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**Brief Summary**

**ELIXICON® SUSPENSION**
(Theophylline)

**Indications:** For relief and/or prevention of symptoms of asthma and reversible bronchospasm associated with chronic bronchitis and emphysema.

**Contraindications:** Hypersensitivity to any of the components.

**Warnings:** Since excessive theophylline doses may be associated with toxicity, periodic measurement of serum theophylline levels is recommended to assure maximal benefit without excessive risk. Incidence of toxicity increases at levels greater than 20 µg/ml. Although early signs of theophylline toxicity such as nausea and restlessness are often seen, in some cases ventricular arrhythmia or convulsions may appear without warning as the first signs of toxicity.

There is an excellent correlation between high blood levels of theophylline resulting from conventional doses and associated clinical manifestations of toxicity in (1) patients with lowered body plasma clearances (due to transient cardiac decompensation), (2) patients with liver dysfunction or chronic obstructive lung disease, and (3) patients who are older than 55 years of age, particularly males.

Many patients with excessive theophylline serum levels exhibit a tachycardia. Theophylline preparations may worsen pre-existing arrhythmias.

**Usage in Pregnancy:** Safe use in pregnancy has not been established relative to possible adverse effects on fetal development, therefore, use of theophylline in pregnant women should be balanced against the risk of uncontrolled asthma.

**Precautions:** Theophylline should not be administered concurrently with other xanthine preparations. Use with caution in patients with severe cardiac disease, severe hypoxemia, hypertension, hyperthyroidism, acute myocardial injury, cor pulmonale, liver disease, in the elderly (especially males) and in neonates. Great caution should especially be used in giving theophylline to patients in congestive heart failure (markedly prolonged blood level curves have been observed in such patients).

Use theophylline cautiously in patients with history of peptic ulcer.

**Adverse Reactions:** The most common adverse reactions are usually due to overdose and are:
- Gastrointestinal: nausea, vomiting, epigastric pain, hematemesis, diarrhea.
- Central nervous system: headaches, irritability, restlessness, insomnia, reflex hyperexcitability, muscle twitching, clonic and tonic generalized convulsions.
- Cardiovascular: palpitation, tachycardia, extrasystoles, flushing, hypotension, circulatory failure, ventricular arrhythmias.
- Respiratory: tachypnea.
- Renal: albuminuria, increased excreration of renal tubular cells and red blood cells, poliethenol of diuresis.
- Others: hyperglycemia and inappropriate ADH (antidiuretic hormone) syndrome.

**Drug Interactions:** Toxic synergism with epinephrine has been documented and may occur with some other sympathomimetic bronchodilators.

<table>
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<th>Drug</th>
<th>Effect</th>
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<td>Theophylline with furosemide</td>
<td>Increased diuresis</td>
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<td>Theophylline with hexamethonium</td>
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<td>Theophylline with cimetidine</td>
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- Neonatal Herpes Simplex Infections
- Neonatal Therapy of Bacterial Meningitis
- Immunization Update—1982
- Adolescent Sexual Issues in Pediatric Practice
- Depression
- Pursuit of Thinness
- Clinical Use of Synthetic Human Growth Hormone
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- Interpreting Clinical Laboratory Tests
- Acute Hemorrhagic Conjunctivitis

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See brief summary on next page.
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statin, neomycin sulfate equivalent to 2.5 mg
neomycin base, 0.25 mg gramicidin, and 1 mg
triamcinolone acetonide (0.1%) per gram in an
aqueous perfumed vanishing cream base.

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 indica-
tions as follows: Possible effective: in
cutaneous candidiasis; superficial bacterial
infections; the following conditions when
complicated by candidal and/or bacterial
infection: atopic, eczematoid, stasis, num-
mular, contact, or seborrheic dermatitis,
neurodermatitis, and dermatitis venenata;
infantile eczema; lichen simplex chronicus;
pruritus ani; and pruritus vulvae.
Final classification of the less-than-effective
indications requires further investigation.

CONTRAINDICATIONS: Viral diseases of the
skin (such as vaccinia and varicella); fungal
lesions of the skin except candidiasis; history
of hypersensitivity to any product component.
Not intended for ophthalmic use; should not be
applied in the external auditory canal of patients
with perforated eardrums; should not be used
when circulation is markedly impaired.

WARNINGS: Because of the potential hazard of
nephrotoxicity and ototoxicity, prolonged use or
use of large amounts of this product should be
avoided in the treatment of skin infections follow-
ing extensive burns, trophic ulceration, and
other conditions where absorption of neomycin
is possible.

Usage in Pregnancy: Although topical steroids
have not been reported to have an adverse effect
on the fetus, the safety of topical steroids during
pregnancy has not been absolutely established.
Therefore, do not use extensively on preg-
nant patients, in large amounts, or for prolonged
periods.

PRECAUTIONS: Watch constantly for over-
growth of nonsusceptible organisms (including
fungi other than candida). Should superinfection
due to nonsusceptible organisms occur, ad-
minister suitable concomitant antimicrobial
therapy. If favorable response is not prompt,
discontinue the preparation until adequate control
by other anti-infectives is effected. If extensive
areas are treated or if the occlusive technique
is used, the possibility exists of increased systemic
absorption of the corticosteroid; suitable pre-
cautions should be taken. If irritation develops,
discontinue the product and institute appropriate
therapy.

ADVERSE REACTIONS: Sensitivity reactions
to topical use of gramicidin are rare. Hyper-
sensitivity to nystatin is extremely uncommon.
Hypersensitivity to neomycin has been reported
and exists in the current medical literature
indicate an increase in its prevalence.
The following local adverse reactions have
been reported with topical corticosteroids either
with or without occlusive dressings: burning
sensations, itching, irritation, dryness, folliculitis;
secondary infection, skin atrophy, striae, miliai,
hypertrichosis, acneiform eruptions, maceration
of the skin, and hypopigmentation. Contact
sensitivity to a particular dressing material or
adhesive may occur occasionally. Ototoxicity
and nephrotoxicity have been reported.

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Why? Despite your fantasies, it was not even that we wanted to be liked by you. It was that we did not want to be bothered, and the easy way out was pretense: smiles and easy Bs.

Few professors actually care whether or not they are liked by peer-paralyzed adolescents, fools so shallow as to imagine professors care not about education but about popularity. It was, again, to be rid of you. So go unlearn the lies we taught you.

From Forbes, Oct 26, 1981.

