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Indications: Based on a review of this drug by the National Academy of Sciences—National Research Council and/or other information, FDA has classified the indications as follows:

"Probably" effective: For the symptomatic treatment of seasonal and perennial allergic rhinitis and vasomotor rhinitis.

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

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

Warning: Use in Pregnancy: Experience with this drug in pregnant women is inadequate to determine whether there exists a potential for harm to the developing fetus.

Precautions: Although pseudoephedrine hydrochloride is virtually without pressor effect in normotensive patients, it should be used with caution in patients with hypertension. In addition, even though tripolidine hydrochloride has a low incidence of drowsiness, appropriate precautions should be observed.

Adverse Reactions: The great majority of patients will exhibit no side effects. However, certain patients may exhibit mild stimulation or mild sedation—no serious side effects have been noted.

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

ACTIFED® Syrup
Each 5 cc teaspoonful of syrup contains: ACTIDIL® (tripolidine HCl) 1.25 mg and SUDAFED® (pseudoephedrine HCl) 30 mg.
CONTRIBUTOR'S SECTION

797 Annual Summary of Vital Statistics—1976—Myron E. Wegman

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At the rate lice infestation is growing, every American could have it by 1990.
It has already reached epidemic proportions and must be stopped now.

Last year more than 4,000,000 Americans had lice. That’s a fourfold increase since 1970. The predictions for this year exceed 5,000,000 cases, and will reach even more staggering levels in the future unless we take the epidemic seriously now.

the status of lice infestation

Unlike lice epidemics of the past, today’s problem is no longer due to lack of effective therapy. Nor can it be blamed on overcrowded and unhygienic living conditions. It is more a lack of vigilance and vigorous responsible action.

The facts speak for themselves. Outbreaks are being reported in rural areas of the United States, as well as in crowded big cities. Lice have invaded the wealthy suburbs as well as the inner cities of our nation.

Nondiscriminate in their choice of victims, lice are affecting rich and poor, black and white, individuals and families, the uninformed as well as those who should know better.

What can you do about these alarming trends?

the physician’s options

In terms of prevention, isolation of the infested can help. So can instructions on proper hygiene. But not always. For example, pubic lice are usually spread venerally and no physician is going to reverse the sexual revolution.

What then are the options? Public education is one. When a patient is infested, he should be carefully instructed on how to prevent infesting others, and how best to avoid such a problem in the future. When a family is infested, directions should be given on how to delouse the patient and clean the immediate environment of nits, which could reinfect the family and their neighbors for up to a month after treatment of the patient.

In addition to the work being done by medical societies and local public health groups, Reed & Carnrick is contributing its expertise to promote greater professional and public awareness. To this end, we have prepared a comprehensive selection of public health material, patient education brochures and other visual teaching aids. You can request this material from our Professional Relations Department, or from your sales representative.

the standard for treatment

When you see lice in your practice, remember Kwell® (gamma benzene hexachloride). In almost three decades, Kwell has been the subject of the most extensive documentation of any pediculicide. This record shows that Kwell is virtually 100% effective in eradicating lice, nits and their eggs. The record is unsurpassed by any other pediculicide. In fact, since 1949 Kwell has become the standard of therapy.

Furthermore, unlike preparations that must be left on for 24 hours, Kwell is available in a shampoo and in almost all cases can eliminate head or pubic lice in only four minutes. For lice on the less hairy sections of the body, and for scabies, Kwell is available in cream and lotion form.

A special note: Once lice have gained a foothold in a community, they can quickly become epidemic. Because of this, and because the eradication of lice cannot wait, Reed & Carnrick has developed an early warning system which provides up-to-date information on the status of lice infestation in your community. This helps us to ensure that supplies of Kwell are instantly available and to adjust inventories accordingly.

When you initiate therapy with Kwell, you may be confident that your patient’s prescription can be filled immediately.

Contraindications: Kwell is contraindicated in individuals who develop hypersensitivity to the product or to any of its components.

Precautions: If accidental ingestion occurs, prompt institution of gastric lavage will rid the body of large amounts of the toxicant. However, since oils favor absorption, saline cathartics for intestinal evacuation should be given rather than oil laxatives.

Central nervous system manifestations can be antagonized by the administration of pentobarbital or phenobarbital in sufficiently large doses to the limit of their therapeutic effectiveness. It is not desirable to depress the patient to the point of hypnosis. However, persons poisoned with stimulants may tolerate large doses of barbiturate without undue depression and with great benefit. Intravenous calcium gluconate may be used in conjunction with the barbiturates. Epinephrine should not be used because ventricular fibrillation may result.

If accidental contact with eyes occurs, flush with water. If irritation or sensitization occurs, discontinue the product and consult physician.

Adverse Reactions: Eczematous eruptions due to sensitization of this product have been reported. Available on prescription as Kwell Shampoo and Lotion in 2 and 16 fl. oz. bottles, and as Kwell Cream in 2 oz. and 1 lb. jars. See package insert for complete prescribing information.

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Kwell® Shampoo/Cream/Lotion

gamma benzene hexachloride

For three decades the unsurpassed standard for control of lice.
**Electrophysiologic Study of the Conduction System in Normal Children**—Nigel K. Roberts and Paul C. Gillette

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**Childhood Cancer and the Jehovah's Witness Faith**—Lawrence S. Frankel, Catherine J. Damme, and Jan Van Eys
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diarrhea—
but for the
CRAMPS that
go with it.

Acts three ways to relieve
diarrhea and cramps.

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- Pectin helps consolidate the stool.
- Paregoric (equivalent) provides a soothing action to relieve gripping pains.

Parepectolin®
the professional preparation
for crampy diarrhea.
You know our "red cap."

Now meet our "white cap."
(It's half the dosage strength)

1: The dosage strength... in a dye-free capsule
ELIXOPHYLLIN Capsules 100 mg are a logical addition to the ELIXOPHYLLIN family—ideal for 6 to 12-year-old asthmatics who've "outgrown" liquid theophylline or for adults who require more or less than 200 mg of theophylline per dose.

"Classic" bronchodilation
ELIXOPHYLLIN Capsules 100 mg and 200 mg contain only anhydrous theophylline in a special vehicle which provides rapid dispersion and absorption. So your patients receive highly effective bronchodilation every hour of every day.

Convenient dosage flexibility
Now you can individualize dosage... using either our 100 mg Capsule, our 200 mg Capsule, or both!

Encourages patients to comply
The convenient t.i.d. dosage of ELIXOPHYLLIN Capsules 100 mg and 200 mg is easy to remember. And ELIXOPHYLLIN Capsules can easily be carried everywhere... to work, to school, to play.

Contraindications: Hypersensitivity to any of the components.

Warnings: Usage in Pregnancy: Safe use of theophylline in pregnancy has not been established relative to possible adverse effects on fetal development. Therefore, theophylline should not be used in pregnant women unless, in the judgment of the physician, the potential benefits outweigh the possible hazards.

Precautions: Use with caution in the following conditions:
Severe cardiac disease, acute myocardial injury, hypertension and congestive heart failure. Congestive heart failure patients have shown markedly prolonged blood level curves for theophylline which have persisted for long periods following discontinuation of the drug.
Peptic ulcer: the condition may be exacerbated.
Hyperthyroidism:
In patients being treated concurrently with medications containing additional xanthines or sympathomimetic amines.

Drug Interactions: Toxic synergism with ephedrine and other sympathomimetic bronchodilator drugs may occur. Recent controlled studies suggest that the addition of ephedrine to adequate dosage regimens of theophylline produces no increase in effectiveness over that of theophylline alone but does produce an increase in toxic effects.

Adverse Reactions: Note: Included in the listing which follows are a few adverse reactions which may not have been reported with this specific drug; however, pharmacological similarities among xanthine drugs require that each of the reactions be considered when theophylline is administered.
Gastrointestinal irritation: nausea, vomiting and epigastric pain, generally preceded by headache, hematemesis, diarrhea.
Central nervous system stimulation: irritability, restlessness, insomnia, reflex hyperexcitability, muscle twitching, clonic and tonic generalized convulsions, agitation.
Cardiovascular: palpitation, tachycardia, extra systoles, flushing, marked hypotension and circulatory failure.
Respiratory: tachypnea, respiratory arrest.
Renal: albuminuria, increased excretion of renal tubule and red blood cells.
Other: fever, dehydration
See package insert for full prescribing information.

Elixophyllin
(theophylline)
Capsules 100 mg
Capsules 200 mg

Because one dosage strength simply isn't enough

Respiratory Arrest in Infants Secondary to Gastroesophageal Reflux—Lucian L. Leape, Thomas M. Holder, John D. Franklin, Raymond A. Amoury, and Keith W. Ashcraft

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CLASSIFIED ADS

INDEX TO ADVERTISERS
Now indicate with urinary tract infections

Septra® Tablets
Each tablet contains: 80 mg trimethoprim and 400 mg sulfamethoxazole

Major gram-negative pathogens are highly sensitive
In a recent survey, a high proportion of urinary pathogens were sensitive in vitro to TMP/SMX (Septra): 95% of E. coli, 87% of Klebsiella pneumoniae, 94% of Enterobacter aerogenes, 93% of Proteus mirabilis.¹

Well tolerated by children
Studies involving 370 infants and children aged two months to 12 years showed side effects in children to be low in incidence and similar in type to those reported in adults. No type of clinical side effect or laboratory change occurred in more than 2% of patients.² Though crystalluria has not been a problem with Septra, adequate fluid intake should be main-

INDICATIONS AND USAGE: For the treatment of urinary tract infections due to susceptible strains of the following organisms: Escherichia coli, Klebsiella, Enterobacter, Proteus mirabilis, Proteus vulgaris, Proteus morganii. It is recommended that initial episodes of uncomplicated urinary tract infections be treated with a single effective antibacterial agent rather than the combination.

