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Pediatrician—Experience in primary care with behavioral emphasis, adolescent medicine, medical education, and medical care administration desires position in developing program. Box #3188.
Board certified pediatrician, 36, six years experience in ambulatory pediatrics at major children's Hospital seeks private group practice or academically based general pediatrics in Chicago metropolitan area. Reply Box #3189.

Pediatrician, Board eligible, competing PL3 at Children's Hospital of Los Angeles, seeks HMO or group practice. Prefer Pacific Northwest. Available Aug. '78. Reply Box #3190.

Pediatrician, Board-eligible, university trained, additional training in hematology, seeks general pediatric group practice in Miami or San Diego areas. Available July, 1978. Reply Box #3191.


Canadian Pediatrician FRCP(C), 6 years pediatric training. 15 years experience private consulting practice. Also experience in medical administration. Southeastern or southern states. Reply Box #3184.

**FELLOWSHIPS, RESIDENCIES, INTERNSHIPS**

Junior and Senior Fellowships in Neonatology are available from July 1, 1978, at Christ Hospital, Oak Lawn, a Co-Perinatal Center and a major affiliate of the Rush School of Medicine. Christ Hospital is one of the largest hospitals in the greater metropolitan Chicago area, with 830 beds. Facilities are available for research. For further information write or call M. Rathi, M.D., Director, Perinatal Medicine, 4440 West 95th Street, Oak Lawn, Illinois, 60453. Phone (Area Code 312) 425-8000, Ext. 5691.

Two (1-2 year) Neonatology Fellowships will be available at Children's Hospital Medical Center, Oakland, California in July 1978. Emphasis will be on patient care and clinical research. 600-650 babies are referred to the Intensive Care Nursery (Level III) each year. Contact Gilbert Duritz, M.D., Ph.D., Children's Hospital Medical Center, 51st and Grove Streets, Oakland, California 94609.

Pediatric Hematology-Oncology Fellowships, 2 years beginning July 1, 1978. Memorial Sloan-Kettering Cancer Center and The New York Hospital-Cornell Medical Center joint program. Training in: In & Out patient hematology, oncology, immunology-transplantation, laboratory procedures and research leading to sub-specialty Board eligibility. PL3 or above, citizens preferred. Write and send C.V.: Dr. Denis R. Miller, Chairman, Department of Pediatrics, Memorial Sloan-Kettering Cancer Center, 1275 York Avenue, NY, NY 10021.

**NEONATOLOGY FELLOWSHIP**—Children's Hospital Medical Center, Oakland, California. Position newly available in 40 bed Level III Intensive Care Nursery. Emphasis on patient care and clinical research. May start at once. Contact: Gilbert Duritz, M.D., Ph.D., Children's Hospital Medical Center, 51st and Grove Streets, Oakland, California 94609.

**MISCELLANEOUS**

**SYMPOSIUM ON PEDIATRIC IMMUNOLOGY AND INFECTIOUS DISEASES.** Co-sponsored by Mount Sinai School of Medicine, New York University of California at Los Angeles and the Institute for Pediatric Service of the Johnson & Johnson Baby Products Co. February 8-11, 1978, Los Angeles Bonaventure Hotel, Los Angeles, California. Co-Chairmen: Horace Hodes, M.D., Benjamin M. Kagan, M.D. For information contact: STEVEN SAW-CHIUK, M.D., Institute for Pediatric Service of the Johnson & Johnson Baby Products Co., 220 Centennial Avenue, Piscataway, New Jersey 08854. Phone: 201/524-8846/7.

**INTERNATIONAL PAEDIATRIC CONFERENCE, Sydney, Australia, May 14-18, 1978.** To mark the construction of the Prince of Wales Children's Hospital. Conference theme "Paediatrics in the 1980's". Papers are invited. For information write to THE SECRETARIAT, GPO BOX 2609. SYDNEY NSW, AUSTRALIA 2001.

**NASSAU, BAHAMAS-PERSPECTIVES IN PEDIATRICS.** Department of Pediatrics, North Shore University Hospital, Cornell University Medical College. March 8-12, 1978, South Ocean Beach Hotel. The course will be kept deliberately small and intentionally outstanding, featuring Disorders of Growth, Nutrition, Childhood Development. Guest Speakers: Drs. Robert Blizard, Dorothy Becker, Buford Nichols, Isabelle Rapin. Credit AMA—22 hours. Further information: Evelyn Varenka, Dept. of Pediatrics, North Shore University Hospital, Manhasset, N.Y. 11030. Tel. 516/562-4635.