MINIATURE MECHANICAL MARVELS

Player pianos and music boxes with their punched-roll or spiked-barrel memories were the ancestors of computers. One of the oldest music boxes I have is an eighteenth-century serinette that, when cranked by hand, plays a program of high-pitched bird whistles through tiny organ tubes. Such bird organs were designed to teach canaries to sing—an early response to the realization, later confirmed by biologists, that birds don't sing if they don't hear singing. Jet propulsion began with the steam-driven reaction motor devised by Hero of Alexandria; he also used cams in his automata. Later automata, the princely toys, were programmed by intricate cams to execute series of motions of considerable length and complexity. (A cam is a rotating irregular plate that moves a follower held against its edge.)

There were attempts to synthesize speech long before Edison recorded and reproduced the human voice. As far back as 1770, toymaker Frederich von Knaus showed the Austrian emperor an automaton that reproduced speech, and in 1779 the Imperial Academy of Science at St. Petersburg awarded its annual prize for a device that articulated all the vowels by projecting air from a bellows into tubes of different shapes.

Toys showing animation (called zoetropes, pantascopes, praxinoscopes, phenakistoscopes, and thaumatropes—magical names!), in which the motion was provided mechanically so that the eye could glimpse successive positions of an image, were the forerunners of modern cinematography. Games of chance using dice stimulated the development of the science of statistics. The first Chinese firecrackers were really toys used for amusement and display, but they led to the use of gunpowder in weapons.

The gyroscope, so important in modern inertial-guidance systems, found its first use in one of the most ancient of toys—the spinning top. Tops have been popular toys throughout the ages, sometimes combined with optical and sound effects (humming tops). A toy monorail train was kept upright on a single track by a gyroscope long before Sperry employed gyroscopes in aircraft instruments and to stabilize ocean liners. The principle of a Bourdon tube—a flattened flexible tube that straightens out under pressure—was used in pneumatic toys, such as a rubber monkey that plays a drum when a rubber bulb is squeezed.

One thing separates a Kip® from a Nuk®.
A Kip can’t separate.

The Nuk Orthodontic Exerciser is a fine product. But as the Nuk people themselves warn on the back of their package, you should always test it to be sure that the nipple portion doesn’t separate.

At The First Years, safety is a virtual obsession. (Our Mothers’ Council wouldn’t have it any other way.) So when we designed our orthodontic pacifier, we did things differently.

The Kip Orthodontic Pacifier.
One-piece for safety, all-soft for comfort.

To make Kip totally safe, we made it in one piece. And safety is just one of its virtues.

Kip’s super-soft vinyl stays soft. Without getting sticky the way latex can.

Kip’s naturally shaped nipple resembles the soft, soothing nipple of a nursing mother.

Kip’s soft shield pulls inward to help keep growing teeth in proper alignment.

The fact is, Kip offers everything new mothers should look for in an orthodontic pacifier.

And unlike Nuk, Kip offers it all in one piece.

201 products for children, designed by mothers.

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AMERICAN ACADEMY OF PEDIATRICS

Memorial and Endowment Fund for Children

The Memorial and Endowment Fund for Children was established in 1971 by the Executive Board for the primary purpose of making financial resources available to practicing pediatricians to encourage and assist them in accomplishing investigation and research that will improve the health and welfare of children.

Four pediatricians recently received grants ranging to $2,500 for their clinical research. The number and size of future grants to be distributed to Fellows depend entirely upon the generosity of your contributions to the Fund.

Please mail your donations to:

Fund Administrator
AMERICAN ACADEMY OF PEDIATRICS
1801 Hinman Avenue
Evanston, Illinois 60204

The safe, comfortable, versatile baby chair.

NEW! Bobby-Mac®
Champion 3-in-1

1. It’s an untippable infant seat, made of high-impact plastic and lightweight tubular steel.

2. It’s a dynamically tested car seat, ideal for both rear-facing infant and front-facing toddler. Features the new Bobby-Mac V-harness.

3. It’s a sturdy, hugs-the-floor high chair. Rugged steel base and 5-ways-adjustable seat accommodate both the squirmiest 3-year-old and tiniest infant.

5 SEATING POSITIONS, from upright to fully-reclining. Bobby-Macs have been exhibited at all Spring and National AAP Meetings since 1970. Used in pediatricians' offices, clinics, hospitals.

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A64
allergies and diarrhea this week

gone the next

The difference is NURSOY®
soy protein formula

Contains no cow milk,
the most common food allergen in infants. Nursoy® contains easy-to-digest soy protein isolate, with all essential amino acids for good growth, helps prevent eczema, respiratory distress and diarrhea due to allergy to cow milk.

Contains no corn syrup solids.
Allergy to corn is equal or second only to wheat among food allergies, and corn syrup is the most common offender in corn allergy. Nursoy® is the only nationally available soy formula without corn syrup solids.

Contains no lactose.
Feeding lactose to infants with permanent lactase deficiency or with temporary lactase deficiency due to viral infections can result in severe diarrhea. With Nursoy® you avoid the diarrhea, colic, eczema and vomiting due to lactose intolerance. Nursoy® contains sucrose, the carbohydrate recommended by the Committee on Nutrition of the Mother and Preschool Child, National Research Council, for infants intolerant of lactose.

Only Nursoy®, of the leading soy formulas, eliminates all three of the major food offenders in infants.
So when you suspect food allergy, it makes sense to switch to Nursoy®. Nursoy® also costs substantially less than other soy protein formulas, particularly important when the child must have a milk substitute for a prolonged period.

Wyeth Laboratories
Philadelphia, PA 19101

Concentrated liquid—13 fl oz
Ready-To-Feed—32 fl oz

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When it hurts, and a simple analgesic won't do...

Each 5 ml of elixir contains 12 mg codeine phosphate* plus 120 mg acetaminophen (Alcohol 7%).

Each capsule contains acetaminophen 300 mg plus codeine phosphate* as follows: No. 3—30 mg (½ gr); No. 4—60 mg (1 gr). Capsules should not be administered to children under 12.

*Warning: May be habit forming.

The narcotic-containing analgesic especially formulated for children.

*Please see "Warnings" section in the Summary of Prescribing Information on the following page for information on usage in children.

Safe dosage of the elixir has not been established in children below the age of three.
**TYLENOL with Codeine**

(acetaminophen and codeine)

**Tablets:**
- Contain codeine phosphate* No. 1—7.5 mg (1/4 gr).
- No. 2—15 mg (1/2 gr).
- No. 3—30 mg (1/4 gr).
- No. 4—60 mg (1 gr).—plus acetaminophen 300 mg.

**Capsules:**
- Contain codeine phosphate* No. 3—30 mg (1/4 gr).
- No. 4—60 mg (1 gr).—plus acetaminophen 300 mg.

**Elixir:**
- Each 5 ml contains 15 mg codeine phosphate* plus 120 mg acetaminophen (alcohol 7%).

*Warning: May be habit forming

**Actions:**
Acetaminophen is an analgesic and antipyretic, codeine an analgesic and antitussive.

**Contraindications:**
Hypersensitivity to acetaminophen or codeine.

**Warnings:**
Drug dependence Codeine can produce drug dependence of the morphine type and may be abused. Dependence and tolerance may develop upon repeated administration with and without warning. Codeine should be administered with the same caution appropriate to other oral narcotics. Subject to the Federal Controlled Substances Act.