NOTE: Currently, the increasing frequency of resistant organisms is a limitation of the usefulness of all antibacterial agents, especially in the treatment of these urinary tract infections.

The recommended quantitative disc susceptibility method (Federal Register 37:20527-29, 1972; Bauer AW, Kirby WM, Sherris JC, Turck M: Antibiotic susceptibility testing by a standardized single disk method. Am J Clin Pathol 45:493, 1966) may be used for estimating the susceptibility of bacteria to Septra. With this procedure, a report from the laboratory of “Susceptible to trimethoprim-sulfamethoxazole” indicates that the infection is likely to respond to therapy with Septra. If the infection is confined to the urine, a report of “Intermediate susceptibility to trimethoprim-sulfamethoxazole” also indicates that the infection is likely to respond. A report of “Resistant to trimethoprim-sulfamethoxazole” indicates that the infection is unlikely to respond to therapy with Septra.

CONTRAINDICATIONS: Hypersensitivity to trimethoprim or sulfonamides. Pregnancy and nursing mothers. Infants less than two months of age.

WARNINGS: Deaths associated with the administration of sulfonamides have been reported from hypersensitivity reactions, agranulocytosis, aplastic anemia and other blood dyscrasias. Experience with trimethoprim alone is much more limited, but it has been reported to interfere with hematopoiesis in occasional patients. In elderly patients concurrently receiving certain diuretics, primarily thiazides, an increased incidence of thrombocytopenia with purpura has been reported.

The presence of clinical signs such as sore throat, fever, pallor, purpura or jaundice may be early indications of serious blood disorders. Complete blood counts should be done frequently in patients receiving Septra. If a significant reduction in the count of any formed blood element is noted, Septra should be discontinued.

PRECAUTIONS: Septra should be given with caution to patients with impaired renal or hepatic function, to those with possible folate deficiency and to those with severe allergy or bronchial asthma. In glucose-6-phosphate dehydrogenase-deficient individuals, hemolysis may occur. This reaction is frequently dose-related. Adequate fluid intake must be maintained in order to prevent crystalluria and stone formation. Urinalyses with careful microscopic examination and renal function tests should be performed during therapy, particularly for those patients with impaired renal function.

ADVERSE REACTIONS: For completeness, all major reactions to sulfonamides and to trimethoprim are included below even though they may not have been reported with Septra.

Blood Dyscrasias: Agranulocytosis, aplastic anemia, megaloblastic anemia, thrombocytopenia, leukopenia, hemolytic anemia, purpura, hypoprophosphonemia and methemoglobinemia.

Allergic Reactions: Erythema multiforme, Stevens-Johnson syndrome, generalized skin eruptions, epidermal necrolysis, urticaria, serum sickness, pruritus, exfoliative dermatitis, anaphylactoid reactions, periorbital edema.
d for children due to susceptible organisms

Septra® Suspension

Each teaspoonful (5 ml) contains:
40 mg trimethoprim and 200 mg sulfamethoxazole

It is recommended that initial episodes of uncomplicated urinary tract infections be treated with a single effective antibacterial agent rather than the combination.

b.i.d. dosage simplicity: the key to compliance in pediatric therapy

It in vitro activity does not necessarily imply a correlation with in vivo results.

Children: Two months of age or older.

<table>
<thead>
<tr>
<th>Weight (lb)</th>
<th>Dose—every 12 hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>20</td>
<td>1/5 (ml)</td>
</tr>
<tr>
<td>40</td>
<td>2/10 (ml)</td>
</tr>
<tr>
<td>60</td>
<td>3/15 (ml)</td>
</tr>
<tr>
<td>80</td>
<td>4/20 (ml)</td>
</tr>
</tbody>
</table>

For patients with renal impairment:

<table>
<thead>
<tr>
<th>Creatinine Clearance (ml/min)</th>
<th>Recommended Dosage Regimen</th>
</tr>
</thead>
<tbody>
<tr>
<td>Above 30</td>
<td>Usual Standard Regimen</td>
</tr>
<tr>
<td>15-30</td>
<td>Half of the usual dosage regimen</td>
</tr>
<tr>
<td>Below 15</td>
<td>Use Not Recommended</td>
</tr>
</tbody>
</table>

Adults: The usual adult dosage for the treatment of urinary tract infections is two tablets or four teaspoonfuls (20 ml) every 12 hours for 10 to 14 days.

HOW SUPPLIED: TABLETS, containing 80 mg trimethoprim and 400 mg sulfamethoxazole—bottles of 40, 100, 500 and 1000 tablets; strip packages of 100 individually packed tablets. ORAL SUSPENSION, containing the equivalent of 40 mg trimethoprim and 200 mg sulfamethoxazole in each teaspoonful (5 ml), cherry flavored—bottles of 450 ml.

Also available in double strength, oval-shaped, pink, scored tablets containing 160 mg trimethoprim and 800 mg sulfamethoxazole—bottles of 50 tablets.

REFERENCES: (1) PMR Bacteriologic Report (urine cultures only). Winter series (Dec-Feb) 1975-76. Professional Market Research, Inc. (2) Data on file, Medical Department, Burroughs Wellcome Co.
**WARNING—INTRAVENOUS USE**

Severe reactions, including fatalities, have occurred during and immediately after INTRAVENOUS injection of AquaMEPHYTON (Phytonadione, MSD), even when precautions have been taken to dilute the AquaMEPHYTON and to avoid rapid infusion. Typically these severe reactions have resembled hypersensitivity or anaphylaxis, including shock and cardiac and/or respiratory arrest. Some patients have exhibited these severe reactions on receiving AquaMEPHYTON for the first time. Therefore the INTRAVENOUS route should be restricted to those situations where other routes are not feasible and the serious risk involved is considered justified.

**Contraindication:** Hypersensitivity to any component.

**Warnings:** Immediate coagulant effect should not be expected; a minimum of 1 to 2 hours is required for measurable improvement in the prothrombin time, and whole blood or component therapy may also be necessary if bleeding is severe. Phytonadione will not counteract the anticoagulant action of heparin. When vitamin K₁ is used to correct excessive anticoagulant-induced hypoprothrombinemia, anticoagulant therapy still being indicated, the patient is again faced with the clotting hazards existing prior to starting the anticoagulant therapy. Phytonadione is not a clotting agent, but overzealous therapy may restore conditions which originally permitted thromboembolic phenomena; keep dosage as low as possible and check prothrombin time regularly. Repeated large doses are not warranted in liver disease if response to initial use is unsatisfactory; failure to respond may indicate that the condition being treated is inherently unresponsive to vitamin K₁. Reproduction studies have not been performed in animals. There is no adequate information on whether this drug affects fertility in humans or has teratogenic potential or other adverse effects on the fetus.

**Precautions:** Protect from light at all times. Temporary resistance to prothrombin-depressing anticoagulants may result, especially when larger doses are used.

---

**Compare the versatility of injectable vitamin K₁ (phytonadione) with its analogs**

<table>
<thead>
<tr>
<th></th>
<th>Anticoagulant-induced prothrombin deficiency</th>
<th>Prophylaxis and therapy of hemorrhagic disease of the newborn</th>
<th>Hypoprothrombinemia due to antibacterial therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>AquaMEPHYTON (Phytonadione/MSD)</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Menadione sodium bisulfite injection</td>
<td>NO</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td>Menadiol sodium diphosphate injection</td>
<td>NO</td>
<td>NO</td>
<td>YES</td>
</tr>
</tbody>
</table>
whenever parenteral vitamin K is needed

doses of phytonadione are used; when reinstituting anticoagulant therapy after relatively large doses of phytonadione, it may be necessary to use somewhat larger doses of the prothrombin-depressing anticoagulant, or to use one which acts on a different principle, such as heparin sodium.

Adverse Reactions: Deaths have occurred after intravenous administration. (See Box Warning at beginning of brief summary.) Transient "flushing sensations" and "peculiar" sensations of taste have been observed, as well as rare instances of dizziness, rapid and weak pulse, profuse sweating, and tenderness at the injection site may occur. The possibility of allergic sensitivity, including an anaphylactoid reaction, should be kept in mind. Rarely, after repeated injections, reactions resembling erythema perstans have been reported. Hyperbilirubinemia has been observed rarely in the newborn following administration of phytonadione, primarily with doses above those recommended.

Note: Whenever possible, phytonadione should be given by the subcutaneous or intramuscular route; when intravenous administration is considered unavoidable, the drug should be injected very slowly, not exceeding 1 mg per minute. Should not be diluted with other than the recommended diluents; when dilutions are indicated, should be administered immediately after mixture and unused portions discarded.

