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BOOKS RECEIVED


Caring for Baby. Edited by Cheryl B. Kerr. Philadelphia, Book-Kits Inc.


Safer than Aspirin?

Expert panel found no basis for Tylenol® claim, according to FDA¹

If you've seen Tylenol promotion in your professional journals—or noticed advertisements directed to your patients' parents in consumer media—you're well aware that the manufacturer claims it to be safer than aspirin.

But is the claim really accurate?

In a recent release,¹ concerning the findings of the Advisory Review Panel on OTC Internal Analgesic, Antipyretic and Antirheumatic Products, the FDA stated that these experts found no basis for claims that the generic drug, acetaminophen, is safer than aspirin and urged labeling to warn against the danger of liver damage from acetaminophen overdoses.

The FDA-appointed panel reported that "...some advertising for acetaminophen gives the impression that it is much safer than aspirin and implies that the toxic effects of the drug are less than those encountered with aspirin. Actually, a large overdose of acetaminophen can result in serious liver damage which is not as amenable to therapy as salicylate intoxication."²

Certainly no drug, including acetaminophen or aspirin, is completely safe for all children. However, for more than 78 years, aspirin has been unsurpassed in its class as an analgesic with anti-inflammatory properties and as an antipyretic agent. Considering the amount of aspirin that is recommended and taken every day, it remains one of medicine's best tolerated therapeutic agents.

The makers of Bayer® Aspirin are setting the aspirin/acetaminophen "safety" record straight in a series of special messages to the public—because we feel many of your patients' parents may be misguided... contrary to their children's best interests and to your therapeutic wishes.

In the final analysis, though, it is you—and only you—who must decide which medication is safest and most beneficial in a given clinical situation. When the decision is aspirin, may we suggest you specify Bayer Children's Aspirin—Bayer—the name synonymous with purity, quality and stability.

¹. HEW News, U.S. Dept. of Health, Education and Welfare, Food and Drug Administration (July 7) 1977
². Federal Register, Department of Health, Education and Welfare, Food and Drug Administration, 42:35345 (July 8) 1977

*Bayer is a registered trademark of McNeil Laboratories, Inc., identifying its brand of the generic drug, acetaminophen.
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.

But, thanks to research, things have changed.

Children who once lived months are now living years. Many of them are growing up. Some are already adults, living normal lives.

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

Basic medication for uncomplicated nausea and vomiting

NOVAFED Capsules pseudoephedrine HCl

DESCRIPTION: Each capsule contains 120 mg. of pseudoephedrine hydrochloride in specially formulated pellets designed to provide continuous therapeutic effect for 12 hours. About one-half of the active ingredient is released soon after administration and the rest slowly over the remaining time period.

ACTIONS: Pseudoephedrine is an orally effective nasal decongestant with peripheral effects similar to ephedrine and central effects similar to, but less intense than, amphetamines. It has the potential for excitatory side effects. At the recommended oral dosage, it has little or no pressor effect in normotensive adults. Patients have not been reported to experience the rebound congestion sometimes experienced with frequent, repeated use of topical decongestants.

INDICATIONS: Relief of nasal congestion or eustachian tube congestion. May be given concomitantly with analgesics, antihistamines, expectorants and antibiotics.

CONTRAINDICATIONS: Patients with severe hypertension, severe coronary artery disease and patients on MAO inhibitor therapy. Also contraindicated in patients with hypersensitivity or idiosyncrasy to sympathomimetic amines which may be manifested by insomnia, dizziness, weakness, tremor or arrhythmias. Children under 12: Should not be used by children under 12 years.

Nursing Mothers: Contraindicated because of the higher than usual risk for infants from sympathomimetic amines.

WARNINGS: Use judiciously and sparingly in patients with hypertension, diabetes mellitus, ischemic heart disease, increased intraocular pressure, hyperthyroidism, or prostatic hypertrophy. See, however, Contraindications. Sympathomimetics may produce central nervous stimulation with convulsions or cardiovascular collapse with accompanying hypotension.

Do not exceed recommended dosage.

