JULY 1982

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1/Livingston S, Pruce I: Petit mal epilepsy. *Am Fam Physician* 17 (1):107-114, January 1978.

2/Livingston S, Pruce I, Pauli LL: Initiation of drug therapy. *Pediatr Ann* 8 (4):213-229, 1979.

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Cases of systemic lupus erythematosus have been reported with the use of ethosuximide. The physician should be alert to this possibility.
Usage in Pregnancy: The effects of Zarontin in human pregnancy and nursing infants are unknown.

Recent reports suggest an association between the use of anticonvulsant drugs by women with epilepsy and an elevated incidence of birth defects in children born to these women. Data are more extensive with respect to phenytoin and phenobarbital, but these are also the most commonly prescribed anticonvulsants; less systematic or anecdotal reports suggest a possible similar association with the use of all known anticonvulsant drugs.

The reports suggesting an elevated incidence of birth defects in children of drug-treated epileptic women cannot be regarded as adequate to prove a definite cause-and-effect relationship. There are intrinsic methodologic problems in obtaining adequate data on drug teratogenicity in humans; the possibility also exists that other factors, eg, genetic factors or the epileptic condition itself, may be more important than drug therapy in leading to birth defects. The great majority of mothers on anticonvulsant medication deliver normal infants. It is important to note that anticonvulsant drugs should not be discontinued in patients in whom the drug is administered to prevent major seizures because of the strong possibility of precipitating status epilepticus with attendant hypoxia and threat to life. In individual cases where the severity and frequency of the seizure disorder are such that the removal of medication does not pose a serious threat to the patient, discontinuation of the drug may be considered prior to and during pregnancy, although it cannot be said with any confidence that even minor seizures do not pose some hazard to the developing embryo or fetus.

The prescribing physician will wish to weigh these considerations in treating or counseling epileptic women of childbearing potential.
Hazardous Activities: Ethosuximide may impair the mental and/or physical abilities required for the performance of potentially hazardous tasks, such as driving a motor vehicle or other such activity requiring alertness; therefore, the patient should be cautioned accordingly.
Precautions: Ethosuximide, when used alone in mixed types of epilepsy, may increase the frequency of grand mal seizures in some patients.

As with other anticonvulsants, it is important to proceed slowly when increasing or decreasing dosage, as well as when adding or eliminating other medication. Abrupt withdrawal of anticonvulsant medication may precipitate absence (petit mal) status.
Adverse Reactions
Gastrointestinal System: Gastrointestinal symptoms occur frequently and include anorexia, vague gastric upset, nausea and vomiting, cramps, epigastric and abdominal pain, weight loss, and diarrhea.
Hemopoietic System: Hemopoietic complications associated with the administration of ethosuximide have included leukopenia, agranulocytosis, pancytopenia, aplastic anemia, and eosinophilia.
Nervous System: Neurologic and sensory reactions reported during therapy with ethosuximide have included drowsiness, headache, dizziness, euphoria, hiccups, irritability, hyperactivity, lethargy, fatigue, and ataxia. Psychiatric or psychological aberrations associated with ethosuximide administration have included disturbances of sleep, night terrors, inability to concentrate, and aggressiveness. These effects may be noted particularly in patients who have previously exhibited psychological abnormalities. There have been rare reports of paranoid psychosis, increased libido, and increased state of depression with overt suicidal intentions.
Integumentary System: Dermatologic manifestations which have occurred with the administration of ethosuximide have included urticaria, Stevens-Johnson syndrome, systemic lupus erythematosus, and pruritic erythematous rashes.
Miscellaneous: Other reactions reported have included myopia, vaginal bleeding, swelling of the tongue, gum hypertrophy, and hirsutism.

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References must be numbered consecutively according to their citation in the text. Abbreviations for journals should be those listed in *Index Medicus*. The following reference style (a modified form of that shown in "Uniform Requirements for Manuscripts Submitted to Biomedical Journals") will appear in the journal effective with volume 71 (January 1983 issue):

Journal (list first three authors then et al):

1. Starzl TE, Klintmalm GBG, Porter KA, et al: Liver transplantation with use of cyclosporin A and prednisone. *N Engl J Med* 1981;305: 266–269

Book

1. Kavet J: Trends in the utilization of influenza vaccine: An examination of the implementation of public policy in the United States, in Selby P (ed): *Influenza: Virus, Vaccines, and Strategy*. New York, Academic Press Inc, 1976, pp 297–308

Tables must be comprehensible to the reader without reference to the text and typed (double-spaced) rather than photographed. Each table should be typed on a separate sheet, be numbered consecutively, and have a brief title. Care should be taken to make tables as concise and brief as possible.

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Revised, March 1982

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JULY 1982 VOL. 70 NO. 1

Pediatrics

OFFICIAL PUBLICATION OF THE AMERICAN ACADEMY OF PEDIATRICS

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VōSoL **HC** Otic Solution, in 10 ml measured-drop, safety-tip plastic bottle. Rev. 5/78

1. Ordonez GE, Kime CE, Updegraff WR, et al: Effective treatment of acute, diffuse otitis externa: I. A controlled comparison of hydrocortisone—acetic acid, nonaqueous and hydrocortisone—neomycin—polymyxin B otic solutions. *Curr Ther Res* 23 (May suppl): SS3-SS14, 1978.

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AMERICAN ACADEMY OF PEDIATRICS

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ANNUAL MEETINGS

1982
New York Hilton
Sheraton Centre
New York City
October 23-28

1983
San Francisco
October 22-27

1984
Chicago
September 15-20

1985
San Antonio, Texas
October 19-24

1986
Washington, DC
November 1-6

1987
New Orleans
October 17-22

1988
San Francisco
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1. Frosch PJ, Kligman AM: *J Am Acad Dermatol* 1:35, 1979.
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Another piece.

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.

Another piece.

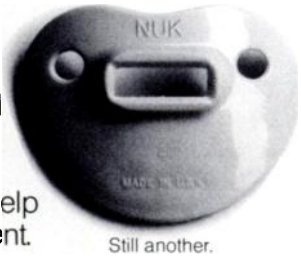
The Kip Orthodontic Pacifier.
One-piece for safety, all-soft for comfort.

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.



Still another.

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.

the first years®

201 products for children, designed by mothers.

AMERICAN ACADEMY
OF PEDIATRICS

1801 Hinman Avenue
Evanston, Illinois 60204

SCHEDULE OF MEETINGS

SPRING SESSIONS

1983
Philadelphia
April 16-21

1984
Phoenix, Arizona
March 24-29

1985
Atlanta
April 13-18

Note: All Spring Sessions start on Saturday

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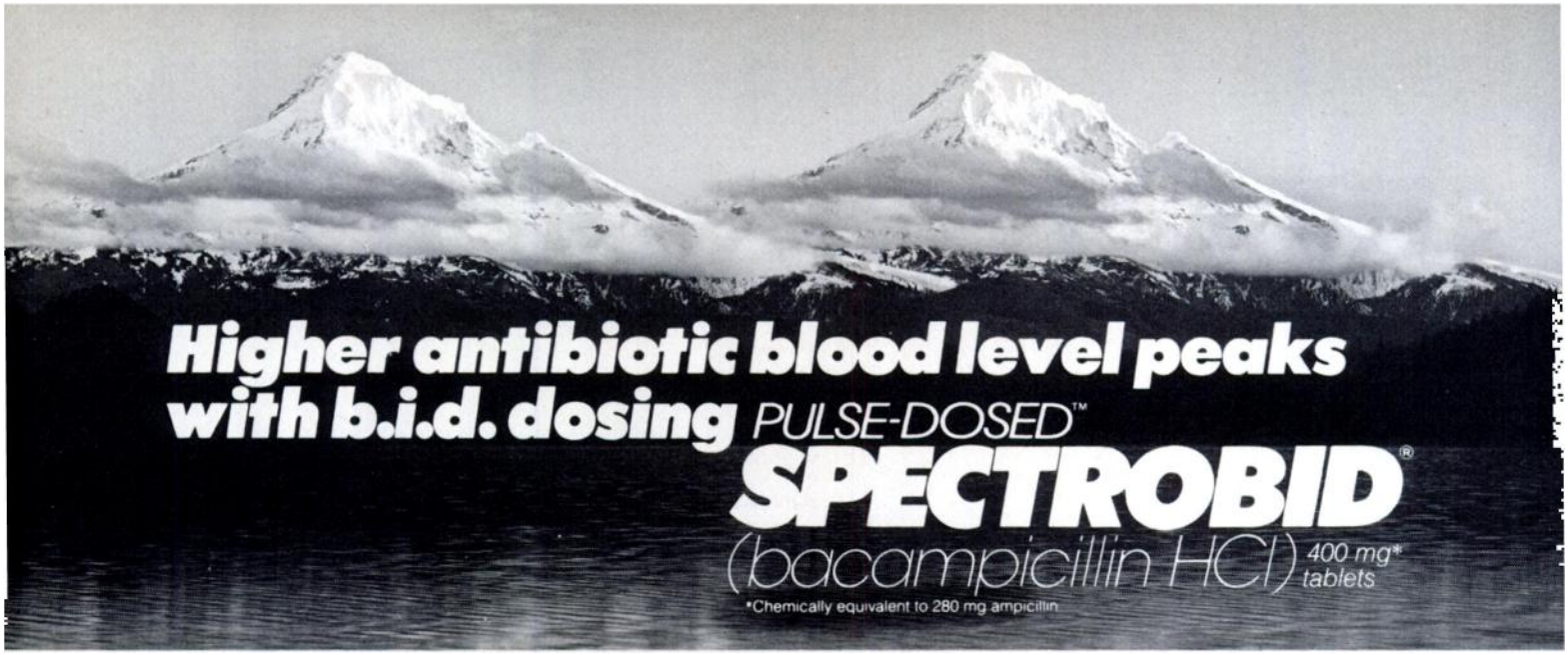


References: 1. Data on file, Roerig. 2. Manufacturer's product information. 3. Braude AI: *Antimicrobial Drug Therapy*, vol 7. Philadelphia, WB Saunders Co, 1976, p 68. 4. Bergogne-Berezin E, Berthelot G, Kafe H, et al: Penetration of ampicillin into human bronchial secretions. *Infection* 7 (suppl 5):463-464, 1979. 5. Bergogne-Berezin E, Lambert-Zechovsky N, Kafe H: Etude pharmacocinétique comparative de divers antibiotiques dans les sécrétions bronchiques. *Med Mal Infect* 6:134-137, 1976.

BRIEF SUMMARY

SPECTROBID® (bacampicillin HCl)

Bacampicillin is a member of the ampicillin class of acid resistant, orally administered semisynthetic penicillins. It is rapidly hydrolyzed to ampicillin in both tablet and suspension form.

Contraindications: Bacampicillin is contraindicated in individuals with a history of allergy to any of the penicillin antibiotics.

Warnings: Serious and occasionally fatal anaphylactic reactions have been reported in patients on penicillin therapy. Anaphylaxis is more frequent following parenteral therapy than with oral therapy. Severe reactions have also been reported in patients hypersensitive to penicillins who are treated with cephalosporins. Prior to penicillin therapy, careful inquiry should be made concerning previous hypersensitivity reactions to penicillins, cephalosporins, and other allergens. IF AN ALLERGIC REACTION OCCURS, THE DRUG SHOULD BE DISCONTINUED AND APPROPRIATE THERAPY INSTITUTED. SERIOUS ANAPHYLACTIC REACTIONS REQUIRE IMMEDIATE EMERGENCY TREATMENT WITH EPINEPHRINE.

Precautions: Superinfections with mycotic and bacterial pathogens may occur during therapy. If these infections occur, discontinue the drug and initiate appropriate therapy. During prolonged therapy, periodically check for organ system dysfunction, including renal, hepatic, and hematopoietic systems, particularly in prematures, neonates, and patients with liver or renal impairment. Ampicillin class antibiotics should not be administered to patients with mononucleosis.

Clinically Significant Drug Interactions: The concurrent administration of allopurinol and ampicillin increases substantially the incidence of rashes in patients receiving both drugs as compared to ampicillin alone. There are no data to date on the incidence of rashes in patients treated concurrently with SPECTROBID (bacampicillin HCl) and allopurinol. SPECTROBID should not be co-administered with Antabuse® (disulfiram).

Drug and Laboratory Test Interactions: It is recommended that glucose tests based on enzymatic glucose oxidase reactions (Clinistix® or Tes-Tape®) be used. Following administration of ampicillin to pregnant women a transient decrease in plasma concentration of total conjugated estriol, estriol-glucuronide, conjugated estrone, and estradiol has been noted.

Pregnancy Category B: Reproduction studies in mice and rats have revealed no evidence of impaired fertility or harm to the fetus due to SPECTROBID. There are no adequate and well controlled studies in pregnant women; therefore, this drug should be used during pregnancy only if clearly needed.

Labor and Delivery: It is not known whether use of SPECTROBID during labor or delivery has immediate or delayed adverse effects on the fetus, prolongs the duration of labor, or increases the likelihood that obstetrical intervention will be necessary.

Carcinogenicity, Mutagenicity, Impairment of Fertility: No carcinogenicity or mutagenicity studies have been conducted to date. There is no evidence of impaired fertility with SPECTROBID.

Nursing Mothers: Because ampicillin class antibiotics are excreted in milk, caution should be used when these antibiotics are administered to nursing mothers.

Pediatric Use: SPECTROBID tablets may be administered to children who weigh 25 kg or more. The oral suspension is indicated for children and infants who weigh less than 25 kg and in children who are unable to swallow tablets.

Adverse Reactions: As with other penicillins, untoward reactions will be limited essentially to sensitivity phenomena. These are more likely to occur in persons with hypersensitivity to penicillins and in those with a history of allergy, asthma, hay fever, or urticaria. In clinical trials the most frequent adverse reactions to SPECTROBID were epigastric upset (2%) and diarrhea (2%). Increased dosage may cause an increased incidence of diarrhea. The same clinical trials showed a 4% incidence of diarrhea and a 2% incidence of nausea with amoxicillin therapy.

The following adverse reactions to ampicillin have been reported:

Gastrointestinal: Diarrhea, gastritis, stomatitis, nausea and vomiting, glossitis, black "hairy" tongue, enterocolitis and pseudomembranous colitis.

Hypersensitivity Reactions: Skin rashes, urticaria, erythema multiforme; an occasional case of exfoliative dermatitis may occur, but may be controlled with antihistamines or systemic corticosteroids. Serious and occasionally fatal hypersensitivity reactions (anaphylactic) can occur with oral penicillins (See Warnings).

Liver: A moderate rise in serum glutamic oxaloacetic transaminase (SGOT) has been found in some ampicillin treated patients, but the significance of this finding is unknown. Studies indicate no difference between ampicillin and SPECTROBID in regard to liver function test abnormalities.

Hemic and Lymphatic Systems: Anemia, thrombocytopenia, thrombocytopenic purpura, eosinophilia, leukopenia, and agranulocytosis have been reported during penicillin therapy. These reactions are usually reversible when therapy is discontinued.

Dosage and Administration (for susceptible organisms): SPECTROBID tablets may be given without regard to meals. SPECTROBID oral suspension should be administered to fasting patients.