How Supplied: Injection AquaMEPHYTON (Phytonadione, MSD)—yellow, sterile, aqueous colloidal solution of vitamin K, containing in each ml: phytonadione 2 mg or 10 mg, inactive ingredients: 70 mg polyoxyethylated fatty acid derivative, 37.5 mg dextrose, 0.9% benzyl alcohol added as preservative, and water for injection, q.s. 1 ml. Available in 0.5-ml ampuls containing 1 mg of vitamin K, and in 1.0-ml ampuls and 2.5- and 5.0-ml multiple-dose vials containing 10 mg of vitamin K, per ml.

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
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Oticon took a constructive stand welcoming the new FDA regulations because they represent standards our company has endeavored to achieve. These regulations challenge hearing health care professionals to sustain high standards, remedy problems and establish a two-way street, among doctors, audiologists, dispensers and manufacturers, so that together we can provide the most professional and efficient treatment for hearing loss. Further, the regulations provide the hearing health care industry with an opportunity to develop and grow by creating an awareness of the importance of hearing examinations and subsequent treatment.

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We see a new era of success for all of us, in medicine, in audiology, in dispensing and, of course, in manufacturing.

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Infant Care System

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THE FIRST CHEWABLE THEOPHYLLINE

NEW TheophylTM Chewable 100mg TABLET

(ANHYDROUS THEOPHYLLINE USP)

Theophyl™ Chewable—designed for improved patient compliance to encourage round-the-clock therapy.

- Proven patient acceptance*
- Microencapsulated for palatability
- Double-scored to facilitate accurate titration—25 mg increments
- Bioavailability nearly 100%—equivalent to liquid theophylline
- 100 mg anhydrous theophylline
- Convenient and economical for the patient

* Based on clinical trials compared to liquid Theophylline in younger patients. Data on file, Medical Department, Knoll Pharmaceutical Company.

Now...A versatile line of oral theophylline

Knoll Pharmaceutical Company
Whippany, New Jersey 07981

Member Company, Certified Medical Representatives Institute, Inc.

See following page for prescribing information.
THE FIRST CHEWABLE
THEOPHYLLINE EVER

NEW

Theophylline
Chewable
(ANHYDROUS THEOPHYLLINE USP)

DESCRIPTION
Each banana-mint flavored chewable tablet contains 100 mg of theophylline anhydrous U.S.P. The scoring of THEOPHYL Chewable Tablets allows for dose titration in 25 mg (1/4 tablet) increments.

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

CONTRAINDICATIONS
Avoid using THEOPHYL Chewable Tablets in combination with other theophylline preparations since this will elevate theophylline blood levels and may produce adverse effects.

USAGE
Theophylline should be used with caution in patients with hypertension, cardiac arrhythmias, hyperthyroidism or acute myocardial injury. Caution should be used in patients with congestive heart failure or with hepatic disease since theophylline metabolism is reduced and higher than usual blood levels may result. Theophylline clearance has been reported to be larger and more variable in smokers than in non-smokers. Particular caution in dose administration must be exercised in patients with peptic ulcers, since this condition may be exacerbated.

ADVERSE EFFECTS
Gastric irritation, nausea, vomiting, diarrhea, palpitations, restlessness, insomnia, headache, and some simulation of the central nervous system may occur, especially if theophylline blood levels are maintained above 20 mcg/ml. Administration after food and adjustment of dosage with monitoring of theophylline blood levels may help to avoid such symptoms. If vomiting occurs, the medication should be temporarily discontinued and restarted at a lower dose. Serious central nervous system adverse effects such as convulsions and, rarely, death, may occur with marked overdosage.

DOSEAGE AND ADMINISTRATION
Adults: Treatment may be initiated with one THEOPHYL Chewable Tablet 100 mg every six hours. Titrate upward to two THEOPHYL Chewable Tablets (200 mg) every six hours. Dosage increases may be made at 3-day intervals.

Children: For children able to chew the tablet, treatment may be initiated with 4 mg theophylline anhydrous/kg body weight every six hours. The dosage may be titrated upward to 6 mg/kg every six hours and maintained at that level if tolerated. Dosage increases may be made at 3-day intervals.

The patient's clinical response should be carefully observed. The dosage should not be raised above 6 mg/kg/dose without obtaining theophylline serum levels. The "peak" theophylline blood level should be obtained after a patient has been on a given dose for at least three days and should be taken two hours after the last dose.

Approximate pediatric dosage may be determined by referring to the following table:

<table>
<thead>
<tr>
<th>Body Weight</th>
<th>Approximate Pediatric Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>in Lbs</td>
<td>4 mg/kg Initial Maximum*</td>
</tr>
<tr>
<td>25-50</td>
<td>½ tablet 1 tablet</td>
</tr>
<tr>
<td>50-75</td>
<td>1 tablet 1½ tablet</td>
</tr>
<tr>
<td>75-100</td>
<td>1½ tablets 2 tablets</td>
</tr>
<tr>
<td>100</td>
<td>2 tablets 3 tablets*</td>
</tr>
</tbody>
</table>

*Before exceeding single doses of 2 tablets (200 mg) or 6 mg/kg, blood levels should be obtained.

NOW SUPPLIED Tablets - white, round, double-bisected one side, inscribed with K logo on other side. Each tablet contains 100 mg of theophylline anhydrous U.S.P.

Bottles of 100 - NDC# 0044-6621-02.

KNOLL PHARMACEUTICAL COMPANY
Whippany, New Jersey 07981

The National Board of
PNP/As

THE NATIONAL QUALIFYING EXAMINATION FOR PEDIATRIC NURSE PRACTITIONERS AND ASSOCIATES will be offered

Friday, April 14, 1978.

This voluntary certification examination is sponsored by the NATIONAL BOARD OF PEDIATRIC NURSE PRACTITIONERS AND ASSOCIATES. Member organizations of the Board are the National Association of Pediatric Nurse Associates and Practitioners and the American Academy of Pediatrics.

The National Qualifying Examination evaluates entry-level competence in the pediatric nurse practitioner/associate role.

Brochures and applications may be obtained from:

Mary Kaye Willian, R.N., P.N.A.
Executive Director
National Board of Pediatric Nurse Practitioners and Associates
P.O. Box 1034
Evanston, Illinois 60204
only one shot vaccinates against three:
• measles
• mumps
• rubella
pediatric vaccines from Merck Sharp & 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.

MERUVAX® (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. May be useful for postpubertal males to prevent or control rubella outbreaks in crowded 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). 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 arthritides beginning two to four weeks after vaccination.

M M R VAX® (Measles, Mumps and Rubella Virus Vaccine, Live, MSD)—Simultaneous immunization against measles, mumps, and rubella 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. Hypersensitivity to neomycin, in patients hypersensitive to chicken or chicken eggs or feather or for rubella containing vaccines, duck or duck eggs or feathers, weight loss, women of immunization against potential risks of hypersensitivity reactions, any febrile respiratory illness or other primary infection, for measles containing vaccines, active untreated tuberculosis, therapy with ACTH, corticosteroids (except as replacement therapy, e.g., for Addison’s disease), irradiation, alkylation agents, or antimitabolites, blood dyscrasias, leukemia, lymphomas of any type, or other malignant neoplasms affecting the bone marrow or lymphatic systems, primary immunodeficiency states, including cellular immune deficiencies, hypogammaglobulinemia, and dysgammaglobulinemia states.

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 inactivated poliovirus vaccine, live, oral, which may be administered either immediately before or after the measles vaccine provided that at least three months have elapsed since any prior blood or plasma transfusions or administration of more than 0.02 ml human immune serum globulin per pound of body weight. Rubella vaccine may be given in the immediate postpartum period to those nonimmune women who have received anti-RhD (D) immune globulin (human) without interfering with vaccine effectiveness.

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 of these virus vaccines. May be administered to individuals who have had a natural infection with measles or rubella.

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 may occur extremely rarely.

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. It is not contagious, and thus should be used with caution in individuals who are in contact with vaccinated individuals. Consequent transmissibility, 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, fever (101-102 F), rash, rarely, mild swelling and tenderness at the injection site. Local reactions characterized by marked swelling, redness, and vesication 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 80 million doses of all live measles vaccines given in the U.S through 1975 indicates that significant central nervous system reactions such as encephalitis and encephalopathy occurring within 30 days after vaccination have been temporally associated with live measles vaccine administered for every million cases has 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." However, the data suggest the possibility that some of these cases may have been caused by measles vaccines. The risk of such serious neurological disorders following live measles virus vaccine administration remains far less than that for encephalitis and encephalopathy with natural measles (one per thousand reported cases).

There have been reports of subacute sclerosing panencephalitis (SSPE) in children who did not have a history of natural measles but did receive measles vaccine. Some of these cases may have resulted from unrecognized measles in the first year of life or possibly from the measles vaccination. Based on estimated nationwide measles vaccine distribution, the association of SSPE cases to measles vaccination is about one case per million vaccine doses distributed. Far less than the 5-10 cases of SSPE per million cases of natural measles.

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 arthralgia, and polyneuritis.