Use in Pregnancy: Safety in pregnancy has not been established.

Use in Elderly: Overdosage of sympathomimetics in the elderly (60 years and older) may cause hallucinations, convulsions, CNS depression, and death. Safe use of a short-acting sympathomimetic should be demonstrated in the individual elderly patient before considering the use of a sustained-action formulation.

PRECAUTIONS: Patients with diabetes, hypertension, cardiovascular disease and hyper-reactivity to ephedrine.

ADVERSE REACTIONS: Hyper-reactive individuals may display ephedrine-like reactions such as tachycardia, palpitations, headache, dizziness or nausea. Sympathomimetics have been associated with certain untoward reactions including fear, anxiety, tachycardia, restlessness, tremor, weakness, pallor, respiratory difficulty, dysuria, insomnia, hallucinations, convulsions, CNS depression, arrhythmias, and cardiovascular collapse with hypotension.

DRUG INTERACTIONS: MAO inhibitors and beta adrenergic blockers increase the effects of pseudoephedrine. Sympathomimetics may reduce the antihypertensive effects of methyldopa, mecamylamine, reserpine and veratrum alkaloids.

DOSEAGE AND ADMINISTRATION: One capsule every 12 hours. Do not give to children under 12 years of age.

CAUTION: Federal law prohibits dispensing without a prescription.

HOW SUPPLIED: Brown and orange colored hard gelatin capsules, monogrammed with the Dow diamond followed by the number 104. Bottles of 100 capsules (NDC 0183-0104-02).

DOW PHARMACEUTICALS
The Dow Chemical Company
Indianapolis, IN 46268
Relief they can run with.

All day long.

12-hour decongestant action—and no drowsiness.

With Novafed Capsules, there's no need to take medicine to school—with all the problems that causes. Novafed Capsules provide all day relief of nasal and eustachian tube congestion associated with upper respiratory conditions. Just one capsule morning and night is all that is needed. And, there's no antihistamine to cause drowsiness.

Not for use in children under age 12.

For relief of nasal and eustachian tube congestion

NOVAFED® Capsules pseudoephedrine HCl

120 mg. controlled-release decongestant

(See opposite page for prescribing information)
Amphetamines work in MBD.
Methylphenidate works in MBD.
Then why **Cylert**. for MBD?

(pemoline)

Because **Cylert** offers a lot:

- Once-a-day dosage at home
- Elimination of mid-day school dose and need for school personnel supervision
- Avoids ups and downs of drug action brought about by multiple daily dosage
- Control of medication by the parent
- A chewable dosage form
- Less physician paper work (**Cylert** is in schedule IV)
- Safety and efficacy proven in extensive clinical studies*
  
  *Copy of the Cylert Monograph available to Physicians on written request.

**Dosage and administration**

**Cylert** is administered as a single oral dose each morning.

The recommended starting dose is 37.5 mg/day. This daily dose should be gradually increased by 18.75 mg at one week intervals until the desired clinical response is obtained. The effective daily dose for most patients will range from 56.25 to 75 mg. The maximum recommended daily dose of pemoline is 112.5 mg.

Clinical improvement with **Cylert** is gradual. Using the recommended schedule of dosage titration, significant benefit may not be evident until the third or fourth week of drug administration. Drug administration should be interrupted occasionally (once or twice a year) to determine if behavioral symptoms are sufficient to require continued therapy.

**When not to use medication**

**Cylert** should not be used for (and will not be effective in) simple cases of overactivity in school age children.

Neither should it be used in the child who exhibits symptoms secondary to environmental factors and/or primary psychiatric disorders, including psychosis.

The physician should rely on a complete history of the child and a thorough description of symptoms from both parents and teacher before postulating a diagnosis of MBD.

*Please see next page for Prescribing Information.*
Cylert and Cylert Chewable Tablets
(pemoline)

Prescribing Information

Indications: MINIMAL BRAIN DYSFUNCTION IN CHILDREN — as an adjunctive therapy to other remedial measures (psychological, educational, social).