Upper respiratory tract (including otitis media), urinary tract, and skin and skin structure infections.

Adults: 1 x 400 mg tablet every 12 hours (patients weighing 25 kg or more).
Children: 25 mg/kg/day tablets or suspension in 2 equally divided doses at 12 hour intervals.

In severe infections, lower respiratory infections, or those caused by less susceptible organisms.

Adults: 2 x 400 mg tablets every 12 hours (patients weighing 25 kg or more)
Children: 50 mg/kg/day tablets or suspension in 2 equally divided doses at 12 hour intervals.

Gonorrhea.

Adults: 4 x 400 mg tablets plus one gram of probenecid administered in a single dose.

No pediatric dosage has been established for treatment of gonorrhea.

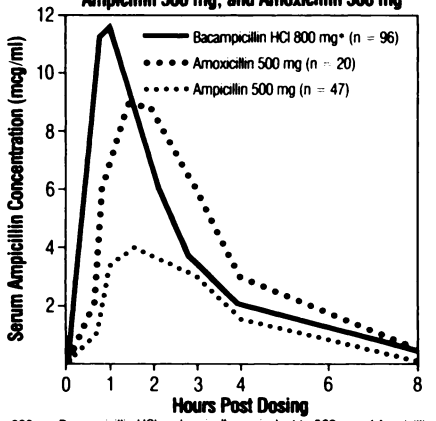
This is the usual dose in uncomplicated gonorrhea. In cases with suspected lesion of syphilis, perform a dark field examination before administering SPECTROBID. Monthly serological tests should be done for a minimum of four months. In the treatment of chronic urinary tract infections, frequent bacteriologic and clinical appraisals may be necessary. Stubborn infections may require several weeks' therapy, and it may be necessary to continue clinical and bacteriologic follow-up for several months following therapy. Except for gonorrhea, treatment should be continued for a minimum of 48 to 72 hours beyond the time the patient becomes asymptomatic or evidence of bacterial eradication has been obtained.

AT LEAST TEN DAYS' TREATMENT IS RECOMMENDED FOR INFECTIONS CAUSED BY HEMOLYTIC STREPTOCOCCI, TO PREVENT OCCURRENCE OF ACUTE RHEUMATIC FEVER OR GLOMERULONEPHRITIS.

How Supplied: SPECTROBID (bacampicillin HCl) is available as 400 mg white, film coated, oblong, unscored tablets, in bottles of 100, and in 70 ml, 100 ml, 140 ml, 200 ml bottles of powder for oral suspension. Each 5 ml of reconstituted suspension contains 125 mg bacampicillin HCl.

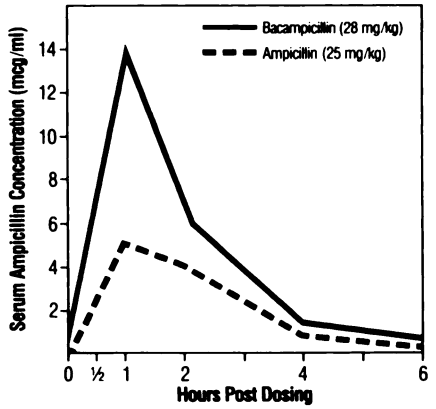
More detailed professional information is available on request.

Comparison of Bacampicillin HCl 800 mg, Ampicillin 500 mg, and Amoxicillin 500 mg



*800 mg Bacampicillin HCl is chemically equivalent to 560 mg of Ampicillin

Crossover Comparison of Bacampicillin HCl Oral Suspension (28 mg/kg)* with Ampicillin Oral Suspension (25 mg/kg) in Fasted Infants and Children (n = 7).



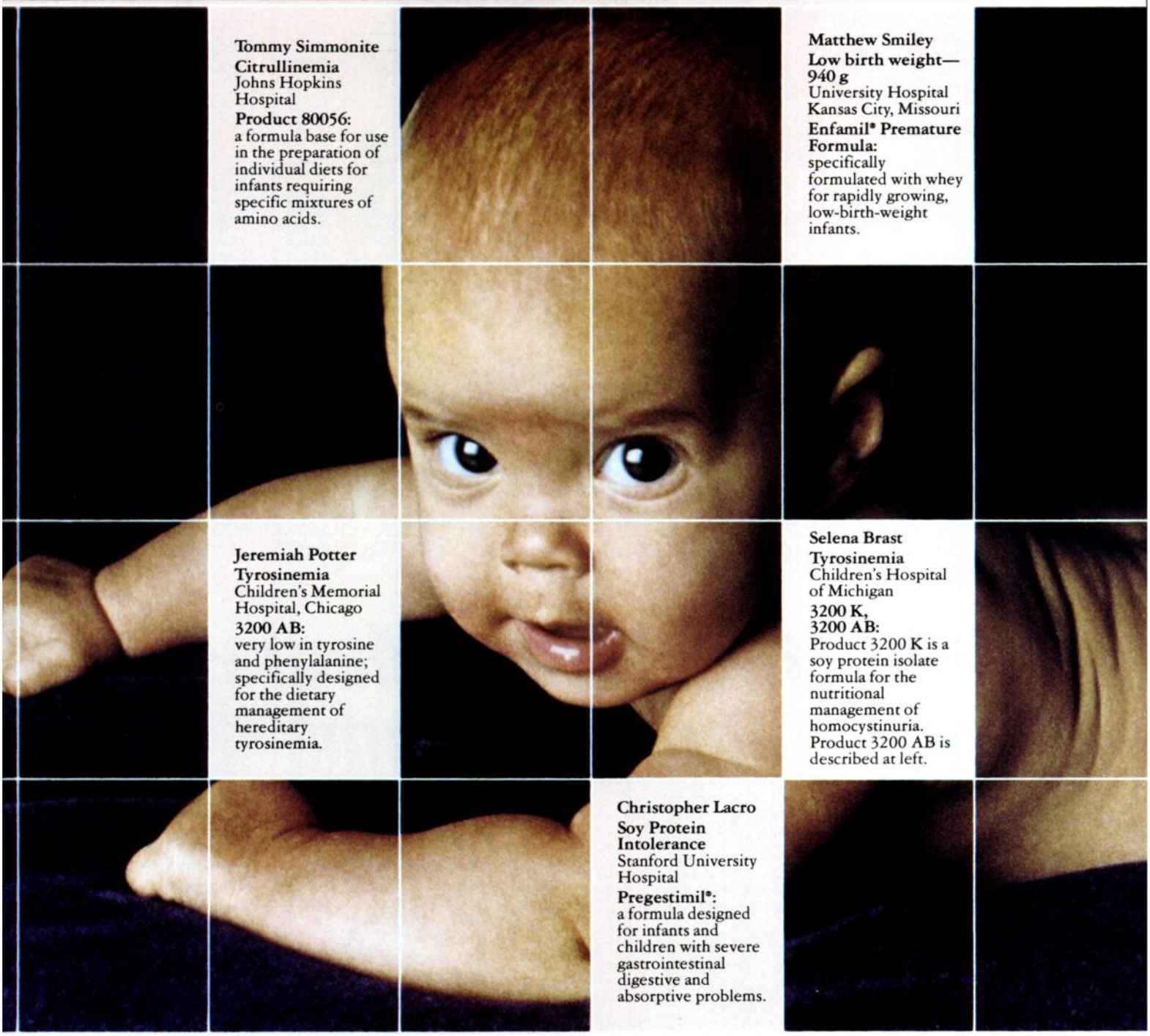
*equivalent to 19.5 mg/kg of Ampicillin

An important innovation in antibiotic therapy from

ROERIG Pfizer

A division of Pfizer Pharmaceuticals
New York, New York 10017

Meet 10 very special infants.*



Tommy Simmonite
Citrullinemia
Johns Hopkins Hospital
Product 80056:
a formula base for use in the preparation of individual diets for infants requiring specific mixtures of amino acids.

Matthew Smiley
Low birth weight—940 g
University Hospital
Kansas City, Missouri
Enfamil® Premature Formula:
specifically formulated with whey for rapidly growing, low-birth-weight infants.

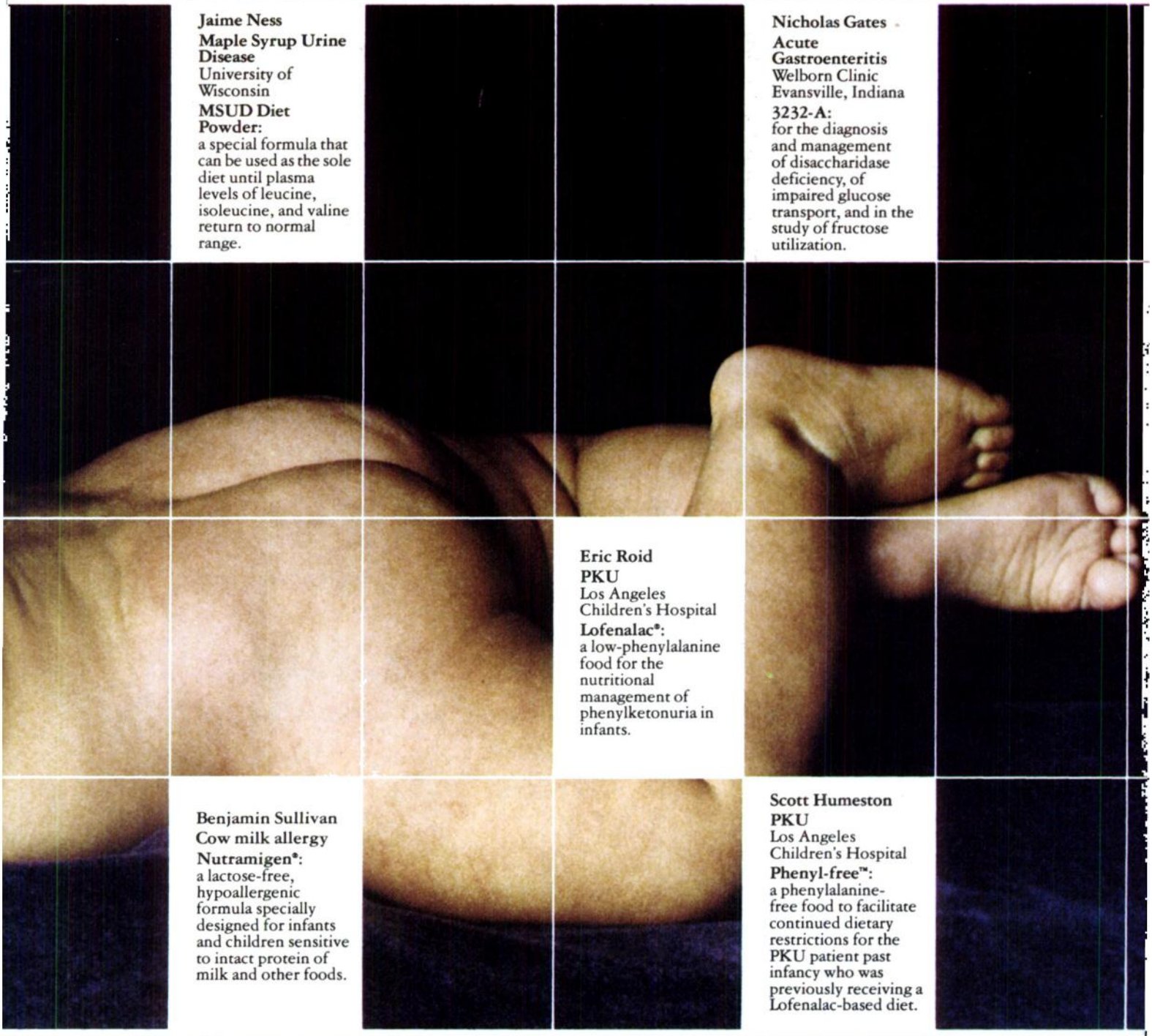
Jeremiah Potter
Tyrosinemia
Children's Memorial Hospital, Chicago
3200 AB:
very low in tyrosine and phenylalanine; specifically designed for the dietary management of hereditary tyrosinemia.

Selena Brast
Tyrosinemia
Children's Hospital of Michigan
3200 K, 3200 AB:
Product 3200 K is a soy protein isolate formula for the nutritional management of homocystinuria. Product 3200 AB is described at left.

Christopher Lacro
Soy Protein Intolerance
Stanford University Hospital
Pregestimil®:
a formula designed for infants and children with severe gastrointestinal digestive and absorptive problems.

**Mead Johnson would like to thank the families of these infants for their cooperation in the development of this message.*

Mead Johnson
Nutritional Division
The only company dedicated to making a difference in special lives like these.



Jaime Ness
Maple Syrup Urine Disease
University of Wisconsin
MSUD Diet Powder:
a special formula that can be used as the sole diet until plasma levels of leucine, isoleucine, and valine return to normal range.

Nicholas Gates
Acute Gastroenteritis
Welborn Clinic
Evansville, Indiana
3232-A:
for the diagnosis and management of disaccharidase deficiency, of impaired glucose transport, and in the study of fructose utilization.

Eric Roid
PKU
Los Angeles Children's Hospital
Lofenalac®:
a low-phenylalanine food for the nutritional management of phenylketonuria in infants.

Benjamin Sullivan
Cow milk allergy
Nutramigen®:
a lactose-free, hypoallergenic formula specially designed for infants and children sensitive to intact protein of milk and other foods.

Scott Humeston
PKU
Los Angeles Children's Hospital
Phenyl-free™:
a phenylalanine-free food to facilitate continued dietary restrictions for the PKU patient past infancy who was previously receiving a Lofenalac-based diet.

If a very special company like Mead Johnson had not been around to solve the feeding problems of these infants, their lives might have been very different.

This is because our commitment to infant feeding goes far beyond good nutrition for normal infants.

Mead Johnson cares about those special babies whose nutritional well-being depends upon our continuing research and product development.

And *only* Mead Johnson supports you with this total commitment to good nutrition for all infants. And that's why we've earned your specification of Enfamil® for normal infants—when breast-feeding is not chosen—and ProSobee® for common feeding problems.

Mead Johnson
NUTRITIONAL DIVISION

BOOKS RECEIVED

Bulletin of The International Pediatric Association. P. K. 2 Maltepe, Ankara, Turkey, subscription: $50.00/yr.

MacKeith's Infant Feeding & Feeding Difficulties, ed. 6. By C. B. S. Wood and J. A. Walker-Smith. New York, Churchill Livingston, Inc, 1982, $20, 334 pp.

Parent-Infant Bonding, ed 2. By M. H. Klaus and J. H. Kennell. St Louis, CV Mosby Co, 314 pp.

Nutritional Factors Involved in the Goitrogenic Action of Cassava. F. Delange, F. B. Iteke, and A. M. Ermans. International Development Research Centre, Ottawa, Canada, 1982, $6, 100 pp.

Transcutaneous PO_2. R. Huch, A. Huch, and D. W. Lubbers. New York, Thieme-Stratton Inc, 1981, $23.90, 170 pp.

Handbook of Neonatal Intensive Care. By H. L. Halliday, G. McClure, and M. Reid. New York, Macmillan Publishing Co, Inc, 1982, $19.95, 307 pp.