Moderate fever (101-102 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 arthralgia, arthralgia, and polyneuritis vary in frequency and severity with age and sex. Being greatest in adult females and least in prepubertal children. Symptoms associated with the joint swelling, stiffness, 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 activities. If present, no evidence is noted of the joint involvement within days to weeks after infection with either natural rubella or the attenuated viruses predisposes to any of the known chronic arthritic or neurologic diseases. Transient arthralgia and arthralgia 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 vaccine, very rare fever occurs occasionally, and fever above 103 F is uncommon.

Shipment, Storage, and Reconstitution: During shipment, to ensure 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 to 8 C (35.6-46 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 to 8 C (35.6-46 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 TCID50 of mumps virus vaccine expressed in terms of the expressed in terms of the assigned titer of the FDA Reference Mumps Virus Vaccine, Live, MSD.

BIAVAX® (Rubella and Mumps Virus Vaccine, Live, MSD)—Single dose vials of lyophilized vaccine containing when reconstituted not less than 1,000 TCID50 of rubella virus vaccine live, and 5,000 TCID50 of mumps virus vaccine live, expressed in terms of the assigned titer of the FDA Reference Rubella and Mumps Viruses, and approximately 25 mg neomycin.

MERUVAX® (Rubella Virus Vaccine, Live, MSD)—Single dose vials of lyophilized vaccine containing when reconstituted not less than 1,000 TCID50 of rubella virus vaccine expressed in terms of the assigned titer of the FDA Reference Rubella Virus, and approximately 25 mg neomycin.

M M R VAX® (Measles, Mumps and Rubella Virus Vaccine, Live, MSD)—Single dose vials of lyophilized vaccine containing when reconstituted not less than 1,000 TCID50 of measles virus vaccine, live, attenuated, 5,000 TCID50 of mumps virus vaccine, live, and 1,000 TCID50 of rubella virus vaccine, live, expressed in terms of the assigned titer of the FDA Reference Measles, Mumps, and Rubella Viruses, and approximately 25 mg 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 TCID50 of measles virus vaccine, live, and 1,000 TCID50 of rubella virus vaccine, live, expressed in terms of the assigned titer of the FDA Reference Measles and Rubella Viruses, and approximately 25 mg neomycin.

MUMPSVAX® (Mumps Virus Vaccine, Live, MSD)—Single dose vials of lyophilized vaccine containing when reconstituted not less than 5,000 TCID50 of mumps virus vaccine expressed in terms of the assigned titer of the FDA Reference Mumps Viruses, and approximately 25 mg neomycin.

Each of these vaccines is supplied as a single dose vial packaged with a disposable syringe containing diluent and fitted with a 25-gauge, 1/2" needle, and as a box of 10 single-dose vials with an accompanying box of 10 diluent containing disposable syringes with attached needles.

For more detailed information, consult your MSD representative or see full prescribing information.
Works like a horse on kids' coughs and cold symptoms

orange-pineapple flavored

Tuss-Ornade®
cough/cold liquid

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

* Indications
Based on a review of this drug by the National Academy of Sciences—National Research Council and/or other information, FDA has classified the indications as follows:
- Lacking in substantial evidence of effectiveness as a fixed combination. For relief from coughing, upper respiratory congestion and hypersensation associated with the common cold, sinusitis, vasomotor rhinitis and allergic rhinitis.
- Final classification of the less-than-effective indications requires further investigation.

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

Warnings: Warn vehicle or machine operators of possible drowsiness. Warn patients of possible additive effects of alcohol and other C.N.S. depressants.

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

Effect on PBI Determination and PBI Uptake: The iodine in isopropanide butoxide may alter PBI test results and will suppress PBI uptake; use thyroid tests unaffected by exogenous iodides.

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

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

Supplied: 'Tuss-Ornade' Liquid: An orange-pineapple flavored liquid in 16 fl. oz. bottles. For patients 12 years or older. 'Tuss-Ornade' Spannus' capsules (each capsule contains 20 mg. carphenamine edisylate, 8 mg. Teldrin® brand of chlorpheniramine maleate, 50 mg. phenylpropanolamine HCl and isopropanide butoxide equivalent to 2.5 mg. of isopropanide), in bottles of 50 and 500 capsules.

SK&F
Smith Kline & French Laboratories
Division of Smith Kline Corporation, Philadelphia, Pa.
Two Steps in Managing Mild Diarrhea

1. Establish Electrolyte Balance with LYTREN®
   Lytren's balanced formulation of electrolytes and water helps to quickly restore deficits due to diarrhea. Lytren is now available in a 32-fl. oz. ready-to-use form offering parents added convenience in preparation, as well as eliminating the possibility of mixing error.

2. Provide Lactose-Free Nutrition with PROSOBEE®
   Lactose-free ProSobee provides complete nutrition during the recovery period when lactase deficiency may persist. The milk-like color and pleasant taste help assure patient acceptance. And parents will appreciate ProSobee's reasonable price and wide retail availability.
"He just seems to pick at his food, Doctor... it worries me."

Picky eaters can also be picky vitamin takers and vitamins won't do anything if they aren't taken.

Physicians appreciate the importance of a multivitamin supplement that appeals to the balky child and helps the concerned mother assure sufficient vitamin and iron intake.

The multivitamin with mother-appeal
Chewable Flintstones® offer mothers a number of benefits that make it her choice:
- A formula that fully complies with the FDA's standards.
- Economy she appreciates—costing 50¢ to 90¢ less than leading ethical brand in pharmacies.
- Mother acceptability because they are readily accepted by her child.
- Quality she can rely upon—among the highest standards of freshness and manufacturing control.

Recommend with confidence
FLINTSTONES® Chewable Vitamins

Miles Laboratories, Inc.
Elkhart, Ind. 46514 © 1977
\[
\frac{2}{3} \times \frac{3}{4} = \frac{6}{12} = \frac{1}{2}
\]
\[
\frac{4}{5} \div \frac{7}{8} = \frac{32}{35}
\]
\[
\frac{4}{7} + \frac{3}{7} = \frac{7}{7} = 1
\]
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. The most common type, grand mal, occurs in approximately 75% of epileptic children, and more than 50% of patients who suffer initially from petit mal develop grand mal seizures before they reach the age of 16.

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 and focal epilepsy as well.

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 MYOSOLINE may have additive anticonvulsant effects without additive side effects.

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.

Mysoline®

(primidone)

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

MYSOLINE® Brand of PRIMIDONE Anticonvulsant

**Actions**: MYSOLINE acts on the central nervous system to raise seizure threshold or alter seizure pattern. The mechanism 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 concurrently with other anticonvulsants, is indicated in the control of grand mal, psychomotor, and local 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 in patients 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 benefits of anticonvulsant therapy against possible risk on an individual basis.

**Neonatal hemorhage**, with a coagulation defect resembling vitamin K deficiencies, has been described in newborns whose mothers were taking primidone and other anticonvulsants. Pregnant women under anticonvulsant therapy should receive prophylactic vitamin K 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 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 impotence, 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 tolic 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:

<table>
<thead>
<tr>
<th>Adults and Children Over 8 Years of Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Week</td>
</tr>
<tr>
<td>250 mg. daily at bedtime</td>
</tr>
<tr>
<td>3rd Week</td>
</tr>
<tr>
<td>250 mg. t.i.d.</td>
</tr>
</tbody>
</table>

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 1.25 mg, with gradual weekly increases of 125 mg. at a total daily usually between 500 mg. and 750 mg.

In patients already receiving other anticonvulsants, MYSOLINE should be gradually increased as dosage of the other drugs 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.

**How Supplied**: MYSOLINE Tablets No. 340. Each tablet contains 250 mg. of primidone (scored), in bottles of 100 and 1,000. Also uncoated tablets of 100 and 341. Each tablet contains 100 mg. of primidone (scored), in bottles of 100 and 500. MYSOLINE Suspension No. 850. Each 5 cc. (neat) contains 250 mg. of primidone, in bottles of 8 fluid ounces.

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
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.

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

See preceding page for prescribing information.
Data for this article, as in previous reports, are drawn principally from the Monthly Vital Statistics Report, published by the National Center for Health Statistics. The international data come from the Demographic Yearbook and the quarterly Population and Vital Statistics Report, both published by the Statistical Office of the United Nations, and the World Health Statistics Report, published by the World Health Organization. All the United States data for 1976 are estimates by place of occurrence based upon a 10% sample of material received in state offices between two dates, one month apart, regardless of when the event occurred. Experience has shown that for the country as a whole the estimate is very close to the subsequent final figures. There are, however, considerable variations in a few of the states, particularly in comparing data by place of occurrence with data by place of residence. State information should be interpreted cautiously.

One might simply repeat verbatim this year the first paragraph of last year’s annual report. The trends and rates have been essentially the same—births, marriages, deaths, and infant mortality are down and divorces up (Table 1). Infant mortality again reached a new low—15.1, the lowest in our history.

**BIRTHS**

Unlike 1975, the past year witnessed a small increase in the actual number of births estimated to have occurred—3,165,000 as contrasted with 3,153,000 in 1975. The population, however, continues to increase slowly, and thus the crude birth rate, births per 1,000 population, registered another small drop, to 14.7, the lowest on record.

