit (2 ml size) contains 1,200,000 units of penicillin comprising: 900,000 units penicillin G benzathine and 300,000 units penicillin G procaine in a stabilized aqueous suspension with sodium citrate buffer; and as w/v, approximately 0.5% lecithin, 0.55% carboxymethylcellulose, 0.55% povidone, 0.1% methylparaben, and 0.01% propylparaben; packages of 10 TUBEX.



while you vaccinate against measles and rubella... you can also be vaccinating against mumps

The possible consequences of mumps should not be overlooked

The potential for damage by measles or rubella may make mumps seem totally innocuous by comparison. Although mumps usually comes and goes without consequences, it can lead to serious complications, as the latest available data attest:

deaths—12 due to various complications of mumps in 1973,[1] the latest year for which mortality figures are available
encephalitis—214 cases in 1973[2]
aseptic meningitis—67 cases in 1973[3]

Despite recommendations from both the American Academy of Pediatrics and the U.S. Public Health Service that mumps be included in routine vaccination programs,[4,5] a great number of children, aged 1 to 13 years, have not been vaccinated. In the first half of 1975 alone, 42,423 cases of mumps were reported[6]—a higher reported incidence than that for any other childhood disease for which a vaccine is available.

One vaccination for measles, mumps—and rubella

M-M-R simplifies routine vaccination for susceptible children age one to puberty. A single injection of M-M-R, given at 12 months of age, provides vaccination against measles, mumps, and rubella. (Clinical experience with live measles [attenuated], 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 the brief summary of prescribing information for a more complete discussion.)

Antibody levels produced by M-M-R should be as durable as those obtained 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 and 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.

The Committee on Infectious Diseases of the American Academy of Pediatrics (AAP)[4] and the United States Public Health Service (USPHS) Advisory Committee on Immunization Practices[7,8] recommend the use of combination measles, mumps, and rubella virus vaccine, live.

1. USPHS, Center for Disease Control, Morbidity and Mortality, vol 23, no. 53, Dec 28, 1974.
2. USPHS, Center for Disease Control, Encephalitis Annual Summary, 1973 (issued Dec 1975).
3. USPHS, Center for Disease Control, Preliminary data, Aseptic Meningitis, Annual Summary, 1972 and 1973.
4. Report of the Committee on Infectious Diseases, AAP, 1974 Red Book.
5. USPHS, Center for Disease Control, Mumps Surveillance, Jan 1972–June 1974 (issued Oct 1974).
6. USPHS, Center for Disease Control, Morbidity and Mortality, vol 24, no. 26, June 28, 1975.
7. USPHS, Center for Disease Control, Immunization Against Disease—1972.
8. USPHS, Center for Disease Control, MMWR, vol 21, no. 25—Supplement, June 24, 1972.

MSD
MERCK SHARP & DOHME

Single-Dose Vials

M-M-R®

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

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.

MERUVAX® (Rubella Virus Vaccine, Live, MSD)—Immunization against rubella (German measles) in children one year of age to puberty. May be useful for postpubertal males to prevent or control rubella outbreaks in circumscribed population groups. In postpubertal females vaccination must not be undertaken unless the woman is not pregnant, is susceptible to rubella (as shown by Hemagglutination Inhibition test), understands it is imperative not to become pregnant for next three months and will follow a medically acceptable method for pregnancy prevention (also in immediate postpartum period), and is informed of frequent occurrence of self-limited arthralgia and possible arthritis beginning two to four weeks after vaccination.

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.

M-R-VAX® (Measles and Rubella Virus Vaccine, Live, MSD)—Simultaneous immunization against measles (rubeola) and rubella (German measles) in children one year of age to puberty.

MUMPSVAX® (Mumps Virus Vaccine, Live, MSD)—Immunization against mumps for children over one year of age and adults.

Contraindications: Pregnancy or the possibility of pregnancy within three months following vaccination; infants less than one year old, except that measles-containing vaccines may be administered during the first year of life in certain populations (infants vaccinated under such conditions should be revaccinated after 12 months of age); sensitivity to eggs, chicken, chicken feathers, or neomycin, and, for rubella-containing vaccines, duck, or duck eggs or feathers; any febrile respiratory illness or other active infection; for measles-containing vaccines, active untreated tuberculosis; therapy with ACTH, corticosteroids (except as replacement therapy, e.g., for Addison's disease), 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. Vaccinations should be deferred for at least three months following blood or plasma transfusions or administration of more than 0.02 ml human immune serum globulin per pound of body weight.

Attenuated measles, mumps, and rubella virus vaccines, live, given separately, may result in a temporary depression of tuberculin skin sensitivity; therefore, if a tuberculin test is to be done, it should be administered before or simultaneously with any virus vaccine.

Measles-Containing Vaccines—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. The occurrence of thrombocytopenia and purpura has been extremely rare.

Rubella-Containing Vaccines—Excretion of live attenuated rubella virus from the throat has occurred in the majority of susceptible individuals administered rubella vaccine. There is no definitive evidence to indicate that such virus is contagious to susceptible persons who are in contact with vaccinated individuals. Consequently, transmission, while accepted as a theoretical possibility, has not been regarded as a significant risk.

Adverse Reactions: To date, clinical evaluation of the combination vaccines has revealed those adverse reactions expected to follow administration of the monovalent vaccines given separately.

Measles-Containing Vaccines—Occasionally, moderate fever (101-102.9 F); less commonly, high fever (above 103 F); rarely, febrile convulsions. Infrequently, rash, usually minimal without generalized distribution. Reactions at injection site. Local reactions characterized by marked swelling, redness, and vesiculation at the injection site of attenuated live measles virus vaccines have occurred in children who received killed measles vaccine previously; the combination vaccines were not given under this condition in clinical trials.

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 2.8 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).

Rubella-Containing Vaccines—Adverse reactions may include fever and rash; mild local reactions such as erythema, induration, tenderness, and regional lymphadenopathy; thrombocytopenia and purpura; allergic reactions such as urticaria; and arthritis, arthralgia, and polyneuritis.

Moderate fever (101-102.9 F) occurs occasionally, and high fever (103 F) occurs less commonly. Rash occurs infrequently and is usually minimal without generalized distribution. Encephalitis and other nervous system reactions have occurred very rarely.

Transient arthritis, arthralgia, and polyneuritis vary in frequency and severity with age and sex, being greatest in adult females and least in prepubertal children. Symptoms relating to joints (pain, swelling, stiffness, etc.) and to peripheral nerves (pain, numbness, tingling, etc.) occurring within approximately two months after vaccination should be considered as possibly vaccine related. These symptoms need not be associated with other features of rubella, such as fever, rash, and lymphadenopathy. In prepubertal children, the symptoms have generally been mild and of no more than three days' duration, with an incidence of less than 1 percent for reactions that would interfere with normal activity or necessitate medical attention. In teen-age girls, the rates of reactions are somewhat higher but probably do not exceed 5 to 10 percent. In women, the rates are greater and may exceed 30 percent; the symptoms in older females tend to be more prominent and of longer duration, rarely persisting for a matter of months, but have not generally interfered with normal activity. There is, at present, no evidence that the joint involvement or neuritis accompanying infection with either natural rubella or the attenuated viruses predisposes to any of the known chronic arthritic or neurologic diseases. Transient arthralgia and arthritis in nonimmune males may occur; however, as in the natural disease, the incidence is expected to be lower than in women.

Mumps-Containing Vaccines—Parotitis. Rarely, purpura and allergic reactions such as urticaria. Very rarely, encephalitis and other nervous system reactions. With the monovalent mumps vaccine, mild fever occurs occasionally, and fever above 103 F is uncommon.

Shipment, Storage, and Reconstitution: During shipment, to insure that there is no loss of potency, the vaccine must be maintained at a temperature of 10 C (50 F) or less. Before reconstitution, store vaccines at 2-8 C (35.6-46.4 F) and *protect from light.* Use only diluent supplied to reconstitute vaccines. If not used immediately, store reconstituted vaccines in a dark place at 2-8 C (35.6-46.4 F), and discard if not used within eight hours.

Color change: The usual color of the vaccine when reconstituted is pinkish to red due to the presence of phenol red, a pH indicator. Some vaccine which has been shipped in dry ice may exhibit a variation in color when reconstituted because carbon dioxide has been absorbed from the dry ice. This vaccine, if crystal clear on reconstitution, is acceptable for use whether it is red, pink, or yellow.

How Supplied: *ATTENUVAX® (Measles Virus Vaccine, Live, Attenuated, MSD)*—Single-dose vials of lyophilized vaccine, containing when reconstituted not less than 1,000 $TCID_{50}$ (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 neomycin.

BIAVAX® (Rubella and Mumps Virus Vaccine, Live, MSD)—Single-dose vials of lyophilized vaccine, containing when reconstituted not less than 1,000 $TCID_{50}$ of rubella virus vaccine, live, and 5,000 $TCID_{50}$ of mumps virus vaccine, live, expressed in terms of the assigned titer of the FDA Reference Rubella and Mumps Viruses, and approximately 25 mcg neomycin.

MERUVAX® (Rubella Virus Vaccine, Live, MSD)—Single-dose vials of lyophilized vaccine, containing when reconstituted not less than 1,000 $TCID_{50}$ of rubella virus vaccine expressed in terms of the assigned titer of the FDA Reference Rubella Virus, and approximately 25 mcg neomycin.