Neonatal Respiratory Depression, Series 1: The First Six Hours of Life, Module 5: A Staff Development Program in Perinatal Nursing Care. Edited by B. S. Raff and P. Carroll. White Plains, NY, March of Dimes-Birth Defects Foundation, 1982, $2, 24 pp.

A Guide to Radiological Procedures. By S. Chapman and R. Nakielny. New York, Macmillan Publishing Co, Inc, 1982, $17.95, 250 pp.

Children Under Stress: Understanding Emotional Adjustment Reactions. By L. A. Chandler. Springfield, IL, Charles C Thomas, Publisher, 1982, $17.75 ($12.50 paper), 117 pp.

Perinatal Parental Behavior Nursing Research and Implications for Newborn Health (March of Dimes Birth Defects Foundation Article Series, Vol XVII, No. 6). By B. S. Raff. New York, Allan R. Liss, Inc, 1982, $46, 310 pp.

Pediatric Nephrology, Volume 6: Current Concepts in Diagnosis and Management. By J. Strauss. New York, Plenum Publishing Corp, 1982, $49.50, 518 pp.

Progress in Respiration Research, Volume 17: Paediatric Respiratory Disease. Edited by M. H. Gotz and O. B. Stur (H. Herzog, Series Editor). 1982, Basel, S Karger, 1982, $114 (Sw Fr 190, DM 228), 306 pp.

Community Workbook for Collaborative Services to Preschool Handicapped Children. Prepared By American Association of University Affiliated Programs for the Developmentally Disabled, Washington, DC. (Write to Catherine Kessler, Georgetown University Child Development Center, Room CG-52, Bless Bldg, 3800 Reservoir Road, NW, Washington, DC 20007), 1982, $3.75, 34 pp.

Manual of Pediatric Respiratory Care Procedures. By D. Blodgett. Philadelphia, JB Lippincott Co & Harper & Row, Publishers, Inc, 1981, $10.50, 235 pp.

A Handbook for Examinations in Paediatrics. By H. M. Nutbeam and M. I. Levene. Boston, Blackwell Scientific Publications, 1981, $10.75, 133 pp.

Nutritional Analysis System: A Physician's Manual for Evaluation of Therapeutic Diets, By D. L. Dadd, R. C. Dadd, and J. J. McGovern, Jr. Springfield, IL, Charles C Thomas, Publisher, 1982, $19.50, 137 pp.

Lecture Notes on Paediatrics, ed 4. By S. R. Meadow and R. W. Smithells. Boston, Blackwell Scientific Publications, 1982, $13, 323 pp.

Diagnosis and Management of Acute Poisoning. By A. Proudfoot. Boston, Blackwell Scientific Publications, 1982. $16.95, 237 pp.

Young Children in a Computerized Environment. By M. Frank, New York, The Haworth Press, 1982, $20, 96 pp.

Treating and Overcoming Anorexia Nervosa. By S. Levenkron. 1982, New York, Charles Scribner's Sons, $12.95, 205 pp.

Healthy Babies, Happy Kids. By S. A. Cohen. New York, Delilah Books, 1982, $8.95, 234 pp.

Metabolic Acidosis, Ciba Foundation Symposium 87. West Caldwell, NJ, Pitman Books, 1982, $35, 393 pp.

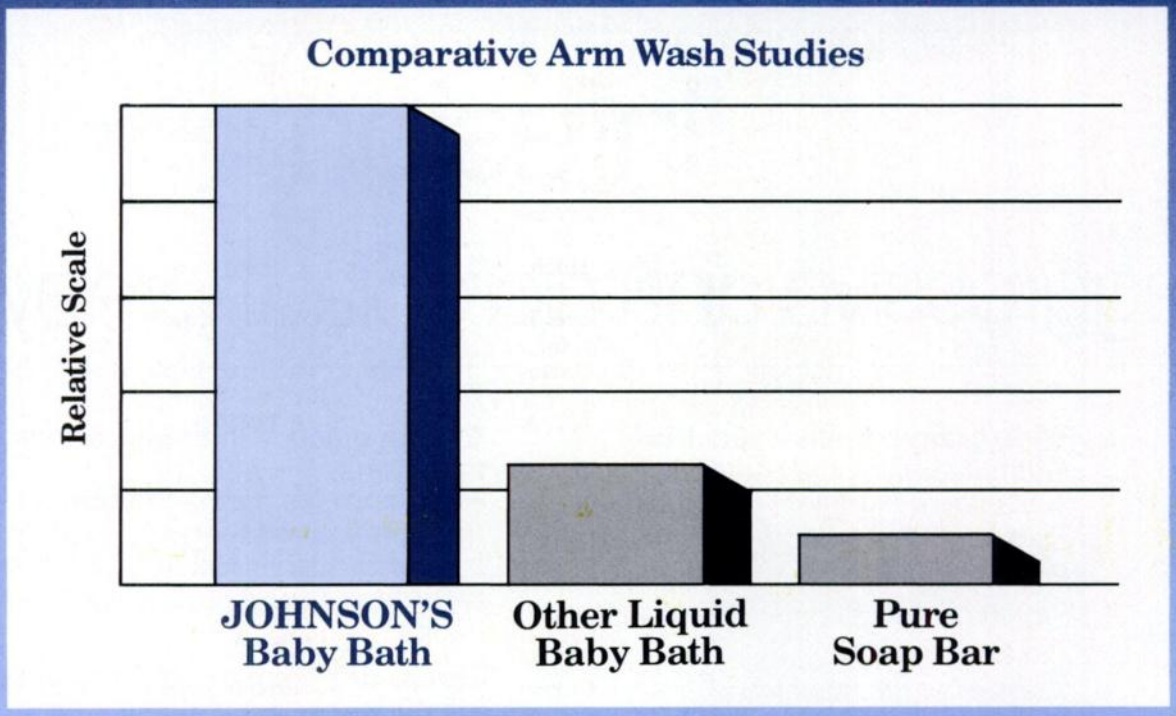
Drug Use in Pregnancy. By J. R. Niebyl. Philadelphia, Lea & Febiger, 1982, $18.50, ($22.25 Canada), 194 pp.

Children's Dreams: Longitudinal Studies. By D. Foulkes. New York, John Wiley & Sons, Inc, 1982, $32.50, 477 pp.

Pediatric Respiratory Disease, ed 2. By J. Gerbeaux, J. Couvreur, and G. Tournier. New York, John Wiley & Sons, Inc, 1982, $95, 939 pp.

Pediatric Pathology. C. L. Berry. New York, Springer-Verlag, 1982, $82.50, 697 pp.

Johnson's Baby Bath is MILDEST of all.



In comparative clinical studies[1], JOHNSON'S Baby Bath demonstrated SUPERIOR MILDNESS to the leading pure soap bar and the other liquid baby bath.

Mildness to Skin – Exaggerated exposure techniques, i.e., comparative arm wash studies, prove that the irritation potential for JOHNSON'S Baby Bath is *significantly lower* than pure soap bars and the other liquid baby bath.

Mildness to Eyes – Only JOHNSON'S Baby Bath has the patented No More Tears* formula. Human ocular irritation studies prove that JOHNSON'S Baby Bath is as gentle to the human eyes as water.

Clinical Evidence – A scientific brochure documents and summarizes the data from clinical studies demonstrating that JOHNSON'S Baby Bath is mildest of all. Today, JOHNSON'S Baby Bath achieves the most thoroughly modern standard of safety and efficacy in infant bathing[1].

[1]Data on file JOHNSON & JOHNSON *Trademark

JOHNSON'S Baby Bath. The superior infant skin cleanser that pediatric professionals can use and recommend with confidence.

PED 782

FREE PATIENT SAMPLES

Johnson & Johnson

Baby Products Company
Grandview Road
Skillman, New Jersey 08558
Attn: Product Director, JOHNSON'S Baby Bath

Please send me free, a Patient Starter Kit containing 25 bottles of 1½ oz. JOHNSON'S Baby Bath and Scientific Brochure.

NAME_____

ADDRESS_____

CITY_____ **STATE**____ **ZIP**____ **TEL.**_____

Bactrim™ I.V.
(trimethoprim and sulfamethoxazole/Roche)
Infusion

aggressive antimicrobial therapy with

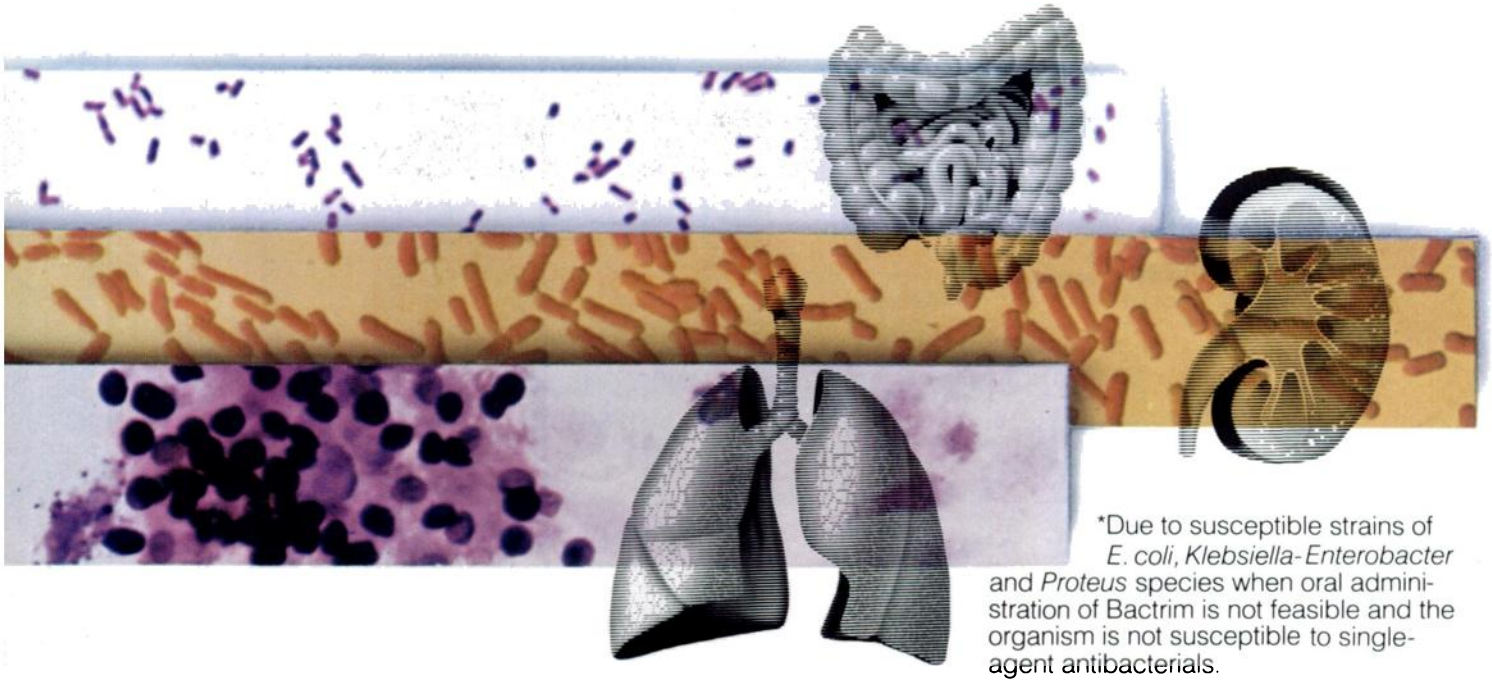
Wide gram-negative spectrum
Gram-negative organisms commonly susceptible *in vitro:*
Escherichia coli
Proteus mirabilis
Proteus vulgaris
Proteus morganii
Klebsiella-Enterobacter
Shigella flexneri
Shigella sonnei

Pseudomonas aeruginosa is commonly not susceptible.
In vitro data do not necessarily correlate with clinical results.

Proven efficacy in these serious infections:
***Pneumocystis carinii* pneumonitis**—In this potentially fatal infection of immunosuppressed patients, Bactrim I.V. Infusion has proven effective in both children and adults.†

***Severe or complicated urinary tract infections**—**
Bactrim I.V. Infusion is useful in both hospital-acquired and acute presenting cases of these gram-negative infections.†

Shigellosis—Bactrim I.V. Infusion may also be used in cases of severe enteritis due to susceptible *Shigella* strains.†

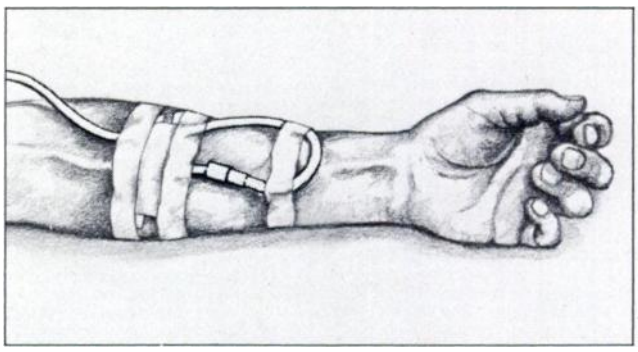


*Due to susceptible strains of *E. coli, Klebsiella-Enterobacter* and *Proteus* species when oral administration of Bactrim is not feasible and the organism is not susceptible to single-agent antibacterials.

a low incidence of adverse reactions

Low incidence of adverse reactions
The most frequent adverse reactions were rash in 2.2 percent (17 of 766), nausea and vomiting in 1.5 percent (11 of 766) and thrombocytopenia in 2.2 percent (17 of 766) of patients treated with Bactrim (trimethoprim and sulfamethoxazole/Roche) I.V. Infusion.† For other adverse reactions which may occur, please see the summary of product information on the following page.

Guidelines for use
Dilution—Bactrim I.V. Infusion must be diluted. Each 5-ml ampul should be diluted in 125 ml of 5% dextrose in water and administered within 6 hours. When fluid restriction is desirable, each ampul may be added to 75 ml of solution if administered within 2 hours.
Administration—Administer ONLY by I.V. drip over a period of 60 to 90 minutes. RAPID INFUSION OR BOLUS INJECTION MUST BE AVOIDED. NOT FOR I.M. USE.
Dosage—For dosage in specific indications, see summary of product information on following page.
Contraindications—Hypersensitivity to either component; documented megaloblastic anemia due to folate deficiency; pregnancy at term and nursing mothers; infants less than two months of age.



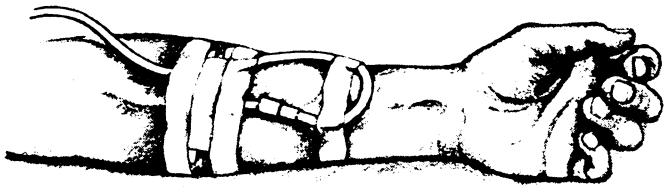
Bactrim™ I.V.
(trimethoprim and sulfamethoxazole/Roche)
Infusion

ROCHE
from Roche, a world leader in antimicrobial therapy

Please see next page for summary of product information.
†Data on file, Hoffmann-La Roche Inc., Nutley, New Jersey 07110.

aggressive antimicrobial therapy*

*see indications below.



Bactrim™ I.V.