**Usage:**
In ambulatory patients: Caution patients that codeine may impair mental and/or physical abilities required for performance of potentially hazardous tasks such as driving a car or operating machinery.

**Interaction:**
With other CNS depressants: Patients receiving other narcotic analgesics, general anesthetics, tranquilizers, sedative-hypnotics or other CNS depressants (including alcohol) with this drug may exhibit additive CNS depression. When such a combination is contemplated, reduce the dose of one or both agents.

**Usage:**
In pregnancy: Safe use not established. Should not be used in pregnant women unless potential benefits outweigh possible hazards.

**Pediatric use:** Safe dosages of this combination have not been established in children below the age of three.

**Precautions:**
Head injury and increased intracranial pressure: Respiratory depressant effects of narcotics and their capacity to elevate cerebrospinal fluid pressure may be markedly exaggerated in the presence of head injury, other intracranial lesions or a pre-existing increase in intracranial pressure. Narcotic analgesics produce additive respiratory depression which may obscure the clinical course of patients with head injuries.

**Acute abdominal conditions:** Codeine or other narcotics may obscure the diagnosis or clinical course of acute abdominal conditions.

**Special risk patients:** Administer with caution to certain patients such as the elderly or debilitated and those with severe impairment of hepatic or renal function, hypothyroidism, Addison's disease, and prostatic hypertrophy or urinary stricture.

**Adverse Reactions:** Most frequent: Lightheadedness, dizziness, sedation, nausea and vomiting. More prominent in ambulatory than in nonambulatory patients. Some of these reactions may be alleviated if the patient lies down. Others: Uppers, dizziness, constipation and pruritus.

**Dosage and Administration:**
Doseage should be adjusted according to the severity of the pain and the response of the patient. It may occasionally be necessary to exceed the usual dosage recommended below in cases of severe pain or in those patients who have become tolerant to the analgesic effect of narcotics. TYLENOL with Codeine tablets and capsules are supplied as follows:

- Tablets:
  - No. 1—No. 2
  - No. 3 and capsules No. 3, one or two every four hours as required.

- Tablets and capsules No. 4:
  - One every four hours as required.

- TYLENOL with Codeine elixir is given orally. The usual dose is.

- Children (3 to 6 years): 1 teaspoonful (5 ml) or 3 or 4 times daily.

- (7 to 12 years): 2 teaspoonfuls (10 ml) or 3 or 4 times daily.

- (under 3 years): safe dosage has not been established.

**Adults:** 1 tablespoonful (15 ml) every 4 hours as needed.

**Drug Interactions:**
CNS depressant effect may be additive with that of other CNS depressants. See Warnings.

**For information on symptoms/treatment of overdose, see full prescribing information.

**Full directions for use should be read before administering or prescribing TYLENOL with Codeine tablets and capsules are manufactured by McNeil Pharmaceutical Co., Dorado, Puerto Rico 00646.

Caution: Federal law prohibits dispensing without prescription.

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**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.

**AMERICAN ACADEMY OF PEDIATRICS**

Department P, P.O. Box 1034
Evanston, Illinois 60204
Five-year-old female presented on 9/4/79 with acute otitis media, pain, but no fever. Treated with ampicillin 250 mg P.O. q.i.d. On 9/14/79 tympanic membrane still bulging and yellow; no fever or pain but decreased energy and appetite. Bioassay to confirm compliance was positive for ampicillin. Case was considered an ampicillin treatment failure. Deep nasopharyngeal culture revealed heavy growth of *H. influenzae* resistant to ampicillin by disc sensitivity and beta-lactamase tests. On 9/14 therapy switched to Bactrim Pediatric Suspension 1½ teaspoonfuls (7.5 ml) b.i.d. Tympanic membrane no longer bulging by 9/18; movable, with normal architecture, on 9/24.
in acute otitis media*
ampicillin fails

IN VITRO

100% sensitivity. In a recent study of ampicillin-resistant Haemophilus isolates, 191 H. influenzae strains were cultured from the middle ear, nasopharynx and throat of children with acute otitis media. All 191 of these ampicillin-resistant strains proved sensitive to Bactrim in vitro.1

Dual action slows resistance. Resistance to ampicillin is now estimated to occur in 18% of all H. influenzae isolates nationwide, with some densely populated areas reporting resistance rates of nearly 40%.2 The incidence of reported H. influenzae or S. pneumoniae in vitro resistance to Bactrim has been minimal. Dual-action Bactrim attacks susceptible pathogens at two successive steps in their bacterial metabolism. It deprives the bacteria of folate coenzymes,3,5 and thus retards the development of resistant strains. In vitro studies have shown that bacterial resistance develops more slowly with Bactrim than with either component alone.

IN VIVO

93% effective. In two controlled clinical studies of children who had acute otitis media due to ampicillin-resistant H. influenzae or who were unresponsive to aminopenicillins, therapy with Bactrim proved successful in 25 of 27 patients—93% overall efficacy.1

Unexcelled efficacy with B.I.D. convenience. In a recent comparative study of 132 children with acute otitis media due to H. influenzae or S. pneumoniae, Bactrim on a b.i.d. dosage schedule achieved a level of efficacy unexcelled by ampicillin q.i.d.6 There was a similarly low incidence of side effects (see adverse reactions section in the product information). Bactrim also proved superior at eradicating H. influenzae in nasopharyngeal cultures. Bactrim is contraindicated in patients hypersensitive to its components and in infants under two months. To date, there are limited data on the safety of repeated use of Bactrim in children under two years of age. Bactrim may be administered to patients allergic to penicillins.


*Due to susceptible H. influenzae or S. pneumoniae
†In vitro activity does not necessarily correlate with clinical results.
In acute otitis media*

**Bactrim Pediatric suspension** (40 mg trimethoprim and 200 mg sulfamethoxazole per 5 ml) succeeds

*Due to susceptible *H. influenzae* or *S. pneumoniae*

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

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

For adults, the increasing frequency of resistant organisms limits the usefulness of all antibacterials, especially in these urinary tract infections.

**For acute otitis media in children due to susceptible strains of *Haemophilus influenzae* or *Streptococcus pneumoniae* when in physician's judgment it offers an advantage over other antimicrobials. Limited clinical information presently available on effectiveness of treatment of otitis media with Bactrim when infection is due to ampicillin-resistant *Haemophilus influenzae*. To date, there are repeated reports of the safety of repeated administration to children under two years of age. Bactrim is not indicated for prophylactic or prolonged administration in otitis media at any age.