M-M-R® (Measles, Mumps and Rubella Virus Vaccine, Live, MSD)—Single-dose vials of lyophilized vaccine, containing when reconstituted not less than 1,000 $TCID_{50}$ of measles virus vaccine, live, attenuated, 5,000 $TCID_{50}$ of mumps virus vaccine, live, and 1,000 $TCID_{50}$ 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.

M-R-VAX® (Measles and Rubella Virus Vaccine, Live, MSD)—Single-dose vials of lyophilized vaccine, containing when reconstituted not less than 1,000 $TCID_{50}$ of measles virus vaccine, live, attenuated, and 1,000 $TCID_{50}$ of rubella virus vaccine, live, expressed in terms of the assigned titer of the FDA Reference Measles and Rubella Viruses, and approximately 25 mcg neomycin.

MUMPSVAX® (Mumps Virus Vaccine, Live, MSD)—Single-dose vials of lyophilized vaccine, containing when reconstituted not less than 5,000 $TCID_{50}$ 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, 5/8" needle, and as a box of 10 single-dose vials with an accompanying box of 10 diluent-containing disposable syringes with affixed needles.

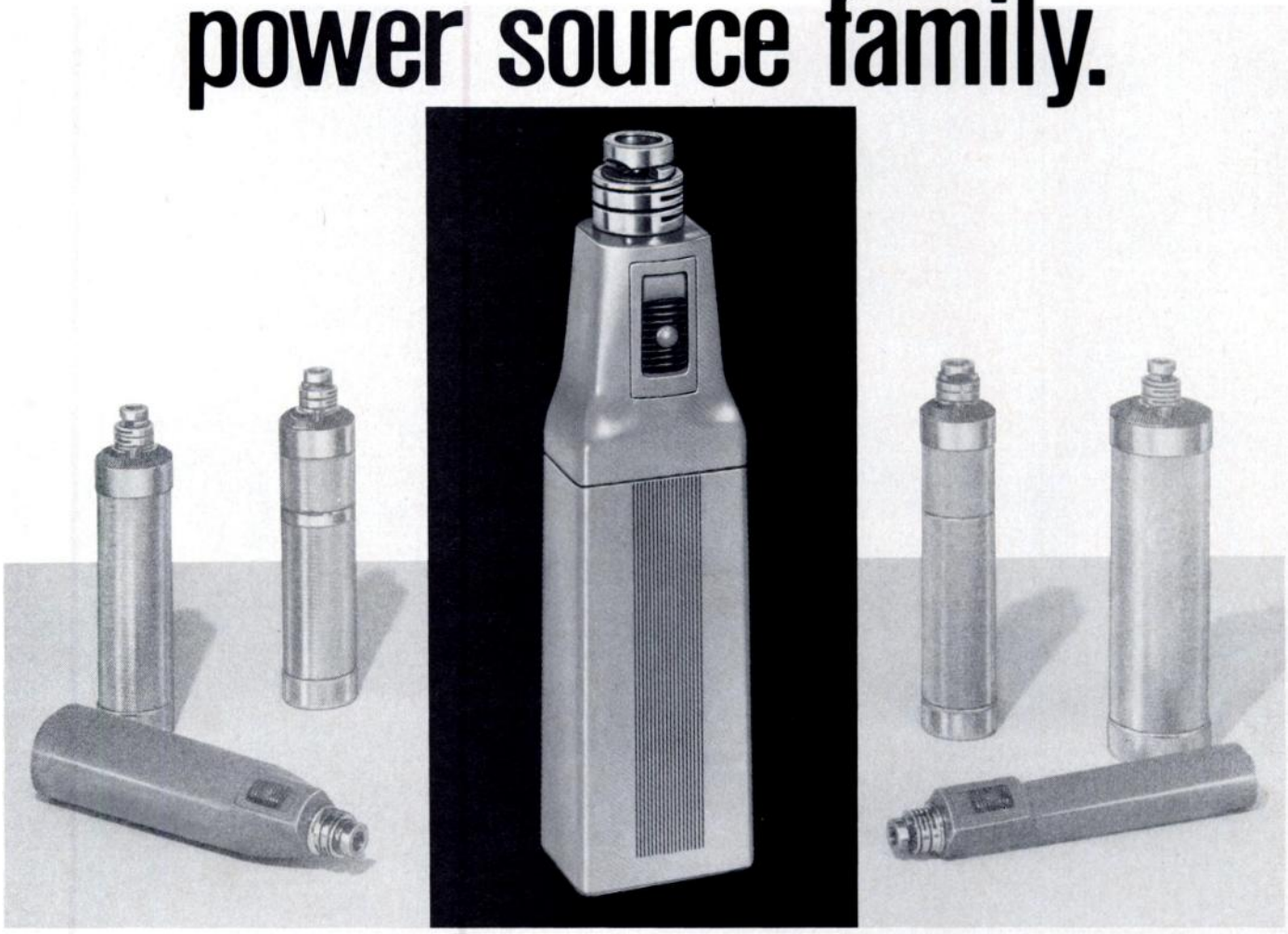
For more detailed information, consult your MSD representative or see full prescribing information.

Merck Sharp & Dohme, Division of Merck & Co., Inc., West Point, Pa. 19486.

MSD
MERCK SHARP & DOHME

†National Communicable Disease Center, Encephalitis Surveillance Report, 1965 Annual Supplement, July 1, 1966.

New in the Welch Allyn power source family.



The six-ounce rechargeable.

New six-ounce rechargeable battery handles are available in two models for present Welch Allyn 3.5 v. HALOGEN or 2.5 v. instruments. In addition, these handles offer ...

- ☐ Compact, rugged, light weight quality
- ☐ Constant light intensity with rheostat control
- ☐ Two-year battery guarantee

Buy for your present instruments

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It's Clear Now.

New Cortisporin® Otic Solution Sterile

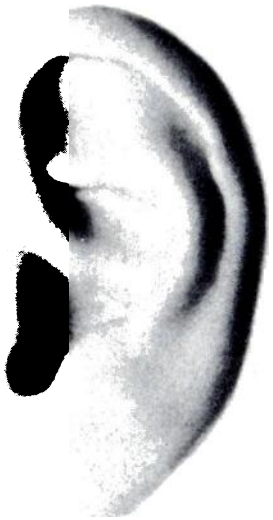
(polymyxin B-neomycin-hydrocortisone)

for the treatment of otitis externa due to susceptible organisms.

Same proven antibiotic and steroid ingredients in a new clear solution. Now it is easier for you to visualize progress of therapy on recall visits.

Cortisporin® Otic Solution Sterile

• broad range of antibacterial activity against susceptible organisms in otitis externa including many strains of *Pseudomonas aeruginosa* and *Proteus* • direct anti-inflammatory action effectively relieves associated itching, swelling and pain • acid pH helps restore skin's normal acid mantle • still economical for patients



CORTISPORIN® OTIC SOLUTION Sterile
Polymyxin B-Neomycin-Hydrocortisone

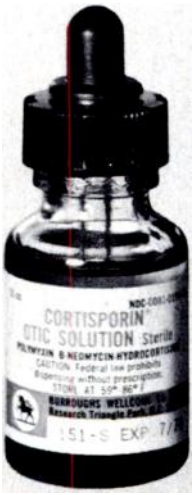
Each cc contains: Aerosporin® brand Polymyxin B Sulfate 10,000 units; neomycin sulfate 5 mg (equivalent to 3.5 mg neomycin base); hydrocortisone 10 mg (1%). The vehicle contains the inactive ingredients glycerin, hydrochloric acid, propylene glycol, purified water and potassium metabisulfite (preservative) 0.1%.

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 long-standing 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: Bottle of 10 cc with sterile dropper.

Complete literature available on request from Professional Services Dept PML.

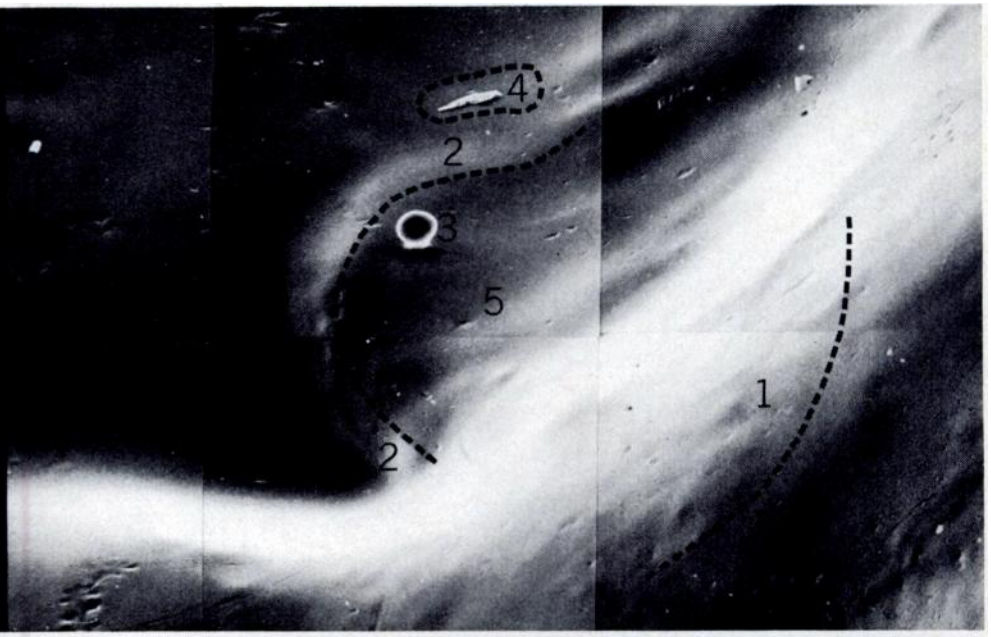
Wellcome / Burroughs Wellcome Co.
Research Triangle Park
North Carolina 27709