(trimethoprim and sulfamethoxazole/Roche)

Infusion

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

Indications: Bactrim I.V. Infusion is indicated in the treatment of *Pneumocystis carinii* pneumonitis and enteritis caused by susceptible strains of *Shigella flexneri* and *Shigella sonnei* in children and adults; also, treatment of severe or complicated urinary tract infections due to susceptible strains of *Escherichia coli, Klebsiella-Enterobacter* and *Proteus* species when oral administration of Bactrim is not feasible and the organism is not susceptible to single agent antibacterials effective in the urinary tract. Appropriate culture and susceptibility studies should be performed but therapy may be started while awaiting the results.

Contraindications: Hypersensitivity, documented megaloblastic anemia due to folate deficiency; pregnancy at term and during the nursing period; infants less than two months of age.

Warnings: NOT FOR USE IN TREATMENT OF STREPTOCOCCAL PHARYNGITIS. Clinical studies show patients with group A β-hemolytic streptococcal tonsillopharyngitis have a greater incidence of bacteriologic failure with Bactrim than with penicillin. Deaths from hypersensitivity reactions, agranulocytosis, aplastic anemia and other blood dyscrasias have been associated with sulfonamides. Experience with trimethoprim alone is much more limited, but occasional interference with hematopoiesis has been reported as well as an increased incidence of thrombopenia with purpura in elderly patients on certain diuretics, primarily thiazides. Sore throat, fever, pallor, purpura or jaundice may be early signs of serious blood disorders.

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, hemolysis, frequently dose-related, may occur. Maintain adequate fluid intake to prevent crystalluria and stone formation. Local irritation and inflammation can occur due to extravascular infiltration of the infusion; discontinue infusion and restart at another site. *Laboratory tests:* Perform appropriate culture and susceptibility studies before and during treatment and do frequent CBC's. Discontinue therapy if a significant reduction in the count of any formed blood element is noted. Perform urinalyses with careful microscopic examination and renal function tests, especially in patients with impaired renal function. *Drug interactions:* Bactrim may prolong prothrombin time in patients receiving warfarin; reassess coagulation time when administering Bactrim to such patients.

Carcinogenesis, mutagenesis, impairment of fertility: Carcinogenesis: Long-term animal studies evaluating carcinogenic potential have not been conducted with Bactrim I.V. Infusion. *Mutagenesis:* Bacterial mutagenic studies have not been performed with sulfamethoxazole and trimethoprim in combination. Trimethoprim was nonmutagenic in the Ames assay. No chromosomal damage was observed in human leukocytes cultured *in vitro* with the components alone or in combination, the concentrations used exceeded blood levels following Bactrim therapy. Leukocytes from patients treated with Bactrim showed no chromosomal abnormalities. *Impairment of Fertility:* Bactrim I.V. Infusion has not been studied in animals for evidence of impairment of fertility, but studies in rats at oral dosages as high as 70 mg/kg trimethoprim plus 350 mg/kg sulfamethoxazole daily showed no adverse effects on fertility or general reproductive performance.

Pregnancy: Teratogenic Effects: Pregnancy Category C. In rats, oral doses of 533 mg/kg sulfamethoxazole or 200 mg/kg trimethoprim produced teratological effects, mainly cleft palates. The highest dose not causing cleft palates in rats was 512 mg/kg sulfamethoxazole or 192 mg/kg trimethoprim, administered separately. Two rat studies showed no teratology with 512 mg/kg of sulfamethoxazole and 128 mg/kg of trimethoprim. However, in one study, cleft palates were observed in one litter out of nine after 355 mg/kg of sulfamethoxazole with 88 mg/kg of trimethoprim. In rabbit studies, an overall increase in fetal loss was associated with doses of trimethoprim six times the human therapeutic dose. While there are no large, well-controlled studies on the use of trimethoprim plus sulfamethoxazole in pregnant women, Brumfitt and Pursell reported the outcome of 186 pregnancies during which the mother received either placebo or this combination orally. The incidence of congenital abnormalities was 4.5% (3 of 66) in those receiving placebo and 3.3% (4 of 120) with trimethoprim plus sulfamethoxazole. There were no abnormalities in the 10 children whose mothers received the drug during the first trimester. In a separate survey, Brumfitt and Pursell also found no congenital abnormalities in 35 children whose mothers had received oral trimethoprim plus sulfamethoxazole at the time of conception or shortly thereafter. Because this combination may interfere with folic acid metabolism, Bactrim I.V. Infusion should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus. *Nonteratogenic Effects:* See "CONTRAINDICATIONS" section. *Nursing Mothers:* See "CONTRAINDICATIONS" section.

Adverse reactions: Most frequently reported are nausea, vomiting, thrombocytopenia and rash, in less than one-twentieth of patients. Local reaction, pain and slight irritation on I.V. administration are infrequent; thrombophlebitis is rare. All major reactions to sulfonamides and trimethoprim are included below, even if not reported with Bactrim I.V. Infusion. *Allergic:* Generalized skin eruptions, pruritus, urticaria, erythema multiforme, Stevens-Johnson syndrome, epidermal necrolysis, serum sickness, exfoliative dermatitis, anaphylactoid reactions, periorbital edema, conjunctival and scleral injection, photosensitization, arthralgia, allergic myocarditis. *Blood Dyscrasias:* Megaloblastic anemia, hemolytic anemia, purpura, thrombocytopenia, leukopenia, agranulocytosis, aplastic anemia, hypoprothrombinemia, methemoglobinemia. *Gastrointestinal:* Glossitis, stomatitis, nausea, emesis, abdominal pains, hepatitis, diarrhea, pseudomembranous colitis, pancreatitis. *C.N.S.:* Headache, peripheral neuritis, mental depression, ataxia, convulsions, hallucinations, tinnitus, vertigo, insomnia, apathy, fatigue, muscle weakness, nervousness. *Miscellaneous:* Drug fever, chills, toxic nephrosis with oliguria and anuria, periarteritis nodosa, L.E. phenomenon.

Because sulfonamides bear certain chemical similarities to some goitrogens, diuretics (acetazolamide and the thiazides) and oral hypoglycemic agents, cross-sensitivity may exist. Diuresis and hypoglycemia have occurred rarely.

Overdosage: Since there has been no extensive experience with single doses of Bactrim I.V. Infusion in excess of 25 ml (400 mg trimethoprim and 2000 mg sulfamethoxazole) in humans, the maximum tolerated is unknown. Use in high doses and/or for extended periods of time may cause bone marrow depression manifested as thrombocytopenia, leukopenia and/or megaloblastic anemia. If signs occur, administer leucovorin 3 to 6 mg intramuscularly daily for three days, or as required to restore normal hematopoiesis. Peritoneal dialysis is not effective and hemodialysis only moderately effective in eliminating trimethoprim and sulfamethoxazole.

The Bactrim I.V. Infusion LD_{50} in mice is 700 mg/kg or 7.3 ml/kg; in rats and rabbits, > 500 mg/kg or > 5.2 ml/kg. The vehicle produced the same LD_{50} in these species as the active drug. Signs and symptoms noted in mice, rats and rabbits with Bactrim I.V. Infusion or its vehicle at high I.V. doses used in acute toxicity studies included ataxia, decreased motor activity, loss of righting reflex, tremors or convulsions, respiratory depression.

Dosage and administration: CONTRAINDICATED IN INFANTS LESS THAN TWO MONTHS OF AGE. CAUTION—BACTRIM (trimethoprim and sulfamethoxazole/Roche) I.V. INFUSION MUST BE DILUTED IN 5% DEXTROSE IN WATER SOLUTION PRIOR TO ADMINISTRATION. DO NOT MIX WITH OTHER DRUGS OR SOLUTIONS. AVOID RAPID INFUSION OR BOLUS INJECTION.

Dosage: Children and Adults

Pneumocystis carinii Pneumonitis: Total daily dose is 15 to 20 mg/kg (based on the trimethoprim component) given in three or four equally divided doses every 6 to 8 hours for up to 14 days. One investigator noted that a total daily dose of 10 to 15 mg/kg was sufficient in ten adult patients with normal renal function.

Severe Urinary Tract Infections and Shigellosis: Total daily dose is 8 to 10 mg/kg (based on the trimethoprim component) given in two to four equally divided doses every 6, 8 or 12 hours for up to 14 days for severe urinary tract infections and five days for shigellosis.

For Patients with Impaired Renal Function: When creatinine clearance is above 30 ml/min, adhere to standard regimen. Between 15-30 ml/min, reduce the usual dosage by ½. Use not recommended at levels below 15 ml/min.

Method of Preparation: Bactrim I.V. Infusion must be diluted in 5% dextrose in water. Do not refrigerate diluted solution; use within six hours. If cloudiness or precipitation is evident after mixing, discard and prepare fresh solution.

These infusion sets were tested and found satisfactory: unit-dose glass containers (McGaw Laboratories, Cutter Laboratories, Inc., and Abbott Laboratories); unit-dose plastic containers (Viaflex—Travenol Laboratories, Accumed—McGaw Laboratories). Systems not tested cannot be recommended.

Dilution: ADD EACH 5-ML AMPUL TO 125 ML OF 5% DEXTROSE IN WATER.

NOTE: WHEN FLUID RESTRICTION IS DESIRABLE, add each ampul to 75 ml of 5% dextrose in water; mix solution just prior to use and administer within two hours.

DO NOT MIX BACTRIM I.V. INFUSION—5% DEXTROSE IN WATER WITH OTHER DRUGS OR SOLUTIONS.

Administration: Administer solution by intravenous drip over a period of 60 to 90 minutes. Avoid rapid infusion or bolus injection. Not for intramuscular use.

How supplied: 5-ml *ampuls*, containing 80 mg trimethoprim (16 mg/ml) and 400 mg sulfamethoxazole (80 mg/ml) for infusion with 5% dextrose in water. Boxes of 10 (NDC-0004-1943-06).

STORE AT ROOM TEMPERATURE (15°-30°C or 59°-86°F). DO NOT REFRIGERATE.

ROCHE

ROCHE LABORATORIES
Division of Hoffmann-La Roche Inc.
® Nutley, New Jersey 07110

There are more than 50 million* children in the United States, and every one† of them should be protected against polio

Orimune®

Poliovirus Vaccine, Live, Oral, Trivalent

*Bureau of the Census, 1980 (children 14 years and under).

†For any special circumstances see the contraindications section of the Brief Summary of Prescribing Information.

 020-2

Please see following page for Brief Summary of Prescribing Information.

Lederle

Orimune®
Poliovirus Vaccine, Live, Oral, Trivalent

INDICATIONS: For prevention of poliomyelitis caused by Poliovirus Types 1, 2 and 3. For complete indications and usage statement, see package insert.

CONTRAINDICATIONS: *Under no circumstances should this vaccine be administered parenterally.*

Administration should be postponed or avoided during acute illness; in those with any advanced debilitated condition, or persistent vomiting or diarrhea.

ORIMUNE *MUST NOT* be administered to patients with immune deficiency diseases, or altered immune states such as occur in thymic abnormalities, leukemia, lymphoma or generalized malignancy; or by lowered resistance due to therapy with corticosteroids, alkylating drugs, antimetabolites or radiation. It would also be prudent to withhold ORIMUNE from siblings of a child known to have an immunodeficiency syndrome. When possible, all persons with altered immune status should avoid close household-type contact with recipients of the vaccine for at least 6-8 weeks; IPV is preferred for immunizing all persons in this setting.

PRECAUTIONS: Other viruses (including poliovirus and other enterovirus) may interfere with desired response to the vaccine. It would seem prudent not to administer TOPV shortly after Immune Serum Globulin (ISC) unless unavoidable, as in unexpected travel to epidemic or endemic areas; if such administration takes place, dose should probably be repeated after three months. Vaccine will not be effective in modifying or preventing cases of existing and/or incubating poliomyelitis. *Use in Pregnancy:* It is prudent on theoretical grounds to avoid vaccinating pregnant women, although there is no convincing evidence documenting adverse effects of either TOPV or IVP on the developing fetus or pregnant woman; if immediate protection is needed, TOPV is recommended.

ADVERSE REACTIONS: Paralytic disease following ingestion of live poliovirus vaccines has been, rarely, reported in those receiving the vaccine as well as persons in close contact with vaccinees. Most reports are based on epidemiological analysis and temporal association between vaccination or contact and the onset of symptoms; most authorities believe that a causal relationship exists.

Over a 10-year period (1969-1978) approximately 242 million doses of TOPV were distributed in the United States, during which time 18 "vaccine-associated" and 47 "contact vaccine-associated" paralytic cases were reported. Eleven other "vaccine-associated" cases have been reported in persons with immune deficiency conditions. The risk of vaccine-associated paralysis is extremely small for vaccinees or their close personal contacts; however, the attending physician should convey or specifically direct personnel acting under his authority to convey warnings of this possibility to the vaccinee, parent or other responsible person prior to administration. In a household with adults who have never been vaccinated, some physicians may choose to give them at least two doses of IPV a month apart, if not a full primary series; before children receive ORIMUNE. The benefit of protection from polio is believed to greatly outweigh any risk from polio vaccine.

Lederle

LEDERLE LABORATORIES
A Division of American Cyanamid Company
Wayne, New Jersey 07470

020-2

Doctor, what can I do for baby's teething pain?

Dentition can make gums sensitive and babies cranky. When patients ask your advice, recommend Anbesol.®

With Anbesol your patients get a safe and effective formulation of phenol and benzocaine. Anbesol has anesthetic action that relieves minor mouth pain on contact. Plus an antiseptic that helps prevent infection and promote healing.

For baby's teething pain, recommend Anbesol liquid or gel. Anbesol. America's #1 oral pain reliever.

Anbesol®
LIQUID and GEL

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®

This space contributed by the publisher as a public service

NEW Major Medical Plan Now Available

Benefits up to $1,000,000 per illness

PEDIATRICS INSURANCE CONSULTANTS

Additional coverage includes:

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The five brochures pictured, available only to candidates and fellows of the AAP, contain rates and information. Call Jean Gorski collect at 312/263-3220 or mail the coupon opposite this page.

