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**Contraindication:** Ethosuximide should not be used in patients with a history of hypersensitivity to succinimides.

**Warnings:** Blood dyscrasias, including some with fatal outcome, have been reported to be associated with the use of ethosuximide. Therefore, periodic blood counts should be performed.

Ethosuximide is capable of producing morphological and functional changes in the animal liver. In humans, abnormal liver and renal function studies have been reported.

Ethosuximide should be administered with extreme caution to patients with known liver or renal disease. Periodic urinalysis and liver function studies are advised for all patients receiving the drug.

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 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 or 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.

**Hematopoietic System:** Hematopoietic complications associated with the administration of ethosuximide have included leukopenia, agranulocytosis, pancytopenia, aplastic anemia, and eosinophilia.

**Neurological 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 rate of depression with overt suicidal intentions.

**Integumentary System:** Dermatologic manifestations which have occurred with the administration of ethosuximide include 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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<th>10 hrs.</th>
<th>24 hrs.</th>
</tr>
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<tr>
<td>Desitin</td>
<td>3</td>
<td>17</td>
<td>23</td>
</tr>
<tr>
<td>A &amp; D Ointment</td>
<td>0</td>
<td>3</td>
<td>4</td>
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We've responded to this demand in the same manner that has made us successful in developing advanced fetal monitoring systems, - by designing and clinically testing NEO-TRAK 506/525 specifically for neonatal applications.

Consider these 506 features
- Heart, respiration, pressure and dual temperature monitoring.
- Highly visible digital displays of 5 vital signs and 2 bright, nonfade waveforms can be seen from a distance.
- Advanced respiration circuitry provides more reliable breath detection.
- Exclusive breathweighting system increases the accuracy of the apnea alarm.
- Automatic ECG detection counts heart rate without the need of any user adjustments.
- Blood pressure monitoring setup is made simple with automatic zeroing and switch selectable pressure ranges.
- Fewer operator controls provide unparalleled simplicity of operation.
- Compact design that's ideal for crowded NICU's.
- Perfect for transport, with built-in, 4-hour rechargeable battery, in addition to AC line.

Buy Just the Capabilities You Need
Our NEO-TRAK 505 Model provides heart, respiration, and two temperature monitoring. All other functions are identical to the 506 including compatibility with auxiliary equipment.

Advanced Trend Analysis
The analysis of beat-to-beat heart rate correlated with respiration or blood pressure is emerging as an important aid to the neonatologist in evaluating the condition of the infant at risk.

Our 525 dual channel recorder now allows the clinician to continually record these vital parameters in order to analyze neonatal trends. This continuous hard copy document can be a helpful guide in managing the infant preventively, rather than reacting to crises.

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- A printout of beat-to-beat heart rate or ECG with a second channel for respiration or blood pressure.
- Trend and high speed recordings for flexible performance.
- A unique record-on-alarm with memory prints data before, during and after the alarm - allowing the clinician to document critical situations.
- Paper drawer neatly stores z-fold paper during trend recordings.

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NEO-TRAK monitoring systems include these and many other advanced features, yet are available at prices that make sense for today's budgets.

What's more, you can count on Corometrics' support network. A 24-hour service team will meet your needs anywhere in the U.S.A.

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We're in tune with your needs because Corometrics is committed solely to perinatal medicine. That's why thousands of physicians and nurses have chosen Corometrics, making us the leader in perinatal monitoring.

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COROMETRICS MEDICAL SYSTEMS, INC.
Because new life can't tell you its problems.
aggressive

With *in vitro* bactericidal activity* against *E. coli*

Long known through culture studies to have high *in vitro* activity against *E. coli*, Bactrim (trimethoprim and sulfamethoxazole/Roche) has now been demonstrated by *in vitro* scanning electron microscopy and viability studies to be bactericidal against this organism. When cultures of *E. coli* 736 were inoculated with 2.5 mcg/ml sulfamethoxazole + 0.5 mcg/ml trimethoprim, the effect on the bacteria was dramatic: after 12 to 24 hours, dead bacteria could be seen as distorted shapes—“safety pin” forms with concave centers.

This morphological indication of bacterial destruction was quantitatively confirmed when counts of control cultures were compared with cultures exposed to this antimicrobial combination for 6 hours. The number of viable bacteria in controls increased from 50,000 to 330 million in just 6 hours. In the antimicrobial-treated cultures, the number of viable bacteria decreased from 50,000 to just 66 in the same period.

High plasma and urine concentrations

In pharmacokinetic studies of Bactrim I.V. Infusion in 11 patients, highest plasma concentrations on Day 1 of both trimethoprim and sulfamethoxazole were reached at the end of a one-hour infusion period, and high levels were maintained for 2 to 4 hours (see figures). These concentrations were exceeded on Day 4.

In the urine, high concentrations were recovered over an 8-hour collection period. Mean concentrations of trimethoprim were 38.4 ± 8.0 mg/dl at 0-4 hours and 45.6 ± 6.6 mg/dl at 4-8 hours. Mean concentrations of free sulfamethoxazole were 137.6 ± 31.9 mg/dl at 0.4 hours and 237 ± 34.9 mg/dl at 4-8 hours.

The investigators conclude that both components of Bactrim achieve satisfactory plasma levels and high concentrations in the urine on a standard dosage schedule.

**In vitro** data do not necessarily correlate with clinical results.
Clinical success in these serious infections³

- Severe or complicated urinary tract infection
- Pneumocystis carinii pneumonia
- Enteritis caused by susceptible *Shigella flexneri* and *Shigella sonnei*

Bactrim I.V. Infusion is contraindicated in patients hypersensitive to trimethoprim or sulfonamides, in pregnancy at term and nursing mothers, in infants less than 2 months old and in documented megaloblastic anemia due to folate deficiency.

Bactrim IV. (trimethoprim and sulfamethoxazole/Roche) IV Infusion

Indications: Before therapy is initiated, the physician should consider the indications for the use of Bactrim IV. Infusion, the choice of other appropriate therapy, and the potential role of the drug in the management of the patient's disease. Bactrim IV. Infusion is indicated for the treatment of infections caused by susceptible strains of the designated organisms. It is also indicated for the prophylaxis of pneumocystis carinii pneumonia in patients at risk (see PRECAUTIONS: General). Bactrim IV. Infusion is not recommended for the treatment of urinary tract infections or uncomplicated bacteriuria in children.

Contraindications: Bactrim IV. Infusion is contraindicated for patients with known, severe, or life-threatening reactions to trimethoprim or sulfamethoxazole. Bactrim IV. Infusion should not be used in patients with known cross-sensitivity to trimethoprim or sulfamethoxazole, since cross-sensitivity to both drugs may be expected. The risk-to-benefit ratio of Bactrim IV. Infusion should be carefully considered in patients with severe renal impairment, and the dosage and duration of therapy should be carefully monitored in these patients.

Warnings: Patients should be warned to consult their physician or pharmacist if they experience an allergic reaction to Bactrim IV. Infusion. The physician should be informed of any unusual or serious reactions to Bactrim IV. Infusion, and their occurrence should be reported to the manufacturer. Bactrim IV. Infusion should be used with caution in patients with impaired renal function.

Precautions: Bactrim IV. Infusion should be used with caution in patients with impaired hepatic function or impaired bone marrow function. In hepatically impaired patients, the dosage may require adjustment. Bactrim IV. Infusion should be used with caution in patients with impaired renal function. In patients with impaired renal function, the dosage and duration of therapy should be carefully monitored.

Drug Interactions: The use of Bactrim IV. Infusion in patients with concomitant antacid administration is not recommended. Bactrim IV. Infusion is not recommended for use in patients with impaired renal function.

Overdosage: The use of Bactrim IV. Infusion in patients with concomitant antacid administration is not recommended. Bactrim IV. Infusion is not recommended for use in patients with impaired renal function.

Injection site reactions: In patients receiving Bactrim IV. Infusion, the site of injection may become inflamed or develop a rash. In these cases, the site of injection should be avoided and the dose should be administered at another site. If the site of injection becomes inflamed or develops a rash, the patient should be instructed to contact their physician.