The first canker sore visualized by scanning electron microscopy

Before therapy

(magnification 50×)
Prior to treatment with Proxigel

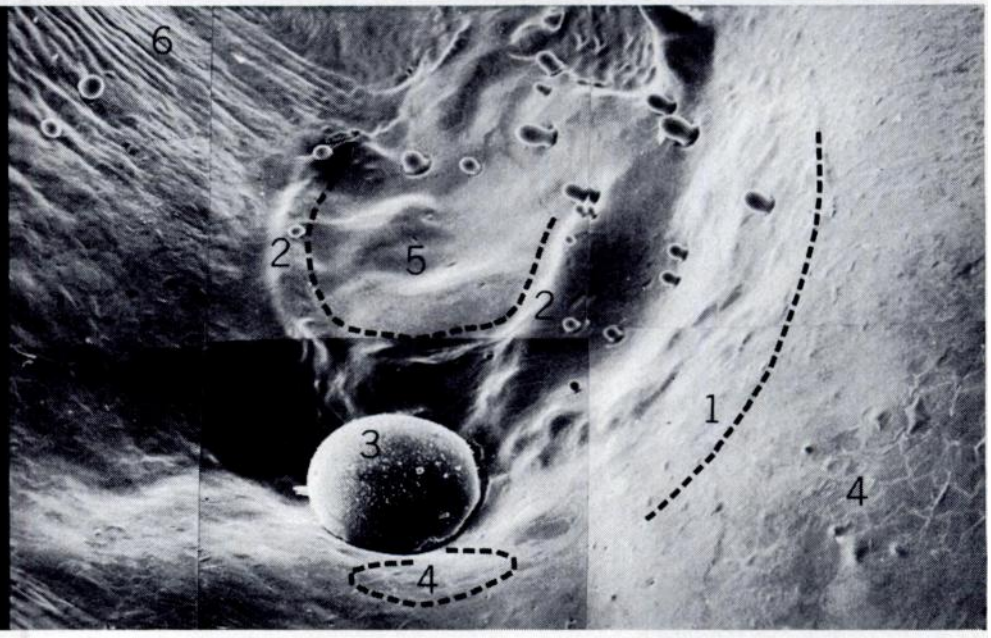
1. Canker sore ulcer (partially obscured by overlying material)
2. Coronal margin of ulcer
3. Air bubble artifact
4. Detritus particle
5. Floor of ulcer crater (obscured by overlying material)



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.

Reed & Carnrick/Kenilworth, N.J. 07033

Proxigel®

Active Ingredient: Carbamide Peroxide 11% in water-free gel base.

ORAL ANTISEPTIC & CLEANSER

Adjunctive therapy for canker sores

American Academy of Pediatrics

Section On Pediatric Nephrology

The Section Committee cordially invites all FELLOWS with an interest in the field of pediatric nephrology to apply for Section Membership.

APPLICATIONS for Section Membership may be obtained from the Section Secretary at the address below.

AMERICAN ACADEMY OF PEDIATRICS
P.O. Box 1034
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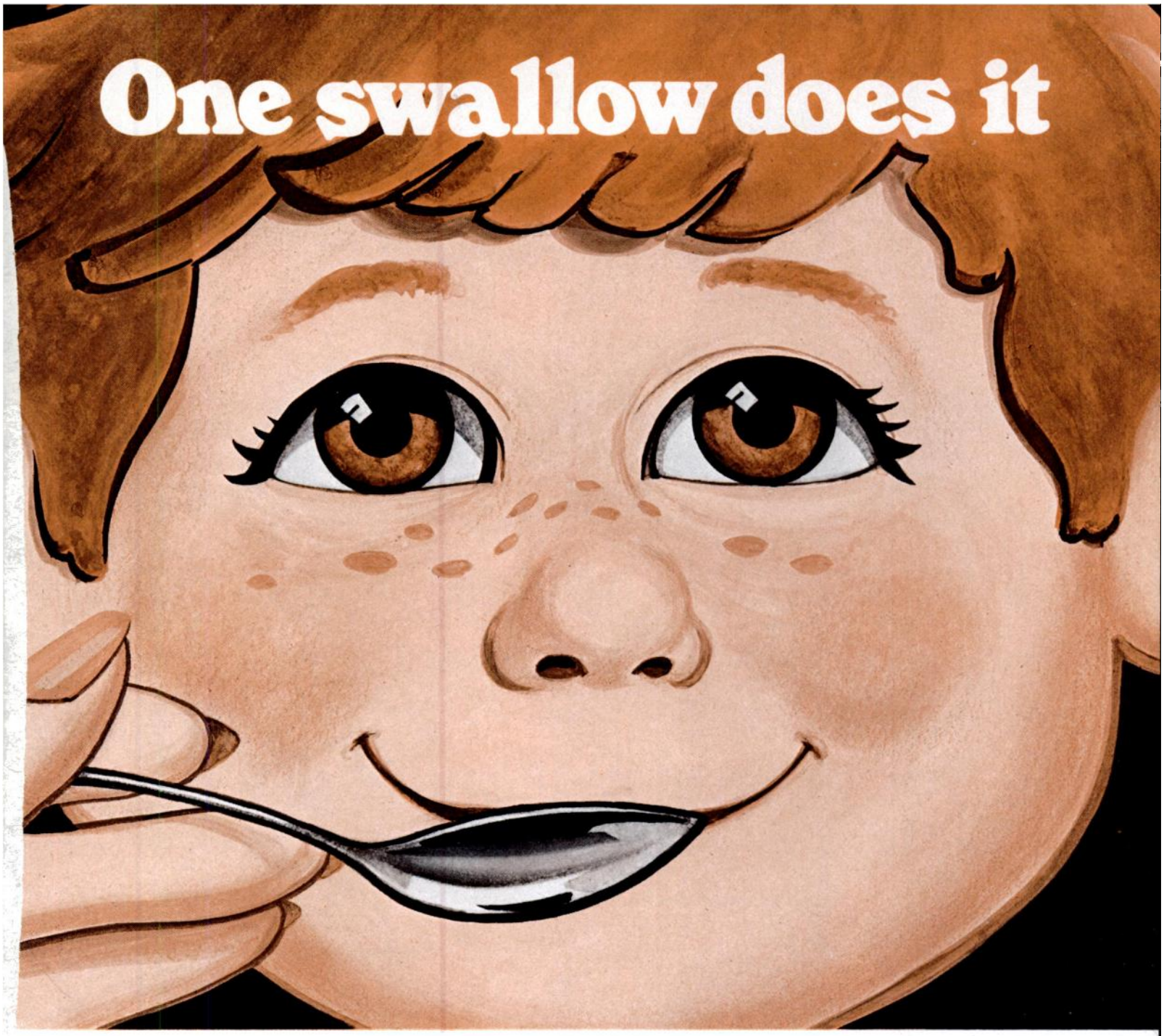


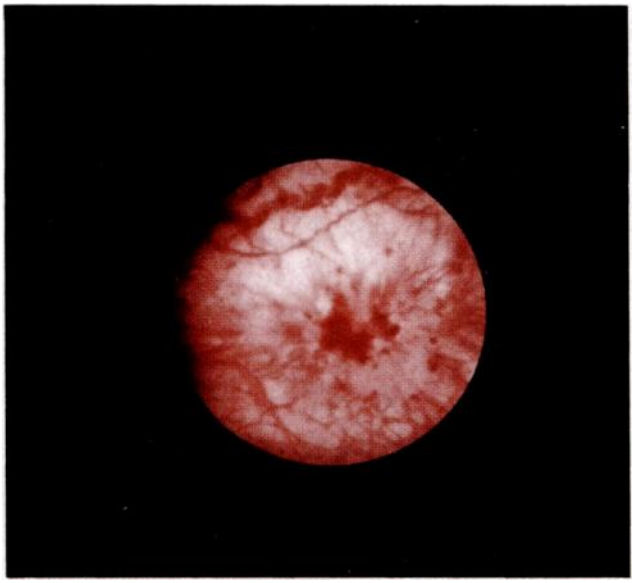
eliminates Pinworms and Roundworms with a single dose

- **Single dose effectiveness against both pinworms and roundworms**— The only single-dose anthelmintic effective against pinworms *and* roundworms.
- **Nonstaining** — to oral mucosa, stomach contents, stools, clothing or linen.
- **Well tolerated** — the most frequently encountered adverse reactions are related to the gastrointestinal tract.
- **Economical** — a single prescription will treat the whole family.
- **Highly acceptable** — pleasant-tasting caramel flavor.
- **Convenient** — just 1 tsp. for every 50 lbs. of body weight. May be taken without regard to meals or time of day.