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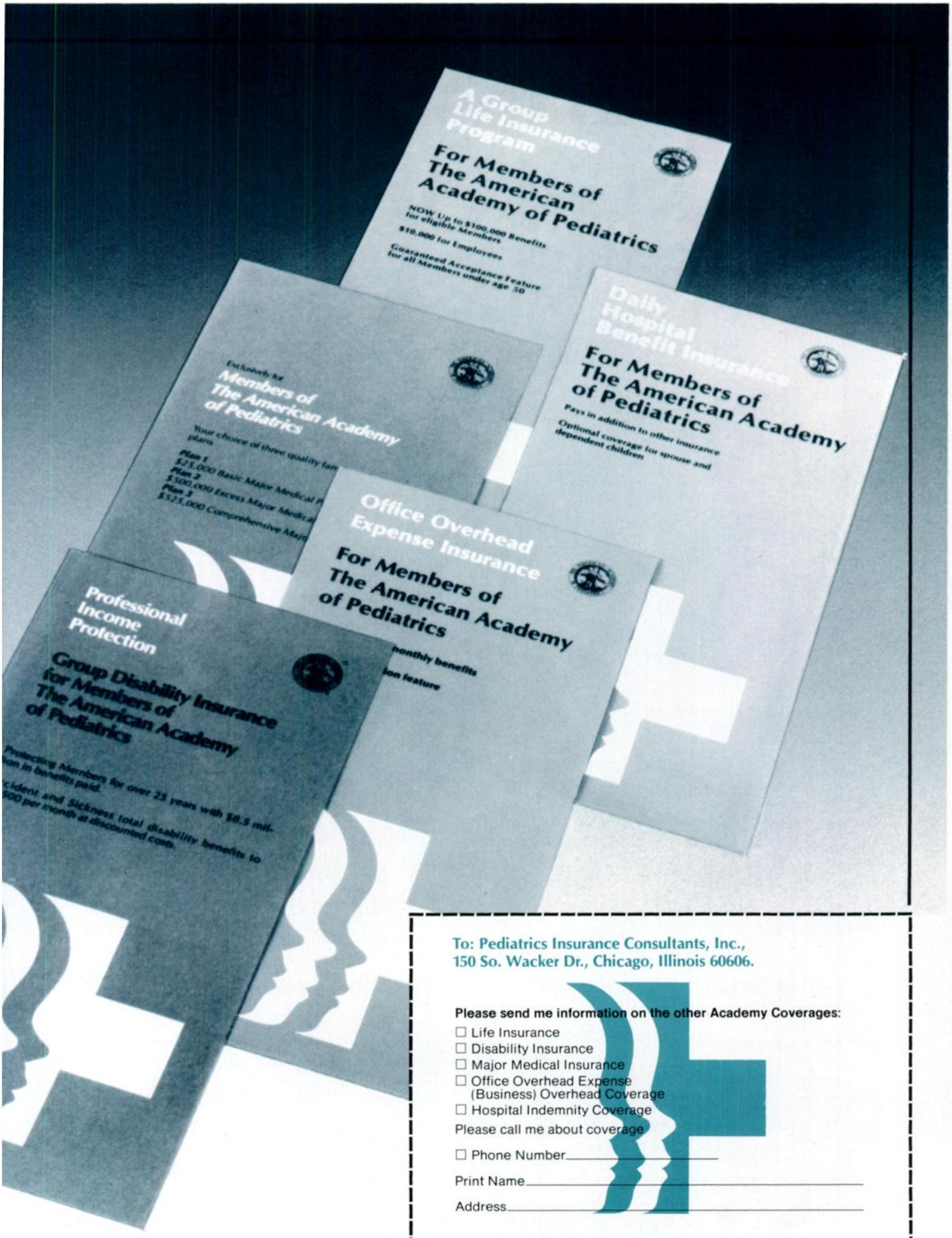
Chicago, IL 60606
312/263-3220
Please call collect



To: Pediatrics Insurance Consultants, Inc.,
150 So. Wacker Dr., Chicago, Illinois 60606.

Please send me information on the other Academy Coverages:

- ☐ Life Insurance
- ☐ Disability Insurance
- ☐ Major Medical Insurance
- ☐ Office Overhead Expense (Business) Overhead Coverage
- ☐ Hospital Indemnity Coverage

Please call me about coverage

☐ Phone Number_____

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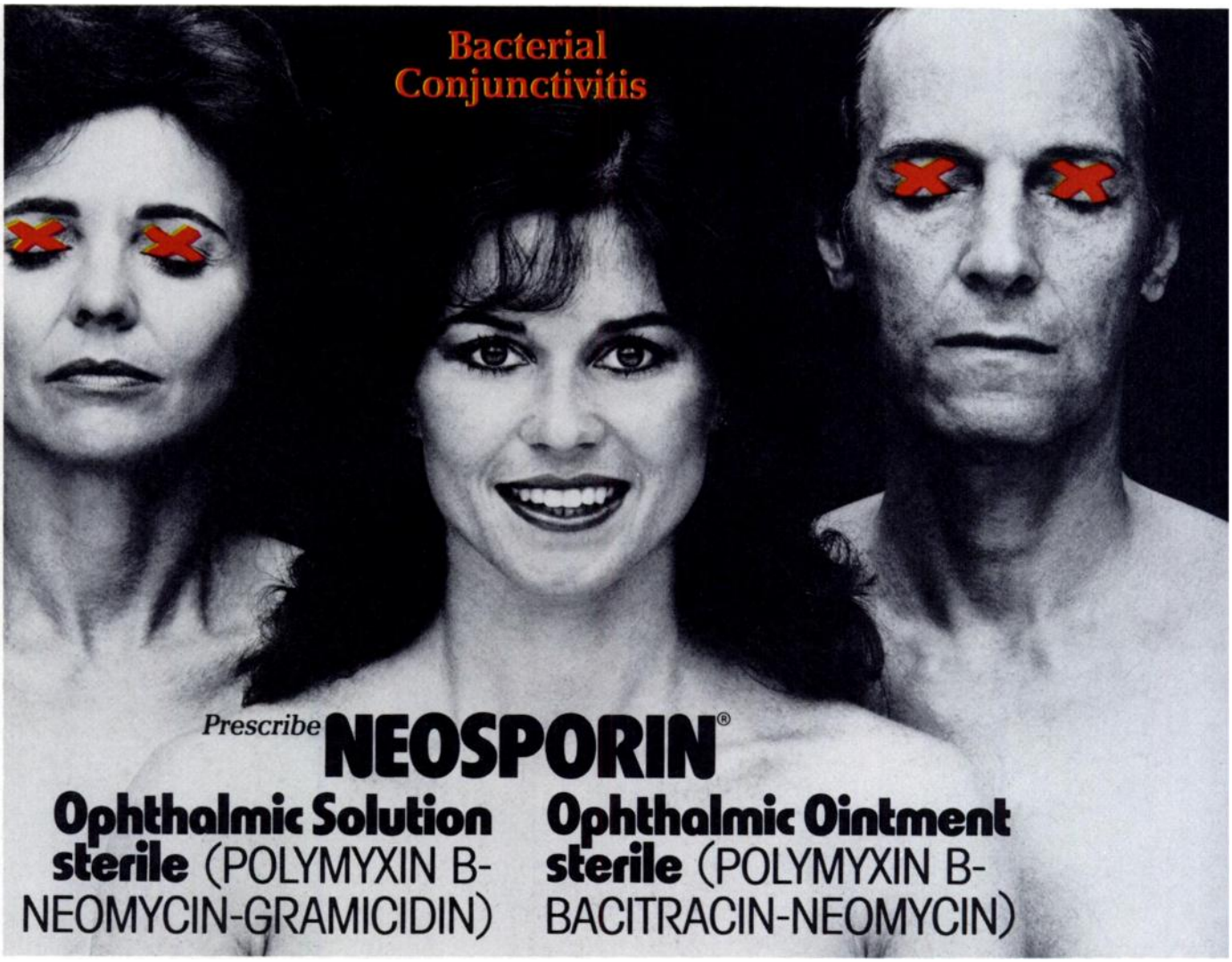
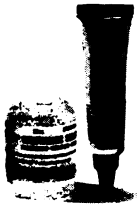
When the Eyes Have It



• Broad antibiotic spectrum • Day/Night coverage

NEOSPORIN® Ophthalmic Solution Sterile (Polymyxin B—Neomycin—Gramicidin)
Description: Each cc contains: Aerosporin* (Polymyxin B Sulfate) 5,000 units, neomycin sulfate 2.5 mg (equivalent to 1.75 mg neomycin base), gramicidin 0.025 mg. Vehicle contains alcohol 0.5%, thimerosal (preservative) 0.001% and the inactive ingredients propylene glycol, polyoxyethylene polyoxypropylene compound, sodium chloride and purified water.

NEOSPORIN® Ophthalmic Ointment Sterile (Polymyxin B—Bacitracin—Neomycin)
Description: Each gram contains: Aerosporin* (Polymyxin B Sulfate) 5,000 units, bacitracin zinc 400 units, neomycin sulfate 5 mg (equivalent to 3.5 mg neomycin base), special white petrolatum qs.
Brief Disclosure below applies to both the solution and the ointment.
INDICATIONS: For the short-term treatment of superficial external ocular infections caused by organisms susceptible to one or more of the antibiotics contained therein.
CONTRAINDICATIONS: Contraindicated in those persons who have shown sensitivity to any of the components.
WARNINGS: Prolonged use may result in overgrowth of nonsusceptible organisms. Ophthalmic Ointment may retard corneal healing.
PRECAUTIONS: Culture and susceptibility testing should be performed during treatment.
Allergic cross-reactions may occur which could prevent the use of any or all of the following antibiotics for the treatment of future infections: kanamycin, paromomycin, streptomycin, and possibly gentamicin.
ADVERSE REACTIONS: Neomycin is a not uncommon cutaneous sensitizer. Articles in the current literature indicate an increase in the prevalence of persons allergic to neomycin. Complete literature available on request from Professional Services Dept. PML.



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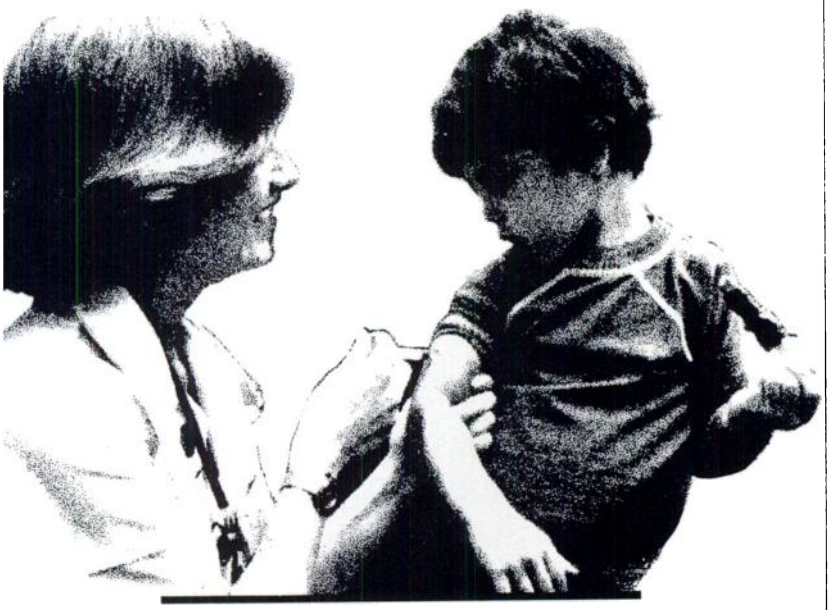
The new "Red Book" is here...



The 19th edition of the Academy's quick reference guide to more than 100 communicable diseases is now available for purchase.

New sections of this authoritative handbook, officially known as the "Report of the Committee on Infectious Diseases," include recently described diseases caused by coronaviruses, *Legionella pneumophilia,* hepatitis B and non A and non B hepatitis, Kawasaki disease and yersinia species, and use of new vaccines and specific immune globuline preparations for hepatitis, rabies, varicella-zoster, and pneumococcal infection. 1982; 32 tables; indexed; 379 pages.

Note: All Fellows and Junior Fellows will be mailed one complimentary copy in June.

Please send me:
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Bill the institution. Formal purchase order required. Quantity discounts available. Special discounts for school nurses, administrators.

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Coly-Mycin® S Otic
with Neomycin and Hydrocortisone

(colistin sulfate—neomycin sulfate—thonzonium bromide—hydrocortisone acetate otic suspension)

INDICATIONS AND USAGE

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

CONTRAINDICATIONS

This product is contraindicated in those individuals who have shown hypersensitivity to any of its components, and in herpes simplex, vaccinia and varicella.

WARNINGS

As with other antibiotic preparations, prolonged treatment may result in overgrowth of nonsusceptible organisms and fungi.

If the infection is not improved after one week, cultures and susceptibility tests should be repeated to verify the identity of the organism and to determine whether therapy should be changed.

Patients who prefer to warm the medication before using should be cautioned against heating the solution above body temperature, in order to avoid loss of potency.

PRECAUTIONS
General

If sensitization or irritation occurs, medication should be discontinued promptly.

This drug should be used with care in cases of perforated ear drum and in longstanding cases of chronic otitis media because of the possibility of ototoxicity caused by neomycin.

Treatment should not be continued for longer than ten days.

Allergic cross-reactions may occur which could prevent the use of any or all of the following antibiotics for the treatment of future infections: kanamycin, paromomycin, streptomycin, and possibly gentamicin.

ADVERSE REACTIONS

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

DOSAGE AND ADMINISTRATION

The external auditory canal should be thoroughly cleansed and dried with a sterile cotton applicator.

For adults, 4 drops of the suspension should be instilled into the affected ear 3 or 4 times daily. For infants and children, 3 drops are suggested because of the smaller capacity of the ear canal.

The patient should lie with the affected ear upward and then the drops should be instilled. This position should be maintained for 5 minutes to facilitate penetration of the drops into the ear canal. Repeat, if necessary, for the opposite ear.

If preferred, a cotton wick may be inserted into the canal and then the cotton may be saturated with the solution. This wick should be kept moist by adding further solution every 4 hours. The wick should be replaced at least once every 24 hours.

HOW SUPPLIED

Coly-Mycin S Otic is supplied as:
N 0071-3141-08—5 ml bottle
N 0071-3141-10—10 ml bottle

Each ml contains: Colistin sulfate equivalent to 3 mg of colistin base, Neomycin sulfate equivalent to 3.3 mg neomycin base, Hydrocortisone acetate 10 mg (1%), Thonzonium bromide 0.5 mg (0.05%), and Polysorbate 80 in an aqueous vehicle buffered with acetic acid and sodium acetate. Thimerosal (mercury derivative) 0.002% added as a preservative.

Shake well before using.

Store at controlled room temperature 59°-86°F (15°-30°C). Stable for 18 months at room temperature; prolonged exposure to higher temperatures should be avoided.

3141C031

Defuse "Swimmer's Ear"

Prescribe

Coly-Mycin® S Otic

with Neomycin and Hydrocortisone

(colistin sulfate-neomycin sulfate-thonzonium bromide-hydrocortisone acetate otic suspension)

This season, when patients complain of pain and inflammation of "swimmer's ear" (or other summertime external ear disorders due to susceptible bacterial organisms) prescribe the comprehensive symptomatic relief of Coly-Mycin S Otic.

Each drop delivers:

Hydrocortisone Acetate—for fast reduction of inflammation and symptomatic pain relief

Colistin Sulfate/Neomycin Sulfate—for broad antibacterial coverage with emphasis on gram-negative Ps aeruginosa

Thonzonium Bromide—for enhanced efficiency by allowing penetration and dispersion of active ingredients through debris and exudate

Recommended Dosage: Adults—4 drops in each affected ear, 3-4 times daily.

Infants & Children: 3 drops in each affected ear, 3-4 times daily.

Available in 2 convenient sizes—each in a convenient, dropperless, breakproof, plastic bottle.

5 ml* for unilateral otic involvement
10 ml for bilateral otic involvement

*5-ml size supplies sufficient medication for an average course of therapy in one affected ear.

Before prescribing, please see full prescribing information. A brief summary appears on the opposite page.