Special Diagnostic Considerations: The cause of minimal brain dysfunction (MBD) is unknown. Diagnosis of MBD involves the use of medical, psychological, educational, and social tools, since no single diagnostic test is adequate.

MBD is characterized by chronic moderate to severe hyperactivity, short attention span, distractibility, emotional liability, and impulsivity. No centralizing (soft) neurological signs, learning disability, and abnormal EEG may or may not be present. The diagnosis of MBD must be based upon a complete history and evaluation of the child and not solely on the presence of any one or a combination of these characteristics.

Drug treatment is not indicated for all children with MBD. In the primary therapy of MBD, appropriate educational placement is essential and psychosocial intervention is generally necessary. When these measures alone are insufficient, the decision to prescribe stimulant medication will depend upon the physician’s assessment of the chronicity and severity of the child's symptoms. Stimulants are not intended for use in the child who exhibits symptoms secondary to environmental factors or by primary psychiatric disorders, including psychosis.

Contraindications: Cylert (pemoline) is contraindicated in patients with known hypersensitivity or idiosyncrasy to the drug. (See ADVERSE REACTIONS.)

Warnings: Cylert is not recommended for children less than 6 years of age since its safety and efficacy in this age group have not been established.

Sufficient data on the safety and efficacy of the long-term use of Cylert in children with minimal brain dysfunction are not yet available.

A temporary suppression of the predicted growth rate (weight and/or height gain) has been reported for children receiving long-term stimulant therapy. A definite causal relationship between stimulant drugs and this finding has not been established.

Precautions: Liver function tests should be performed periodically during therapy with Cylert. The drug should be discontinued if abnormalities are revealed and confirmed by follow-up tests. (See ADVERSE REACTIONS regarding reports of abnormal liver function tests and jaundice.)

Cylert should be administered with caution to patients with significantly impaired hepatic or renal function.

The interaction of Cylert with other drugs has not been studied in humans. Patients who are receiving Cylert concurrently with other drugs, especially those drugs with CNS activity, should be monitored carefully.

Cylert failed to demonstrate a potential for self-administration in primates. However, since the pharmacologic similarity of pemoline to other psychostimulants with known dependence liability suggests that psychological and/or physical dependence might also occur with Cylert, these have been isolated reports of transient psychosomatic symptoms occurring in adults following the long-term misuse of excessive oral doses of pemoline. Cylert should be given with caution to emotionally unstable patients who may increase the dosage on their own initiative.

Usage during Pregnancy and Lactation: The safety of Cylert (pemoline) for use during pregnancy and lactation has not been established.

Excitatory, reproduction, and teratology studies were conducted in laboratory animals. Pemoline, in doses of 18.75 or 37.5 mg./kg./day, had no effect on the fertility of male or female rats. The drug, when given to pregnant rats (from gestation day 15 through weaning) and to rabbits (from gestation days 6-18) at these same dosage levels, produced no teratogenic or embryotoxic effects, and had no effect on the viability of the young at birth. However, increased incidences of stillbirths and cannibalism were observed when pemoline was given to rats at these dosage levels, beginning 14 days prior to conception.

Adverse Reactions: Insomnia is the most frequently reported side effect of Cylert; it usually occurs early in therapy, prior to an optimum therapeutic response. In the majority of cases it is transient in nature or responds to a reduction in dosage.

Anorexia with weight loss may occur during the first weeks of therapy. In the majority of cases it is transient in nature, weight gain usually resumes within three to six months.

Stomach ache, skin rashes, increased irritability, mild depression, nausea, dizziness, headache, drowsiness, and hallucinations have been reported.

Elevations of SGOT, SGPT, and serum LDH have occurred in patients taking Cylert, usually after several months of therapy. These effects appear to be reversible upon withdrawal of the drug, and are thought to be manifestations of a delayed hypersensitivity reaction. There have also been a few reports of jaundice occurring in patients taking Cylert, a causal relationship between the drug and this clinical finding has not been established.

There have been reports of dyshkinetic movements of the lips, face, and extremities occurring with the use of Cylert. Convulsive seizures have also been reported. A definite causal relationship between Cylert and these reactions has not been established.