**THE SECOND NATIONAL CONFERENCE ON OTITIS MEDIA.** March 3-5, 1978, Doubltree Inn, Scottsdale, AZ. Sponsor: University of Arizona College of Medicine and the Indian Health Service. Contact: Office of Continuing Medical Education and Outreach, University of Arizona College of Medicine, Tucson, AZ 85724. Approved for 17.5 required hours toward the AMA Certificate in Continuing Medical Education and the AMA Physician's Recognition Award.

University of Hawaii postgraduate course in Clinical Allergy: March 4-11, 1978. Inhalant serial dilution titration, technique and food allergy, diagnosis and treatment—a basic course. Approved for 22 hours AMA category 1 CME. Maui Surf Hotel, Kaanapali Beach, Maui, Hawaii. For pre-registration information: James W. Willoughby, M.D., Suite 1505, Traders Bank Building, 1125 Grand Avenue, Kansas City, Missouri 64106. 816/842-6262.
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We try to present an accurate index. Occasionally this may not be possible because of a last-minute change or an omission.
The myth behind 'good-tasting' pediatric decongestants.
Who says they're 'good-tasting'?  

As every parent can attest, children's tastes are anything but predictable. That's why, instead of asking self-appointed experts, we interviewed 95 individuals who could truly be called 'pediatric flavor critics.'

Ranging in age from 5 to 12 years, our panel compared the taste of Naldecon Pediatric Syrup with two major competitors.¹

- An overwhelming 91% [85 of 92] of the group preferred the fruit flavor of Naldecon to Actifed.**

- 60% [57 of 93] also declared Naldecon superior in taste to Dimetapp.**

*Actifed is a trademark of Burroughs Wellcome Co.  
**Dimetapp is a trademark of A.H. Robins Co.

Who says Naldecon® is good-tasting? Kids do!

Naldecon®  
antihistamine/decongestant  
'the kids' choice'

¹Data on file, Bristol Laboratories, Division of Bristol-Myers Company.
DOSAGE SCHEDULE: This chart represents single dosages for the products listed above. Usual dosage schedule for Naldecon Pediatric Drops, Naldecon Pediatric Syrup and Naldecon Syrup is every 3 to 4 hours, not to exceed four doses in a 24-hour period. For sustained-action Naldeon Tablets, doses should be administered on arising, in midafternoon, and at bedtime.

### 'The right dosage form for all ages'

#### ADULT TABLET

<table>
<thead>
<tr>
<th>Each sustained-action tablet contains:</th>
<th>For immediate action</th>
<th>For delayed action</th>
<th>Total Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phenylpropanolamine hydrochloride</td>
<td>20.0 mg</td>
<td>20.0 mg</td>
<td>40.0 mg</td>
</tr>
<tr>
<td>Phenylephrine</td>
<td>5.0 mg</td>
<td>5.0 mg</td>
<td>10.0 mg</td>
</tr>
<tr>
<td>Phenyltoloxamine</td>
<td>7.5 mg</td>
<td>7.5 mg</td>
<td>15.0 mg</td>
</tr>
<tr>
<td>Chlorpheniramine maleate</td>
<td>2.5 mg</td>
<td>2.5 mg</td>
<td>5.0 mg</td>
</tr>
</tbody>
</table>

#### ADULT SYRUP

<table>
<thead>
<tr>
<th>Each teaspoonful (5 ml)</th>
<th>Total Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phenylpropanolamine hydrochloride</td>
<td>20.0 mg</td>
</tr>
<tr>
<td>Phenylephrine</td>
<td>5.0 mg</td>
</tr>
<tr>
<td>Phenyltoloxamine citrate</td>
<td>2.0 mg</td>
</tr>
<tr>
<td>Chlorpheniramine maleate</td>
<td>2.5 mg</td>
</tr>
</tbody>
</table>