As has been pointed out repeatedly in these annual summaries, the number of births is affected by both the fertility rate and the actual number of women in the childbearing years, officially defined as 15 to 44 years of age. This number has been increasing for some years, as a result of the “baby boom” of the 1940s, and is predicted to continue to increase until about 1980.

The other factor, the fertility rate (Fig. 1), has been falling steadily during the past several years and sometime ago passed the level at which, if continued, zero population growth would be achieved. During 1976, reversing the trend, there was a clear, but small, movement upward. To be sure, the average fertility rate for 1976—65.6 births per 1,000 women aged 15 to 44—was a new record low but this was because the 1975 average was influenced by the relatively high rates in the early part of the year. For the first few months of 1977 the upward trend appeared to be continuing; even if this levels out without dropping again, the 1977 fertility rate will be higher than the previous year, for the first time in six years.

The unanswered question is whether this increase represents a true and long-term change in attitude about total family size or reflects previous postponement of childbearing. If it is the latter and only a temporary phenomenon, there may be no change in the estimate that we have reached the level of reproductivity which will, in due course, result in zero population growth. Evidence is not now at hand to make a secure prediction on this difficult subject.

THE CULT OF THE C.P.C.

One of the standard and more popular teaching methods in U.S. medical schools is the clinicopathological conference (C.P.C.) . . . . An unwritten rule exists that in any C.P.C. the subject must be over-investigated; the whole exercise is likely to be regarded as a failure if a member of the audience can think of an obscure test that has not been carried out . . . .

Every attempt has been made to pile up a sufficiently large data base from which a tentative diagnosis may be suggested and subsequently confirmed by a biopsy procedure, this being the last resort. The costs of these numerous investigations are often staggering, the more so since it is apparent that they seldom lead to a definitive diagnosis, and for the most part are appreciably less helpful in suggesting one than are the history and physical examination.

Fortunately, some physicians are beginning to question the cult of the C.P.C. One would think that the essence of good medical practice would be to diagnose and treat the patient as expeditiously as possible with a minimum of invasive procedures, but such an approach is unusual in the rarefied atmosphere of a teaching hospital. Nether is the fact that the attending physician, in his obsessive desire to acquire a data base, may well be spending the patient’s hard-earned savings, given much thought. President Carter is aiming to limit the increase in the medical-care budget to below 10% for the coming year—it has been rising at roughly 25% a year. To do so, he had better start working on the C.P.C. mentality.

Introducing children’s TYLENOL® tablets

As effective as aspirin...but safer*

Relieves fever and pain
Clinical investigators have consistently shown that TYLENOL acetaminophen is equipotent to aspirin as an analgesic/antipyretic.1,2,4

Avoids aspirin complications
TYLENOL chewable tablets are unlikely to cause the stomach upset,1,2,6 allergic reactions,5,6 or postoperative bleeding1,3 associated with aspirin. In addition, TYLENOL products do not produce the toxic reactions2,3 that may occur with therapeutic doses of aspirin.1,4,5,6 This is of special importance in infants and young children, especially when they’re dehydrated (due to fever, diarrhea or vomiting).

Easy-to-administer chewable tablets
New pleasant-tasting fruit flavor in the dosage form many mothers prefer for their children.

Chewable tablets: 80 mg. acetaminophen
Also available:
Elixir: 120 mg. acetaminophen per 5 ml. (alcohol 7%)
Drops: 60 mg. acetaminophen per 0.6 ml. (one calibrated dropperful) (alcohol 7%)
*when used at recommended dosages


McNEIL McNeil Laboratories, Inc.
Fort Washington, Pa. 19034

children's TYLENOL® acetaminophen CHEWABLE TABLETS

© McN 1977
The trend is to AMOXIL®
(aminopenicillin)

Do you know why?
7 good reasons why:

Amoxicillin is **broad spectrum**,

*Bactericidal in vitro.*

Serum levels peak in $\frac{1}{2}$ to 2 hours at twice those of ampicillin.

And 97% effective (cure + improvement in 2,658 patients in clinical trials) for infections caused by susceptible organisms.**

Amoxicillin is **well absorbed** in the upper G.I. tract, therefore, the incidence of diarrhea is very low.

Taken with food, **absorption is virtually unaffected**.

Convenient t.i.d. dosage.

The record shows:

- **2,658 patients in clinical trials**.
  - **In otitis media**: 97.5% success in 165 evaluated (cure 94.5%—improvement 3.0%).
  - **In pharyngitis and tonsillitis**: 98% success in 101 evaluated (cure 80.2%—improvement 17.8%).
  - **In lower respiratory infections**: 98% success in 122 evaluated (cure 84.4%—improvement 13.9%).
  - **Only 2.7% had diarrhea** after oral suspension (that's 23 of 847 evaluable): only 1.7% (30 of 1,811 evaluable) after capsules.

*See full prescribing information for specific infections due to susceptible organisms. Not indicated for those who are allergic to penicillins.**

**Patients in the “improvement” category were deemed clinically well by examining physician, but follow-up cultures to demonstrate eradication of the infecting organism were not always obtained.

†In vitro activity should not be translated to clinical efficacy.

Amoxicillin®: one of the penicillins developed by **Beecham laboratories**

Bristol, Tennessee 37620

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**Usage in Pregnancy:** Safety for use in pregnancy is not established.

**Precautions:** Mycotic or bacterial superinfections may occur. Cases of gonorrhea with a suspected primary lesion of syphilis should have darkfield examinations before receiving treatment. In all other cases, where concomitant syphilis is suspected, monthly serological tests should be performed for a minimum of four months. Assess renal, hepatic and hematopoietic functions intermittently during long-term therapy.

**Adverse reactions:** Untoward reactions include: glossitis, nausea, vomiting and diarrhea, skin rashes, urticaria, exfoliative dermatitis, erythema multiforme and anaphylaxis (usually with parenteral administration). Although anemia, thrombocytopenia, thrombocytopenic purpura, eosinophilia, leukopenia, and agranulocytosis have been noted; they are usually reversible and are believed to be hypersensitivity phenomena. Moderate elevations in SGOT have been noted.

**Usual Dosage:** Adults — 250 to 500 mg orally q. 8h (depending on infection site and offending organisms). Children — 20-40 mg/kg/day orally q. 8h (depending on infection site and offending organisms). Children over 20 kg should be given adult dose.

Gonorrhea, acute uncomplicated — 3 Gms as a single oral dose (see PRECAUTIONS). Serious infections, such as meningitis or septicemia, should be treated with parenteral antibiotics.

**Supplied:**

Capsules —
- 250 mg in bottles of 100's and 500's, unit-dose cartons of 100.
- 500 mg in bottles of 50's and 500's, unit-dose cartons of 100.

**For Oral Suspension —**
- 125 mg/5 ml and 250 mg/5 ml in 80 ml, 100 ml and 150 ml bottles.

**Pediatric Drops for Oral Suspension —**
- 50 mg/ml in 15 ml bottles with calibrated dropper.

---

Infant Formula for 12 Months?
Think of it as Nutritional Insurance

That's why you should specify that new mothers keep their babies on breast milk or infant formula for a full 12 months.

Switching to cow's milk in the first year is not advisable. The high sodium content and the high protein content of cow's milk may increase the risk of dehydration and hypernatremia when diarrhea or other conditions increase the demand for water. Cow's milk feedings may place infants at risk for developing iron deficiency. And cow's milk is a poor source of copper and Vitamin C.¹

Enfamil Provides Balanced Nutrition
ENFAMIL infant formula is patterned after breast milk and is a good source of digestible heat-treated protein, polyunsaturated fat, vitamins and minerals.

Recommend ENFAMIL until the end of the first year for infants who aren't breast feeding or who stop breast feeding.

Highly effective vaccine against mumps

MumpsVax (MUMPS VIRUS VACCINE, LIVE | MSD)

...but why take chances with mumps?

While you vaccinate against mumps you can also be vaccinating against measles and rubella with M-M-R* (MEASLES, MUMPS AND RUBELLA VIRUS VACCINE, LIVE | MSD) now recommended for use at 15 months*

*MumpsVax may be given as early as 12 months if that offers greater convenience in scheduling.

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

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

BIAVAXR (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.

MERUVAXR (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. May be useful for postpubertal males to prevent 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 the possibility 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 15 months of age to puberty.

M-R-VAXR (Measles and Rubella Virus Vaccine, Live, MSD)—Simultaneous immunization against measles (rubella) and rubella (German measles) in children 15 months of age to puberty.

MUMPSVAXR (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; hypersensitivity to neomycin. In patients hypersensitive to chicken or chicken eggs or feathers or, for rubella-containing vaccines, duck or duck eggs or feathers, we must take a list of immunization against potential risks of hypersensitivity reactions, 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, primary immunodeficiency states, including cellular immunity deficiencies, hypogammaglobulinemia, and dysgammaglobulinemic states.

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. Vaccine should be administered at least three months after blood or plasma transfusions or administration of more than 0.02 ml human immune serum globulin per pound of body weight. Rubella vaccine may be given in the immediate postpartum period to those nonimmune women who have received anti-RhD (D) immune globulin (human) without interfering with vaccine effectiveness.

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

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 thrombocytopения 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 change from redness, swelling, redness, and tenderness at the injection site to induration.