Mild adverse reactions appearing early during the course of treatment with Cylert often remit with continuing therapy. If adverse reactions are of a significant or protracted nature, dosage should be reduced or the drug discontinued.

How Supplied: Cylert (pemoline) is supplied as monogrammed, grooved tablets in three dosage strengths:

18.75 mg. tablets (yellow-colored) in bottles of 100 (NDC 0074-6025-13)
37.5 mg. tablets (orange-colored) in bottles of 100 (NDC 0074-6057-13)
75 mg. tablets (tan-colored) in bottles of 100 (NDC 0074-6073-13)

Cylert Chewable is supplied as monogrammed, grooved tablets in one dosage strength:

37.5 mg. tablets (orange-colored) in bottles of 100 (NDC 0074-6088-13)

Monitor for apnea without electrodes, wires, thermistors, straps, magnets or...

A highly sensitive transducer pad beneath the mattress detects the slightest respiratory movement. Should breathing stop, the RE-134 Apnea Monitor activates both audible and visual alarms. Alerts nurse to apnea within a pre-selectable 10, 15 or 20 seconds.

No electrodes. No wires. No irritating gels or tapes. Nothing to bother the baby, ... or hamper the nurse.

The small lightweight RE-134 console features automatic sensitivity control. Sensor pad slips easily under mattress, works reliably even when the baby’s head is elevated.

For more details on the RE-134 Apnea Monitor, call your Electronic Monitors distributor. Or write Electronic Monitors, Inc., P.O. Box 8280, Fort Worth, Texas 76112.
YOU’VE GOT HER AT HIGH RISK

WE’LL MONITOR AND RECORD HER VITAL SIGNS UNTIL SHE’S OUT OF DANGER

SERIES 8000 MONITORS
High Risk newborns require constant attention. Our digital monitors, dual-trace non-fade scope, and recorder provide important data. By keeping a constant check on blood pressure, heart rate, and respiration, these modular devices cover a broad range of patient parameters. Monitoring and control of O2 levels in the incubator environment are also available. When pre-set parameter thresholds are exceeded, alarms that are adjustable in tone and loudness are sounded.

FEATURES
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☐ Large, Bright Digits

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☐ Non-Fade Scope with Freeze, Expand or Cascade
☐ Variable Alarm Sound and Loudness
☐ Automatic Gain Control
☐ Low Noise Level
☐ Low Leakage Current
☐ Computer Compatibility
☐ Digital or Analog Outputs
☐ System Capability

For more information, write, or call us toll-free at 800-523-5756.

AIR-SHIELDS, INC.
A NARCO HEALTH COMPANY
330 JACKSONVILLE ROAD / HATBORO, PENNSYLVANIA 19040
We have used pancreatin (Viokase) in powder or tablet form as an effective product since 1951. The initiation of dietary and pancreatic replacement therapy prior to or with the appearance of early signs of gastrointestinal involvement in the absence of pulmonary symptoms permits nearly normal growth and development. It will diminish the usual complaints of frequent, loose, foul movements, protuberant abdomen and excessive appetite, it will markedly reduce the incidence of rectal prolapse and possibly secondary fecal impaction which may result in intestinal obstruction.

VIOKASE® (pancreatin)

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

The enzyme potency of the tablets and powder are:

<table>
<thead>
<tr>
<th>Enzyme</th>
<th>325 mg Tablet</th>
<th>75 g Powder</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lipase, N.F. Units</td>
<td>6.500</td>
<td>15.000</td>
</tr>
<tr>
<td>Protease, N.F. Units</td>
<td>32.000</td>
<td>75.000</td>
</tr>
<tr>
<td>Amylase, N.F. Units</td>
<td>48.000</td>
<td>112.500</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Component</th>
<th>325 mg Tablet</th>
<th>75 g Powder</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dietary Fat</td>
<td>23</td>
<td>53 grams</td>
</tr>
<tr>
<td>Dietary Protein</td>
<td>32</td>
<td>75 grams</td>
</tr>
<tr>
<td>Dietary Starch</td>
<td>48</td>
<td>112 grams</td>
</tr>
</tbody>
</table>

VIOKASE Tablets are not enteric coated.