#### PEDIATRIC FORMS

<table>
<thead>
<tr>
<th>Pediatric Syrup each 5 ml contains:</th>
<th>Pediatric Drops each 1 ml contains:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phenylpropanolamine hydrochloride</td>
<td>5.0 mg</td>
</tr>
<tr>
<td>Phenylephrine</td>
<td>1.25 mg</td>
</tr>
<tr>
<td>Phenyltoloxamine citrate</td>
<td>2.0 mg</td>
</tr>
<tr>
<td>Chlorpheniramine maleate</td>
<td>0.5 mg</td>
</tr>
</tbody>
</table>

Brief summary of prescribing information (10/1/75/77)

NALDECON™ (phenylpropanolamine HCl, phenylephrine HCl, phenyltoloxamine citrate, chlorpheniramine maleate). For complete information consult Official Package Circular. CONTRAINDICATIONS: Sensitivity to any of the ingredients. PRECAUTIONS: This preparation may cause drowsiness. The patient should be cautioned against engaging in activities requiring alertness such as driving an automobile or operating machinery, etc. Individuals with high blood pressure, heart disease, diabetes mellitus, thyroid disease, glaucoma, peripheral vascular disease, or prostatic hypertrophy should use only as directed by a physician. USUAL DOSAGE:

**Tablets**—Adults and children over 12 years: 1 tablet morning, midafternoon and evening. Children 6 to 12 years: ½ tablet on same schedule. Adult Syrup—Adults and children over 12 years: 1 teaspoonful (5 ml) every 3 to 4 hours, not to exceed 4 teaspoonfuls in 24 hours. Children 6 to 12 years: ½ teaspoonful every 3 to 4 hours, not to exceed 2 teaspoonfuls in 24 hours. Pediatric Drops—Recommended single dosages of Pediatric Syrup and Pediatric Drops may be conveniently administered as follows: Pediatric Drops—3 to 6 months: ½ teaspoonful (0.25 ml) 6 to 12 months: 1 teaspoonful (0.5 ml) 1 to 6 years: 1 teaspoonful (0.5 ml) 6 to 12 years: 2 teaspoonfuls (1.0 ml). Doses should be administered every 3 to 4 hours, not to exceed 4 doses in any 24-hour period. SUPPLIED: Naldecon Tablets, bottles of 100's and 500's. Naldecon Syrup, 16 oz. bottles. Naldecon Pediatric Syrup, 16 oz. bottles. Naldeon Pediatric Drops 20 ml bottle with dropper.
New space-saving packaging
Easy to store in refrigerator.

Patient’s personal record
Provides parents with a record at a glance of vaccines given to date.

Office aids
"Vaccination due" stickers for patients' charts.

Interchangeable diluent
Each disposable syringe contains a diluent that can be used interchangeably with any of the vaccines in the line.

Color-coded vials
For instant identification.

Back up our line of pediatric vaccines is an integrated system from Merck Sharp & Dohme
For more details about the MSD vaccine system, please see your MSD Representative.

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

Indications: ATTENUVAX® (Measles Virus Vaccine, Live, Attenuated, MSD) — Active immunization against measles (rubella) in children 15 months of age or older.

BIAVAX® (Rubella and Mumps Virus Vaccine, Live, MSD) — Simultaneous immunization against rubella and mumps in children 15 months of age to puberty. May be given as early as 12 months if that offers greater convenience in scheduling.

MERRVAX® (Rubella Virus Vaccine, Live, MSD) — Immunization against rubella (German measles) in children 15 months of age to puberty. May be given as early as 12 months if that offers greater convenience in scheduling.

Mumps Vaccines — Immunization against mumps for children 15 months of age or older. May be given as early as 12 months if that offers greater convenience in scheduling.

Vaccines Against Chicken Pox — Rubella Vaccines — Simultaneous immunization against measles (rubella) and rubella (German measles) in children 15 months of age to puberty.

MUMPSVAX® (Mumps Virus Vaccine, Live, MSD) — Immunization against mumps for children 15 months of age or older. May be given as early as 12 months if that offers greater convenience in scheduling.

Contraindications: Pregnancy or the possibility of pregnancy within three months following vaccination, those with a history of convulsions, or those with a history of seizures due to fever or other factors. Rubella virus vaccine should not be used in women who are pregnant or nursing.

Mumps Vaccines — Simultaneous immunization against measles (rubella) and rubella (German measles) in children 15 months of age to puberty.