For acute exacerbations of chronic bronchitis in adults due to susceptible strains of *Haemophilus influenzae* or *Streptococcus pneumoniae* when in physician’s judgment it offers an advantage over other antimicrobials.

For enteralis due to susceptible strains of *Shigella flexneri* and *Shigella sonnei* when antibacterial therapy is indicated.

**Warnings:** BACTRIM SHOULD NOT BE USED TO TREAT STREPTOCOCCAL PHARYNGITIS. Clinical studies show that patients with group A β-hemolytic streptococcal tonsillopharyngitis have higher incidence of bacteriologic failure when treated with Bactrim than those treated with penicillin. Deaths from hypersensitivity reactions, agranulocytosis, aplastic anemia, and other blood dyscrasias have been associated with sulfonamides. Experience with trimethoprim is much more limited and occasional evidence of hematopoiesis has been reported as well as occasional incidence of thrombocytopenia with purpura in elderly patients on certain diuretics, primarily thiazides. Sore throat, fever, rash, purpura or jaundice may be early signs of serious blood disorders. Frequent CBC’s are recommended. Therapy should be discontinued if a significantly reduced count of any blood formed element is noted.

**Precautions:** General: Use cautiously in patients with impaired renal or hepatic function, possible folate deficiency, severe allergy or bronchial asthma. In patients with glucose-6-phosphate dehydrogenase deficiency, hemorrhage, frequency of dose related, may occur. During therapy, maintain adequate fluid intake and perform frequent urinalyses, with careful microscopic examination, and renal function tests, particularly where there is impaired renal function. Bactrim may prolong prothrombin time, reduce coagulation time when administering Bactrim to these patients.

**Teratogenic Effects:** Pregnancy Category C. Because trimethoprim and sulfamethoxazole may interfere with folate acid metabolism, use during pregnancy only if potential benefits justify the potential risk to the fetus.

**Agranulocytosis:** All major reactions to trimethoprim and trimethoprim are included, even if not reported with Bactrim. Blood dyscrasias: Agranulocytosis, aplastic anemia, megaloblastic anemia, megaloblastic, hemolytic, anemia, purpura, hypoprothrombinemia and megaloblastic anemia. Allergic reactions: Exanthematous, rash, angioedema, pruritis, urticaria. 

**Cautions:** Fluid and electrolyte losses, diarrhea, nausea, vomiting, anorexia, neutropenia, eosinophilia, neutropenia, eosinophilia, neutropenia, eosinophilia, neutropenia, eosinophilia, neutropenia, eosinophilia, neutropenia, eosinophilia, neutropenia, eosinophilia.

**Drug Interactions:** Contraindications: Hypersensitivity to trimethoprim or sulfonamides, patients with documented megaloblastic anemia due to folate deficiency, pregnancy at term, nursing mothers because sulfonamides are excreted in human milk and may cause kernicterus, infants less than 2 months of age.
Tympanometry

...In Just Seconds

The GSI 27 makes tympanometry a simplified, accurate procedure to greatly increase your office capabilities. Used by supportive personnel with minimal training, it provides good, repeatable test results for quick identification and tracking of serous otitis media.

New Hand-Held Probe! This comfortable probe is lightweight and does not require entry within the ear canal. Automatic start makes it easily used with infants or adults. The three LED's further aid the operator in quickly positioning the new probe.

Patients Will Thank You! Tympanometry will save your patients' time and the additional expense of outside referrals. A GSI 27 printout provides objective test results to assist in diagnosis and immediate treatment.

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For more details or a demonstration contact:

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537 Great Road
P.O. Box 5
Littleton, MA 01460
Tel: 617/486-3514
Fax: 710/347-6892

Please return this coupon to:

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537 Great Road, P.O. Box 5
Littleton, MA 01460

Name

Address

Telephone

☐ Please send me the GSI 27 brochure.  ☐ Please arrange a demonstration.
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PEDIATRICS is the official publication of the American Academy of Pediatrics and serves as a medium for expression to the general medical profession as well as pediatricians. The Executive Board and Officers of the American Academy of Pediatrics have delegated to the Editor and the Editorial Board the selection of the articles appearing in PEDIATRICS. Statements and opinions expressed in such articles are those of the authors and not necessarily those of the American Academy of Pediatrics, its Committees, PEDIATRICS, or the Editor or Editorial Board of PEDIATRICS.

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We’re feeding them better. Some mothers think switching their infants to plain cow milk is a sign of growing up. But you know better. You know, older, growing infants have special nutritional needs. Needs that aren’t met adequately with plain cow milk during the baby’s important first year.

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The Ontario Crippled Children's Centre, a 106-bed rehabilitation hospital for children and young adults, with an active out-patient department, school, and rehabilitation engineering resource, seeks an experienced paediatrician to provide leadership for ward physicians, paramedical staff and various categories of trainees.

The successful candidate will be interested not only in clinical care but also in the educational and research activities of the Centre.

This position is available starting in the summer. The Centre provides all Ontario Hospital Association benefits.

Please submit application and resume to:

D. A. Gibson, M.D., F.R.C.S. (C)
Medical Director
Ontario Crippled Children's Centre
350 Rumsey Road
Toronto, Ontario, Canada
M4G 1R8
CONNECTICUT—Board-certified/eligible pediatrician to join busy solo practice in city serving 250,000. Sub-specialty interest helpful but not required. University-affiliated hospital with large residency program. Send CV to Box #068203.

OREGON COAST—Pediatrician to join 20-physician group. Two other pediatricians. Good salary and other fringes. No immediate investment. Send CV to Charles Winters, 1900 Woodland Drive, Coos Bay, OR 97420. (503) 267-5151.

PENNSYLVANIA—Nephrologist. Academic pediatric nephrologist at assistant professor level, with strong commitment to teaching and research, to join two other young pediatric nephrologists at the Children’s Hospital of Pittsburgh. This position is affiliated with the University of Pittsburgh School of Medicine. Apply to Demetrios Ellis, MD, Division of Nephrology, Children’s Hospital of Pittsburgh, 125 DeSoto St, Pittsburgh, PA 15213. An Equal Opportunity Employer.

MIDWEST—Immediate neonatology position in medical school-affiliated community perinatal center. Interest in teaching students, house officers; service; research essential. Box #068205.

DIRECTOR OF REHABILITATION AND OUT-PATIENT PHYSICIAN

The Ontario Crippled Children’s Centre, a rehabilitation hospital for children and young adults with active out-patient services, hospital unit, and many supporting departments including a school and rehabilitation engineering resource, seeks a physician certified in physical and rehabilitation medicine.