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

Indications: Bactrim (trimethoprim and sulfamethoxazole/Roche) IV. Infusion is indicated for the treatment of bacterial infections caused by susceptible strains of the designated organisms. Bactrim IV. Infusion is also indicated for the prophylaxis of pneumocystis carinii pneumonia in patients at risk (see PRECAUTIONS: General). Bactrim IV. Infusion is not recommended for the treatment of urinary tract infections or uncomplicated bacteriuria in children.

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Delivers a metered dose right to the site

For topical anesthesia of accessible mucosa of the oropharynx

Xylocaine® 10% Oral Spray
(lidocaine)

Metered for dosage control, Xylocaine® (lidocaine) 10% Oral Spray provides rapid onset of effect—usually within 1-2 minutes—for a duration of 10-15 minutes. Xylocaine 10% Oral Spray is an amide, not an ester, thus avoiding possible benzocaine/tetracaine-related problems. Pleasant citrus flavor is acceptable to patients and it’s economical too—delivering 800 metered doses per 60ml aerosol bottle.

Convenient, ready-to-use Xylocaine 10% Oral Spray can be applied prior to injections or administration of laryngotraheal anesthesia. An appropriate topical anesthetic for biopsies and suture removal; also relieves pain of canker sores, fever blisters and traumatic oral lesions.*

* Use with caution in patients with severely traumatized mucosa and sepsis in the region of application.
**Xylocaine (lidocaine)**

**10% Oral Spray**

For topical anesthesia of accessible mucosa of the oropharynx

**BRIEF SUMMARY**

Please consult package insert for full prescribing information.

**WARNING** - CONTENTS UNDER PRESSURE.

Read carefully other warnings included in insert.

**NAME OF DRUG**

Xylocaine 10% (lidocaine) Oral Spray

**INDICATIONS**

Xylocaine 10% Oral Spray is indicated for the production of topical anesthesia of the gingival and oral mucous membranes.

**CONTRAINDICATIONS**

Xylocaine is contraindicated in patients with a known history of hypersensitivity to local anesthetics of the amide type.

**WARNINGS**

RESPIRATORY EQUIPMENT AND DRUGS SHOULD BE IMMEDIATELY AVAILABLE WHEN ANY LOCAL ANESTHETIC IS USED.

Avoid contact with the eyes, nasopharynx, and oropharynx. Skin contact and systemic absorption should be avoided.

The dosage of this drug should not be exceeded because of the possible toxicity of side effects. Under pressure treatment, it is indispensable to maintain an intravenous route and do not expose to heat or store at temperatures above 120°F. Keep out of the reach of children.

**PRECAUTIONS**

The lowest dosage that results in effective anesthesia should be used to avoid high plasma levels and serious undesirable systemic side effects. Tolerance varies with the status of the patient. The debilitated, elderly, and acutely ill patients should be given reduced doses commensurate with their age and physical status.

The safety and effectiveness of Xylocaine depend upon proper dosage, correct technique, adequate precautions, and readiness for emergencies. Xylocaine should be used cautiously in patients with known drug allergies or sensitivities. Patients allergic to paraaminobenzoic acid, derivatives of procaine, tetraacetic, benzocaine, etc., have not shown similar sensitivity to Xylocaine.

**ADVERSE REACTIONS**

Adverse reactions result from high plasma levels due to excessive dosage or rapid absorption. Hypersensitivity, edema or dizziness, or sensitivities may also be the cause of reactions. Reactions due to overdosage (high plasma levels) are systemic and involve the central nervous system and the cardiovascular system.

Reactions involving the central nervous system are characterized by excitation or excitement, dizziness, blurred vision, or tremors may be followed by convulsions, drowsiness, unconsciousness and possibly respiratory arrest. Excitation may be transient or absent and the first manifestations may be drowsiness, which may be brought on by unconsciousness and respiratory arrest.

Reactions involving the cardiovascular system include depression of the myocardium, hypotension, bradycardia, and even cardiac arrest.

The treatment of a patient's manifestations consists of ascertaining and maintaining a patent airway and supporting ventilation by using oxygen and assisted or controlled respiration as required. Thus will be sufficient in the management of most reactions. Should circulatory decompensation occur, vasopressors such as ephedrine or metaraminol, and intravenous fluids may be used. Should a convulsion persist despite oxygen therapy, small increments of an ultra-short acting barbiturate (thiopental or thiamyl) or a short acting barbiturate (pentobarbital or secobarbital) may be given intravenously.

Allergic reactions are characterized by cutaneous lesions, urticaria, edema, or anaphylactoid reactions. The detection of sensitivity skin tests is of doubtful value.

**DOSEAGE AND ADMINISTRATION**

Two metered doses are recommended as the upper limit and, under no circumstances, should one exceed three metered doses per quadrant of gingiva and oral mucosa over a one-half hour period to produce the desired anesthetic effect. Experience in children is inadequate to recommend a pediatric dose at this time.

**NURSING MOTHERS**

It is not known whether this drug is excreted in human milk. Because many drugs are secreted in human milk, caution should be exercised when this drug is administered to a nursing woman.

**ADVERSE REACTIONS**

Dr. Kenneth C. Brand, Boston, Massachusetts, 1970.

**PRECAUTIONS**

Prolonged use of this drug may increase the risk of allergic reactions in susceptible individuals. If superinfection occurs, appropriate measures should be taken to control the infection.

**PREGNANCY**

Category B. Reproduction studies performed in mice and rats did not reveal any evidence of impaired fertility or harm to the fetus due to cyclamen. There is, however, no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, this drug should be used during pregnancy only if clearly needed.

**NURSING MOTHERS**

It is not known whether this drug is excreted in human milk. Because many drugs are secreted in human milk, caution should be exercised when this drug is administered to a nursing woman.

**ADVERSE REACTIONS**

Ocular cycloplegia is generally well tolerated. As with other anesthetics, on account of sensitivity reactions are likely in those who have previously demonstrated penicillin hypersensitivity to the extent of allergy. Skin rash and fever may occur. Adverse reactions are reported with (cycloplegia, diarrhea, nausea and vomiting in approximately 10% of patients treated: nausea, vomiting, and diarrhea in approximately 30%), and skin rash and fever in approximately 1% of patients treated. Measures of headache and abdominal pain, urticaria and conjunctivitis have been reported. (See WARNINGS).

Other less frequent adverse reactions which may occur are reported with other penicillins and include arthralgia, myalgia, rhinitis, angioneurotic edema, gastroenteritis and pseudomembranous colitis. These reactions are usually reversible on discontinuation of therapy. They may be reduced with the use of other penicillins.

**INFECTION**

Infections in adults and children should be treated with penicillin to which the causative agent is sensitive. Infections should be treated with penicillin to which the causative agent is sensitive. When penicillin is not indicated, Xylocaine 10% Oral Spray should be used for local anesthesia.

**DOSAGE**

As edically specified doses)

**INFECTION**

**ADULTS**

**CHILDREN**

**Respiratory**

Tracheal Pharyngitis

250 mg x 2 - 4

body weight 20 kg

(44 lbs) 150 mg x 2 - 4

Branches and Pneumonia

250 mg x 2 - 4

body weight 20 kg

(44 lbs) 150 mg x 2 - 4

**AIDS**

250 mg x 2 - 4

50 mg/kg day

**Moderate Infections**

250 mg x 2 - 4

50 mg/kg day

**Chronic Infections**

500 mg x 2 - 4

100 mg/kg day

**Oral Hostages**

500 mg x 2 - 4

100 mg/kg day

**Skin & Skin Structures**

250 mg x 2 - 4

100 mg/kg day

**Urinary Tract**

250 mg x 2 - 4

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.

**Doseage and Administration**

**Oral Suspension** 250 mg and 250 mg per 5 ml in bottles to make 100 ml.

**Astra Pharmaceutical Products, Inc.**

Worcester, Massachusetts 01606

**Cyclamen-W**

(cyclacillin)

**INDICATIONS**

Cyclacillin is a highly effective and highly stable penicillin sulfoxide antibiotic, which may be used in the treatment of infections caused by Group A beta-hemolytic streptococci, including penicillinase-resistant strains.