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

Administration and Dosage:
Powder: Dosage to patients with cystic fibrosis: 1/2 teaspoon (0.75 grams) with meals.
Tablets: Dosage to patients with cystic fibrosis or chronic pancreatitis—1 to 3 tablets with meals. For aiding digestion in patients with pancreatectomy or gastrectomy—1 to 2 tablets taken at 2-hour intervals, or as directed by physician.

Caution: Federal law prohibits dispensing without prescription.

Warnings: Avoid inhalation of powder.

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

How Supplied:
Powder: Bottles of 4 ounces and 8 ounces
Tablets: Bottles of 100 and 500

Literature Available: Complete literature available upon request including information on BEEF VIOKASE DERIVED FROM BEEF PANCREAS FOR THOSE EXCEPTIONAL PATIENTS ALLERGIC TO PORK.
THE MALTREATED CHILD: The Maltreatment Syndrome in Children—A Medical, Legal and Social Guide

By Vincent J. Fontana, New York Foundling Hospital, New York City, and Douglas J. Besharov, United States National Center of Child Abuse and Neglect, Washington, D.C. Foreword by Mother Loretto Bernard. At least 2,000 children are killed by their parents or parent surrogates every year in the United States. Over one million suspected cases of child abuse and neglect are reported annually. In the updated and expanded Third Edition of this vital text is presented, in a clear and concise manner, the problems of child maltreatment; their nature, causes and extent; and the means to deal with them. The broadening role of law as a framework for the child protective process is given increased emphasis in this new edition. The entire text has, in fact, been rewritten and updated to reflect the most recent developments in research and service programs. The reader is presented with a comprehensive and informative manual on both the life-threatening battered child syndrome and on the more subtle but no less damaging results of neglect and deprivation. An introductory historical review of child abuse is followed by a clear description of the types of abuse and neglect. Statistical information is also supplied. Clinical and roentgenographic manifestations of the maltreatment syndrome are outlined along with methods of differential diagnosis. This will help the professional confirm any suspicions he may have of maltreatment in a child with whom he has contact. Subsequent chapters cover social manifestations; medical, legal and social responsibilities; the legal framework for child protection; a model child protection act; and case reports and case illustrations. Throughout the text, the need for social investigation, disposition, intervention, treatment and follow-up receives strong emphasis. The authors call for action in no uncertain terms.

Doctor Fontana and Professor Besharov—two of the foremost authorities in the field—also stress that the complex and variegated nature of child abuse and neglect precludes the possibility of arriving at a single solution. The authors thus delineate the need for massive programs on parenting and family care, programs which are standardized in quality and which emphasize prevention and early detection. '77, 176 pp., 11 il., $12.50

MEDICAL ASPECTS OF MENTAL RETARDATION (2nd Ed.) edited by Charles H. Carter, Sunland Center, Orlando, Florida. (32 Contributors) The completely revamped Second Edition of this volume offers a singularly useful overview of medical considerations in mental deficiency. The contributors examine and explain genetics and cytogenetics, infections, trauma, cranial abnormalities, poisons, nutrition, and prenatal and postnatal damage. Community diagnostic and treatment centers, cerebral metabolism, treatment with drugs, electroencephalography, neurocutaneous symptoms, degenerative brain conditions, metabolic disorders and many other closely related etiologies are also explored. This is an indispensable source of reference and an invaluable guide to the medical aspects of mental retardation. '78, 912 pp. (6 3/4 x 9 3/4), 436 il., 47 tables, $59.50