MUMPSVAX® (Mumps Virus Vaccine, Live, MSD) — Immunization against mumps for children 15 months of age or older. May be given as early as 12 months if that offers greater convenience in scheduling.

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Please don't just Rx
"Cortisporin Otic"...Specify:
(polymyxin B-neomycin-hydrocortisone)

INDICATIONS:
For the treatment of superficial bacterial infections of the
external auditory canal caused by organisms susceptible
to the action of the antibiotics, and for the treatment of
infections of mastoidectomy and fenestration cavities
carried by organisms susceptible to the antibiotics.

DESCRIPTION:
Each cc contains: Aerosporin * brand
Polymyxin B Sulfate .......................... 10,000 units
Neomycin Sulfate ............................. 5 mg
(equivalent to 3.5 mg neomycin base)
Hydrocortisone ............................... 10 mg (1%) The vehicle contains the inactive ingredients: cetyl alcohol,
propylene glycol, polysorbate 80, purified water and
thimerosal (preservative) 0.01%.

PRECAUTIONS:
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.

ADVERSE REACTIONS:
Neomycin is not a common cutaneous sensitizer. There
are articles in the current literature that indicate an
increase in the prevalence of persons sensitive to neomycin.

BENEFITS:
Indications include infections of mastoidectomy and
fenestration cavities caused by organisms susceptible to
the antibiotics.

CONTRAINDICATIONS, WARNINGS, AND PRECAUTIONS
COMMON TO BOTH PRODUCTS

CONTRAINDICATIONS
In individuals who have shown hypersensitivity to any of the
components, and in herpes simplex, vaccinia, and varicella
WARNINGS
Prolonged treatment may result in overgrowth of non-
susceptible 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.
When using neomycin-containing products to control
secondary infection in the chronic dermatoses, such as
otitis externa, it should be borne in mind that the skin in
these conditions is more liable than is normal skin to
become sensitized to many substances, including
neomycin. The manifestation of sensitization to neomycin
is usually a low grade reddening with swelling, dry scaling,
and itching. It may be manifest simply as a failure to heal.
During long-term use of neomycin-containing products,
periodic examination for such signs is advisable and the
patient should be told to discontinue the product if they
are observed. These symptoms regress quickly on withdraw-
ing the medication. Neomycin-containing applications
should be avoided for that patient thereafter.

PRECAUTIONS
If sensitization or irritation occurs, medication should be
discontinued promptly. 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.
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, paromomy-
cin, streptomycin, and possibly gentamicin.

HOW SUPPLIED
Both products available in 10 cc bottles with sterile droppers.

Both products offer you:

● Wide range of antibacterial activity, including action
against many strains of Pseudomonas aeruginosa and Proteus.

● Direct anti-inflammatory action, relieving associated itching,
swelling and pain.

● Economy for your patients.
A sure way to his lung is through his tongue
In asthma, Alupent Syrup tastes so good and works so well, it encourages compliance

Alupent® Syrup
(metaproterenol sulfate)
10 mg/5 ml

Indications: Bronchial asthma and reversible bronchospasm which may occur in association with bronchitis and emphysema.

Contraindications: Cardiac arrhythmias associated with tachycardia.

Precautions: Use extreme care when administering additional sympathomimetic drugs. Sufficient time should elapse before administering another sympathomimetic agent. Use great caution with metaproterenol sulfate and other sympathomimetics in patients with hypertension, coronary artery disease, congestive heart failure, hyperthyroidism and diabetes, or when there is sensitivity to sympathomimetic amines.

Usage in Pregnancy: Safety in pregnancy has not been established. Do not use except with caution, weighing patient benefit against potential risk to fetus.

Studies in mice, rabbits and rats have shown no significant teratogenic effects at oral doses up to 50 mg/kg (310 times the recommended daily human inhalational dose and 31 times the recommended daily human oral dose). In rabbits, fetal loss and teratogenic effects have been observed at and above oral doses of 50 and 100 mg/kg, respectively.

Adverse Reactions: Adverse reactions such as tachycardia, hypertension, palpitations, nervousness, tremor, nausea and vomiting have been reported. These reactions are similar to those noted with other sympathomimetic agents.

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

How Supplied: Cherry-flavored syrup, 10 mg per teaspoonful (5 ml), in 16 oz bottles.
Also available as 20 mg tablets in bottles of 100 and as a micronized powder in a 15 ml metered dose inhaler.