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

Please see prescribing information on facing page. NSN 6505-00-148-6967

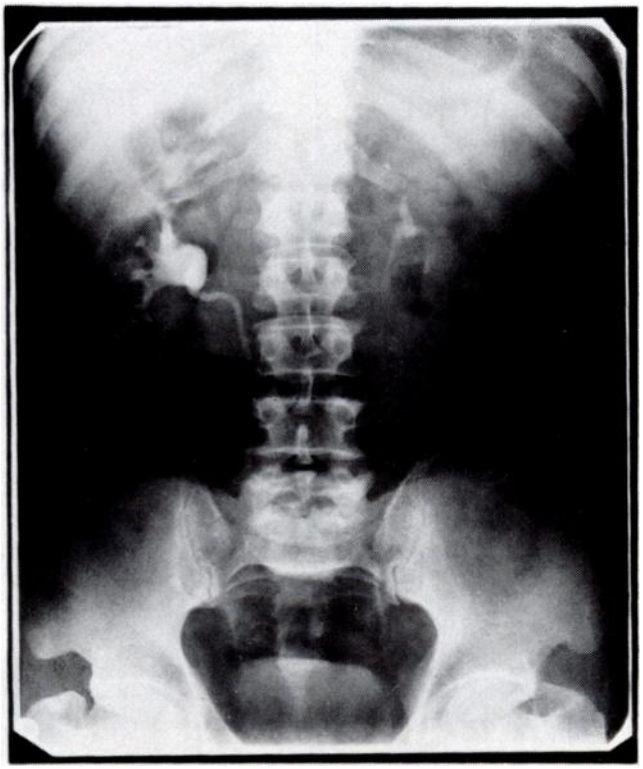
Antiminth® ORAL SUSPENSION
(pyrantel pamoate) equivalent to 50mg pyrantel/ml



Cystoscopic view of bladder of preschool child with cystitis.

Urinary tract infection inadequately treated at age 4...

may mean pyelonephritis at 24.



Pyelogram showing unilateral (right) pyelonephritic changes in young adult.

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.

Usual pediatric dosage (0.5 Gm/5-ml teasp.)	
stat	q.4 h.
1¼ teasp./20 lbs	½ teasp./20 lbs

Please consult complete product information, a summary of which follows:

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

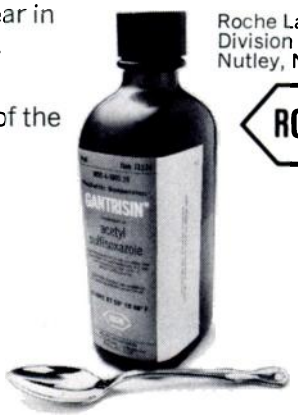
Contraindications: Hypersensitivity to sulfonamides; infants less than 2 months of age; pregnancy at term and during the nursing period.

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

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

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

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

ROCHE

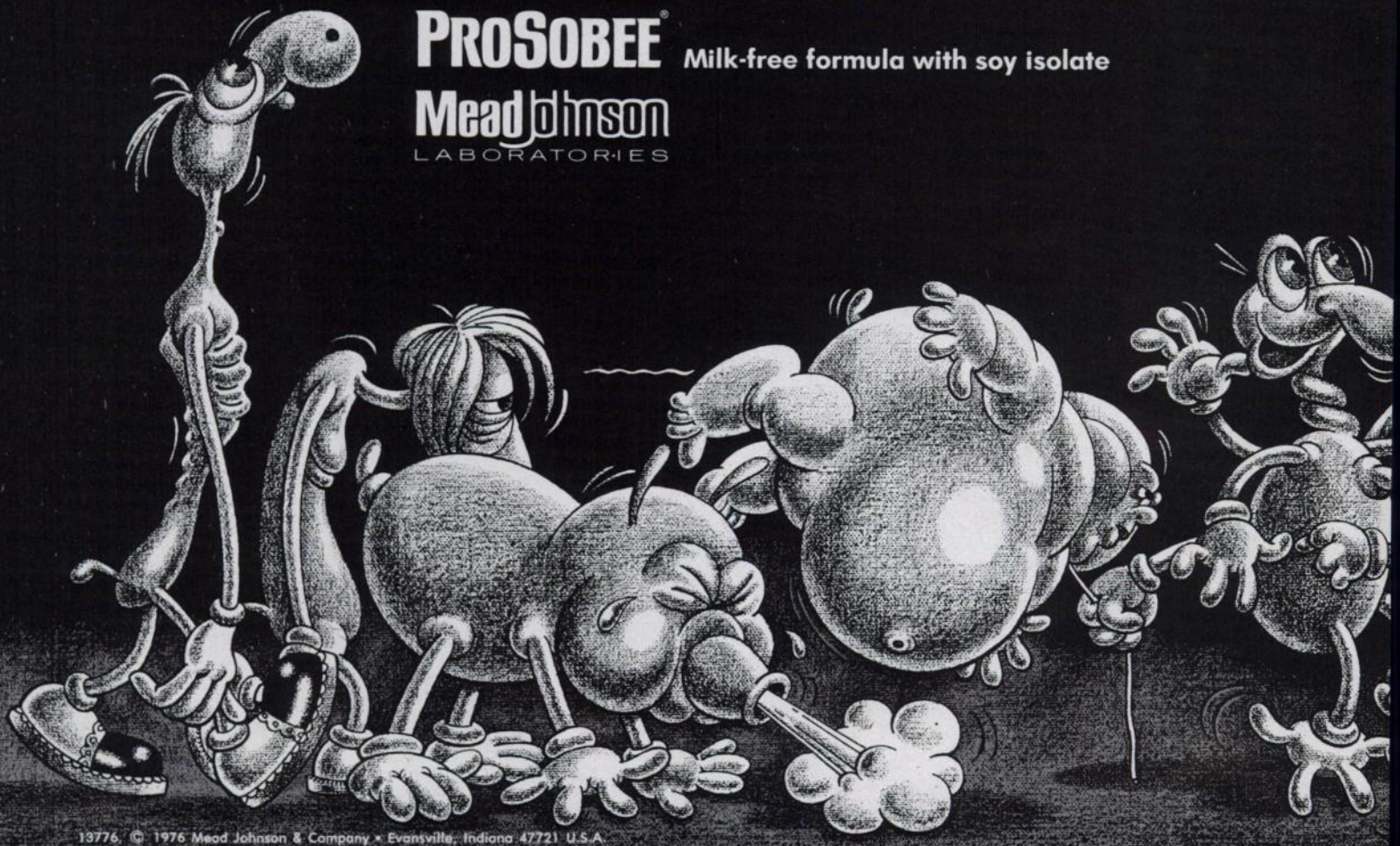
Put your babies on

–keep common feeding problems

This milk-free formula with soy isolate helps avoid common feeding problems caused by sensitivity to milk. Importantly, infants develop well on the nutritionally sound formulation, and mothers like its whiteness and milk-like consistency. Hypoallergenic and lactose free. Sensibly priced. Available in most food and drug stores.

PROSOBEE® **Milk-free formula with soy isolate**

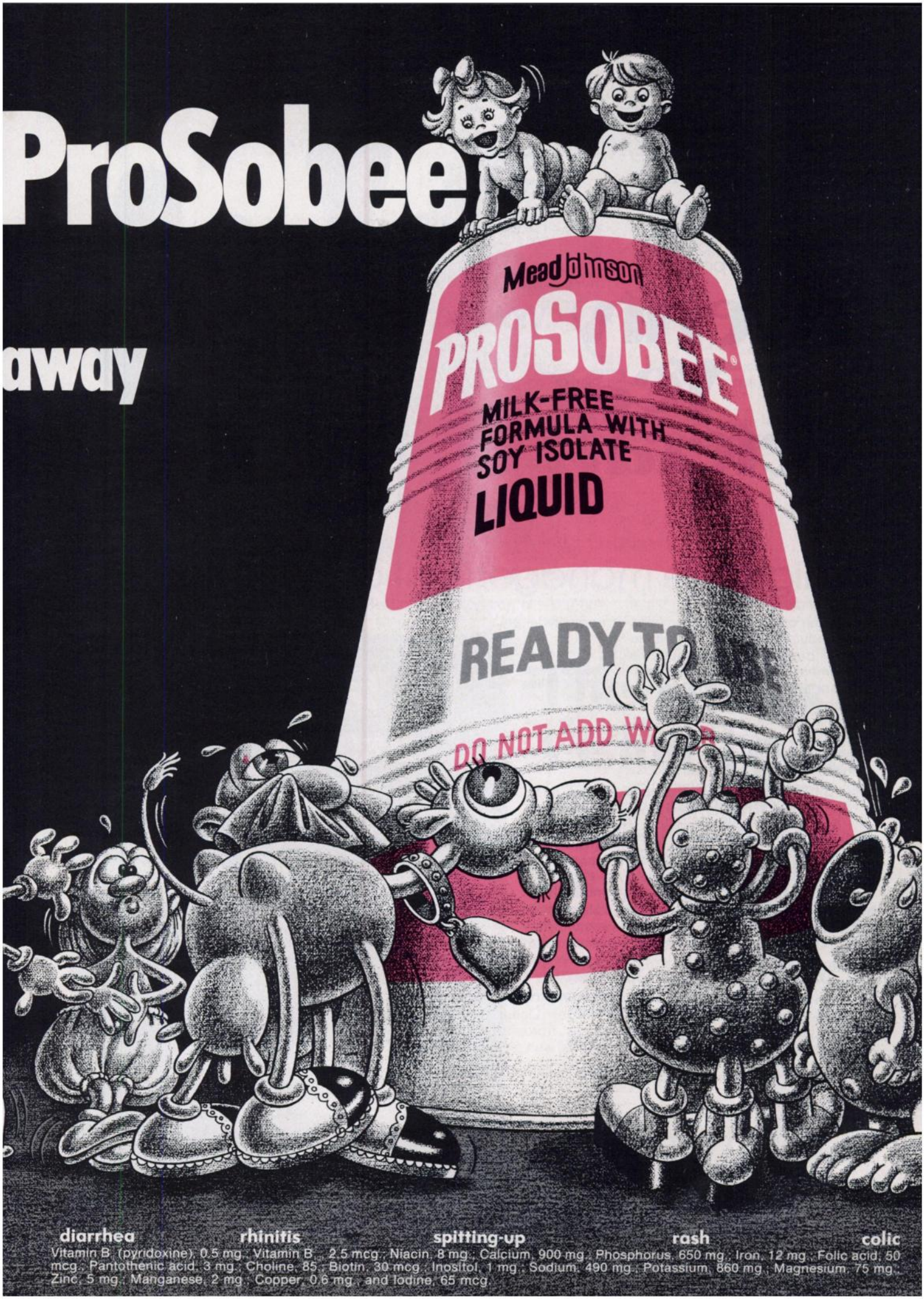
Mead Johnson
LABORATORIES



13776. © 1976 Mead Johnson & Company • Evansville, Indiana 47721 U.S.A.