PD-03-JA-0939-P-1(4-82)

PARKE-DAVIS
Warner-Lambert Company
Morris Plains, NJ 07950

WARNER LAMBERT

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PROTESTING FEDERAL RULE ON GRANTS

In a protest against a Federal regulation, a Yale University professor has refused to sign a required report documenting his work on a project receiving a Federal grant.

The professor considered it impossible to certify truthfully the use of his time by listing the percentages devoted to various activities, as required by the Federal Office of Management and Budget.

Without signed effort reports, Federal auditors will probably not allow the reimbursement for his "indirect costs," whose value is not yet known. These costs involve the time spent on research-related work such as writing grants and sitting on committees.

Research scientists across the country, have assailed the rule—known as "A-21," after the Office of Management and Budget circular in which it appears—sporadically since its inception in 1957.

The rule requires scientists who receive Federal grants to account for all their time by listing the percentages devoted to teaching, advising, research on their grant and any other activities.

Federal officials have said that the rule is a necessary safeguard against misuse of funds, although their own statistics put misuse at 0.23 percent of all grant money. However, members of the academic community have contended that it is impossible to accurately determine the use of their time by percentage.

From S. G. Freedman: Yale professor protesting federal rule on grants. *The New York Times,* April 18, 1982, p 46.

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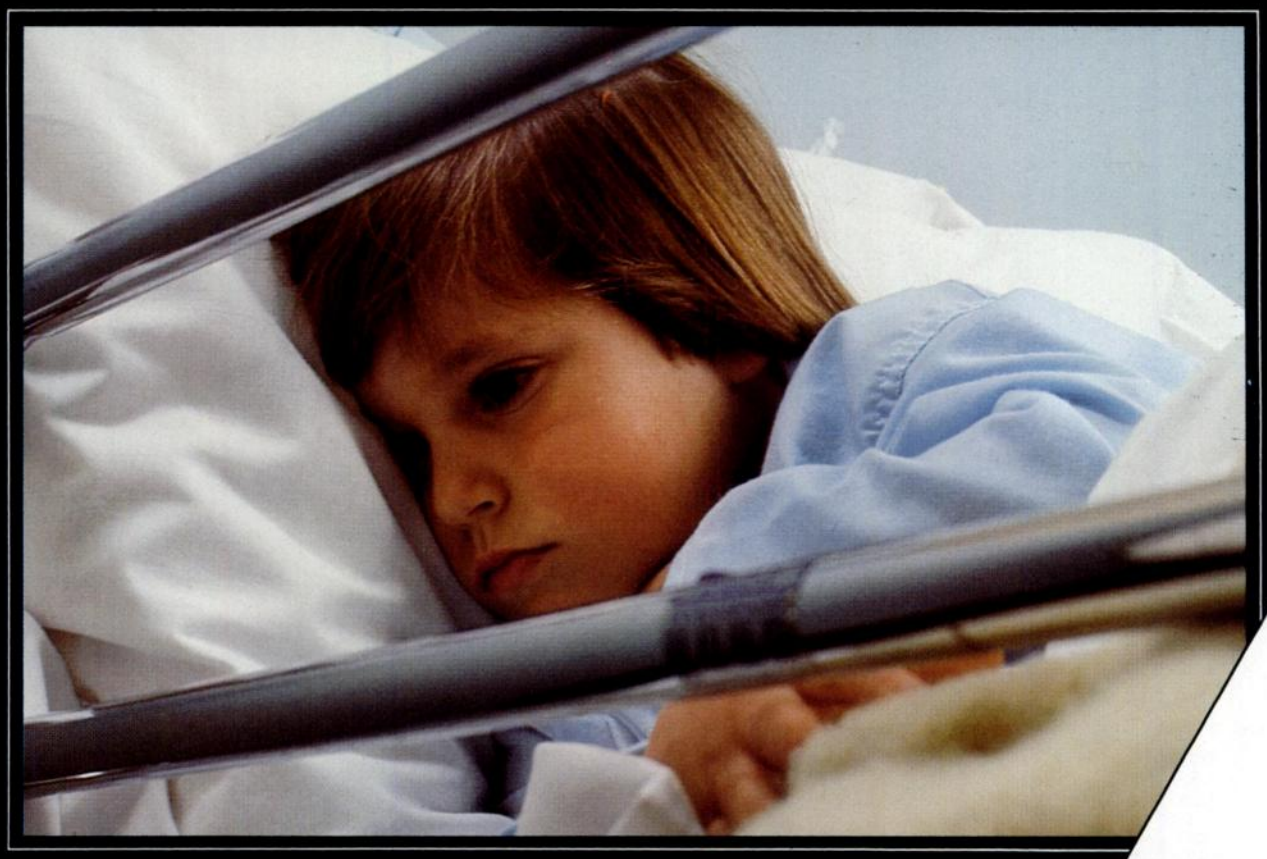
SCIENCE AND THE TOMATO

Not all the news is bad, or so we hope. Campbell Soup says it is going to spend $10 million to develop a new tomato, one that is prettier, tastier and more resistant to disease. The big packer thinks a little genetic engineering will do the trick. We're all for the experiment, even though we would find it hard to improve on the old varieties, properly sun-ripened in a home garden. If Campbell can engineer a way for a tomato to make its way from a warm-climate field in winter to the supermarket shelf with any flavor at all it will be one of the greatest scientific triumphs of our era.

From *The Wall Street Journal*, Sept 30, 1981.

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



TYLENOL® with Codeine elixir℣

NEW TYLENOL® with Codeine CAPSULES℣

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.

SLO-PHYLLIN® (theophylline, anhydrous) the drug of choice in chronic asthma. Offers the widest range of dosages and forms of any 100% theophylline.

Single-entity 100% theophylline. SLO-PHYLLIN® (theophylline, anhydrous) contains only theophylline, to preclude toxic synergism that could occur with combinations.

Proven bioavailability. Virtually 100% of administered SLO-PHYLLIN® reaches the blood. Both onset of action and peak effect occur rapidly with tablets and syrup. GYROCAPS® have the additional advantage of sustained action. B.i.d. dosage is effective in many adult patients.

Predictable bronchodilation. Once optimum dosage of SLO-PHYLLIN® is determined, patients can usually be maintained long-term without lessening of effect.

No additives. No sugar or alcohol in the syrup. No dye in the tablets. An important consideration, especially when treating infants and children long-term.

Flexible dosage. SLO-PHYLLIN® comes in three convenient dosage forms, some especially formulated for pediatric patients. Dosage can be individualized according to need; titration is easy.

SLO-PHYLLIN® 80 Syrup 80 mg/15 ml—100% theophylline (anhydrous) in a pleasant tasting, non-alcoholic syrup. *Especially recommended for infants and young children.*

SLO-PHYLLIN® GYROCAPS® timed release capsules of 100% theophylline (anhydrous) 60 mg, 125 mg, 250 mg. *Recommended for use b.i.d. in many adults and t.i.d. in children. (Conveniently filled with individual time-release pellets.)*

SLO-PHYLLIN® Tablets 100 mg and 200 mg—100% theophylline (anhydrous)—scored, dye-free.

SLO-PHYLLIN®
(theophylline, anhydrous)

WILLIAM H. RORER, INC.
Fort Washington Pennsylvania U.S.A. 19034

(See next page for a brief summary of prescribing information)

Brief Summary

SLO-PHYLLIN® (theophylline, anhydrous)
SYRUP, TABLETS,
GYROCAPS® (timed release capsules)

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

Contraindications: In individuals who have shown hypersensitivity to any of its components.

Warnings: Status asthmaticus is a medical emergency. Optimal therapy frequently requires additional medication including corticosteroids when the patient is not rapidly responsive to bronchodilators.

Excessive theophylline doses may be associated with toxicity and measurement of serum theophylline levels is recommended to assure maximal benefit without excessive risk. Incidence of toxicity increases at levels greater than 20 mcg/ml. Morphine, curare, and stilbamidine should be used with caution in patients with airflow obstruction since they stimulate histamine release and can induce asthmatic attacks. They may also suppress respiration leading to respiratory failure. Alternative drugs should be chosen whenever possible.

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, (3) patients who are older than 55 years of age, particularly males.

There are often no early signs of less serious theophylline toxicity such as nausea and restlessness, which may appear in up to 50 percent of patients prior to onset of convulsions. Ventricular arrhythmias or seizures may be the first signs of toxicity.

Many patients who have higher theophylline serum levels exhibit a tachycardia.

Theophylline products may worsen pre-existing arrhythmias.

Usage in Pregnancy: Safe use in pregnancy has not been established relative to possible adverse effects on fetal development, but neither have adverse effects on fetal development been established. This is, unfortunately, true for most antiasthmatic medications. Therefore, use of theophylline in pregnant women should be balanced against the risk of uncontrolled asthma.

Precautions: Mean half-life in smokers is shorter than non-smokers, therefore, smokers may require larger doses of theophylline. Theophylline should not be administered concurrently with other xanthine medications. Use with caution in patients with severe cardiac disease, severe hypoxemia, hypertension, hyperthyroidism, acute myocardial injury, cor pulmonale, congestive heart failure, liver disease, and in the elderly (especially males) and in neonates. Great caution should especially be used in giving theophylline to patients in congestive heart failure. Such patients have shown markedly prolonged theophylline blood level curves with theophylline persisting in serum for long periods following discontinuation of the drug.

Use theophylline cautiously in patients with history of peptic ulcer. Theophylline may occasionally act as a local irritant to G.I. tract although gastrointestinal symptoms are more commonly central and associated with serum concentrations over 20 mcg/ml.

Adverse Reactions: The most consistent adverse reactions are usually due to overdose and are:

1. Gastrointestinal: nausea, vomiting, epigastric pain, hematemesis, diarrhea.
2. Central nervous system: headaches, irritability, restlessness, insomnia, reflex hyperexcitability, muscle twitching, clonic and tonic generalized convulsions.
3. Cardiovascular: palpitation, tachycardia, extrasystoles, flushing, hypotension, circulatory failure, life threatening ventricular arrhythmias.
4. Respiratory: tachypnea.
5. Renal: albuminuria, increased excretion of renal tubular cells and red blood cells; potentiation of diuresis.
6. Others: hyperglycemia and inappropriate ADH syndrome.

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

DRUG	EFFECT
Aminophylline with lithium carbonate	Increased excretion of lithium carbonate
Aminophylline with propranolol	Antagonism of propranolol effect
Theophylline with furosemide	Increased diuresis of furosemide
Theophylline with hexamethonium	Decreased hexamethonium – induced chromatropic effect
Theophylline with reserpine	Reserpine – induced tachycardia
Theophylline with chlordiazepoxide	Chlordiazepoxide – induced fatty acid mobilization
Theophylline with cyclamycin (TAO troleandomycin): erythromycin, lincomycin	Increased theophylline plasma levels

How Supplied:

Slo-Phyllin® 80 Syrup (80 mg/15 ml), 4 oz., pint, and gallon bottles, 5 ml and 15 ml unit dose bottles.

Slo-Phyllin® 100 mg and 200 mg Tablets, bottles of 100 and 1000, unit dose packages.

Slo-Phyllin® Gyrocaps® 60 mg bottles of 100 and 1000.

Slo-Phyllin® Gyrocaps® 125 mg and 250 mg bottles of 100 and 1000, unit dose strip packages.

SLO-PHYLLIN® (theophylline, anhydrous)

WILLIAM H. RORER, INC.
Fort Washington Pennsylvania U.S.A. 19034

HISTORY OF OXYGEN THERAPY AND RETROLENTAL FIBROPLASIA

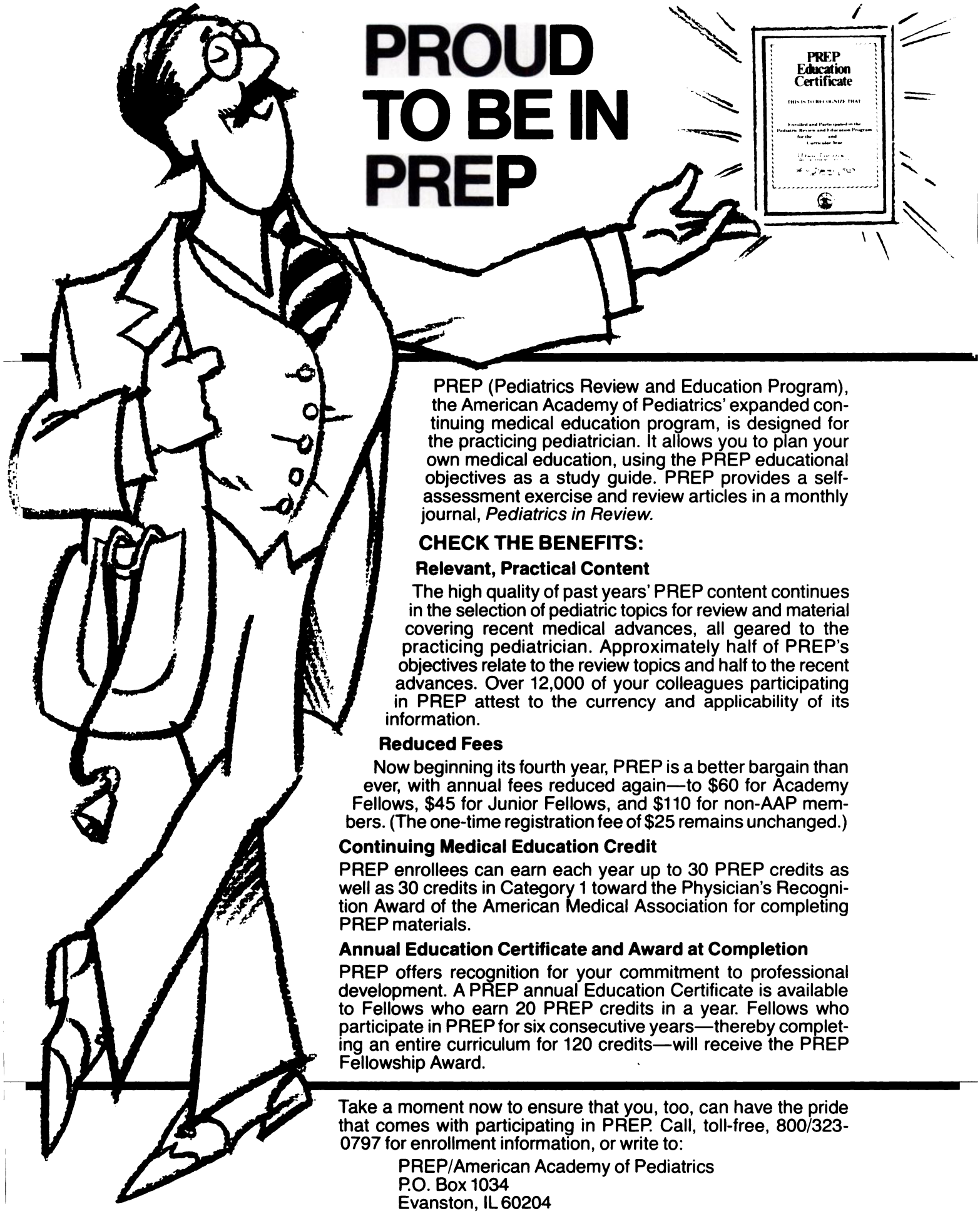
As medical technology improves and more patients survive conditions which once meant certain death, the demand for better treatment of problems which may afflict these survivors has increased. This is particularly true for infants who develop retrolental fibroplasia. It is now known that the administration 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