REFLEX EPILEPSY, BEHAVIORAL THERAPY AND CONDITIONAL REFLExES by Francis M. Forster, Univ. of Wisconsin, Madison. This trailblazing monograph deals exhaustively with all forms of reflex epilepsy, the little known as well as the common types. Basing his presentation on a detailed study of an unusually large number of patients, the author carefully delineates a method for determining selective behavioral types of therapy for treatment of specific forms of reflex epilepsy. Included is information on visually and auditorily induced epilepsy; musicogenic epilepsy; decision-making, reading and somatosensorially evoked epilepsy; and seizures related to eating and movement. Engrossing and informative material is presented on the possible relationship between reflex epilepsy and conditional reflexes, and on electroencephalographic changes brought about by behavioral treatment. '77, 328 pp., 87 il., 22 tables, $22.75

INFORMAL DIAGNOSTIC ASSESSMENT OF CHILDREN by Theodore S. Fremont, Wichita State Univ.; David M. Seifert, Wichita Guidance Center; and John H. Wilson, Wichita State Univ.: all of Wichita, Kansas. Information and diagnostic techniques are presented for recognizing, without the use of formal testing tools, children who are experiencing psychological and educational deficits. The behaviors and symptoms for developmental deviations, brain disorders, learning problems, and emotional difficulties are given. Case studies have been strategically placed throughout the text. Developmental and neurological milestones of the child are also explored so that the onset and etiology of a disorder can be traced. Other specific problems receiving examination include child abuse, autism, affect fluctuations, social misperceptions, language disorders and suicidal ruminations. '77, 176 pp., 3 il., 5 tables, $11.75

PHYSICIAN's HANDBOOK OF NUTRITIONAL SCIENCE (3rd Ptg.) by Roger J. Williams, Univ. of Texas, Austin. Foreword by I. Newton Kugelmass. A straightforward, sound, conservative and readable account of the crucial facts of nutrition is provided in this book. In keeping with the traditions which favor or speculates or voices his opinion, the difference between fact and opinion is clearly defined. The twelve basic principles of nutritional science outlined by the author were reviewed by several prominent nutritional experts. Some of the topics considered are basic principles underlying nutritional science, internal nutrition, prenatal nutrition, biochemical individuality, and problems with environment and its effect on nutrition. In the long concluding chapter he poses many vital questions which are highly pertinent to the future development of medical practice and are undergoing further exploration. '77, 128 pp., $9.75

NEWBORN INTENSIVE CARE: Chemical Aspects by Toshiko Hirata and June P. Brady, both of Univ. of California, San Francisco. Forewords by Moses Grossman and I. Newton Kugelmass. The authors of this book explore the physiologic and chemical disturbances which arise during the dramatic first month of life, and include guidelines for the pediatrician to follow in prescribing treatment. The effects of drugs on the fetus and the neonate are discussed as a type of therapy and as a warning to avoid iatrogenic problems in these highly susceptible patients. Other topics emphasized in this excellent monograph include cardiopulmonary dysfunctions, temperature control, water and electrolyte regulation, and the use of human milk in the intensive care nursery. The roles of calcium, phosphorus, magnesium and trace minerals; renal function; and the control of respiration are also examined. '77, 196 pp., 25 il., 14 tables, $16.75

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301-327 East Lawrence Avenue • Springfield • Illinois • 62717
The second generation

New Ornade 2
Liquid for Children

Effective cold and allergy symptom relief:
- Stopped-up nose
- Runny nose
- Sneezing
- Itchy, watery eyes

4 FL. OZ. (118 ML.)

SMITH KLINE & FRENCH LABORATORIES
Philadelphia, Pennsylvania
NEW
A gentle decongestant and an effective antihistamine
Two reliable, proven ingredients: phenylpropanolamine HCl, 12.5 mg. per 5 ml. teaspoonful, chlorpheniramine maleate, 2 mg. (Also contains alcohol, 5%.)

EFFECTIVE
Specially formulated to provide effective temporary relief of runny or stuffy noses, sneezing and watery eyes due to colds or allergies.

EASY TO TAKE
• Exceptionally good taste.
  A skillful blend of tropical fruits and exotic spices.
• Convenient measuring cup with every bottle.
• Safety closure cap. Keeps liquid in, younger children out.

Children 6 to 12 years—
1 teaspoonful every 4 hours
(for children under 6, see full product information).