Mumps and Rubella Vaccines—With the live mumps virus vaccine, have occurred in children who received killed mumps vaccine previously, the combination vaccines were not given under this condition in clinical trials.

Experience from more than 80 million doses of all live measles vaccines given in the U.S. through 1975 indicates that significant central nervous system reactions such as encephalopathy occurring within 30 days after vaccination, have been predominantly associated with mumps 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 vaccine benefits were administered.” However, the data suggest the possibility that some of these cases may be caused by measles vaccines. The risk of such serious neurological disorders following live measles virus vaccine administration remains far less than that for encephalitis and encephalopathy with natural measles (one per thousand reported cases).

There have been reports of subacute sclerosing panencephalitis (SSPE) in children who did not have a history of natural measles but did receive measles vaccine. Some of these cases may have resulted from unrecognized measles in the first year of life or possibly from the measles vaccination. Based on estimated nationwide measles vaccine distribution, the association of SSPE cases to measles vaccination is about one case per million vaccine doses distributed, far less than the 5-10 cases of SSPE per million cases of natural measles.

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

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 polyneumia vary in frequency and severity with age and sex, being greatest in adult females and least in prepubertal children. Symptoms relating to the meninges (headache, 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 daily activity. At present, no evidence establishes that the primary vaccine or rubella virus accompanying infection with either natural rubella or the attenuated vaccines predisposes to any of the known chronic arthritic or neurologic diseases. Transient arthralgia and arthromia in nonmune mays may occur; however, as in the natural disease, the incidence is expected to be lower in women.

Mumps-Containing Vaccines—Parotitis, rarely purpura and allergic reactions such as urticaria, rarely encephalitis, and other nervous system reactions such as polyneumia and meningoencephalitis, have been reported with the mumps vaccine. Mild fever occurs occasionally, and fever above 103 F is uncommon.

Storage, Shipment, 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 diluted suillent 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: ATTENUVAXR (Measles Virus Vaccine, Live, Attenuated, MSD)—Single dose vials of lyophilized vaccine, containing when reconstituted not less than 1,000 TCID50 of measles virus vaccine, live, and 1,000 TCID50 of rubella virus vaccine, live, in 1,000 TCID50 of mumps virus vaccine, live, and 5,000 TCID50 of mumps virus vaccine, live, expressed in terms of the assigned titer of the FDA Reference Measles Virus, and approximately 25 mcg neomycin.

BIAVAXR (Rubella and Mumps Virus Vaccine, Live, MSD)—Single dose vials of measles virus vaccine, containing when reconstituted not less than 1,000 TCID50 of rubella virus vaccine, live, and 5,000 TCID50 of mumps virus vaccine, live, expressed in terms of the assigned titer of the FDA Reference Rubella and Mumps Viruses, and approximately 25 mcg neomycin.

M-R-VAXR (Measles and Rubella Virus Vaccine, Live, MSD)—Single dose vials of lyophilized vaccine, containing when reconstituted not less than 1,000 TCID50 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 TCID50 of measles virus vaccine, live, attenuated, 5,000 TCID50 of mumps virus vaccine, live, and 1,000 TCID50 of rubella virus vaccine, live, expressed in terms of the assigned titer of the FDA Reference Measles, Mumps, and Rubella Viruses, and approximately 25 mcg neomycin.

M-R-VAXR (Measles and Rubella Virus Vaccine, Live, MSD)—Single dose vials of lyophilized vaccine, containing when reconstituted not less than 1,000 TCID50 of measles virus vaccine, live, attenuated, and 1,000 TCID50 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.

M-R-VAXR (Rubella Virus Vaccine, Live, MSD)—Single dose vials of lyophilized vaccine, containing when reconstituted not less than 5,000 TCID50 of mumps virus vaccine expressed in terms of the assigned titer of the FDA Reference Mumps Virus, and approximately 25 mcg neomycin.

For more detailed information, consult your MSD representative or see full prescribing information.
ONE
TWO
THREE
SIMPLE STEPS TO REMOVE EAR WAX

Fill external canal with the drops, with patient's head tilted at 45° angle;

Insert cotton plug and allow to remain for only 15 to 30 minutes;

Remove plug and gently wash ear with lukewarm water, using soft rubber syringe.

CERUMENEX® DROPS
(triethanolamine polypeptide oleate-condensate 100% in propylene glycol with chlorbutanol 0.5%)

Rx for Home and/or Office Use
Can you pick the virus that caused the last cold you treated?

Even an expert virologist wouldn’t find it easy.
To check your virology-quotient, see answers printed upside down below.
For the interchangeable symptoms* of over 100 different viruses

Physician's number one choice for relieving the drip and congestion common to most virus colds — the elixir with the great grape taste.

DIMETAPP® ELIXIR

Each 5 ml teaspoonful contains:
Brompheniramine Maleate, NF...4 mg.
Phenylephrine Hydrochloride, USP...5 mg.
Phenylpropanolamine Hydrochloride, NF...5 mg.
(Alcohol 2.5%)

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 following indications as 'probably effective' for Dimetapp Elixir: The symptomatic treatment of seasonal and perennial allergic rhinitis and vasomotor rhinitis; and 'lacking substantial evidence of effectiveness as a fixed combination' for the following indications: They symptomatic relief of upper respiratory infection, acute sinusitis, nasal congestion, pharyngitis, bronchitis, and otitis.

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

CONTRAINDICATIONS: Hypersensitivity to antihistamines. Not recommended for use during pregnancy. PRECAUTIONS: Administer with care to patients with cardiac or peripheral vascular diseases or hypertension. Until the patient's response has been determined, he should be cautioned against engaging in operations which require alertness. SIDE EFFECTS: Hypersensitivity reactions including skin rashes, urticaria, hypotension and thrombocytopenia have been reported on rare occasions. Drowsiness, lassitude, nausea, giddiness, dryness of the mouth, mydriasis, increased irritability or excitement may be encountered. DOSAGE: Adults — 1 to 2 teaspoonfuls 3 or 4 times daily. Children (1 to 6 months) — 1/4 teaspoonful 3 or 4 times daily; (6 months to 2 years) — 1/2 teaspoonful 3 or 4 times daily; (2 to 4 years) — 1/4 teaspoonful 3 or 4 times daily; (4 to 12 years) — 1 teaspoonful 3 or 4 times daily. Rev. July 1976

A. H. ROBINS COMPANY RICHMOND, VA 23220

*Member of Certified Medical Representatives Institute
BRIEF SUMMARY OF PRESCRIBING INFORMATION

ANTIMINTH® (pyrantel pamoate)

ORAL SUSPENSION

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

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

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

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

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

The drug has not been extensively studied in children under two years; therefore, in the treatment of children under the age of two years, the relative benefits/risk should be considered.

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

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

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

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

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

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

How Supplied. Antiminth Oral Suspension is available as a pleasant tasting caramel-flavored suspension which contains the equivalent of 50 mg pyrantel base per ml, supplied in 60 ml bottles and Unitcups™ of 5 ml in packages of 12.

More detailed professional information available on request.
When you're good people recognize you.

Highly effective
Single-dose convenience
Non-staining
Economical
Pleasant tasting

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

Please see brief summary of prescribing information on facing page.
The rhythm band cough.

Get ’em back on the beat with Novahistine Expectorant. Novahistine Expectorant provides effective antitussive action, plus a decongestant and an expectorant.

NOVAHISTINE® EXPECTORANT
Antitussive-Decongestant-Expectorant

Each 5 mL teaspoonful contains codeine phosphate 10 mg. (Warning: May be habit forming), phenylpropanolamine hydrochloride 18.75 mg., guaifenesin 100 mg., and alcohol 7.5%.

DOW PHARMACEUTICALS
THE DOW CHEMICAL COMPANY
INDIANAPOLIS, INDIANA 46268
Here's why more pediatricians are now recommending Beech-Nut® by name.

As a pediatrician, you understand the significance of Beech-Nut's new formulation. But your patients' parents may not. So you may be serving your patients well by recommending Beech-Nut by name.

*Sugar is added primarily to certain tart fruits and desserts—to balance their naturally acid taste. The maximum percentage of sugar added is shown on the label.

BEECH-NUT MEDICAL SERVICES
P. O. Box 127 • Fort Washington, PA 19034
© 1977, Beech-Nut Foods Corporation
THE AMERICAN COLLEGE
OF ALLERGISTS
announces
a postgraduate course
for pediatricians

ALLERGY AND IMMUNOLOGY
FOR THE PEDIATRICIAN:
FUNDAMENTALS APPLIED TO
PEDIATRIC PRACTICE

Friday, January 27, 1978 (8 am)
Sunday, January 29, 1978 (1 pm)
Fountainebleau Hotel,
Miami Beach, Florida

Course Co-Directors:
Bernard A. Berman, M.D., Brookline, Mass.
Nathan Ernest Silbert, M.D., Lynn, Mass.
O.C. Thomas, M.D., Houston, Tex.

Course Supervisor:
William T. Kniker, M.D., San Antonio, Tex.

Special Moderator:
Sydney S. Gellis, M.D., Boston, Mass.