PROUD TO BE IN PREP



PREP (Pediatrics Review and Education Program), the American Academy of Pediatrics' expanded continuing medical education program, is designed for the practicing pediatrician. It allows you to plan your own medical education, using the PREP educational objectives as a study guide. PREP provides a self-assessment exercise and review articles in a monthly journal, *Pediatrics in Review.*

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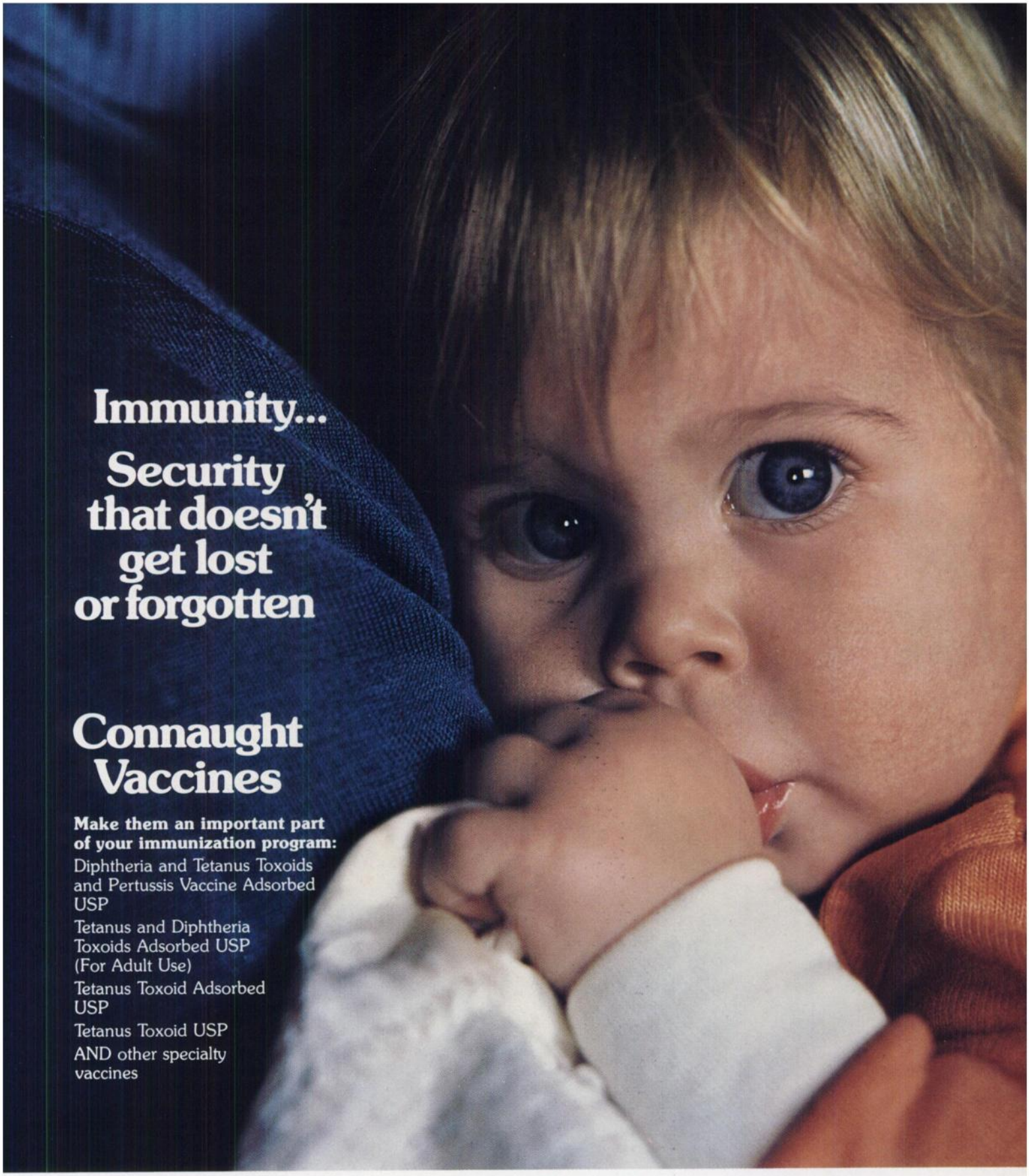

CONNAUGHT LABORATORIES
specialist in biologicals

AHR/esi

Connaught products are available through Elkins-Sinn, Inc. A Subsidiary of A.H. Robins Co. 2 Esterbrook Lane, Cherry Hill, New Jersey 08034. For product information, please write or call (609) 424-3700. Orders should be placed with your local surgical supply house or wholesaler.

The most immunized child in the history of medicine needs this added prophylaxis.

You immunize him against diphtheria, tetanus, pertussis, polio, mumps, rubella and measles. You also help protect him against dental caries and vitamin deficiencies. . . .

Now, help give him prophylaxis against the ravaging rays of the sun.

Running free—unprotected. Moderate overexposure may cause erythema, pain and sleep disturbances. Lengthy overexposure damages the epidermis and dermis, resulting in vesiculation, edema and fever. Repeated excessive exposure may lead to premature aging, solar keratosis and cancer.

High noon. Damaging ultraviolet rays, particularly the UVB band, are most intense from 10:00 to 2:00. They penetrate cloud cover, fog and haze, as well as lightweight summer clothing and are also reflected by sand and snow.

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SUNDOWN, like other JOHNSON & JOHNSON products, has a gentle formula for use on children's skin. SUNDOWN is an easy-to-use lightly scented skin lotion. Smooth and soft, it's not greasy or sticky, and won't sting or burn.

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SUNDOWN®

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The most preferred protection under the sun.

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PHYSICAL AND SOCIAL ENVIRONMENT OF NEWBORN INFANTS IN SPECIAL CARE UNITS

Infants in newborn intensive and convalescent care units are exposed to large amounts of sensory stimulation of various sorts. Although infants in these units do not lack visual, auditory, and tactile stimulation, they receive relatively infrequent coordinated sensory experiences. Furthermore, there is no diurnal rhythmicity in physical and social stimulation across days.

From Gottfried AW, et al: *Science* 214: 673, 1981.

Artist's rendition of TB-positive induration

Lederle

Proven Clinical Accuracy

THE CRITICAL FACTOR IN TB SCREENING

Lederle Tuberculin, Old, TINE TEST®

95.8% agreement with Mantoux

ACCURACY* demonstrated in over 31,000 clinical comparisons
BENEFITS confirmed in over 150,000,000 office uses

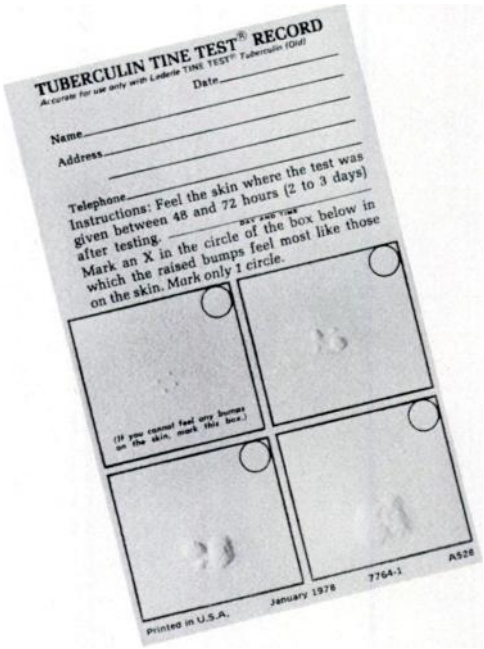
*Data on file—Lederle Laboratories, Pearl River, N.Y.

 021-2

Please see following page for Brief Summary of Prescribing Information.

Proven Clinical Accuracy

THE CRITICAL FACTOR IN TB SCREENING



...and no easier method to confirm the results.

Lederle Tuberculin, Old, TINE TEST®

Indications: For screening for tuberculosis.

Precautions: Use with caution in persons with acute tuberculosis (activation of quiescent lesions is rare); and in patients with known allergy to acacia. Reactivity to the test may be suppressed in those receiving corticosteroids or immunosuppressive agents, or those who have recently been vaccinated with live virus vaccine such as measles, mumps, rubella, polio, etc. With a positive reaction, further diagnostic procedures must be considered, i.e., chest x-ray, microbiologic examinations of sputum and other specimens, confirmation of positive tine test (except vesiculation reactions) by Mantoux method. When vesiculation occurs, the reaction is to be interpreted as strongly positive and a repeat test by the Mantoux method must not be attempted. If a patient has a history of occurrence of vesiculation and necrosis with a previous tuberculin test by any method, tuberculin testing should be avoided. Similar or more severe vesiculation with or without necrosis is likely to occur.

Pregnancy Category C. Animal reproduction studies have not been conducted; whether Tuberculin, Old, TINE TEST® can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity is unknown. Tuberculin, Old, TINE TEST should be given to a pregnant woman only if clearly needed. During pregnancy, known positive reactors may demonstrate a negative response.

Adverse Reactions: Vesiculation, ulceration, or necrosis may appear at test site in highly sensitive persons. Pain, pruritus and discomfort at test site may be relieved by cold packs or by topical glucocorticoid ointment or cream. Any transient bleeding at puncture site is not significant.

Lederle

LEDERLE LABORATORIES
A Division of American Cyanamid Company
Wayne, New Jersey 07470

 021-2

Dealing with the problems of school children

A new (1981) edition of School Health: A Guide for Health Professionals is now available. Revised by the AAP Committee on School Health, this manual gives practical information on how school health programs function and how these programs fit into the school structure. It discusses the problems of pre-school age children, elementary school children and adolescents, and has a section on children with special educational needs. In addition, it reports on screening tests needed as well as the essentials of history and physical examination, follow-up procedures and record keeping. Other points of interest are: health education, physical education, physical activities for children with handicaps, dental care, school sports programs, communicable disease, emergency care in schools, school personnel problems and school safety.

The book also includes 16 appendices and 3 tables. Indexed: 297 pages.

Please send me: _____ copies, "School Health" @ $15.00

Mail to:
American Academy of Pediatrics
Publications Department
P.O. Box 1034
Evanston, Illinois 60204

☐ Check for $ _____ is enclosed. Personal order must be prepaid. Make check payable to: American Academy of Pediatrics.

☐ Bill the institution. Formal purchase order required. Quantity discounts available. Special discounts for school nurses, administrators.

Name_____

Address_____

City_____ State_____ Zip_____

How often should my baby eat?

Good question...one that concerned parents are likely to ask. But your answer won't always be the same because experience shows that the requirements of no two babies are exactly the same.

A baby who is breast feeding more than eight to 10 times each 24-hour period and is fussy or hungry between feedings may be signaling a need for foods supplemental to milk. Seventy-nine percent of the physicians in a recent survey recommended breast milk as the best first food.[1] But even breast-fed babies will, in time, need the extra calories and choice provided by supplementary foods.

Other factors – like reaching 13 pounds, doubling birthweight or drinking more than a quart of liquid per day – may also be signs that a baby is ready for supplements. These signs usually occur when the infant is 4-6 months of age. Supplementary foods will satisfy caloric needs[2] and complement the calories and nutrients already supplied by breast milk or formula while avoiding the need to feed more than 32 ounces of liquid per day.

Gerber offers a wide variety of single-ingredient foods in each of the four food groups so that you can recommend a well-balanced diet suitable for the individual infant.

Hungry babies respond favorably to the new tastes and textures of Gerber strained foods. The safety, variety, uniformity and convenience of Gerber baby foods are good reasons to recommend them with confidence.

When it's time to introduce and feed supplements, mothers will appreciate Gerber's reliable quality.

---

1. "Pediatrician and Family Physician Infant Feeding Study," #1007, Gerber, 1981.
2. "Recommended Daily Dietary Allowances," Food and Nutrition Board, NAS/NRC, 1980.

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Medical Marketing Services
445 State Street, Fremont, MI 49412

The Elixicon® Years

(theophylline) Suspension 100mg/5ml

Optimal dosage flexibility in asthma therapy from tots to teens

Children are not "little adults"...they tend to require larger amounts of theophylline/kg/day.

High concentration–low volume (100mg/5ml)
Maximum therapeutic serum concentrations for effective bronchodilation

24-hour protection
Dosage can be individualized with convenient q6h schedule

Single-entity theophylline
Contains no alcohol, sugar or dye

Please see following page for brief summary of prescribing information.

BERLEX Laboratories, Inc., Cedar Knolls, New Jersey 07927

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 excretion of renal tubular cells and red blood cells, potentiation of diuresis.

Others: hyperglycemia and inappropriate ADH (antidiuretic hormone) syndrome.

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

Drug	*Effect*
Theophylline with furosemide	Increased diuresis
Theophylline with hexamethonium	Decreased chronotropic effect
Theophylline with reserpine	Tachycardia
Theophylline with clindamycin, lincomycin, troleandomycin, or erythromycin	Increased theophylline blood levels
Theophylline with cimetidine	Increased theophylline blood levels

See package insert for full information. 112-15

BERLEX Laboratories, Inc.
Cedar Knolls, New Jersey 07927

Cyclapen®-W (cyclacillin)

Indications

Cyclacillin has less in vitro activity than other drugs in the ampicillin class and its use should be confined to these indications: Treatment of the following infections:

RESPIRATORY TRACT

Tonsillitis and pharyngitis caused by Group A beta-hemolytic streptococci

Bronchitis and pneumonia caused by *S. pneumoniae* (formerly *D. pneumoniae*)

Otitis media caused by *S. pneumoniae* (formerly *D. pneumoniae*), *H. influenzae*, and Group A beta-hemolytic streptococci

Acute exacerbation of chronic bronchitis caused by *H. influenzae**

*Though clinical improvement has been shown, bacteriologic cures cannot be expected in all patients with chronic respiratory disease due to *H. influenzae*.

SKIN AND SKIN STRUCTURES (integumentary) infections caused by Group A beta-hemolytic streptococci and staphylococci, non-penicillinase producers.

URINARY TRACT INFECTIONS caused by *E. coli* and *P. mirabilis*. (This drug should not be used in any *E. coli* and *P. mirabilis* infections other than urinary tract.)

NOTE: Perform cultures and susceptibility tests initially and during treatment to monitor effectiveness of therapy and susceptibility of bacteria. Therapy may be instituted prior to results of sensitivity testing.

Contraindications Contraindicated in individuals with history of an allergic reaction to penicillins.

Warnings Cyclacillin should only be prescribed for the indications listed herein.

Cyclacillin has less *in vitro* activity than other drugs of the ampicillin class. However, clinical trials demonstrated it is efficacious for recommended indications.