**TOXICITY**

Unlike penicillin, cyclacillin is not affected by penicillinase, and therefore is effective against penicillinase-producing strains. It is also less resistant to the digestive enzymes which are responsible for inactivation of other penicillins. Therefore, cyclacillin is more effective than penicillin in cases where penicillin is not effective.

**USES**

Cyclacillin is used in the treatment of infections caused by penicillinase-producing strains of Group A beta-hemolytic streptococcus, including pharyngitis, tonsillitis, otitis media, and cellulitis.

**DOSEAGE AND ADMINISTRATION**

**Adults**

**Children**

**Respiratory**

Tracheal Pharyngitis

250 mg x 2 - 4

body weight 20 kg

(44 lbs) 150 mg x 2 - 4

Branches and Pneumonia

250 mg x 2 - 4

body weight 20 kg

(44 lbs) 150 mg x 2 - 4

**AIDS**

250 mg x 2 - 4

50 mg/kg day

**Moderate Infections**

250 mg x 2 - 4

50 mg/kg day

**Chronic Infections**

500 mg x 2 - 4

100 mg/kg day

**Oral Hostages**

500 mg x 2 - 4

100 mg/kg day

**Skin & Skin Structures**

250 mg x 2 - 4

100 mg/kg day

**Urinary Tract**

250 mg x 2 - 4

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.

**Doseage and Administration**

**Oral Suspension** 250 mg and 250 mg per 5 ml in bottles to make 100 ml.

**Astra Pharmaceutical Products, Inc.**

Worcester, Massachusetts 01606
Now—t.i.d. dosage for otitis media*¹ and strep pharyngitis*² in children

**CYCLAPEN-W**
(cyclacillin) Suspension

**Lower incidence of diarrhea**
Comparative clinical trials have shown that CYCLAPEN-W* causes significantly fewer incidences of diarrhea than either amoxicillin' or ampicillin.²

*¹Due to susceptible organisms.

**Great taste**
CYCLAPEN-W® Suspensions have a great raspberry-punch flavor that makes compliance easy.

Copyright © 1983, Wyeth Laboratories. All rights reserved.

**Easy dosage schedule**
And now the t.i.d. dosage for otitis media* and strep pharyngitis* in children simplifies administration and reduces the possibility of missed doses.

More convenient—the 150 ml package simplifies t.i.d. dosage.

See important information on adjoining column.

NEW 150-ml size!

Pediazole®
erythromycin ethylsuccinate
and sulfisoxazole acetyl
for oral suspension

(200 mg erythromycin activity and the equivalent of 600 mg sulfisoxazole per 5 ml)
Now available in 100-ml 150-ml, and 200-ml bottles

Familiar therapy in a convenient form
For acute otitis media in children*

*caused by susceptible strains of Hemophilus influenzae (including ampicillin-resistant strains)

ROSS LABORATORIES
COLUMBUS, OHIO 43216
Division of Abbott Laboratories, USA

Please see adjacent column for brief summary of prescribing information.
**Pediazole**

**erythromycin ethylsuccinate**

**and sulfisoxazole acetyl**

**for oral suspension**

**BRIEF SUMMARY:**

Please see package enclosed for full prescribing information.

**Indication:**

For treatment of ACUTE OTITIS MEDIA in children caused by susceptible strains of Hemophilus influenzae.

**Contraindications:**

Known hypersensitivity to either erythromycin or sulfonamides.

Infants less than 2 months of age.

Pregnancy at term and during the nursing period: because sulfonamides pass into the placental circulation and are excreted in human breast milk and may cause kernicterus in the infant.

**Warnings:**

Usage in Pregnancy: (See ALSO CONTRAINDICATIONS). The safe use of erythromycin or sulfonamides in pregnancy has not been established. The teratogenic potential of the individual drugs has not been established in animals or humans. However, a significant increase in the incidence of congenital anomalies in offspring has been observed when certain sulfonamides of the short-acting, intermediate and long-acting types were given to pregnant rats and mice at oral doses of up to 25 times the human therapeutic dose.

Reports of deaths have been associated with sulfonamide administration from hypersensitivity reactions, agranulocytosis, aplastic anemia and other blood dyscrasias. The presence of these clinical signs as well as sore throat, fever, pallor, purpura or jaundice may be early indicators of serious drug reactions. Combinations of sulfonamide and penicillin may be less safe than used alone because of the possibility of the development of cross-sensitivity. Sulfisoxazole has been reported to cause immunologic sensitization and aplastic anemia.

**Precautions:**

Erythromycin is primarily excreted by the liver. Caution should be exercised in administering the antibiotic to patients with impaired hepatic function. There have been reports of hepatic dysfunction with or without jaundice occurring in patients receiving oral erythromycin products.

Recent data from studies of erythromycin reveal that its use in patients who are receiving other drugs metabolized via the liver may be associated with an increase in serum thyroxine levels and potential hyperthyroidism. In case of hyperthyroidism and/or elevated serum thyroxine levels, the dose of thyroxine should be reduced while the patient is receiving concomitant erythromycin therapy.

**Adverse Reactions:**

The most frequent side effects of oral erythromycin preparations are gastrointestinal, such as abdominal cramping and discomfort, and dose-related nausea, vomiting and diarrhea. Occasional intolerance with oral doses. During prolonged or repeated therapy, there is a possibility of overgrowth of nonpathogenic bacteria or fungi. If such infections occur, the drug should be discontinued and appropriate therapy instituted. The overall incidence of these side effects reported for the combined administration of erythromycin and a sulfonamide is comparable to those observed in patients receiving erythromycin alone.

Allergic reactions: Erythema multiforme (Stevens-Johnson syndrome), generalized skin eruptions, epidermal necrolysis, urticaria, serum sickness, pruritus, eczematous dermatitis, anaphylactoid reactions, angioneurotic edema, conjunctivitis and scleral injection, photosensitization, arthralgia and allergic myalgia.

Gastrointestinal reactions: Nausea, anorexia, abdominal pain, diarrhea, anorexia, pancreatitis and stomatitis. C.N.S. reactions: Headache, peripheral neuritis, mental depression, convulsions. Salivary, lacrimation, tearing, vertigo and insomnia.

Miscellaneous reactions: Drug fever, chills and toxic nephrosis with oliguria or anuria. Porphyria, hemolysis and elevated SGOT have occurred.

The sulfonamides may cause certain chemically similar side effects to those of other sulfa drugs. However, in patients receiving sulfonamides, cross-sensitivity may exist with these agents.

Rats appear to be especially susceptible to the gastrointestinal effects of sulfonamides, and long-term administration has produced thyroid abnormalities in this species.

**Dosage and Administration:**

**Pediazole should not be administered to infants under 2 months of age because of contraindications of systemic sulfonamides in this age group.**

For Acute Otitis Media in Children: The dose of Pediazole may be calculated based on the erythromycin component (150 mg/kg/day) or the sulfisoxazole component (150 mg/kg/day) to a maximum of 6 mg/kg. Pediazole should be administered in equally divided doses four times a day for 10 days. It may be administered without regard to meals. The following approximate dosage schedule is recommended for using Pediazole.

Children: Two months of age or older

<table>
<thead>
<tr>
<th>Weight</th>
<th>Dose—every 6 hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 8 kg</td>
<td>15 cc (0.167 ml)</td>
</tr>
<tr>
<td>8 kg (15 lb)</td>
<td>24 cc (0.3 l)</td>
</tr>
<tr>
<td>16 kg (35 lb)</td>
<td>36 cc (0.45 l)</td>
</tr>
<tr>
<td>Over 45 kg (over 100 lb)</td>
<td>72 cc (0.9 l)</td>
</tr>
</tbody>
</table>

**How Supplied:**

Pediazole Suspension is available for tablet dosage in 100-ml (NDC 0074-8035-1), 150-ml (NDC 0074-8035-43) and 200-ml (NDC 0074-8035-53) bottles, in the form of granules to be reconstituted with water. The suspension provides erythromycin ethylsuccinate equivalent to 300 mg erythromycin activity and sulfisoxazole acetyl equivalent to 600 mg sulfisoxazole per teaspoonful (5 ml).