For complete details, please see the full prescribing information.

Alupent®
(metaproterenol sulfate)
Syrup 10 mg/5 ml

Boehringer Ingelheim
Boehringer Ingelheim Ltd.
Elmsford, New York 10523
HYCOMINE® SYRUP

DESCRIPTION Each teaspoonful (5 ml) contains:

- Hydrocodone bitartrate 5 mg
- Phenylpropanolamine hydrochloride 25 mg

WARNING: May be habit forming.

USUAL ADULT DOSE 1 teaspoonful every four hours after meals and at bedtime (not to exceed 6 teaspoonfuls in a 24 hour period).

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

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

CONTRAINDICATIONS Hypersensitivity to any component of the drug. Should not be used in patients receiving monoamine oxidase inhibitors.

PRECAUTIONS Use with caution in diabetes, hyperthyroidism, hypertension, cardiovascular disease and in the aged. Since drowsiness and dizziness may occur, patients should be cautioned about driving or operating machinery.

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

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

HOW SUPPLIED As an orange-colored, fruit-flavored syrup.


Endo Laboratories, Inc.
Subsidiary of the DuPont Company
Garden City, New York 11530
This season, make your bronchitis patients comfortable sooner.

Use HYCOMINE® first. Relieve severe coughing.

HYCOMINE® controls the kind of cough your bronchitis patients can do without: the kind of incessant, unproductive hacking that only robs them of needed rest.

Dosage is convenient; one teaspoon every four hours after meals and at bedtime.

for the severe cough of bronchitis

HYCOMINE® SYRUP

Each teaspoonful (5ml) contains: 5 mg hydrocodone bitartrate (WARNING: May be habit forming) and 25 mg phenylpropanolamine HCl.
A 1-GRAM DOSE OF MIDDLE EAR FLUID MORE DOSE OF AMPICILLIN.
LAROTID® (amoxicillin) PENETRATES EFFICIENTLY THAN A 1-GRAM

1.48 mcg/ml ampicillin

6.2 mcg/ml Larotid (amoxicillin)

Mean concentration in middle ear fluid, 1-gram oral dose

MIDDLE EAR FLUID PENETRATION
Children with chronic serous otitis media were given a 1-gram dose of either Larotid (amoxicillin) or ampicillin one to two hours before scheduled surgery. Analysis of middle ear fluid (MEF) and serum obtained during surgery showed an average MEF concentration of Larotid four times that of ampicillin, and an MEF serum ratio (an approximate index of tissue penetration) of 32% for Larotid, 7% for ampicillin. For pharmacokinetic purposes, a higher dose than usual was used for this study.

Tissue and body fluid levels of antibiotic have not been shown to correlate with clinical efficacy.

VIRTUALLY COMPLETE ABSORPTION
The mean absorption of a dose of Larotid in one study was 88.7%. Less than 50% of oral ampicillin is absorbed on an empty stomach. Because it is more efficiently absorbed, Larotid reaches higher concentrations in the blood, interstitial fluid, and urine than does ampicillin taken in comparable dosage. Larotid is the efficient pediatric antibiotic, and absorption is the reason.

CONVENIENT T.I.D. DOSAGE WITHOUT REGARD TO MEALS
The recommended pediatric dosage of Larotid is 20 to 40 mg/kg/day in three divided doses without regard to meals, compared with 50 to 100 mg/kg/day in four divided doses for ampicillin. The more convenient dosage schedule of Larotid helps increase patient compliance. Cost of a typical 10-day course of therapy with Larotid suspension is usually comparable to that of most branded ampicillin suspensions for children of the same body weight.

LOW INCIDENCE OF DIARRHEA
The incidence of diarrhea in children treated with Larotid oral suspension has been significantly lower than in those treated with ampicillin oral suspension. As with all antibiotics, diarrhea occurs more often in infants under two. Larotid is contraindicated in patients with a history of penicillin hypersensitivity.


broad spectrum

LAROTID®
amoxicillin/Roche
puts more active antibiotic where you need it
Please see next page for a summary of product information.
Larotid penetrates the biological barriers better than ampicillin.

Larotid penetrates the wall of the G.I. tract better than ampicillin.