Faculty:
Joseph A. Bellanti, M.D., Washington, D.C.
Rebecca H. Buckley, M.D., Durham, N.C.
Max D. Cooper, M.D., Birmingham, Ala.
Zack H. Haddad, M.D., Los Angeles, Cal.
Richard Hong, M.D., Madison, Wis.
William T. Kniker, M.D., San Antonio, Tex.

The intensive three-day program is designed to update practicing pediatricians on current knowledge and on diagnosis and management of a variety of complex immunologic disorders. To illustrate the presentations, eight case histories will be defined each day by the faculty, each case pertaining to a specific disorder. Ample time will be provided for discussion and participation by the physician/student.

Credit: AMA C.M.E. Category I, 14 hours.
Registration: $150

For further information and hotel registration:
Frances P. White
Executive Secretary and Treasurer
The American College of Allergists
2141 14th St.
Boulder, Colorado. 80302

Ilosone* (erythromycin estolate)

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

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

Contraindication: Known hypersensitivity to this antibiotic.

Adverse Reactions: The most frequent side-effects are gastrointestinal (e.g. abdominal cramping and discomfort) and are dose related. Nausea vomiting and diarrhea occur infrequently with usual oral doses. During prolonged or repeated therapy there is a possibility of overgrowth of nonsusceptible bacteria or fungi. If such infections arise, the drug should be discontinued and appropriate therapy instituted.

Ilosone* (erythromycin estolate)

知识产权归 360 爱问所有，未经许可禁止使用。
Successful antibiotic therapy may depend on adequate concentrations of drug in the serum as well as on penetration into tissue or fluid at the site of infection.

In comparative studies of liquid erythromycins, Ilosone has been shown to reach higher concentrations in the serum,\textsuperscript{1,3} tonsillar tissue,\textsuperscript{2} and middle-ear exudate\textsuperscript{3} than erythromycin ethylsuccinate. Conclusions regarding clinical effectiveness should not be drawn from bioavailability studies.

\textbf{Ilosone\textsuperscript{R}}

\textit{Liquids, 125* and 250 mg* per 5 ml. Pulvules*, 125* and 250 mg*}

designated as erythromycin estolate.


\*Equivalent to erythromycin.

\textit{See adjoining column for summary of prescribing information}
Phenergan® Suppositories are now available in 12.5 mg. dosage strength. Especially for children.

Phenergan® 12.5 mg. (PROMETHAZINE HCl)

Rectal Suppositories

Also in 25 mg. and 50 mg. strengths

Wyeth Laboratories
Philadelphia, Pa 19101
An earful of relief in painful otitis media

AURALGAN is an effective adjuvant to systemic antibiotic treatment—promptly relieves the pain and reduces the inflammation of acute otitis media.

AURALGAN decongests with dehydrated glycerin...so hygroscopic that it actually "blots up" excess moisture through the tympanic membrane to relieve pressure in the middle ear.

This dependable adjuvant therapy usually brings relief to your young patients and their concerned parents as well. And treatment with AURALGAN does not obscure or distort the otoscopic picture.

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 systematically for otic infections.

Administration: Otis 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.

Notes: Keep well closed. Do not time dropper after use.

SUPPLIED: No. 1000—AURALGAN Otic Solution, in package containing 15 ml (½ fl oz.) bottle with separate dropper-screw cap attachment.

Each ml contains:

Antipyrine: 54.0 mg
Benzocaine: 14.0 mg
Glycerin dehydrated q.s. to 1.0 ml
(contains not more than 1.0% moisture)
(Also contains oxyquinoline sulfate)

FULLY COMPATIBLE WITH SYSTEMIC ANTIBACTERIAL THERAPY. ON PRESCRIPTION ONLY.
For children of all ages:

**one-shot therapy in strep pharyngitis**

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. 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 )
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. Antihistamines 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%, lactithin, 0.55%, carboxymethylcellulose, 0.55% povidone, 0.15% methylparaben, and 0.01% propylparaben; packages of 10 TUBEX.
Leukemia. It’s no longer a death sentence.

When you were young, no form of cancer terrified your parents more than leukemia did. Just fifteen years ago, a child with leukemia could expect to live only months.

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Did you ever wonder what the American Cancer Society did with the money you gave us? Well, some of it went to leukemia research. And, if we had more, we could do more. Give to the American Cancer Society.

American Cancer Society

Gantrisin® acetyl sulfisoxazole/Roche

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

**Indications:** Nonobstructed urinary tract infections (mainly cystitis, pyelitis, pyelonephritis) due to susceptible organisms (usually E. coli, Klebsiella, Aerobacter, Staph. aureus, P. mirabilis, P. vulgaris). IMPORTANT NOTE: In vitro sensitivity tests are 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 level: 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 glusacn-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, anaphylactic 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, 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 teaspoon.
Nothing improves a little patient’s compliance like Mom...

It’s “medicine time” again. And when Mom’s spoon holds Gantrisin (acetyl sulfisoxazole) Pediatric Suspension, that’s good news for youngsters with unobstructed urinary tract infections. Gantrisin is not only highly effective against E. coli and most other common uropathogens—it has an easy-to-like raspberry flavor. Gantrisin has a fine safety record, too. But it is a sulfonamide, which means the usual precautions must be taken.

and the good taste of Gantrisin
acetyl sulfisoxazole/Roche Pediatric Suspension
0.5 Gm/5 ml

Please see summary of product information on preceding page.
CHILDHOOD DEAFNESS: Causation, Assessment, and Management
Edited by FRED H. BESS, Ph.D.

Childhood Deafness is the first major text on the subject since McConnell and Ward's Deafness in Childhood was published a decade ago. The majority of the chapters are extended versions of papers presented at the International Symposium on Childhood Deafness at Central Michigan University, June 15-18, 1976.

The contributors offer a current review of deafness due to genetic origin and of methods used in the genetic analysis of family data. They assess the latest information on non-genetic origins of deafness such as ototoxicology, viruses, and inflammatory diseases of the middle and inner ear. Complete coverage is provided of the recommended procedures for the identification and assessment of the hearing impaired child, including neonatal screening, electrophysiological measurements, and behavioral audiology.

1977, 368 pp., 84 illus., $28.75/£20.45
ISBN: 0-8089-1043-4

Audiometry in Infancy
By SANFORD E. GERBER, Ph.D.

Intended as a guide for the professional and as a text reference for the advanced student, Audiometry in Infancy provides a comprehensive overview of the theory, philosophy, and technology of neonatal hearing screening. The contributors are all staff members of the Speech and Hearing Center of the University of California at Santa Barbara. The book is divided into three sections. The first section, which defines the nature and scope of the problem, deals with congenital or early-acquired hearing loss, the concomitant pathologies, and predictability of hearing loss. The second part of the book deals with the diagnostic methods. In the third section, communication development, phonological development, and sensory educational development are discussed.

1977, 368 pp., 97 illus., $19.00/£13.50
ISBN: 0-8089-1038-8

Antimicrobial Therapy for Newborns
Practical Application of Pharmacology to Clinical Usage
By GEORGE H. McCracken, Jr., M.D. and JOHN D. NELSON, M.D.
A Volume in MONOGRAPHS IN NEONATOLOGY
Thomas K. Oliver, Jr., M.D., Series Editor

Antimicrobial Therapy for Newborns is a complete compilation of the available information on antibiotic usage in newborn infants. The authors are among the foremost investigators of newer and widely used older antimicrobial agents in infants of varying levels of maturity. They summarize the considerable data which has accumulated in the last several years, providing physicians who treat infants with a practical as well as theoretical basis for decision-making.

Drug and dosage recommendations, including simplified antibiotic dosage schedules for neonates, are given to help ensure safe, effective therapy. Background information on basic pharmacological concepts enables the reader to understand the rationale behind the recommendations made. Indications and precautions for antimicrobials in specific neonatal infectious diseases are presented. The volume will serve as an invaluable reference source and working tool for pediatricians, neonatologists, perinatologists, pediatric residents, and family practitioners.

1977, 192 pp., illus., softcover $12.50/£8.85
ISBN: 0-8089-1014-0

Fluid and Electrolyte Metabolism in Infants and Children
A Unified Approach
By WILLIAM B. WEIL, JR., M.D. with MICHAEL D. BAILIE, M.D., Ph.D.

Featuring extensive case studies and examples based on the problems of actual patients, this book is a practical and easily applied guide to understanding fluid and electrolyte metabolism in infants and children. Sections deal with basic physiology and the more common clinical disorders of fluid and electrolyte balance. A series of cases presented in the Problem Oriented Medical Record (POMR) format illustrates the ease and value of assessing problems in this manner.

Two points of view incorporated into the volume distinguish it from others in the field. First, Dr. Weil uses a unified approach for the management of a wide variety of problems. Clinical problems created by water, electrolyte, and acid-base disorders are treated as physiologic problems rather than as separate, specific disturbances associated with specific disease states. This approach greatly facilitates the application of knowledge to patient care. Secondly, acid-base disorders are discussed on the basis of changes in hydrogen ions rather than changes in pH, thus simplifying understanding and interpretation.

1978, in preparation
ISBN: 0-8089-1026-0

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Every baby in an NICU is there for a critical reason. During these first hours of life, each moment presents a new crisis to the medical staff. They must immediately determine what action to take in order to correct the crisis, and they must have the proper instruments to help them diagnose the newborn baby's condition.