The successful candidate will guide rehabilitation programmes in the Centre, supervise the Out-Patients Department, and participate in the educational and research activities of the Centre.

This position is available immediately. The Centre provides all Ontario Hospital Association benefits.

Please submit application and resume to:
D. A. Gibson, M.D., F.R.C.S.(C)
Medical Director
Ontario Crippled Children’s Centre
350 Rumsey Road
Toronto, Ontario, Canada
M4G 1R8

FLORIDA—Neonatologist, BC/BE to join two neonatologists at Level III perinatal center. 500 admissions per year. Clinical responsibilities, active teaching, newborn follow-up and outreach, full pediatric residency program; coverage of Level II center. Available July 1, 1982. Send CV to Box #068204.

PEDIATRICIAN—Outstanding opportunity to join well-established four-physician pediatric professional corporation. Outstanding attractive western Michigan community. High income potential. Teaching and medical school affiliation; research opportunities. Reply Box #068208.

NEW JERSEY—Saint Michael’s Medical Center, a teaching hospital, is seeking a Director of the Division of Ambulatory Pediatrics. Responsibilities include teaching, clinical care, and administration. Good opportunities for clinical research. Salary and academic appointment commensurate with experience. Send curriculum vitae and names/addresses of three references to Arnold Slyper, MD, Department of Pediatrics, Saint Michael’s Medical Center, 268 High St, Newark, NJ 07102. (201) 877-5497.

NEONATOLOGIST—Board-certified/Board-eligible for staff neonatologist position at a Level III regional neonatal center. Contact Dr John R. Howick, Jr, Director of Neonatology, T. C. Thompson Children’s Hospital Medical Center, 910 Blackford St, Chattanooga, TN 37403. (615) 778-6170.

DIRECTOR OF MEDICAL CLINICS—Full-time pediatric faculty person at associate professor/professor level for director of medical clinics in large urban university-affiliated children’s hospital. Responsibilities will include administration of the ambulatory care training program and instruction of pediatric and family medicine house staff as well as medical students. This individual will also be expected to provide guidance and stimulation for ongoing clinical research. Interested applicants should send curriculum vitae to Larry E. Fleischmann, MD, Professor and Interim Chairman, Department of Pediatrics, Children’s Hospital of Michigan, 3901 Beaubien Blvd, Detroit, MI 48201. Equal Opportunity/Affirmative Action Employer.

NEONATOLOGY position at Level III perinatal center in Department of Pediatrics, West Virginia University School of Medicine. Must be Board-certified or eligible. Involves patient care, teaching, and research. Send CV to Barbara Jones, MD, Chairman, Department of Pediatrics, West Virginia University School of Medicine, Medical Center, Morgantown, WV 26506.

CALIFORNIA—PEDIATRICIAN, part-time/half-time. Join active pediatrician adjacent to medical center. 30 minutes from Los Angeles. Ideal opportunity for long-term association. Send resume to Box #058202.

DIRECTOR OF PEDIATRICS—400-bed acute general teaching hospital seeking a salaried director, full-time faculty member of medical school. General pediatrician or pediatric subspecialist with teaching experience preferred. Limited private practice permitted. Reply Box #058204.
Board-eligible or certified pediatrician to join four-physician pediatric department in 65-physician multispecialty group located 90 miles east of San Francisco. Interest in neonatology desirable. Competitive compensation and excellent fringe benefits. Early partnership. Respond with curriculum vitae and references to: C. R. Maino, MD, Gould Medical Group, 600 Coffee Rd, Modesto, CA 95355.

PENNYSYLVANIA—Progressive 305-bed general hospital located in desirable city, close proximity to resort and major east coast centers, requires full-time hospital-based pediatric cardiologist/neonatologist or pediatric intensivist/neonatologist, Board-certified or eligible in either or both specialties to join two full-time neonatologists in a regional Level III NICU, located in a university-affiliated community hospital. Duties will include NICU coverage, appropriate consultations, and medical supervision of a 4-bed pediatric ICU. Competitive remuneration and benefits. Forward CV to Harvey M. Yorke, Senior Vice-President, Allentown Hospital, 17th and Chew St, Allentown, PA 18102, or call collect (215) 821-2205.

PEDIATRICIAN—Board-certified/eligible: Immediate opportunity to join group practice; presently three members, one retiring in July 1982. Well established practice serving approximately 60,000 population. 138-bed hospital well equipped and staffed to support needs. Located in Michigan with heavy summer tourist activity. Write: R. J. La Gro, President, Community Health Center 274 E Chicago St, Coldwater, MI 49036.

BOSTON—Board-certified pediatrician/pulmonologist to join clinical and research group July 1, 1982. Send CV to Daniel C. Shannon, MD, Massachusetts General Hospital, Boston, MA 02114. Affirmative Action/Equal Opportunity Employer.

MICHIGAN TECHNOLOGICAL UNIVERSITY HEALTH SERVICE seeks a replacement primary care Director/Chief of Medical Staff. The health facility is a medically oriented, ambulatory service, servicing a university student population of 7,700. Annual student visits are approximately 10,000. Liberal fringes, meeting allowance, and vacation benefits complement a competitive salary and allow a maximum enjoyment of the rural all-season recreation area. Contact David Schwalm, PA Administrator, Michigan Technological University Health Services, Houghton, MI 49931, or call (906) 487-2435. Michigan Technological University is an Equal Opportunity Educational Institution/Equal Opportunity Employer.

PEDIATRIC INTENSIVIST—Board-certified pediatrician to direct private practice hospital-based pediatric intensive care activities. Four to six beds established for pediatric intensive care. Progressive 500-bed community hospital located in Midwest with numerous regional activities including perinatology and neonatology. Send curriculum vitae and references to: Box #058207.

ASSOCIATE PROFESSOR—Child Study Center, University of Oklahoma Teaching Hospitals. Academic appointment in section of developmental pediatrics, department of pediatrics at assistant professor level. Candidate must have completed training in developmental and behavioral pediatrics, care of handicapped children, or neurology in addition to pediatrics residency. Demonstrated clinical, teaching, and research skills are necessary as well as capability for program development administration. Contact Elidee D. Thomas, MD, Child Study Center, 1100 Northeast 13th, Oklahoma City, OK 73117. (405) 271-5700.

UNIVERSITY OF OKLAHOMA—Faculty position in the section of general pediatrics at the assistant professor level, for a Board-eligible/certified pediatrician with demonstrated skills in ambulatory research and teaching. Major activity base will be the residents' continuity clinic, and innovative primary care service, teaching, and research program with impressive computer resources. Send curriculum vitae and names/addresses of three references to Owen M. Rennert, MD, Chairman, Department of Pediatrics, University of Oklahoma, PO Box 26901, Oklahoma City, OK 73190.