In chronic bronchitis, Larotid penetrates mucoid bronchial secretions better than ampicillin.

In chronic otitis media, a 1-gram dose of Larotid penetrates into middle ear fluid better than a 1-gram dose of ampicillin.

- Demonstrated efficacy in otitis media due to H. influenzae, D. pneumoniae, beta-hemolytic streptococci and nonpenicillinase-producing staphylococci.1 See complete product information for a full list of susceptible bacteria.
- Excellent clinical results in infections due to susceptible bacteria
- Almost 90% absorption, even when taken with food
- Blood and tissue levels twice as high as those of ampicillin taken in equal doses
- Low incidence of diarrhea and other side effects
- T.I.D. dosage without regard to meals helps increase compliance
- Contraindicated in patients allergic to penicillin

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 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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APPproximate Analysis

<table>
<thead>
<tr>
<th>Component</th>
<th>Undiluted</th>
<th>Diluted with an equal volume of water</th>
</tr>
</thead>
<tbody>
<tr>
<td>Water</td>
<td>75.7 %</td>
<td>87.8 %</td>
</tr>
<tr>
<td>Protein</td>
<td>3.6 %</td>
<td>4.0 %</td>
</tr>
<tr>
<td>Fat</td>
<td>7.0 %</td>
<td>8.5 %</td>
</tr>
<tr>
<td>Carbohydrate</td>
<td>13.8 %</td>
<td>15.4 %</td>
</tr>
<tr>
<td>Minerals (Ash)</td>
<td>0.9 %</td>
<td>0.5 %</td>
</tr>
<tr>
<td>Calcium</td>
<td>0.17 %</td>
<td>0.085 %</td>
</tr>
<tr>
<td>Phosphorus</td>
<td>0.15 %</td>
<td>0.07 %</td>
</tr>
<tr>
<td>Iron</td>
<td>0.002 %</td>
<td>0.001 %</td>
</tr>
<tr>
<td>Calories per fl. oz.</td>
<td>40</td>
<td>20</td>
</tr>
</tbody>
</table>
Each 5 ml (1 teaspoonful) contains Brompheniramine Maleate, NF 2 mg, Phenylephrine Hydrochloride, USP 5 mg, Phenylpropanolamine Hydrochloride, NF, 5 mg, Guaifenesin NF 5 mg, Alcohol 3.5 percent. For extra tough coughs/colds DIMETANE EXPECTORANT-DC provides all the above ingredients plus Codeine Phosphate USP 10 mg / 5 ml (Warning: may be habit forming).

You can prescribe the potency their household remedies lack.

**BRIEF SUMMARY**

**Indications:** Based on a review of these drugs by the National Academy of Sciences – National Research Council and/or other information. FDA has classified these products as lacking substantial evidence of effectiveness as fixed combinations for the following indications: Dimetane Expectorant is indicated for relief of coughing and for symptomatic relief of many manifestations of allergic states in which expectorant action is desired. Dimetane Expectorant-DC is indicated in the same disorders as Dimetane Expectorant when the antitussive properties of codeine are desired.

**Contraindications:** Patients hypersensitive to antihistamines. Dimetane Expectorant and Dimetane Expectorant-DC are not recommended for use during pregnancy. Contraindicated in concurrent MAO inhibitor therapy. Precautions: As with all preparations containing sympathomimetic amines, administer with caution to patients with cardiac or peripheral vascular diseases and hypertension. Until the patient's response has been determined, he should be cautioned against engaging in operations which require alertness. Patients receiving antihistamines should be warned against the possible additive effects with CNS depressants such as alcohol, hypnotics, sedatives, tranquilizers, etc. **Adverse Reactions:** Hypersensitivity reactions to brompheniramine maleate, including skin rashes, urticaria, hypotension and thrombocytopenia, may occur rarely. Drowsiness, lassitude, nausea, giddiness, dryness of the mouth, mydriasis, increased irritability or excitement may be encountered. **Administration and Dosage:** Adults – 1 to 2 teaspoonfuls four times a day, or more as necessary. Children – 1/2 to 1 teaspoonful three or four times a day. **How supplied:** Dimetane Expectorant. (NDC 0031-1818) Dimetane Expectorant-DC. (NDC 0031-1831). Bottles of one pint and one gallon.
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