Children over 12 (and adults)—
2 teaspoonfuls every four hours.
(Equally appropriate for adults who prefer liquid dosage forms.)
For Fractious Frank's U.R.I.

For Persistent Upper Respiratory Congestion

**DECONAMINE® ELIXIR**
(chlorpheniramine maleate d-pseudoephedrine HCl)

The professional prescription that works within the system

- **DECONAMINE® Tablets**
- **DECONAMINE® Elixir**
- **DECONAMINE® SR Capsules**

**Contraindications:**
Sensitivity 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.

**Precautions:**
Should be used with caution in the presence of hypertension, coronary artery disease, glaucoma, prostatic hypertrophy, hyperthyroidism and diabetes.

**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.
Pure mild Ivory is one of the safest possible soaps you can recommend for delicate skin. More doctors recommend Ivory than any other soap.

"Doctor, with my delicate skin... what kind of soap should I use?"

Ivory may safely be used as an adjunct to treatment of scabies, seborrhea and impetigo.

It makes sense. Ivory's absence of many extra ingredients helps minimize chances of irritation.

Thirty-eight years of laboratory testing—including patch tests and arm immersion experiments—confirm that Ivory is one of the mildest least irritating soaps you can recommend. And 89 years of safe consumer use support this clinical experience.
IN THE BASIC THERAPY OF ASTHMA, THE SWING IS TO SINGLE ENTITY THEOPHYLLINE. INTRODUCING
THE FIRST CHEWABLE THEOPHYLLINE

NEW

Theophyl™ Chewable 100mg TABLET

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

Chewable Sustained Release Elixir Tablets

See following page for prescribing information
THE FIRST CHEWABLE THEOPHYLLINE EVER
NEW Theophyll Chewable (Anhydrous Theophylline USP)

DESCRIPTION
Each banana-mint flavored chewable tablet contains 100 mg of theophylline anhydrous USP. 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 IN PREGNANCY
The safety of theophylline during 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
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 nonsmokers. 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 stimulation 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 overdose.

DOSAGE 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 5 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 5 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 in Lbs</th>
<th>Approximate Pediatric Dose in mg/kg</th>
<th>Initial Approximate Pediatric Dose</th>
<th>Maximum Approximate Pediatric Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>25</td>
<td>11 1/2 tablet 4 mg/kg</td>
<td>1 tablet 4 mg/kg</td>
<td>6 mg/kg 6 mg/kg</td>
</tr>
<tr>
<td>30</td>
<td>1 tablet 4 mg/kg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>50</td>
<td>1 tablet 4 mg/kg</td>
<td></td>
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<tr>
<td>75</td>
<td>1 tablet 4 mg/kg</td>
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<tr>
<td>100</td>
<td>1 tablet 4 mg/kg</td>
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Administered every 6 hours.

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

HOW SUPPLIED
Tablets - white, round, double-bisected one side, inscribed with K on one side. Each tablet contains 100 mg of theophylline anhydrous USP.

Bottles of 100 - NOC 0044-6621-02.

KNOLL PHARMACEUTICAL COMPANY
Whippany, New Jersey 07981

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.

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We try to present an accurate index. Occasionally this may not be possible because of a last-minute change or omission.
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

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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.

For a more in-depth discussion of this subject, as well as other aspects of infant nutrition, an educational newsletter series entitled "Dialogues in Infant Nutrition" is available. This is part of a continuing education program on infant nutrition. For copies of the newsletter, contact your Mead Johnson Representative or Health Learning Systems, 1455 Broad Street, Bloomfield, New Jersey 07003.

While the pseudoephedrine hydrochloride is clearing sinuses and upper nasal passages, the guai-fenesin* in Robitussin-PE is at work loosening phlegm and clearing the lower respiratory tract. Which adds up to two kinds of relief—from one great cough medicine!

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- The brand name, spelled correctly—Pen-Vee K
- The words “do not substitute” or “dispense as written” in your own handwriting

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Pen-Vee®K (penicillin V potassium)

Wyeth Laboratories
Philadelphia, Pa. 19101