SOUTHERN CALIFORNIA—BC/BE pediatrician to join progressive, prosperous three-member group in rapidly growing, pleasant foothill community. Excellent opportunity. Contact: Rudolf Brutoco, MD, 3833 Emerald, LaVerne, CA 91750. (213) 915-8608.
New multispecialty fee-for-service group needs another pediatrician. Rapidly growing suburb of Kansas City, Missouri; 30,000 population; no other pediatricians; 115-bed hospital-local, 300-bed-15 miles. Fully equipped office, lab, x-ray, ancillary specialties. Guaranteed minimum. Paid malpractice and health insurance. Contact: Dr James Muehlberger or Dr Sallie Veenstra, 1001 N Independence Ave, Lee's Summit, MO 64063. (816) 524-5600.

UTAH/ACADEMIC NEPHROLOGIST, at the Assistant Professor level, to participate in a comprehensive university-based Pediatric-Adolescent Renal Disease Program. The program serves a five-state area and includes inpatient and outpatient services, acute and chronic dialysis, and renal transplant follow-up care. Teaching, patient care, and research will be expected. A hypertensive renal diagnostic laboratory is presently being developed. Cultural and recreational activities are abundant and close to the University. Salary and benefit packages are highly competitive. Please reply to Richard L. Siegler, MD, Head, Pediatric Nephrology, and Acting Chairman, Department of Pediatrics, University of Utah Medical Center, 50 North Medical Drive, Salt Lake City, UT 84132.

PEDIATRIC junior faculty members in cardiology, endocrinology, and neonatology. Candidates must be Board-eligible or certified in pediatrics and respective subspecialty. Cardiologist should have a strong interest in clinical research, particularly in the neonatal cardiorespiratory area, and will be expected to develop programs in pediatric intensive care and SIDS monitoring. All three must be willing to rotate on general pediatric call and must have a strong interest and demonstrated ability in teaching. Applications from minority candidates and women encouraged. Equal Opportunity Employer. CONTACT: R. J. McKay, Jr, MD, Department of Pediatrics, Given Bldg, University of Vermont College of Medicine, Burlington, VT 05405.

MIDWEST PEDIATRICIAN with some training and interest in practicing part-time neonatology, as well as general pediatrics, to join group of eight pediatricians, two of whom are fully trained neonatologists, in multispecialty group. Would help to staff a well-developed regional perinatal program with delivery base of 9,000. Located in beautiful upper midwest community of 135,000. Write Box #058209.

NEONATOLOGIST(S), BC/BE to join established private neonatology group practice in desirable location of Oklahoma City. Emphasis on primary care in modern, expanding Level III perinatal center. Participation in immediate development of Level II facilities in affiliated metropolitan hospitals with active obstetrics units. Ample opportunities for teaching, research. Outstanding working conditions; excellent long-term potential. Rewarding salary and benefits. Send CV to Box #048201.
ASSOCIATE DIRECTOR, UNIVERSITY OF CONNECTICUT PRIMARY CARE RESIDENCY PROGRAM—Applicants must be well qualified in modern general pediatrics, with subspecialty competence (preferably in adolescence) desirable but not mandatory. Primary responsibilities involve supervision of 50-inpatient service and nurseries. A major component of duties involves the teaching and supervision of residents at all levels, as well as medical student clerks. It is essential that the applicant be capable of teaching, enjoys it, and is qualified for an academic medical school appointment. Send CV and names of two references to: Benjamin C. Berliner, MD, Director, Waterbury Regional Department of Pediatrics, Waterbury Hospital, 64 Robbins St, Waterbury, CT 06720.

PEDiatric Neurologist—The Department of Pediatrics, Children’s Hospital, Columbus, Ohio is seeking a pediatric neurologist who is Board-certified or Board-eligible in neurology with special competence in child neurology. Candidates should have demonstrated potential in teaching and research, with experience in electrodiagnostic techniques desirable. The section of neurology has a diverse clinical program, which includes a video-EEG monitoring and telemetry laboratory. This position offers challenging opportunities for academic growth and development in the neurosciences, and an academic appointment at Ohio State University. Interested, contact Francis S. Wright, MD, Children’s Hospital, 700 Children’s Drive, Columbus, OH 43205. (614) 461-2343. Affirmative Action/Equal Opportunity Employer.

Pediatric Intensivist/Neonatologist-Critical Care Units—Four full-time pediatric intensivists/neonatologists seek an associate in the continuing development of quality care and service in the 47-bed critical care units at the university-affiliated Children’s Hospital of Orange County. Instruction of residents and students is encouraged and expected. Must be pediatric Board-certified or eligible with completion of a pediatric intensive care, pulmonary, or neonatology fellowship. Salary negotiable depending on experience and qualifications. Position available July 1, 1982. To apply, send curriculum vitae and three references to Harriet Opfell, MD, Medical Director, Children’s Hospital of Orange County, PO Box 5700, Orange, CA 92668. An Equal Opportunity Employer.

Adolescent Medicine—Full-time academic position July 1982. To join active ambulatory, consultation, and teaching service at large institution. To help develop community and school-based program. Send CV: Patricia Langehenning, MD, Head, Section of Adolescent Medicine, Department of Pediatrics, Cook County Hospital, 700 S Wood, Chicago, IL 60612.

Pediatrician—Board-eligible, for well-established pediatric group in Chicago executive suburb, served by university-affiliated community hospital, two others, within easy distance of major medical schools. One-year salary, leading to corporate partnership, on retirement of senior partner. Reply Box #048203.

Texas, Houston—Pediatricians needed for After Hours Children’s Clinic. No hospital rounds. Flexible hours, generous financial salary. Malpractice paid. Contract guaranteed work for 6 months or 1 year. Write Box #048204.

Pennsylvania—Pediatrician wanted, Board-certified/eligible for partnership in general pediatrics in beautiful western Pennsylvania community. Modern JCAH, 321-bed hospital with active obstetrical department serving an area comprising 300,000 people. Community offers good schools and university educational opportunities, cultural and year-round activities. Reply Box #048207.

New York—BC/BE pediatrician wanted for part-time position with solo practice in Mid-Hudson Valley, 80 miles from New York, 60 miles from Albany. Reply Box #048209.

Free AAP Publications List: For a free catalog of manuals, patient education materials and committee statements published by the American Academy of Pediatrics write: Publications Dept., AAP, P.O. Box 1034, Evanston, IL 60204.

Louisiana—Neonatologist BC/BE on tenure track at a university hospital. Four neonatologists and two perinatologists on staff at present. Research opportunities. Salary and level of faculty appointment commensurate with experience. Please reply with curriculum vitae to: Chief, Neonatology Section, Department of Pediatrics, LSU Medical Center, PO Box 33932, Shreveport, LA 71130. Equal Opportunity Employer.