**EB350-I AUDIOMETER**

**FOR ACCURATE HEARING TESTS**

CHDP and EPDSP APPROVED

**FREQUENCY RANGE: 125 TO 8KHZ**

**INTENSITY RANGE: 0 TO 110db (5db STEPS)**

PORTABLE — COMPACT — LIGHTWEIGHT

(Also available: Model EB390 Audiometer AC / Battery powered: $775.00)

(ListComponent by AAO)

TO ORDER OR REQUEST FULL SPECIFICATIONS, WRITE:

ECKSTEIN BROS., INC.
4807 W. 118th Pl., Hawthorne, CA 90250

**THE IDEAL PEDIATRIC EXAM TABLE**

QUIM-2160

24" wide x 72" long x 36" high

High enough for pediatric exams, long enough for adolescents, and economical enough for small room facilites. Includes: cart, drawer, utility shelf and paper holder. Standary hardwood construction in attractive walnut finish. Vinyl upholstery in 14 decorator colors. Shipped assembled.

Call or write for brochure or examining tables.

Call Collect (617) 871-3340.
In the Boston Area call Toll Free 479-4440.
BOOKS RECEIVED

Prenatal Diagnosis and Mechanisms of Teratogenesis (No. 3A) and Dysmorphology (No. 3B). March of Dimes Birth Defects Foundation, Original Article Series, Vol 18, Nos. 3A and B. W. L. Nyhan and K. L. Jones. New York, Alan R. Liss, Inc, 1982 $56 (for Nos. 3A and 3B, 216 pp (3A) and 328 pp (3B).
This year, when a child has the flu, there’s a new choice to control fever.

It’s aspirin-free. Yet, milligram for milligram, it’s as effective a fever-reducer as aspirin. And, of course, it’s the first choice for patients who can’t—or shouldn’t—take aspirin: it’s 100% acetaminophen.

Our new brand of acetaminophen is Children’s ANACIN-3. Children’s ANACIN-3 is available in an elixir, chewable tablets, and infant’s drops.

The dose of acetaminophen is easily adjusted from as little as 40 mg to as much as 480 mg. And we make it easy for parents by putting a dosage schedule—by weight and by age—right on the package.

It’s a true alternative—in every respect—for you and for the parents of children with fever. Children’s ANACIN-3.

When families can’t use aspirin.

The Alternative
Children’s ANACIN-3
100% ACETAMINOPHEN
ELIXIR
CHEWABLE TABLETS
INFANT’S DROPS
TAMPER-RESISTANT PACKAGE

WHITEHALL LABORATORIES
Division of American Home Products
New York, NY 10017
In respiratory tract infections
HIGHER BLOOD LEVEL ANTIBIOTIC INTO

*Caused by susceptible pathogens including Streptococcus pyogenes; Streptococcus pneumoniae, nonpenicillinase-producing staphylococci, and Haemophilus influenzae. Because not all strains of pathogens are susceptible, it is recommended that routine culture and susceptibility tests be performed.

A graphic representation of bioavailability studies with SPECTROBID

* Tissue penetration is regarded as essential to therapeutic efficacy, but specific antibiotic tissue levels have not been correlated with specific therapeutic effects.

For SPECTROBID® (bacampicillin HCl) brief summary of prescribing information, please see last page of advertisement.
PEAKS DRIVE MORE INFECTED TISSUE...

WITH B.I.D. DOSING

Higher peak blood levels than with oral ampicillin, amoxicillin, erythromycin, or tetracycline.

Higher peak tissue levels that are reached more rapidly than with oral ampicillin.

Outstanding clinical effectiveness in URI and LRI caused by susceptible pathogens.

Low incidence of diarrhea—low incidence of lower GI side effects, particularly diarrhea (2%). SPECTROBID is contraindicated in persons with a history of allergic reactions to penicillin antibiotics.

PULSE-DOSED SPECTROBID
(bacampicillin HCl) 400 mg* tablets

* Chemically equivalent to 280 mg ampicillin

Now available for the infants you treat...

New SPECTROBID (bacampicillin HCl) 50 mg* for oral suspension

* Chemically equivalent to 37.5 mg ampicillin

Dye-free cherry flavor
SPECTROBID
(bacampicillin HCI)
400 mg tablets

**BRIEF SUMMARY**

**SPECTROBID** (bacampicillin HCI) is a member of the ampicillin class of penicillins. It is rapidly hydrolyzed to ampicillin in both tablet and suspension form.

**Contraindications:**

- Ampicillin or penicillin-type antibacterials
- History of allergy to penicillin derivatives

**Warnings:**

- Serious and occasionally fatal anaphylactic reactions have been reported in patients on penicillin therapy. Anaphylaxis is more frequent following parenteral 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.

**Precautions:**

- Consider premedication with corticosteroids based on enzymatic disproportionation reactions (Cinestix® or Tes-Tape®) in patients with known allergies.

**Clinically Significant Drug Interactions:**

- Concurrent administration of aminophylline and ampicillin increases substantially the incidence of serious reactions in patients receiving both drugs as compared to ampicillin alone. There are no data to date on the incidence of otitis media in infants treated concurrently with SPECTROBID (bacampicillin HCI) and aminophylline. SPECTROBID should not be co-administered with Antabuse® (disulfiram).

**Drug and Laboratory Test Interactions:**

-1. Ampicillin increases the plasma levels of, and decreases the half-life of some drugs, including probenecid, phenylbutazone, salicylates, anticoagulants, and theophylline.

**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 essentially the sensitivity phenomenon. These are more likely to occur in persons with hypersensitivity to penicillins and in those with a history of asthma, hay fever, or urticaria. In clinical trials, the most frequent adverse reactions to SPECTROBID were epigastric upset and diarrhea (2%). Increased dosages may increase the incidence of diarrhea. The same clinical trials showed a 4% incidence of diarrhea and a 2% incidence of nausea with amoxicillin therapy.

**More detailed professional information is available on request.**

---

References:


**How Supplied:**

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

**Cross-Reference:**

Bacampicillin (28 mg/kg) + Amoxicillin Oral Suspension (25 mg/kg) in Fasted Infants and Children (n = 10).

---

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

**Serum Ampicillin Concentration (mg/ml)**

<table>
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</tr>
<tr>
<td>Hours Post Dosing</td>
<td>8</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>12</td>
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</tr>
</tbody>
</table>

*equivalent to 30 mg/kg of Ampicillin

---

**A more detailed professional information is available on request.**

---

**Higher antibiotic blood level peaks with b.i.d. dosing**

**PULSE-DOSED SPECTROBID**

(bacampicillin HCl)

**400 mg tablets**

**How Supplied:**

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

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*equivalent to 30 mg/kg of Ampicillin

---

**An important innovation in antibiotic therapy from Roering**

**Pfizer**

A division of Pfizer Pharmaceuticals

New York, New York 10017
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.
© 1982 Lederle Laboratories

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 tuberculin. 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, polo, 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 vasculitization reactions) by Mantoux method. When vasculitization 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 vasculitization and necrosis with a previous tuberculin test by any method, tuberculin testing should be avoided. Similar or more severe vasculitization 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: Vasculitization, 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 Laboratories
A Division of American Cyanamid Company
Wayne, New Jersey 07470

© 1982, Lederle Laboratories

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
In pediatrics, when good patient management is of primary concern to the parent, Nōstril™ 1/4% Mild for Children in the new metered pump spray delivers a controlled dose of medicine. A fine mist that gently clears up nasal congestion for hours of free breathing.

Eliminates head tilting and lying down which causes gagging discomfort.

Nōstril™ 1/4% Mild contains the formula you can recommend with confidence in a more controlled dose so the user gets a consistent amount every time.