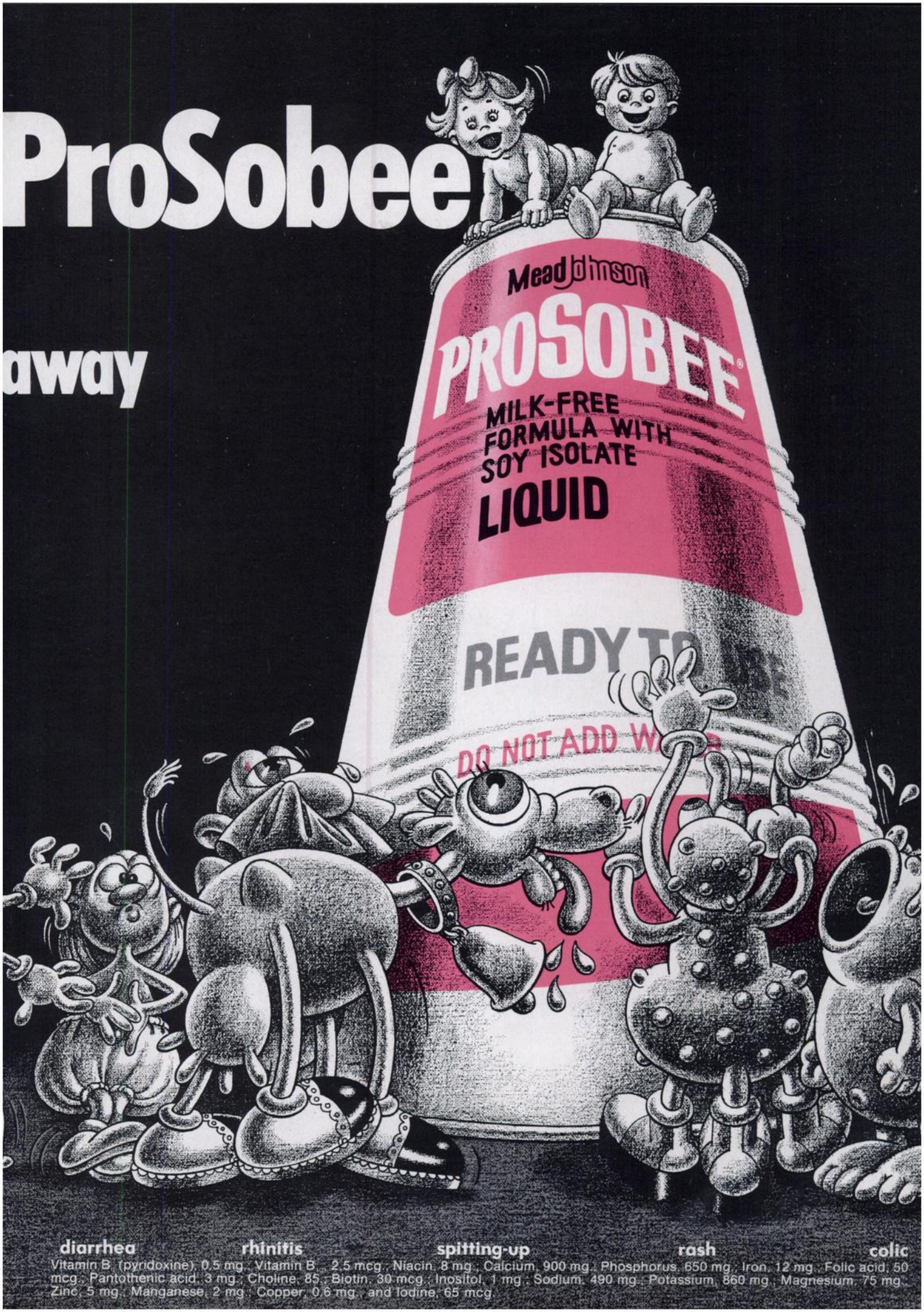
anorexia **listlessness** **wheezing, sneezing, cough** **angioedema** **hyperactivity**

One quart of ProSobee formula, normal dilution (20 kcal./fl. oz.) supplies: Vitamin A, 2000 U.S.P. Units; Vitamin D, 400 U.S.P. Units; Vitamin E, 10 Int. Units; Vitamin K, 100 mcg.; Vitamin C (ascorbic acid), 52 mg.; Vitamin B$_1$ (thiamin), 0.6 mg.; Vitamin B$_2$ (riboflavin), 1 mg.


ProSobee
away
Mead Johnson
PROSOBEE®
MILK-FREE
FORMULA WITH
SOY ISOLATE
LIQUID
READY TO
DO NOT ADD W
diarrhea
rhinitis
spitting-up
rash
colic
Vitamin B, (pyridoxine), 0.5 mg.; Vitamin B, 2.5 mcg.; Niacin, 8 mg.; Calcium, 900 mg.; Phosphorus, 650 mg.; Iron, 12 mg.; Folic acid, 50 mcg.; Pantothenic acid, 3 mg.; Choline, 85; Biotin, 30 mcg.; Inositol, 1 mg.; Sodium, 490 mg.; Potassium, 860 mg.; Magnesium, 75 mg.; Zinc, 5 mg.; Manganese, 2 mg.; Copper, 0.6 mg.; and Iodine, 65 mcg.

In neonatal sepsis*

When life is threatened before it has a chance to begin...


ProSobee
away
Mead Johnson
PROSOBEE®
MILK-FREE
FORMULA WITH
SOY ISOLATE
LIQUID
READY TO
DO NOT ADD
diarrhea
rhinitis
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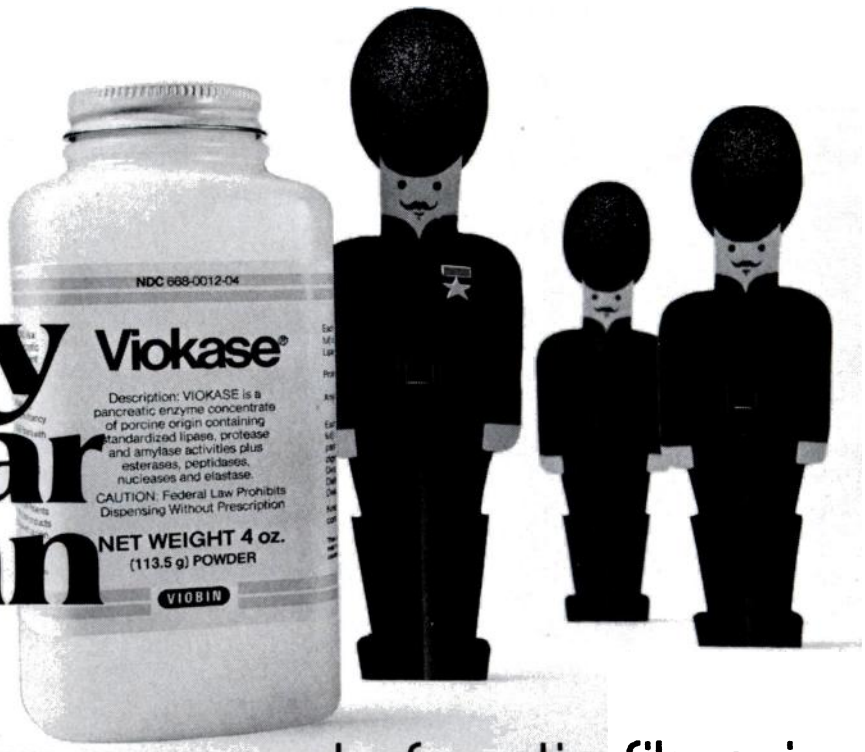
colic
Vitamin B, (pyridoxine), 0.5 mg., Vitamin B, 2.5 mcg., Niacin, 8 mg., Calcium, 900 mg., Phosphorus, 650 mg., Iron, 12 mg., Folic acid, 50 mcg., Pantothenic acid, 3 mg., Choline, 85., Biotin, 30 mcg., Inositol, 1 mg., Sodium, 490 mg., Potassium, 860 mg., Magnesium, 75 mg., Zinc, 5 mg., Manganese, 2 mg., Copper, 0.6 mg., and Iodine, 65 mcg.