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NEOSPORIN® Ophthalmic Ointment Sterile
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See adjacent page for brief prescribing information
NEOSPORIN®
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Each gram contains: Aerosporin® brand Polymyxin B Sulfate 400 Units. zinc bacitracin 400 Units; neomycin sulfate 5 mg (equivalent to 3.5 mg neomycin base); special white petrolatum qs. Brief Disclosure below applies to the solution and ointment.

INDICATIONS: For the short-term treatment of superficial external ocular infections caused by organisms susceptible to one or more of the antibiotics.

CONTRAINDICATIONS: Contraindicated in those persons who have shown sensitivity to any of the components.

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

PRECAUTIONS: Culture and susceptibility testing should be performed during treatment. Allergic cross-reactions may occur which could prevent the use of any or all of the following antibiotics for the treatment of future infections: kanamycin, paromomycin, streptomycin, and possibly gentamicin.

ADVERSE REACTIONS: Neomycin is a not uncommon cutaneous sensitizer. Articles in the current literature indicate an increase in the prevalence of persons allergic to neomycin. Complete literature available on request from Professional Services Dept. PML.
Your Roche Representative has to answer some pretty tough questions
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
</table>
| 20 | THE CAUSE(S) OF CEREBRAL PALSY IS (ARE):  
1. trauma of labor  
2. postnatal anoxia  
3. developmental defects  
4. all of the above |
| 21 | 1. spastic  
2. athetoid  
3. rigidity  
4. ataxic |
| 22 | 1. osteoarthritis  
2. torticollis  
3. nystagmus  
4. myositis |
| 23 | 1. hemiplegia  
2. paraplegia  
3. ataxia  
4. rigidity |
| 24 | 1. sprain results when a joint is suddenly wrenched, partially tearing the muscle or connecting tendon  
2. a strain is more severe than a sprain  
3. there is localized heat only with sprains  
4. sprains occur around joints and strains occur on muscles |
| 25 | 1. paralysis  
2. tremor  
3. spasticity  
4. lack of muscle tone |
| 26 | MUSCLE ACHES, TENDERNES AND STIFFNESS IN JOINTS PARTICULARLY THE KNEES, ELBOWS AND ANKLES ARE SYMPTOMS OF:  
1. osteoarthritis  
2. rheumatoid arthritis  
3. bursitis  
4. traumatic myositis |
| 27 | STIFF NECK, HEADACHE AND NECK PAIN CAUSED BY MOVEMENT THAT MAY RECUR DURING EMOTIONAL OR PHYSICAL STRESS ARE SYMPTOMS OF:  
1. osteoarthritis  
2. traumatic myositis  
3. whiplash injuries  
4. rheumatoid arthritis |
| 28 | A LITERAL DEFINITION OF PALSY IS:  
1. paralysis  
2. tremor  
3. spasticity  
4. lack of muscle tone |
| 29 | THE:  
1. pain  
2. spasm  
3. injury  
4. anxiety |
| 30 | 1. |
Your Roche Representative must score 80% or better... in order to remain your Roche Representative

We think that a company can only be as good as the people who represent it, which is why we insist on excellence from our representatives. And we make sure the standard of excellence is maintained by periodically testing their knowledge in a variety of areas including: general pharmacology, product information including indications, dosages and adverse reactions, product pharmacology and the anatomy, physiology and pathology of key body systems. But it doesn’t stop there. We also expect our representatives to be just as knowledgeable about all products in the same therapeutic categories as our own.

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Are vitamin/fluoride combinations locking your patients into the wrong dose of fluoride?

If you adjust fluoride dosage properly, your vitamin dosage may be wrong. Prescribing Luride and vitamins separately gives your patients the optimal dosage for both.

If your patients' drinking water is deficient in fluoride content, a systemic fluoride supplement is usually indicated. But too little fluoride may not give a child the extra caries protection he needs. Too much may cause dental fluorosis.

The only way to accurately prescribe a systemic fluoride is to adjust the dosage to your patient's drinking water and age. Fixed-dose vitamin/fluoride supplements do not allow you to do this without altering desired vitamin intake.

But adjustable-dose Luride does...

By prescribing vitamins without fluoride in combination with Luride drops, you can assure that your young patients get the optimal dosage of both vitamins and fluoride.

Clinical studies have shown good-tasting Luride drops to be as effective as fluoridated water in preventing caries.

Description: LURIDE Drops—Each calibrated drop (0.033 ml) from the dropper bottle contains approximately 0.1 mg fluoride (from 0.22 mg sodium fluoride) equivalent to 0.1 ppm in water. Contraindications: LURIDE Drops are contraindicated when the drinking water exceeds 0.7 ppm F. Precaution: Recommended dosage should not be exceeded since prolonged over-dosage may result in dental fluorosis.

Administration and Dosage: When drinking water contains less than 0.3 ppm F, age three and over—10 drops daily; under age three—5 drops daily. When drinking water contains 0.3 to 0.7 ppm F inclusive: age three and over—a reduction in dosage of drops by one drop for every 0.1 ppm F in the water; under age three—one half the drop dosage of older children. Supplied: Drops: 40 ml, drop-delivery plastic bottle. Luride—SF 1 mg. Lozi-Tabs, bottles of 120.


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NEW! THE LARYNXVUE II . . .
A good turn for you and your patient

Remember when the annual physical seldom included a laryngeal examination? Unless obvious symptoms justified it, you tended to skip mirror laryngoscopy — just too much of an ordeal for the patient. The nasopharyngeal area presented the same problem.

Then along came Larynx-Vue. A look-see at the larynx was so accurate, fast and virtually gag-free, it became a routine part of general check-ups. Still, you had to remove the telescope from its handle, and reposition before inspecting the nasopharyngeal area.

Now, with LarynxVue II, that limitation is eliminated. The new Burton LarynxVue II features a rotatable telescope designed to simplify examination of both the laryngeal and nasopharyngeal areas to one quick, uninterrupted procedure. Turn the rotatable telescope down and the entire laryngeal-pharyngeal area comes into view. Turn the telescope up and the nasopharyngeal area can be examined. The entire procedure takes less than a minute.

The slender, maneuverable scope of the LarynxVue II can be guided — avoiding sensitive areas that trigger oropharyngeal spasms — into position for magnified viewing of the desired area. It's all but impossible to overlook any incipient problem under the white light of the 3.7-volt Krypton bulb in the tip of the scope.

Laryngeal examination, tamed to a process comfortably tolerated by most patients (even tense, apprehensive ones) is where it belongs: an everyday part of the complete, top-to-toe physical.

The LarynxVue II set comes in a handsome leather-grain case with a choice of power sources: a 115-volt AC wall-plug transformer with 9' cord, or a coil cord (5' stretch) that attaches to our 3.7-volt rechargeable battery handles (a special Burton adaptor permits use with the Welch Allyn 3.5-volt handle).

Call your local Burton dealer for a demonstration — or write for further information: Burton, 7922 Haskell Ave., Van Nuys, California 91406.

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DECONAMINE® ELIXIR (chlorpheniramine maleate d-pseudoephedrine HCl)

FOR PERSISTENT UPPER RESPIRATORY CONGESTION

DECONAMINE® Tablets
DECONAMINE® Elixir
DECONAMINE® SR Capsules

Contraindications:
Sensitivities to antihistamines or sympathomimetic agents. It should not be used in patients with severe hypertension or coronary artery disease.

Warnings:
Patients should be warned about possible additive effects with alcohol and other central nervous system depressants (hypnotics, sedatives, tranquilizers), and warned against hazardous occupations requiring complete mental alertness such as operating machinery or driving a motor vehicle.

Safety of DECONAMINE for use during pregnancy has not been established. Capsules or tablets should not be given to children under 12 years of age.

Adverse Reactions:
Most patients will have no adverse effects at the usual dosage. However, certain patients may exhibit mild stimulation or mild sedation. Although rare, hypersensitivity to either the antihistamine or decongestant may occur.

Please see insert for full information.

Coper Laboratories, Inc.
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"I am alarmed at so many children and adolescents coming to me with serious renal problems that could have been detected earlier—and successfully treated—if their physicians had only performed a routine urinalysis at an early age. The most common misconception is that getting a suitable clean urine specimen is too difficult."

W. W. McEllgen, M.D.  Every Infant Deserves Routine Urinalysis

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every infant deserves routine urinalysis

AND NOW THERE'S A SIMPLE, EFFECTIVE WAY TO GET CLEAN SPECIMENS FROM TINY PATIENTS.

In the past, routine urinalyses in early childhood were frustrated by cumbersome methods of collection and high rates of technical failure. If the specimen wasn't spilled, it was quite likely contaminated with fecal or skin-surface bacteria.

Now a unique double-chambered collector solves both problems. The U-Bag collector from Hollister can be applied to a grossly clean perineum without special preparation. Properly applied, it helps assure a clean specimen the first time. Minimizes both spillage and contamination.

The Committee on Standards of Child Health Care of the American Academy of Pediatrics makes routine screening for bacteria in infancy a recommendation. The U-Bag collector from Hollister makes it practical and efficient.

For samples and more information, write:

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And 89 years of safe consumer use support this clinical experience.

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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!"


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.