THE NEW WAY TO SPRAY CONGESTION AWAY.

Boehringer Ingelheim 90 East Ridge, P.O. Box 368, Ridgefield, Connecticut 06877
When they’re caught in the grip of hacking cough

Prescribe...

**Novahistine® DH**

Each 5 ml of liquid contains: codeine phosphate 10 mg (Warning: may be habit forming), pseudoephedrine HCl 30 mg, chlorpheniramine maleate 2 mg, alcohol 5%

**antitussive/decongestant/antihistamine**

And for...

Cough with tenacious pulmonary secretions

**Novahistine® Expectorant**

Each 5 ml of liquid contains: codeine phosphate 10 mg (Warning: may be habit forming), pseudoephedrine HCl 30 mg, guaifenesin 100 mg, alcohol 7.5%

**antitussive/decongestant/expectorant**

Pleasant tasting and effective cough control for children and adults

Merrell Dow
A-200 Pyrinate. The pediculicidal effect of lindane—without its potential for CNS toxicity. Unlike the prescription pediculicide, which contains lindane (gamma benzene hexachloride), no neurotoxic potential is known for A-200 Pyrinate Pediculicide Shampoo—even after 40 years and millions of treatments.

Low surface tension 10-minute shampoo—key to A-200 Pyrinate effectiveness. The A-200 Pyrinate formula includes a carrier vehicle of solvents, emulsifiers, and surfactants that produce a low surface tension. This permits a complete uniform spreading and coating action for total contact with hair, lice, and eggs—thus effecting maximum penetration of the active ingredients.

Natural, safe pyrethrins. A-200 Pyrinate contains natural, safe pyrethrins, derived from the chrysanthemum flower. Pyrethrins are among the most effective and safe pediculicides available. Safe enough for use on young children. In addition, A-200 Pyrinate is not a primary irritant or sensitizer.

A-200 Pyrinate. The most widely used treatment for the control of head lice. A-200 Pyrinate is the well-accepted formula in use by School and Community Health Professionals, and Pharmacists have made A-200 Pyrinate their most frequently recommended pediculicide. Available at pharmacies in 2 and 4 fl. oz. liquid and 1 oz. gel.

The Effective Pediculicide Without The Lindane Risk.
The only oral drug delivery system of its kind

Precisely controls drug release over time

Formulates long-acting liquids or capsules

Eliminates drug taste

NEW PENN KINETIC™

Drug Delivery System

© 1982 Pennwalt Pharmaceutical Division
Improves many different therapeutic agents
The Pennkinetic system can precisely control drug release over time—for 8, 10, or 12 hours—and tailor that precise control to suit liquid and capsule formulations of many different types of therapeutic agents. Thus, easy-to-swallow liquid medications can be produced with a long duration of action, and dosage schedules of liquids and capsules can be simplified to increase patient compliance. In addition, the Pennkinetic system can render unpleasant tasting therapeutic agents tasteless, leaving the pharmaceutical chemist free to flavor liquids in a way that assures acceptability, especially among pediatric patients.

Advances oral drug delivery technology
The Pennkinetic system is a unique formulation procedure based on advanced ion-exchange technology. In the first step of this patented procedure, a drug is locked ionically to a non-toxic and nonabsorbable ion-exchange polymer; a second step coats this drug-polymer complex with a semipermeable outer membrane that can be varied in thickness.

The system is adaptable to the requirements of a particular drug because the outer membrane can be varied in thickness to precisely control the timing of drug availability for absorption by the GI tract. Thus precise control of drug release is possible for many different chemical entities.

Because drug-polymer particles are minute and no drug is released when particles are placed in an essentially nonionic liquid medium, long-acting liquid preparations are possible.

Drug release occurs when ions in the GI tract cross the membrane and displace active drug, allowing the drug to diffuse across the membrane. Since this is the only mechanism by which drug is released from the polymer, and since ion content of the human GI tract is remarkably consistent from one individual to another, the Pennkinetic system offers very precise and controlled drug delivery which is not affected by variables such as pH, temperature, or volume of contents in the GI tract.

makes more therapeutic ideals possible
Dividends earned through good experience in 1980-1981 have been used to reduce the Academy's Disability and Life premiums for the 1982-83 policy year. Of course, future dividends cannot be guaranteed and should be viewed as estimates. Good experience is the reason for the additional premium reduction.

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.

Pediatrics Insurance Consultants, Inc.
150 South Wacker Drive
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

Print Name

Address
1. Consider enzyme activity.

Glucoamylase and maltase are more active than the more fragile brush border enzymes sucrase and lactase in infants with gastrointestinal illness (Grade I villus atrophy).

2. Choose the most compatible carbohydrate source.

Glucose polymers is the most compatible carbohydrate for infants with gastrointestinal illness and common feeding problems because it is digested by glucoamylase and maltase — the enzymes most resistant to mucosal injury.
Soy Formula Specification:

3. Specify ProSobee.

The carbohydrate in ProSobee is 100% glucose polymers* — the most compatible carbohydrate because it avoids reliance on the more fragile brush border enzymes.

*As corn syrup solids

ProSobee®

• Lactose-free.
• Sucrose-free.
• 100% glucose polymers
   — the most compatible carbohydrate.

For common feeding problems!
RID HAS THE CREDENTIALS

TO MAKE IT YOUR FIRST-CHOICE PEDIULICIDE FOR CHILDREN
Clinical studies demonstrate that RID® is as effective as Kwell® shampoo

Comparative clinical trials demonstrate that RID eliminates head lice and nits as well as Kwell shampoo.1,2 One investigator noted "an earlier and somewhat more pronounced response was observed among patients treated with RID."1

Patients with Active Infestations of Head Lice1,2

<table>
<thead>
<tr>
<th>Treatment Group</th>
<th>Pre-treatment</th>
<th>Post-treatment</th>
<th>Eradication</th>
</tr>
</thead>
<tbody>
<tr>
<td>RID®</td>
<td>25</td>
<td>0</td>
<td>100%</td>
</tr>
<tr>
<td>Kwell®</td>
<td>24</td>
<td>1</td>
<td>96%</td>
</tr>
</tbody>
</table>

(Patients were treated at weekly intervals for a total of 3 treatments)

Another large-scale clinical trial involving 248 children, aged 6 months to 12 years, demonstrated that combining RID and general hygiene instructions resulted in rapid and complete eradication of head lice.3

Compare these safety features of RID® with those of other agents currently available

Pyrethrins are among the least toxic to mammals of all pediculicides and may be the safest of the pediculicides currently in use.4 Toxicity studies in mammals "...prove conclusively that pyrethrins are metabolized to water-soluble compounds that are in turn rapidly eliminated from the body without ill effects in the process."5

While patients with ragweed sensitivity should use RID with caution, remember that reactions in these patients have been observed only with unpurified pyrethrum.6 RID is made with purified pyrethrins.

RID® carries little risk of toxicity through percutaneous absorption

Pyrethrins are poorly absorbed through the intact skin,6 so RID carries little risk of systemic toxicity when applied topically. This is an important consideration in view of the fact that pediculicides are commonly applied to areas with high potential for percutaneous absorption—the scalp, axillae and genital areas. And the tender skin of children—the usual victims of head lice—may permit more percutaneous absorption than that of adults.

The active ingredients in RID® are recognized by the Center for Disease Control as an effective treatment for lice

The active ingredients in RID are refined pyrethrins and piperonyl butoxide. Pyrethrins are effective pediculicides which act on the insect's nervous system. Piperonyl butoxide enhances the effect of the pyrethrins on lice.

The RID® kit actually helps parents follow your instructions

RID is the only pediculicide that provides a complete treatment kit which includes a booklet with step-by-step directions for use, along with a special fine-tooth comb for nit removal. After you specify RID, all patients need to do is pick it up at their local pharmacy, read the instructions, and use it.

References
2. Data on file, Pfizer.