Viokase®
4x N.F. Protease
6x N.F. Amylase
10 x N.F. Lipase
(whole pancreas)

Twenty Year Veteran



in digestive management of cystic fibrosis

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

*Shwachman, H., Redmond, A. and Khaw, K-T: "Studies in Cystic Fibrosis—Report of 130 Patients Diagnosed Under 3 Months of Age Over a 20-Year Period"; Pediatrics, 46: 335, 1970.

VIOKASE® (pancreatin)

Description: VIOKASE is a pancreatic enzyme concentrate of porcine origin containing standardized amylase, protease and lipase activities plus esterases, peptidases, nucleases and elastase.

The enzyme potency of the tablets and powder are:

	Each 325 mg. Tablet	Each 0.75 gram (⅛ teaspoonful)
Lipase, N.F. Units	6.500	15.000
Protease, NF Units	32.000	75.000
Amylase, NF Units	48.000	112.500

Under conditions of the NF test method (in vitro) VIOKASE has the following total digestive capacity:

	Each 325 mg. Tablet	Each 0.75 g. Powder
Dietary Fat	23	53 grams
Dietary Protein	32	75 grams
Dietary Starch	48	112 grams

VIOKASE Tablets are not enteric coated.

Indications: As a digestive aid in cystic fibrosis and in exocrine pancreatic deficiencies usually due to chronic pancreatitis, pancreatectomy or obstruction in the pancreas caused by malignant growth.

Administration and Dosage:
Powder: Dosage to patients with cystic fibrosis: ⅓ teaspoon (0.75 grams) with meals.

Tablets: Dosage to patients with cystic fibrosis or chronic pancreatitis —1 to 3 tablets with meals. For aiding digestion in patients with pancreatectomy or gastrectomy—1 to 2 tablets taken at 2-hour intervals, or as directed by physician.

Caution: Federal law prohibits dispensing without prescription.

Warnings: Avoid inhalation of powder.

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: Complete literature available upon request including information on BEEF VIOKASE DERIVED FROM BEEF PANCREAS FOR THOSE EXCEPTIONAL PATIENTS ALLERGIC TO PORK.

VIOBIN

VIOBIN CORPORATION
A Subsidiary of A.H. Robins Company
Monticello, IL 61856

In neonatal sepsis*

When life is threatened before it has a chance to begin...

Schering

pediatric Garamycin® I.M./I.V.

gentamicin sulfate 20mg./2ml.

injectable

10 mg./ml. Each ml. contains gentamicin sulfate equivalent to 10 mg. of gentamicin

uniquely suited for presumptive use

Active against organisms most often encountered in neonatal infections

As is the case with many other life-threatening infections, the pathogens which predominate in neonatal sepsis are gram-negative, and their incidence corresponds closely with the *in vitro* spectrum of gentamicin.[1-3] The drug offers a high probability of effectiveness against susceptible strains of all seven major pathogens. These are:

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

Problem organisms continue to be highly sensitive *in vitro*

Although considered in the past to be minimally pathogenic, *Serratia* has become a frequent and stubborn invader.[4,5] *Pseudomonas* septicemias have been associated consistently with the poorest prognosis for survival,[6] often because of resistance. Yet, more than 90 per cent of each of these pathogens remain sensitive *in vitro* to gentamicin, even after seven years of clinical use.[7]

Moreover, although attention has recently been drawn to the emergence of *E. coli* resistance to certain commonly used antibiotics,[7,8] and *Pseudomonas* resistance to carbenicillin,[2] a similar pattern of resistance to gentamicin has not been demonstrated to date.[7,8]

Efficacy in serious respiratory tract infections*

GARAMYCIN Pediatric Injectable has been found useful in the treatment of pediatric respiratory tract infections* for two important reasons. First, because of an increased prominence of gram-negative organisms. Secondly, as alternative therapy when the penicillins or other less potentially toxic drugs are contraindicated.

Usually well tolerated

GARAMYCIN Pediatric Injectable appears to be well tolerated in neonates, infants, and children. While adverse renal and eighth nerve reactions can occur, the risk of these effects 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.

Offers I.M./I.V. versatility

Conveniently administered either I.M. or I.V. Preparation is preconstituted and ready for I.M. use – requires no refrigeration. Dilute as directed for I.V. administration.

Available in specific pediatric concentration

Ten mg. per ml., 2 ml. vial offers added flexibility of dosage, especially in low-weight infants. Dosage can be precisely measured in fractions of a milliliter, calculated on the basis of the child's weight.

WARNING

Patients treated with GARAMYCIN Pediatric Injectable (gentamicin sulfate) 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, cephaloridine, viomycin, 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 neurotoxicity.

*Due to susceptible organisms

See Clinical Considerations section which follows.

In neonatal sepsis*

uniquely suited for presumptive use

Schering

pediatric Garamycin® I.M./I.V.

gentamicin sulfate 20mg/2ml.

injectable

10 mg /ml Each ml. contains gentamicin sulfate equivalent to 10 mg. of gentamicin

GARAMYCIN® Pediatric Injectable
brand of gentamicin sulfate, U.S.P., injection
10 mg. per ml.
Each ml. contains gentamicin sulfate, U.S.P. equivalent to 10 mg. gentamicin.
For Parenteral Administration

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.

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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: *Pseudomonas aeruginosa*, *Proteus* species (indole-positive and indole-negative), *Escherichia coli*, *Klebsiella-Enterobacter-Serratia* species and *Staphylococcus* species.

Clinical studies have shown GARAMYCIN Pediatric Injectable to be effective in septicemia and serious 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 tests, the severity of the infection, and the important additional concepts contained in the Warning Box.

For suspected sepsis when the infecting organism is unknown, gentamicin may be administered in conjunction with a penicillin-type drug. Following identification of the organism and its susceptibility, appropriate antibiotic therapy should then be continued. In the neonate with suspected sepsis or staphylococcal pneumonia, a penicillin-type drug is usually indicated as concomitant antimicrobial therapy.

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.

Bacteriologic tests to determine the causative organisms and their susceptibility to gentamicin should be performed.

Bacterial resistance to gentamicin develops slowly in stepwise fashion; there have been no one-step mutations to high resistance.

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 is indicated.

ADVERSE REACTIONS

Nephrotoxicity: Adverse renal effects, as demonstrated by rising BUN, NPN, serum creatinine and 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, usually in patients on high dosage and/or prolonged therapy. Symptoms include dizziness, vertigo, tinnitus, roaring in the ears, and more rarely, hearing loss.

Numbness, skin tingling, muscle twitching and convulsions have also been reported.

Note: Gentamicin 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.

Other reported adverse reactions possibly related to gentamicin, include increased serum transaminase (SGOT, SGPT), increased serum bilirubin, transient hepatomegaly, decreased serum calcium, splenomegaly, anemia, increased and decreased reticulocyte counts, granulocytopenia, agranulocytosis, thrombocytopenia, purpura, fever, rash, itching, urticaria, generalized burning, joint pain, laryngeal edema, nausea, vomiting, headache, increased salivation, lethargy and decreased appetite, weight loss, pulmonary fibrosis, hypotension and hypertension.

DOSAGE AND ADMINISTRATION

GARAMYCIN Pediatric Injectable may be given intramuscularly or intravenously.

For Intramuscular Administration:

PATIENTS WITH NORMAL RENAL FUNCTION

Children: 3 to 5 mg./kg./day administered in three equal doses every 8 hours.

Infants and Neonates: 6 mg./kg./day administered in two equal doses every 12 hours or three 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 seven to ten days. In difficult and complicated infections, a longer course of therapy may be necessary. In such cases monitoring of renal function and of auditory and vestibular functions, when feasible, is advisable, since neurotoxicity is more apt to occur with treatment extended over 10 days.

PATIENTS WITH IMPAIRED RENAL FUNCTION

Dosage must be adjusted in patients with impaired renal function. Since the creatinine clearance rate and serum creatinine concentration have high correlation with the serum half-life of gentamicin, these laboratory tests may provide the guidance necessary for adjustments of gentamicin dosage. In adults the serum half-life (in hours) of gentamicin may be estimated by multiplying the serum creatinine (mg. %) by four. The frequency of administration (in hours) may be approximated by doubling the serum half-life or by multiplying the serum creatinine by eight. These guidelines may be considered when treating infants and children with serious renal impairment.

When GARAMYCIN Pediatric Injectable is indicated in children with renal failure undergoing 14-hour hemodialysis twice weekly, the recommended dosage is 2 mg./kg. at the end of each dialysis period.

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 recommended in those circumstances when the intramuscular route is not feasible (e.g., patients in shock, with hematologic 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 solution or in a sterile solution of dextrose 5% in water. The concentration of gentamicin in solution should normally not exceed 1 mg./ml. (0.1%). The solution is infused over a period of one to two 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, 10 mg. per ml., is supplied in 2 ml. (20 mg.) multiple-dose vials for parenteral administration.

Also available, GARAMYCIN Injectable, 40 mg. per ml., supplied in 2 ml. (80 mg.) multiple-dose vials and in 1.5 ml. (60 mg.) and 2 ml. (80 mg.) disposable syringes for parenteral administration.

015 AHFS Category 8:12.28 JUNE 1975

For more complete prescribing details, consult Package Insert or Physicians' Desk Reference. Schering literature is also available from your Schering Representative or Professional Services Department, Schering Corporation, Kenilworth, New Jersey 07033.