Pediatrician in Southern California solo practice needs part-time associate; four-person call group. Excellent opportunity for mother or retiree wishing to remain active; 50,000 in community, near medical center; excellent cultural and recreational activities. Salary negotiable. Send curriculum vitae to Box #048206.

Neonatologist/Expanding upper Midwest multispecialty clinic is seeking a Board-certified neonatologist. Clinic is major referral center for a tri-state area, is affiliated with medical school, and has outstanding regional medical library facility. Excellent benefit program includes: disability and life insurance, hospitalization, generous vacation and educational leave with attractive retirement program. Salary open. Send CV to M.J.E. Johnson, MD, Medical Director, or E. W. Colbert, Executive Director, Box 1818, Bismarck, ND or call (701) 222-5413.

South—A rapidly expanding neonatal program needs a Board-eligible or certified neonatologist to join a three-person group. Practice geared to primary health care in Level II and III nurseries. Salary and benefits superior to most in area. Ideal location, offering cultural/sporting events; convenient to beaches, lakes, and mountains. Reply Box #128102.
Continued from page A78

INFECTIONOUS DISEASE—The Department of Pediatrics, Wright State University School of Medicine and the Children’s Medical Center, Dayton, Ohio, are seeking an academic pediatrician to be Head, Division of Infectious Disease. The candidate to be selected must have completed fellowship training in infectious disease and have a strong commitment to teaching, patient care, and research. Applicants must be licensed or licensible to practice in Ohio. Qualified physicians from minority groups and women are encouraged to apply. Interested applicants should send their curriculum vitae to: Maurice D. Kogut, MD, Professor and Chairman, Department of Pediatrics, Wright State University School of Medicine, The Children’s Medical Center, One Children’s Plaza, Dayton, OH 45404. Affirmative Action/Equal Opportunity Employers.

TENNESSEE—Board-eligible or certified pediatrician sought to join group of hospital-based pediatricians in east Tennessee. Practice involves management of challenging in-patient, ER, and ICU patients. Referrals from local and surrounding communities with population base of 800,000. Excellent compensation plus professional liability insurance provided. For details please contact Joe Woddaill in confidence, toll-free 1 (800) 325-3982 or write PO Box 27352, St Louis, MO 63141.

DIRECTOR - NEONATOLOGY

A 770-bed tertiary care center located in Southwestern Ohio has an immediate opening for Director of Neonatology. The opportunity offers:

- A hospital based position with a clinical faculty appointment
- Certified Level III Perinatal/Neonatal Center — serving 10 county area
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- 3600 deliveries/yr — 50% High Risk
- Cross coverage by existing Neonatology group
- Competitive Salary & Compensation package

Interested candidates please forward curriculum vitae in confidence to:

John E. Hill, Director Manpower Development
224 East Broadway
Louisville, Kentucky 40202 or Call Collect (502) 589-8760

E.O.E.

PEDIATRICIAN—Board-eligible/certified to join multispecialty, federally certified HMO as primary care physician. Excellent working conditions and fringe benefits; competitive salary. Association with university-affiliated hospital. Send curriculum vitae to Laura Salliterman, MD, SHARE Health Plan, 555 Simpson St, St Paul, MN 55104.

PRACTICE FOR SALE

NORTHEASTERN PENNSYLVANIA—32-year-old pediatric practice for sale or limited partnership. Terms negotiable. Over 7,000 visits per year. Over 150 newborns. 180-bed hospital with Level II nursery. Hunting, skiing, boating, and fishing. Two large lakes nearby. Ideal location for pediatrician, pediatric allergist, and pediatric psychiatrist to be the nucleus of a potentially large clinic. Hospital has a psychiatric unit. There is also an active mental health clinic in the community. Buffalo and Pittsburgh 1 1/2 and 3 hours away. Available immediately. Owner changing career; will introduce. Box #068201.

Active solo pediatric practice, located in the very rapidly growing northwest area of Houston, Texas. Many young families. Great potential for growth. Reply Box #068201.


Must sell established pediatric practice in Alaska for health reasons. Good price to the right physician. Reply Box #058205.

PENNSYLVANIA/SUBURBAN PHILADELPHIA AREA—Thriving solo practice newly built office adjacent to hospital-excellent coverage-purchase terms negotiable. Reply Box #048205.

FLORIDA—Solo pediatric practice for sale; Central Florida; 45 minutes from Disney; gross over $100,000; coverage available. Reply Box #048208.

POSITION WANTED

PEDIATRICIAN with excellent qualifications, including psychotherapeutic training, seeks rewarding position in private practice, HMO, or suitable hospital setting. Prefers New York, Long Island, New Jersey, or Connecticut. Respond Box #068207.

BC PEDIATRICIAN, 32, university trained; 5 years’ general pediatric practice experience including one year academic; desires position in group/clinic/HMO in Brooklyn/Queens/Nassau Co. Reply Box #068206.
FELLOWSHIPS, RESIDENCIES

FELLOWSHIP IN LEARNING DISABILITIES AND DEVELOPMENTAL PEDIATRICS—Two-year fellowship working on a multidisciplinary team at a university-based medical center. The program is aimed at preparing trainees for full-time academic, administrative, and service careers in the field. Anticipated starting date: July 1, 1982. Contact: Dr. John J. Ross, MD, Chief, Division of Pediatric Neurology, Box J296 JHM Health Center, Gainesville, FL 32610.

MASSACHUSETTS—Pediatric Neurology Fellowship—Approved 3-year training program at University of Massachusetts Medical Center has opening for July 1983. Completion of PL-2 year is required. CONTACT: Dr. I. F. Abroms, University of Massachusetts Medical Center, 55 Lake Ave North, Worcester, MA 01605.

PEDIATRIC RESIDENCIES—PL-2 and PL-3 positions are available starting July 1982 at T. C. Thompson Children’s Hospital Medical Center in Chattanooga, Tennessee. This is a community hospital affiliated with the University of Tennessee College of Medicine. We offer a complete training program with a broad-based patient population, pragmatic teaching by an active faculty, and an ideal patient load. Subspecialties are represented. Liberal benefits; beautiful area. Contact Dr. Brent Morris, T. C. Thompson Children’s Hospital Medical Center, 910 Blackford St, Chattanooga, TN 37403, or call (615) 779-6217.

NEONATOLOGY FELLOWSHIPS—immediate openings. Two-year program in private perinatal center with 20-bed NICU under direction of full-time neonatologists. Perinatologists and pediatric subspecialists on active staff. Emphasis on clinical experience with opportunities for clinical investigations. Contact: Joe Alexander, MD, Mercy Health Center, 4200 W Memorial, Oklahoma City, OK 73120.