If you would like copies of any of the above references please write:
Pfizer Division, of Pfizer, Inc.
235 East 42nd Street
New York, NY 10017
new in vitro study shows how Bactrim destroys (trimethoprim and sulfamethoxazole/Roche)

Scanning electron micrographs demonstrate the in vitro antimicrobial efficacy of Bactrim

Roche scientists recently conducted in vitro scanning electron microscopy morphology and viability studies that show the bactericidal effect of Bactrim on ampicillin-resistant H. influenzae. Cultures of ampicillin-resistant H. influenzae were exposed to Bactrim at approximately 5 x the MIC for H. influenzae—a level usually exceeded in serum and middle-ear fluid during therapy. After just 4 hours, cultures exposed to Bactrim began to form filaments, indicating an alteration in the normal pattern of cell division. After 12 hours, virtually all bacteria in the cultures had formed filaments. When these bacteria were removed from the Bactrim-treated cultures and recultured in drug-free nutrient medium, almost all of them were unable to divide and form colonies. Thus, the effect of Bactrim on these ampicillin-resistant H. influenzae was interpreted as bactericidal.
**H. influenzae**

**even ampicillin-resistant strains**

2. **BACTRIM-TREATED: 4 HOURS**. Primary morphologic effect of Bactrim (5 mcg/ml sulfamethoxazole and 0.25 mcg/ml trimethoprim) on ampicillin-resistant *H. influenzae* is the formation of filaments.

3. **BACTRIM-TREATED: 12 HOURS**. Filaments of varying lengths observed in cultures of ampicillin-resistant *H. influenzae*. Number of viable bacteria from this culture was substantially below that of the 0-hour titer, indicating a bactericidal effect.

---

**Clinical results in acute otitis media**—93% **efficacy**

<table>
<thead>
<tr>
<th>Pathogen</th>
<th>In Vitro Sensitivity to Ampicillin Prior to Study</th>
<th>#Successful/#Evaluated</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>H. influenzae</em></td>
<td>Resistant</td>
<td>15/16</td>
</tr>
<tr>
<td></td>
<td>Sensitive</td>
<td>1/1</td>
</tr>
<tr>
<td></td>
<td>resistant</td>
<td>9/10</td>
</tr>
<tr>
<td></td>
<td>Total resistant or unresponsive to amoxicillin</td>
<td>25/27 (93%)</td>
</tr>
</tbody>
</table>

†In *in vitro* sensitivity tests prior to the study, *H. influenzae* isolates were classified as being
1) resistant to ampicillin; originally sensitive to ampicillin but either 2) developed resistance or 3) nevertheless failed to respond to a standard course of therapy with an aminopenicillin; or 4) sensitive to ampicillin.

Bactrim is contraindicated in infants less than two months of age, hypersensitivity to either component and documented megaloblastic anemia due to folate deficiency.

---

**In acute otitis media** in children

**Bactrim™ Pediatric suspension**

(trimethoprim and sulfamethoxazole/Roche)

succeeds

*Susceptible strains
†Due to susceptible *H. influenzae* and *S. pneumoniae.*

Please see next page for references and summary of product information.
References:


**ACTIFED-C**

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

**Lacking substantial evidence of effectiveness as a single combina-**

For the symptomatic treatment of cough in conditions such as:

- the common cold, acute bronchial asthma
- bronchitis, cough, expectoration

**Final classification of the less-than-effective indications re-**

quires further investigation.

**CONTRAINDICATIONS: Use in Newborns or Premature Infants: This drug should not be used in newborns or premature infants.**

**Use in Nursing Mothers:** Because of the higher risk of antihistamines, codeine and sympathomimetic amine for infants generally and for newborns in particular. Aclited C Expectorant therapy is contraindicated in nursing mothers.

**Use in Lower Respiratory Disease: Antihistamines should not be used to treat lower respiratory conditions including asthma.** Aclited-C Expectorant is also contraindicated in the following conditions:

- Hypersensitivity to 1-propranolol hydrochloride and other antihista-

- mine of similar chemical structure. 2) sympathomimetic amines in-

- cluding pseudoephedrine, and or 3) any of the other ingredients.

**MONOAMINE OXIDASE INHIBITOR THERAPY (see Drug Interactions Section).**

**WARNINGS: Aclited-C Expectorant should be used with considerable caution in patients with:**

- Increased intracranial pressure
- Hypertension
- Diabetes mellitus
- Ictus hemorrhagicus
- Hypothyroidism
- Narrow Angle Glaucoma
- Renal insufficiency
- High Blood Pressure
- Hypothyroidism
- Antihistamines

**INTERACTIONS: MAO inhibitors prolong and intensify the anti-

- cholinergic (dry mouth) effects of antihistamines and other effects of sympathomimetics. Sympathomimetics may reduce the antihyper-

- tone effects of methyldopa, decamethylamine, reserpine, and veratrum alkaloids.

**Bottles of 1 pt. 1 gallon and 4 Unit of Use Bottle with Child Resistant Cap.**

Burroughs Wellcome Co. Research Triangle Park, NC 27709.
The “C” stands for CODEINE “...among the most effective agents for suppressing cough.”

ACTIFED-C® EXpectorant C

Each 5 ml (teaspoonful) contains:
CODEINE phosphate 30 mg
(Warning — may be habit-forming)
SUDAFED® 30 mg
(pseudoephedrine HCl)
ACTIDIL® 2 mg
(tripolidine HCl)
guaifenesin 100 mg
Preservatives: methylparaben 0.1% and sodium benzoate 0.1%

Reference:

Please see prescribing information on opposite page.
COMMITTEE APPOINTED BY NESTLE CLEARS FIRM

A committee appointed by the Nestle Co. to monitor its compliance with a World Health Organization code on infant formula marketing has cleared the firm of wrongdoing.

Calling many criticisms of Nestle Co. merely "misunderstandings," the committee, which was headed by former Secretary of State Edmund Muskie, made several recommendations that Nestle accepted.

The leading group in the six-year boycott against the Swiss conglomerate remained skeptical and will maintain the boycott for several months to see if Nestle complies with the WHO code. The Infant Formula Action Coalition (INFACT) repeatedly has charged Nestle with unethical marketing practices in the Third World.

From *AMA Medical News*, Nov 12, 1982.

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THE HIGH COST OF WRITING A BOOK FOR CONGRESS

Last January, I received a book to review for Science Books and Films, a magazine put out by the American Association for the Advancement of Science. The volume was "Outlook for Science and Technology: The Next Five Years," written by the National Research Council and published in 1982 by W.H. Freeman.

I found the volume disappointing, and, feeling myself under an obligation to try to explain the failure, I began to look into its background. It turned out that the book was the product of a $367,000 federal grant given by the National Science Foundation to the National Research Council. This grant, in turn, represented the implementation of an act of Congress, the National Science and Technology Policy, Organization and Priorities Act of 1976.

I dug out the law in question, and, sure enough, buried in the torrent of platitudes and redundancies was the injunction that someone keep Congress informed about "problems of national significance that are identified through scientific research."

Naturally, the bureaucrats never pointed out that Congress had empowered them to deliver a bagatelle. They simply played the game out to its wasteful end. Scores of scientists, diverted from their own research by the honoraria dangled before them, were set to writing what a steering committee guessed congressmen might have wanted in a report they never intended to read. The result was the book in question.

There is nothing particularly wrong with the individual paragraphs, but combined together by 112 members of 17 subcommittees, the result is an unreadable hodge-podge. And since the coverage of each topic is so fragmentary, the volume cannot even serve as a reference book.

"The Preface reports that the NSF and NRC intend to continue to inflict these pointless 'Outlook' volumes upon us every other year or so forever. David Stockman, where are you?"

The new Radiometer non-invasive blood gas system is as flexible as your needs are.

Bedside, transport, operating room, emergency, intensive care; now there is a non-invasive oxygen and carbon dioxide system that can do it all. The new Radiometer TCM System with detachable TCM2, tcP0₂ and TCM20 tcPC0₂, Monitors and a recharger database that features a 2 pen, 2 speed recorder with 3 sensitivity ranges.