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1. Klein, J.O., Herschel, M., Therakan, R.M., and Ingall, D.: Gentamicin in serious neonatal infections. Absorption, excretion, and clinical results in 25 cases. J. Infect. Dis. *124*:S224, 1971.
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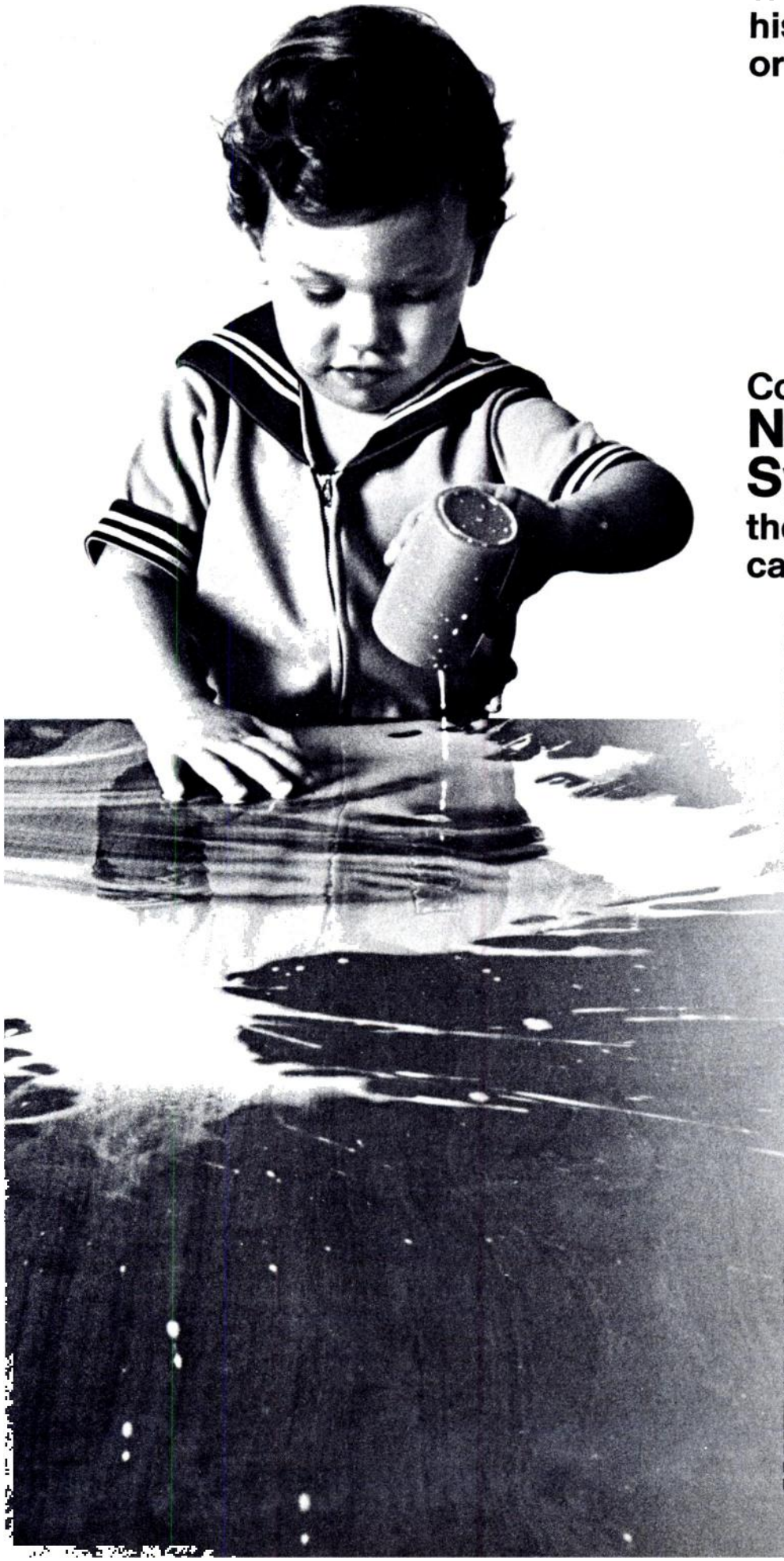
*Due to susceptible organisms

SLS-193



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® 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!"

*Bowes A, Church F: *Food Values of Portions Commonly Used*, 11th Ed. Toronto, JP Lippincott Company, 1970.

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

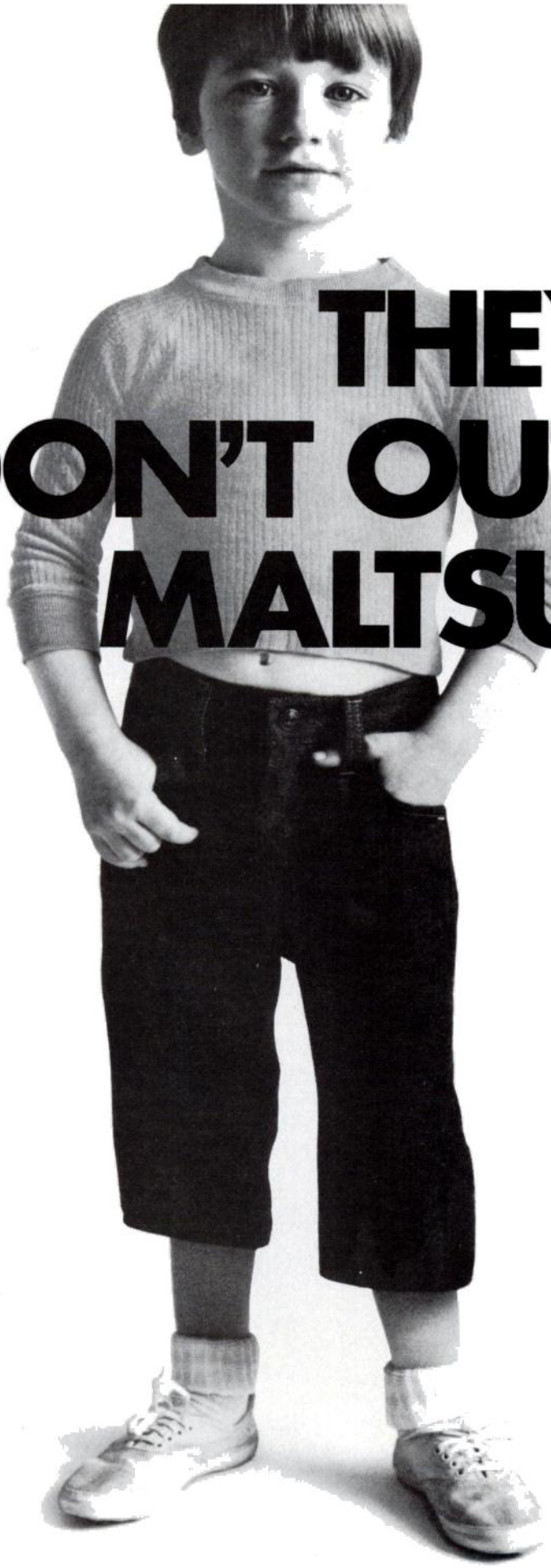
Children 4 or more years of age

1 tablespoonful (15 ml.) 3 times daily

†Supplies the approximate US Recommended Daily Allowance for calcium—adjust dosage to individual patient needs.

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

SO-ED



THEY DON'T OUTGROW MALTSUPEX®

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

American Academy of Pediatrics

SECTION ON PEDIATRIC ONCOLOGY- HEMATOLOGY

The Section Committee cordially invites all FELLOWS with an interest in the fields of pediatric oncology and hematology to apply for Section Membership.

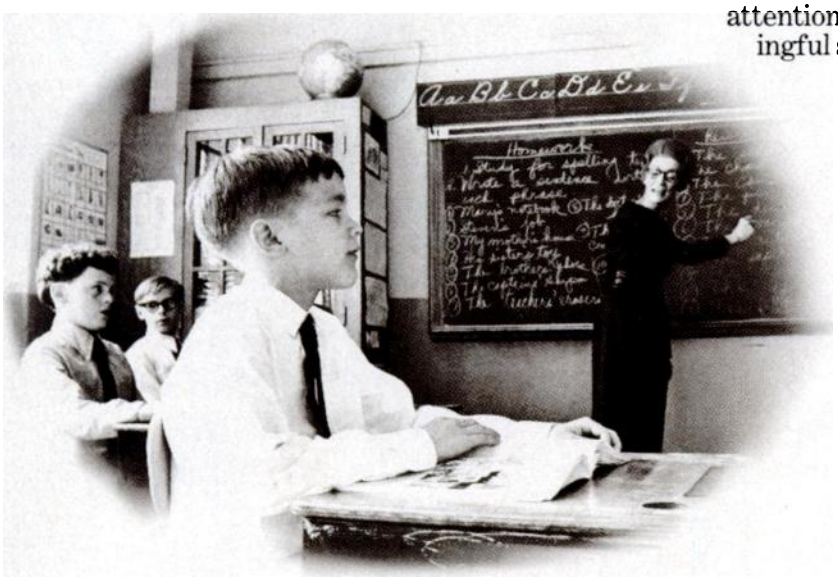
APPLICATIONS for Section Membership may be obtained from the Section Secretary at the address below.