UNIVERSITY OF VERMONT—Neonatal Fellowship opening for July 1, 1983. A 22-bed, rural, university regional intensive care nursery. Active research program in transcutaneous blood gas bilirubin monitoring plus ultrasound studies of intracranial hemorrhage. For applications write: Jerold Lucey, MD, Medical Center Hospital of Vermont, Burlington, VT 05401.

ADOLESCENT MEDICINE FELLOWSHIP—One-year clinical fellowship available July 1982. Active ambulatory and consultation service at major teaching institution. New community and school-based program. Contact: Patricia Langhennig, MD, Department of Pediatrics, Cook County Hospital, 700 S Wood, Chicago, IL 60612.

PL-2 and PL-3 RESIDENCY AVAILABLE July 1982 at Mercy Hospital & Medical Center, Abraham Lincoln School of Medicine affiliated. The program is fully approved and accredited. Interested applicants should contact Billie Wright Adams, MD, Mercy Hospital & Medical Center, 26th & King Drive, Chicago, IL 60616. An Equal Opportunity Employer.

NEONATOLOGY FELLOWSHIP—Unexpected opening for July 1, 1982 at the University of Michigan/Holden Perinatal Hospital. Comprehensive experience will prepare individuals for academic and/or practice careers. Faculty of four with research projects in intraventricular hemorrhage; membrane oxygenation (ECMO); cognitive development; CNS imaging; bilirubin. Write or call: D. W. Roloff, MD, Director of Newborn Services, University of Michigan, Box 007, L3018 Women’s Hospital, Ann Arbor, MI 48109. (313) 763-4109. An Affirmative Action, Equal Opportunity Employer.

MISSOURI—Pediatric Gastroenterology Fellowship—Available July 1 or September 1, 1982 at the University of Missouri. Program includes extensive training in clinical care, research, and gastrointestinal procedures. Apply C. Woodruff, Department of Child Health, University of Missouri Health Sciences Center, Columbia, MO 65211.


GENERAL NOTICES

LEARNING DISABILITIES: CAUSES AND CURES—Looking ahead in the 80s/October 23, 1982. Sponsor: Boston University School of Medicine, Departments of Pediatrics and Neurology. Course Director: N. Paul Roman, MD. Fee: $100 (includes luncheon and syllabus). AMA Category I: 7 hours. Contact: Ms Donna Marcy, Dept of CME, B U S M, 80 E Concord St, Boston MA 02118. (617) 247-5602.

BOSTON UNIVERSITY SCHOOL OF MEDICINE, Departments of Pediatrics and Orthopedics present EMERGENCY PEDIATRICS. Dates: October 1–2, 1982. Place: Howard Johnson’s 57 Park Plaza Hotel, Boston, MA. Fee: $165 ($100 for RNs, PAs, and residents). For further information contact: Dept of Continuing Medical Education, Boston University School of Medicine, 80 E Concord St, MA 02118 (617) 247-5602.

NEONATAL NUTRITION CONFERENCE—Departments of Pediatrics and Nutrition, Case Western Reserve University, September 12–15, 1982. Key speakers will include Drs Edward F. Bell, Rosita S. Pildes, Avroy A. Fanaroff, John H. Kennell, and William B. Pittard III. Write to: Diane Anderson, MS, RD, Rainbow Babies & Children’s Hospital, 700 Euclid Avenue, Cleveland, OH 44106. Fee: $80. Continuing Education Accreditation has been requested from the ADA, AMA, and from the Ohio Nurses Association.
The Society for Pediatric Dermatology announces its grants for clinical or basic research in pediatric dermatology ($5,000 maximum). The Society is composed of pediatricians and dermatologists interested in skin diseases in children. The Society holds an annual meeting and publishes a quarterly newsletter. For information regarding the grant membership contact: James E. Rasmussen, MD, University of Michigan Medical Center, Department of Dermatology, Box 031, C-2069 Outpatient Bldg, Ann Arbor, MI 48109. The next annual meeting—Aspen, Colorado, July 13–16, 1982.

TODAY’S ADOLESCENT AND THE SCHOOL ENVIRONMENT: MEDICAL AND BEHAVIORAL ASPECTS—July 30–31, August 1, 1982. Cosponsors: American Academy of Pediatrics and the Children’s Service, Massachusetts General Hospital, Boston. Location: Parker House Hotel, Boston, Massachusetts. AMA Category I and PREP Credits: 19 hours. Emphasis: Major aspects of health care for the adolescent in secondary school and college, commonly encountered medical problems, sports injuries, and adjustment problems of adolescence. A complete list of guest faculty and a course program will be sent on request. Contact: Jean Dow, Department of Education, American Academy of Pediatrics, PO Box 1034, Evanston, IL 60204. (800) 323-0797.

POLICY: Ads must be relevant to the practice of medicine. We reserve the right to revise or reject advertising copy that is deemed objectionable. Although the American Academy of Pediatrics believes the classified advertisements in these columns to be from reputable sources, the AAP does not investigate the offers made and assumes no responsibility concerning them.
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We try to present an accurate index. Occasionally this may not be possible because of a last-minute change or an omission.
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Indications: Prevention and control of nausea and vomiting associated with certain types of anesthesia and surgery, Active and prophylactic treatment of motion sickness. Antiemetic effect in postop patients.
Contraindications: Known hypersensitivity to the drug.
Warnings: Sedative action: additive to sedative effects of CNS depressants; eliminate or reduce dose of concomitant alcohol, barbiturates, narcotic analgesics, etc. When given with promethazine, reduce barbiturate dose by at least ½ and analgesics dose, e.g. morphine or meperidine, by ¼ to ½.
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Adverse Reactions: Patients may occasionally complain of autonomic reactions, e.g. dryness of the mouth, blurring of vision and, rarely, dizziness. Very rare cases were reported where patients receiving promethazine developed leukopenia. In one instance agranulocytosis was reported. Other toxic agents known to cause these conditions almost always were associated with use of promethazine. Cardiovascular by-effects were rare. Minor increases in blood pressure, occasional mild hypotension were reported. Photosensitivity (extremely rare) contraindicates further use of promethazine or related drugs. Patients with abraded or eroded rectal lesions may experience initial local discomfort with promethazine suppositories. Attempted suicides resulted in deep sedation, coma, rarely convulsions and cardiorespiratory symptoms compatible with depth of sedation present. Paradoxic reaction was reported in children after single doses of 75-125 mg orally, (hyperexcitability and nightmares).
Composition: 12.5 and 25 mg promethazine HCl with ascorbyl palmitate, silicon dioxide, white wax, and cocoa butter.
See full prescribing information.