The rechargeable battery powered tcP0₂, and tcPC0₂ Monitors are microprocessor controlled and feature the convenience of automated push button calibration and built-in programs that monitor and control electrode temperature and performance characteristics. Other features include electrode temperature selectors, adjustable high and low visual and acoustic alarms, temperature out-of-range and low battery indicators and both analog and digital (RS232) outputs. Monitors may be used separately from the database for a typical six hours per charge or used in pairs in the database for two site or two patient monitoring.

The new small Radiometer electrodes for the TCM System feature new simple snap-on membranes and soft rimmed fixation rings that easily bend to the curvature of the body.

The Radiometer TCM transcutaneous blood gas system, flexible, convenient and easy to use. And, of traditional Radiometer quality. For a free descriptive brochure contact Radiometer America, Inc., 811 Sharon Drive, Westlake, Ohio 44145. Or call, toll free, (800) 321-9484. In Ohio, call (216) 871-8900.

CAUTION
The TCM20 tcPC0₂ Monitor is limited to use with neonates and infants.
Whenever your patients need a soap that’s gentle to the skin, that’s Ivory. Because Ivory is a basic, natural soap that cleans without a lot of extra ingredients. Doctors have trusted Ivory’s gentle cleaning for years. You can trust Ivory. And you can recommend it with confidence. *More doctors recommend Ivory than any other soap.*
Dealing with the problems of school children...

A new edition of School Health: A Guide for Health Professionals is now available. "This is a manual that all pediatricians should have in their office if they are engaged in the care of pre-school, elementary and high school children," according to the chairman of the Committee on School Health which revised the book.

School Health gives practical and helpful 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 appendices have a wealth of information on immunization schedules, vision and hearing screening, maturity classification, screening for scoliosis, dental conditions, terminology for heart murmurs, school health appraisal forms, sports field examinations, first aid equipment and supplies, health supervision of food handlers, school policies on first aid and hemoglobin and hematocrit values. 1981 Indexed: 297 pages.

Note AAP Fellows (not Junior Fellows) may receive one free copy by calling 800-323-0797.
You can find reliable, up-to-date answers to your questions about neonatology, genetics and dysmorphism, cardiology, as well as other recent advances in pediatrics. All of this information is in review articles found in Pediatrics in Review, Volume 3, now available as a bound edition. You will want to have this informative material on your shelf and available at all times both for periodic study and for handy reference. You may also wish to present this handsome volume as a gift.

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One 20-mg sustained-release Ritalin-SR tablet given at breakfast provides a therapeutic effect equivalent to that of the standard 10-mg tablet given twice daily.1


Eliminates the need to take medication in school

"The availability of a sustained-release (SR) formulation of methylphenidate would greatly improve patient compliance and lessen school-related dosing problems..."1

Improves compliance... affords greater convenience and greater privacy

Ritalin is indicated as adjunctive therapy to other remedial measures (psychological, educational, social) for ADD in children. Drug treatment is not indicated for all children with ADD. Stimulants are not intended for use in the child who exhibits symptoms secondary to environmental factors and/or primary psychiatric disorders, including psychosis. Also available: Regular tablets of 5, 10 and 20 mg.

Please see next page for brief Prescribing Information
Now—a standard therapy for ADD becomes more convenient... more simple... more private

RITALIN-SR®
methylphenidate

Special Diagnostic Considerations
Special etiology of this syndrome is unknown, and there is no single diagnostic test. Adequate diagnosis requires the use not only of medical but of special psychological, educational, and social resources.

Characteristics commonly reported include: chronic history of short attention span, distractibility, emotional lability, impulsivity, and moderate-to-severe hyperactivity; minor neurological signs and abnormal EEG. Learning may or may not be impaired. The diagnosis must be based upon a complete history and evaluation of the child and not solely on the presence of one or more of these characteristics.

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

CONTRAINDICATIONS
Marked anxiety, tension, and agitation are contraindications to Ritalin, since the drug may aggravate these symptoms. Ritalin is contraindicated also in patients known to be hypersensitive to the drug, in patients with glaucoma, and in patients with motor tics, with a history or diagnosis of Tourette's syndrome.

WARNINGS
Ritalin should not be used in children under six years, since safety and efficacy in this age group have not been established.

Sufficient data on safety and efficacy of long-term use of Ritalin in children are not yet available. Although a causal relationship has not been established, suppression of growth (weight gain, and/or height) has been reported with the long-term use of stimulants in children. Therefore, patients requiring long-term therapy should be carefully monitored.

Ritalin should not be used for severe depression of either exogenous or endogenous origin. Clinical experience suggests that in psychotic children or administration of Ritalin may exaggerate symptoms of behavior disturbance and thought disorder.

Ritalin should not be used for the prevention or treatment of normal fatigue states.

There is some clinical evidence that Ritalin may lower the convulsive threshold in patients with prior history of seizures, with prior EEG abnormality in absence of seizures, and very rarely, in absence of history of seizures and no prior EEG evidence of seizures. Safe concomitant use of anticonvulsants and Ritalin has not been established. In the presence of seizures, the drug should be discontinued.

Use cautiously in patients with hypertension. Blood pressure should be monitored at appropriate intervals in all patients taking Ritalin, especially those with hypertension.

Symptoms of visual disturbances have been encountered in rare cases. Difficulties with accommodation and blurring of vision have been reported.

Drug Interactions
Ritalin may decrease the hypotensive effect of guanethidine. Use cautiously with pressor agents and MAO inhibitors.

Human pharmacologic studies have shown that Ritalin may inhibit the metabolism of coumarin anticoagulants, anticonvulsants (phenobarbital, diphenylhydantoin, primidone), phenoxybenzamine, and tricyclic antidepressants (imipramine, desipramine). Downward dosage adjustments of these drugs may be required when concomitantly with Ritalin.

Usage in Pregnancy
Adverse animal reproduction studies to establish safe use of Ritalin during pregnancy have not been conducted. Therefore, until more information is available, Ritalin should not be prescribed for women of childbearing age unless, in the opinion of the physician, the potential benefits outweigh the possible risks.

Drug Dependence
Ritalin should be given cautiously to emotionally unstable patients, such as those with a history of drug dependence or alcoholism, because such patients may increase dosage on their own initiative. Chronically abusive use can lead to marked tolerance and psychic dependence with varying degrees of abnormal behavior. Frank psychotic episodes may occur, especially with concomitant use of tranquilizers. In such cases, abrupt withdrawal is hazardous. Therefore, long-term follow-up is required because of the patient’s basic personality disturbances.

PRECAUTIONS
Patients with an element of agitation may react adversely; discontinue therapy if necessary.

Periodic CBC, differential, and platelet counts are advised during prolonged therapy.

Drug treatment is not indicated in all cases of this behavioral syndrome and should be considered only in light of the complete history and evaluation of the child. The decision to prescribe Ritalin should depend on the physician's assessment of the chronology and severity of the child's symptoms and their appropriateness for his/her age. Prescriptions should not depend solely on the presence of one or more of the behavioral characteristics.

When these symptoms are associated with acute stress reactions, treatment with Ritalin is usually not indicated.

Long-term effects of Ritalin in children have not been well established.

ADVERSE REACTIONS
Nervousness and insomnia are the most common adverse reactions but are usually controlled by reducing dosage and omitting the drug in the afternoon or evening. Other reactions include: hyperactivity, including skin rash, urticaria, fever, arthralgia, choreoathetosis, erythema multiforme with histopathological findings of necrotizing vasculitis, and thrombocytopenic purpura; anorexia, nausea, diarrhea, palpitations, headache, dyskinesia, drowsiness, blood pressure and pulse changes, deepened and tachycardia, angina: cardiac arrhythmia, abdominal pain, weight loss during prolonged therapy. There have been rare reports of Ritalin syndrome. Toxic psychosis has been reported. Although a definite causal relationship has not been established, the following have been reported in patients taking this drug: leukopenia and anemia, a few instances of scalp hair loss.

In children, loss of appetite, abdominal pain, weight loss during prolonged therapy; and in adults, exacerbation of pre-existing peptic ulcer disease; in both children and adults, drug-induced lupus erythematosus has been reported.