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

Tested by time and experience in

1962

"...a considerable decrease of hyperactivity...."[1]
Knobel, 1962



Over a decade of controlled studies and clinical experience has shown the effectiveness of Ritalin in reducing the hyperactivity,[1-3] distractibility,[1,4,5] and disorganized behavior[1-8] 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.[6,9]

And side effects – insomnia and appetite loss – with Ritalin have occurred less frequently than with dextroamphetamine.[10,11]

Indeed, Ritalin is currently a drug of choice in many MBD situations,[10,12] 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.

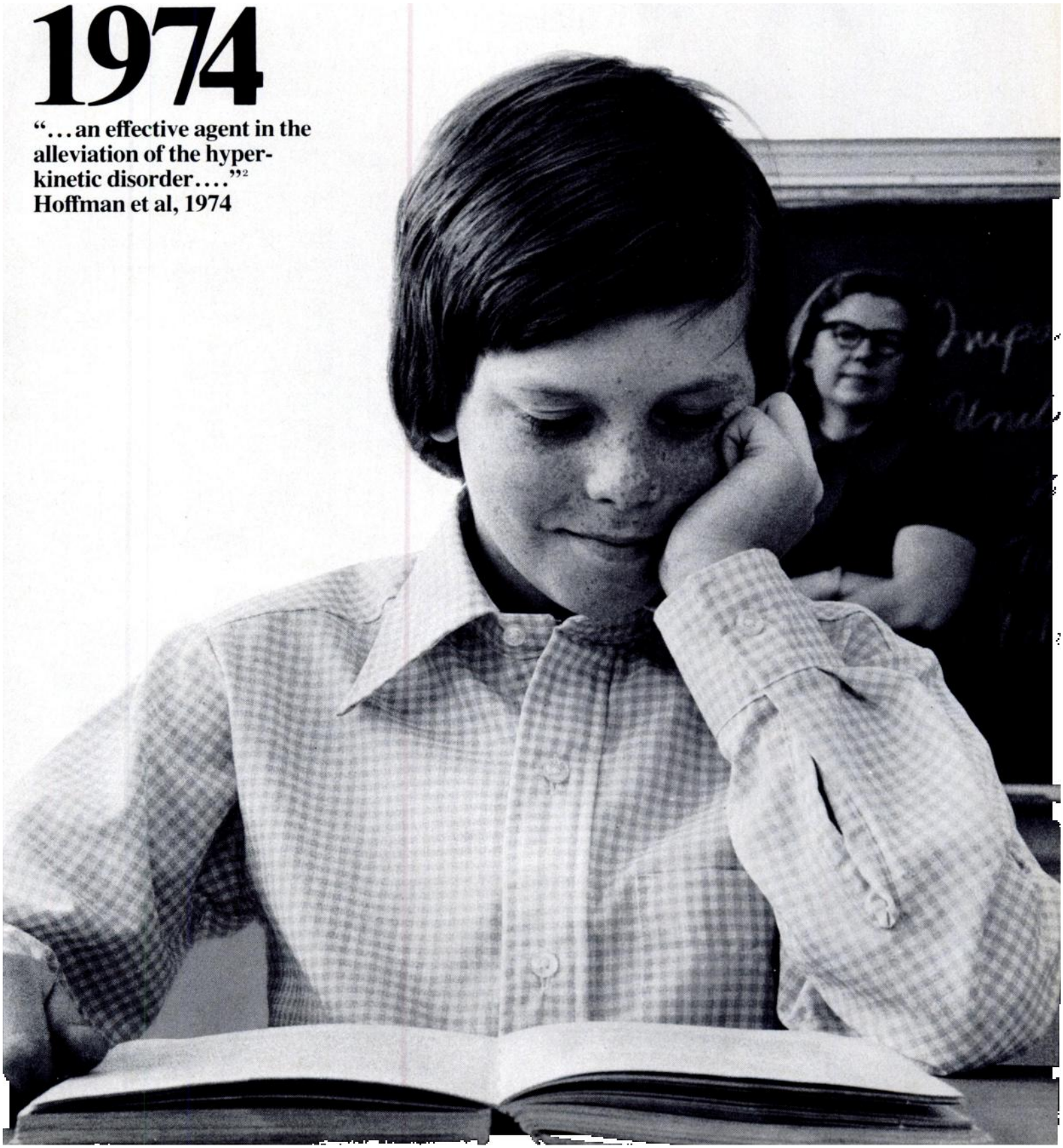
Dosage should be periodically interrupted. Often, these interruptions reveal some "stabilization" in the child's behavior even without medication, permitting a reduction in dosage and eventual discontinuance of drug therapy.

Ritalin®
(methylphenidate)
Only when medication is indicated

the treatment of MBD

1974

"...an effective agent in the alleviation of the hyperkinetic disorder...."[2]
Hoffman et al, 1974



Ritalin®
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Ritalin® hydrochloride ℂ
(methylphenidate hydrochloride)

TABLETS

INDICATION

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 requires the use not only of medical but of special psychological, educational, and social resources.

Characteristics commonly reported include: chronic history of short attention span, distractibility, emotional lability, 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 psychosocial 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

Marked anxiety, tension, and agitation, since Ritalin may aggravate these symptoms. Also contraindicated in patients known to be hypersensitive 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 (*ie*, 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 anticonvulsants 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 coumarin anticoagulants, anticonvulsants (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 can 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: hypersensitivity (including skin rash, urticaria, fever, arthralgia, exfoliative dermatitis, erythema multiforme with histopathological findings of necrotizing vasculitis, and thrombocytopenic purpura); anorexia; 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 when 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 100.

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

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PATIENTS NEEDED FOR STUDY OF ANOREXIA NERVOSA

An NIMH-sponsored study on treatment effectiveness in anorexia nervosa is soliciting suitable cases. If selected for study, a patient will be treated free of charge in one of three collaborating institutions: the University of Iowa, the Illinois State Psychiatric Institute, and the University of Minnesota. Duration of hospital treatment is about 45 days.

Anorexia nervosa is characterized by extreme emaciation, a high degree of physical activity, unusual eating habits, an abnormally high value placed on thinness, and failure to recognize or denial that a problem exists. The disorder primarily afflicts girls of high school and college age but may go as low as 10 and as high as 30 years. Although the disorder is rare, the mortality rate is high for untreated cases.

Readers who are aware of possible study cases are encouraged to phone (collect) or to write to one of the following study collaborators for further information:

Solomon C. Goldberg, Ph.D.
Assistant Chief, Psychopharmacology
Research Branch, NIMH
5600 Fishers Lane, Room 9-105
Rockville, Maryland 20852
Area Code 301-443-3524

John M. Davis, M.D.
Illinois State Psychiatric Institute
1601 West Taylor Street
Chicago, Illinois 60612
Area Code 312-341-6302

Katherine A. Halmi, M.D.
Department of Psychiatry
University of Iowa
Iowa City, Iowa 52240
Area Code 319-353-3960

Elke D. Eckert, M.D.
Department of Psychiatry
Box 393 Mayo
University of Minnesota
Minneapolis, Minnesota 55455
Area Code 612-373-8856

predicted by the Iowa City norms, so it is likely the third explanation is correct. From the point of view of this study, however, our main concern was that anorexogenic drugs might impair the growth of these children, and they might end up, after adolescence, to some degree shorter than they would have been had they not taken these drugs. The data presented here would dispel this concern.

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ANNOUNCEMENT OF 1977 NEONATAL-PERINATAL MEDICINE EXAMINATION

The Sub-Board of Neonatal-Perinatal Medicine of the American Board of Pediatrics will offer its next examination on Friday, October 28, 1977.

The following criteria must be met to be eligible to sit for the examination:

(1) Certification by the American Board of Pediatrics;

(2) One of the following:

(a) Two years of fellowship in neonatal-perinatal medicine completed by September 30, 1977; *or*

(b) Five years of practice in neonatal-perinatal medicine including neonatal intensive care completed by September 30, 1977; *or*

(c) A combination of fellowship and practice: for fellowships of 12 months or more credit will be given on a 2 for 1 basis, *i.e.*, one month of fellowship = two months of practice; for fellowships of less than 12 months, credit will be given on a 1 for 1 basis, *i.e.*, one month of fellowship = one month of practice.

(3) Letters of recommendation from individuals able to attest to the applicant's training and/or practice.

The registration period for the examination will extend from September 1, 1976, to February 28, 1977.

Requests for applications received prior to the opening of registration will be held on file until September 1, 1976 at which time applications will be forwarded to those who have requested them.

The application fee is $300.00 ($250.00 examination fee and $50.00 registration fee). If the applicant is not accepted for examination, the $250.00 examination fee will be returned. The $50.00 registration fee will be retained to meet the cost of processing the application.

Please direct inquiries to:

American Board of Pediatrics
Children's Hospital of Philadelphia
34th Street and Civic Center Boulevard
Philadelphia, Pennsylvania 19104
(215) 349-8500

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WHO WAS THE SHORTEST DWARF?

The shortest mature human of whom there is independent evidence was Pauline Musters ("Princess Pauline"), a Dutch midget. She was born at Ossendrecht on February 26, 1876, and measured 12 inches at birth. At the age of 4 she was only 15 inches tall. At the age of 9 she was 21.65 inches tall, and weighed 3 lbs. 5 oz. She died at age 19 of pneumonia, with meningitis, in New York City on March 1, 1895.

Guiness Book of Records 1973

Noted by R.J.H.