Serious and occasional fatal hypersensitivity (anaphylactoid) reactions have been reported in patients on penicillin. Although anaphylaxis is more frequent following parenteral use, it has occurred in patients on oral penicillins. These reactions are more apt to occur in individuals with history of sensitivity to multiple allergens. There are reports of patients with history of penicillin hypersensitivity reactions who experienced severe hypersensitivity reactions when treated with a cephalosporin. Before penicillin therapy, carefully inquire about previous hypersensitivity reactions to penicillins, cephalosporins and other allergens. If allergic reaction occurs, discontinue drug and initiate appropriate therapy. Serious anaphylactoid reactions require immediate emergency treatment with epinephrine. Oxygen, I.V. steroids, airway management, including intubation, should also be administered as indicated.

Precautions Prolonged use of antibiotics may promote overgrowth of nonsusceptible organisms. If superinfection occurs, take appropriate measures.

PREGNANCY: Pregnancy Category B. Reproduction studies performed in mice and rats at doses up to 10 times the human dose revealed no evidence of impaired fertility or harm to the fetus due to cyclacillin. There are, however, no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, use this drug during pregnancy only if clearly needed.

NURSING MOTHERS: It is not known whether this drug is excreted in human milk. Because many drugs are, exercise caution when cyclacillin is given to a nursing woman.

Adverse Reactions Oral cyclacillin is generally well tolerated. As with other penicillins, untoward sensitivity reactions are likely, particularly in those who previously demonstrated penicillin hypersensitivity or with history of allergy, asthma, hay fever, or urticaria. Adverse reactions reported with cyclacillin: diarrhea (in approximately 1 out of 20 patients treated), nausea and vomiting (in approximately 1 in 50), and skin rash (in approximately 1 in 60). Isolated instances of headache, dizziness, abdominal pain, vaginitis, and urticaria have been reported. (See WARNINGS) Other less frequent adverse reactions which may occur and are reported with other penicillins are anemia, thrombocytopenia, thrombocytopenic purpura, leukopenia, neutropenia and eosinophilia. These reactions are usually reversible on discontinuation of therapy.

As with other semisynthetic penicillins, SGOT elevations have been reported.

As with antibiotic therapy generally, continue treatment at least 48 to 72 hours after patient becomes asymptomatic or until bacterial eradication is evidenced. In Group A beta-hemolytic streptococcal infections, at least 10 days' treatment is recommended to guard against risk of rheumatic fever or glomerulonephritis. In chronic urinary tract infection, frequent bacteriologic and clinical appraisal is necessary during therapy and possibly for several months after. Persistent infection may require treatment for several weeks.

Cyclacillin is not indicated in children under 2 months of age.

Patients with Renal Failure Cyclacillin may be safely administered to patients with reduced renal function. Due to prolonged serum half-life, patients with various degrees of renal impairment may require change in dosage level (see DOSAGE AND ADMINISTRATION in package insert).

Dosage (Give in equally spaced doses)

INFECTION	ADULTS	CHILDREN*
Respiratory Tract		
Tonsillitis & Pharyngitis	250 mg q.i.d.	body weight ≤ 20 kg (44 lbs) 125 mg t.i.d. body weight > 20 kg (44 lbs) 250 mg t.i.d.
Bronchitis and Pneumonia		
Mild or Moderate Infections	250 mg q.i.d.	50 mg/kg/day q.i.d.
Chronic Infections	500 mg q.i.d.	100 mg/kg/day q.i.d.
Otitis Media	250 mg to 500 mg q.i.d.†	50 to 100 mg/kg/day t.i.d.†
Skin & Skin Structures	250 mg to 500 mg q.i.d.†	50 to 100 mg/kg/day†
Urinary Tract	500 mg q.i.d.	100 mg/kg/day

*Dosage should not result in a dose higher than that for adults.
†depending on severity

How Supplied Tablets 250 mg and 500 mg in bottles of 100. Oral Suspension 125 mg and 250 mg per 5 ml in bottles to make 100 ml and 200 ml of Suspension.

Wyeth Laboratories
Philadelphia Pa 19101

Compared to amoxicillin

Faster peak. Fewer problems.

. . . in infants and children

Cyclapen®-W (cyclacillin) produces twice the peak serum concentration* (15.6 mcg/ml versus 7.3 mcg/ml) in half the time (30 minutes versus 60 minutes).[1]

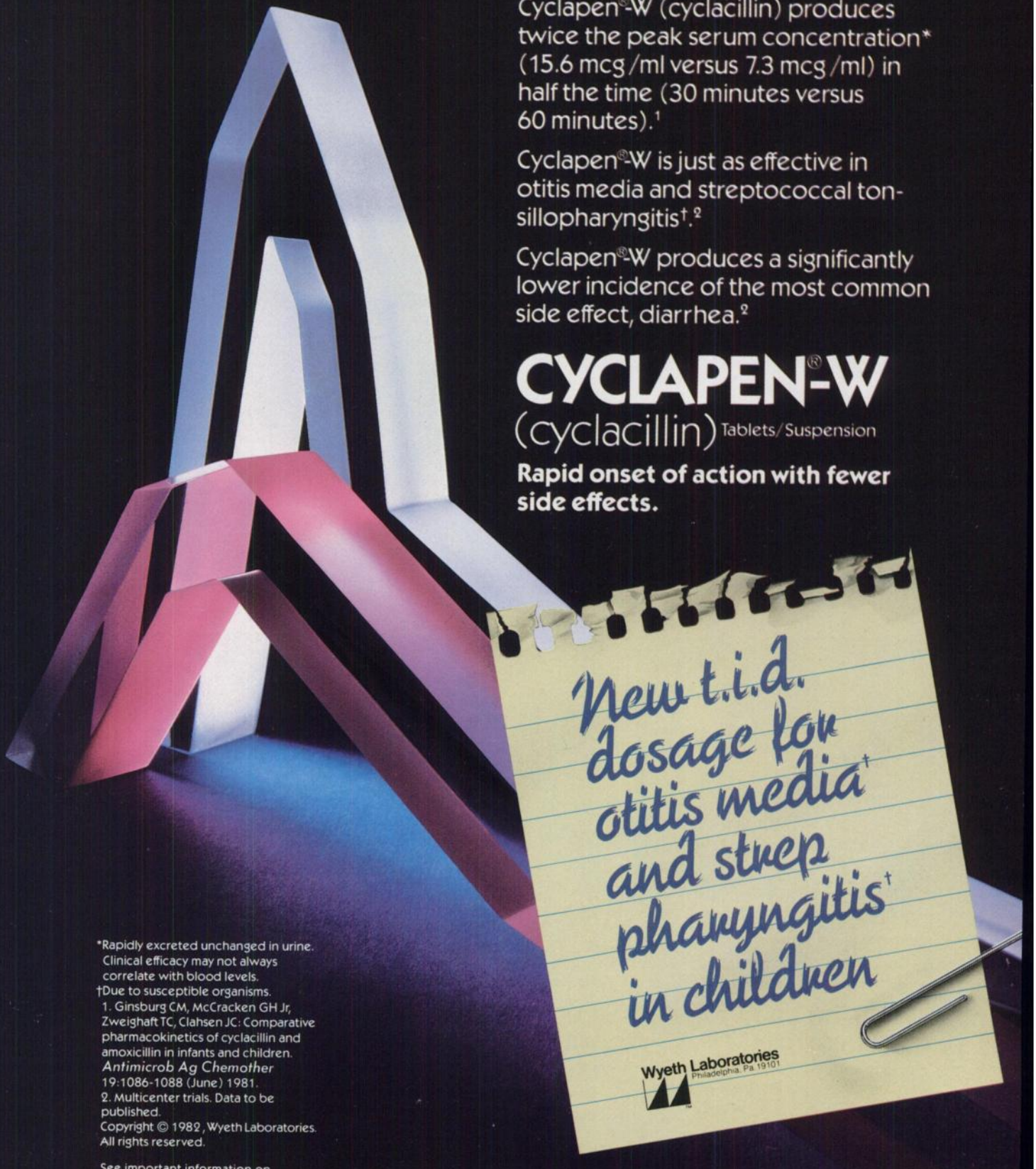
Cyclapen®-W is just as effective in otitis media and streptococcal tonsillopharyngitis†.[2]

Cyclapen®-W produces a significantly lower incidence of the most common side effect, diarrhea.[2]

CYCLAPEN®-W

(cyclacillin) Tablets/Suspension

Rapid onset of action with fewer side effects.



*Rapidly excreted unchanged in urine. Clinical efficacy may not always correlate with blood levels.
†Due to susceptible organisms.

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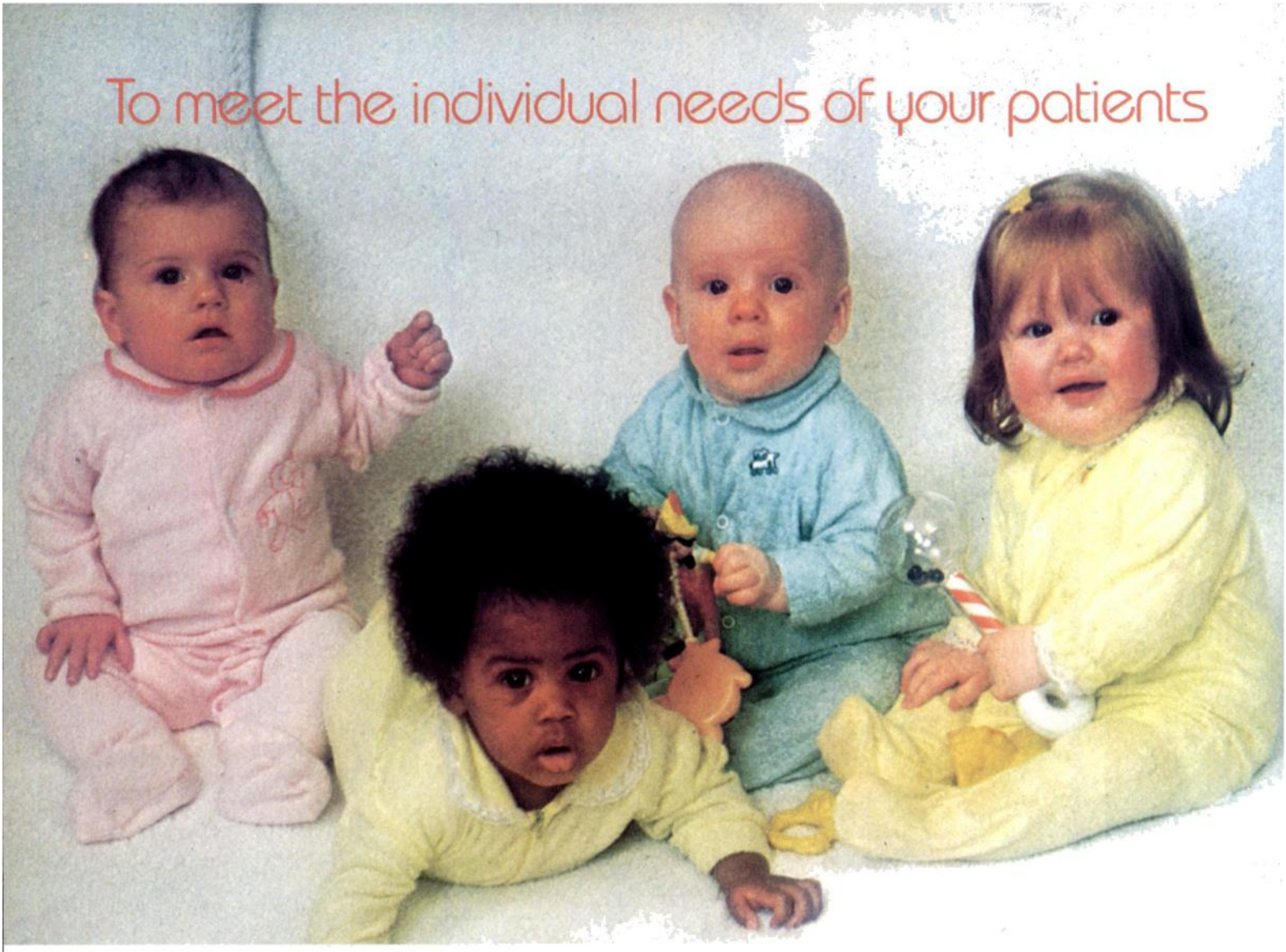
2. Multicenter trials. Data to be published.

See important information on adjoining column.

To meet the individual needs of your patients



The ISOMIL® System of soy protein formulas

Switch First To
ISOMIL®
SOY PROTEIN FORMULA

When the baby can't take milk

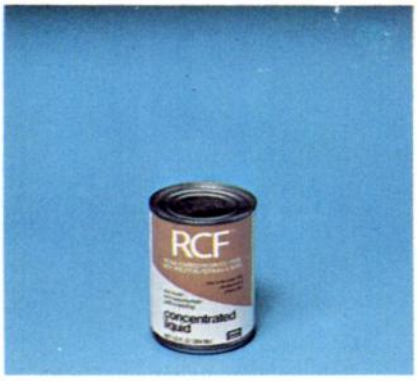
The only soy protein isolate formula with the dual-carbohydrate advantage

8-fl-oz and 32-fl-oz Ready To Feed
13-fl-oz Concentrated Liquid
14-oz Powder and Convenient Powder in Single-Serving Packets

New
ISOMIL® SF
SUCROSE-FREE SOY PROTEIN FORMULA

For those few infants with lactase and sucrase deficiencies

32-fl-oz Ready To Feed
13-fl-oz Concentrated Liquid



RCF™
ROSS CARBOHYDRATE FREE SOY PROTEIN FORMULA BASE

For carbohydrate intolerances

13-fl-oz Concentrated Liquid
CAUTION: ADD WATER AND CARBOHYDRATE BEFORE FEEDING RCF

ROSS LABORATORIES
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B146/2830

such cumulative time investments make a useful contribution to diagnosis and treatment both within and between visits or phone calls, from one period of development to another, and in the differing states of illness and health that characterize each child's unique experience and development.

The knowledge base and skills relevant to the psychosocial aspects of health augment the pediatrician's capacity to understand more fully, and to provide, either within the practice setting or by collaboration with community resources, optimal care that attends to the biomedical and psychosocial aspects of child and family life. With the conviction that the pediatrician plays an important and unique part in the psychosocial aspects of child and family health, the Academy is committed to fostering these efforts in pediatric education, research, and practice to fulfill that role.

COMPETITION FOR EMERGENCY ROOMS

"Minor emergencies" are treated at a new class of medical facilities.

"It's a new wave of health-care treatment," says a spokesman for Lifemark Corp., Houston, referring to the spread of clinics, sometimes called "emergicenters," that aim to siphon off all but the most serious cases from hospital emergency rooms. Started sometimes by hospitals, sometimes by entrepreneurs, the clinics number about 500, up from 50 three years ago, according to the new, Dallas-based National Association of Freestanding Emergency Centers.

The clinics usually charge less than conventional emergency rooms, but are open fewer hours and aren't so versatile. At two clinics run by St. Joseph Medical Center in Wichita, the base fee is $25, compared with $42 at St. Joseph's own hospital emergency room. Chains of clinics are likely to emerge.

Humana Inc. already has opened seven units in what will be—maybe just for starters, the company says—a $43 million chain with 66 clinics in 15 cities.

From Jeffrey A. Tannenbaum: *Wall Street Journal,* Nov 5, 1981.