Children (6 years and over) Ritalin should be initiated in small doses, with gradual weekly increments. Daily dosage above 60 mg is not recommended.

DOSAGE AND ADMINISTRATION
Dosage should be individualized according to the needs and responses of the patient. In children (6 years and over) Ritalin should be initiated in small doses, with gradual weekly increments. Daily dosage above 60 mg is not recommended. If improvement is not observed after appropriate dosage adjustment over a one-month period, the drug should be discontinued.

Tablets: Start with 5 mg twice daily (before breakfast and lunch) with gradual increments of 5 to 10 mg weekly.

SR Tablets: Ritalin-SR tablets have a duration of action of approximately 8 hours. Therefore, Ritalin-SR tablets may be used in place of Ritalin tablets when the 8-hour dosage of Ritalin-SR corresponds to the titrated 8-hour dosage of Ritalin. If paradoxical aggravation of symptoms or other adverse effects occur, reduce dosage, or, if necessary, discontinue the drug.

Ritalin should be periodically discontinued to assess the child's condition. Improvement may be sustained when the drug is either temporarily or permanently discontinued. Drug treatment should not need and not be indefinite and usually may be discontinued after puberty.

OVERDOSAGE
Signs and symptoms of acute overdosage, resulting principally from overstimulation of the central nervous system and from the psychomotor effects, may include: vomiting, agitation, tremors, hyperreflexia, muscle twitching; convulsions (may be followed by comas); stupor, confusion, hallucinations, delirium, sweating, flushing, headache, hyperpyrexia, tachycardia, palpitations, cardiac arrhythmias, hypertension, mydriasis, and dryness of mucous membranes. Treatment consists of supportive measures. The patient must be protected against self-injury and against external stimuli that would aggravate overstimulation already present. If signs and symptoms are not too severe and the patient is conscious, gastric contents may be evacuated by induction of emesis or gastric lavage. In the presence of severe intoxication, use a carefully titrated dosage of a short-acting barbiturate before performing gastric lavage. Intravenous care must be provided to maintain adequate circulation and respiratory exchange; when external cooling procedures may be required for hyperpyrexia.

Efficacy of peritoneal dialysis or extracorporeal hemodialysis for Ritalin overdosage has not been established.

HOW SUPPLIED

Ritalin® hydrochloride methylphenidate hydrochloride USP tablets
Ritalin-SR® methylphenidate sustained-release tablets

Brief Summary of Prescribing Information

INDICATIONS
Attention Deficit Disorders (previously known as Minimal Brain Dysfunction in Children). Other terms being used to describe the behavioral syndrome below include: Hyperkinetic Child Syndrome, Minimal Brain Dysfunction, Minimal Brain Damage, Minimal Cerebral Dysfunction, Minor Cerebral Dysfunction.

Ritalin is indicated as an integral part of a total treatment program which typically includes other remedial measures (psychological, educational, social) for a stabilizing effect in children with a behavioral syndrome characterized by the following group of developmentally inappropriate symptoms: motor—severe distractibility, short attention span, hyperactivity, emotional lability, and impulsivity. The diagnosis of this syndrome should not be made with finality when these symptoms are of comparatively recent origin. Nonlocalizing (soft) neurological signs, learning disability, and abnormal EEG may or may not be present, and a diagnosis of central nervous system dysfunction may or may not be warranted.

Consult complete product literature before prescribing.

CIBA Pharmaceutical Company
Division of CIBA-GEigy Corporation
Summit, New Jersey 07931

C82-1 (Rev. 1 83)

CIBA
When the Eyes Have It

Bacterial Conjunctivitis

Prescribe NEOSPORIN®

Ophthalmic Solution sterile (POLYMYXIN B-NEOMYCIN-GRAMICIDIN)

Ophthalmic Ointment sterile (POLYMYXIN B-BACITRACIN-NEOMYCIN)

- Broad antibiotic spectrum
- Day/Night coverage

NEOSPORIN® Ophthalmic Solution Sterile (Polyoxymyxin B—Neomycin—Gramicidin)
Description: Each cc contains: Neosporin® (Polyoxymyxin 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) 0.004%, and the inactive ingredients propylene glycol, polyethylene glycol propylene glycol, compound, sodium chloride and purified water.

NEOSPORIN® Ophthalmic Ointment Sterile (Polyoxymyxin B—Bacitracin—Neomycin)
Description: Each gram contains: Neosporin® (Polyoxymyxin B Sulfate) 5,000 units, bacitracin zinc 400 units, neomycin sulfate 5 mg equivalent to 3.5 mg neomycin base. Special white petrolatum base.

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, gentamycin, 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. PMS.
The first theophylline designed to meet the special needs of children.

Theophylline therapy in children presents special challenges. On the average, children have a theophylline elimination half-life of only 3.7 hours. If they could swallow a Theo-Dur (anhydrous theophylline) Sustained Action Tablet every 12 hours, then rapid elimination would not be a problem. Unfortunately, many children can’t swallow tablets. Until now, the only alternative has been to use formulations, such as rapid-acting liquids, tablets, and common bead-filled sustained-release capsules, that seldom maintain therapeutic blood levels unless they are administered 3 or 4 times a day. If these formulations are liquid, they are bad-tasting and may also contain a substantial amount of alcohol—up to 20% in some cases.

Now children can have all the benefits of Theo-Dur tablets in a dosage form that’s easy to swallow. New Theo-Dur Sprinkle Sustained Action Capsules provide q12h dosing, even in children who metabolize theophylline very rapidly.

Theo-Dur Sprinkle is designed to minimize fluctuation of blood levels in children. Dosing q12h with Theo-Dur Sprinkle produces smooth steady-state serum theophylline concentrations with no unprotected hours and minimized peak-trough fluctuation.

Dosage titration and administration is easy with Theo-Dur Sprinkle oversized capsules. Simply twist off the cap to open and pour the contents onto a small amount of soft food. Every minipellet contains active drug, with no starch, no dyes, no preservatives.

Theo-Dur Sprinkle can be titrated in 25 mg increments and is available in 50, 75, 125, and 200 mg strengths.

Mean steady-state serum theophylline concentrations with Theo-Dur Sprinkle in six pediatric patients with an average elimination half-life of 3.6 hours. The data shown was obtained with a mean dose of 10.5 mg/kg q12h. Higher serum concentrations can be achieved by titration to a higher dose.

Easy-to-swallow q12h theophylline for the rapid metabolizer.

new
THEO-DUR® SPRINKLE™
(anhydrous theophylline)
Sustained Action Capsules

Please see next page for a summary of prescribing information.
THEO-DUR® SPRINKLE
(anthydrux theophylline)
Sustained Action Capsules

Easy-to-swallow q12h theophylline for the rapid metabolizer.

DESCRIPTION:
Theo-Dur SPRINKLE Sustained Action Capsules contain anhydrous theophylline with no color additives. Theo-Dur SPRINKLE capsules contain theophylline which has been encapsulated in a proprietary coating of polymers to mask the bitter taste associated with the drug while providing a prolonged therapeutic effect. Theo-Dur SPRINKLE capsules may be swallowed whole. In addition, the microencapsulation technique makes Theo-Dur SPRINKLE ideal for children and other patients who are unable to swallow a tablet or capsule. The entire contents of a Theo-Dur SPRINKLE capsule should be sprinkled on a small amount of soft food immediately prior to ingestion. SWALLOWING THE CONTENTS OF A CAPSULE IS NOT RECOMMENDED. Each capsule is oversized to allow ease of opening.

PHARMACOLOGIC ACTIONS:
The pharmacologic actions of theophylline are as a bronchodilator, pulmonary vasodilator and smooth muscle relaxant since the drug directly relaxes the smooth muscle of the bronchial airways and pulmonary blood vessels. Theophylline also possesses other actions typical of the xanthine derivatives: coronary vasodilator, diuretic, cardiac stimulant, central stimulant and skeletal muscle stimulant. The actions of theophylline may be mediated through inhibition of phosphodiesterase and a resultant increase in intracellular cyclic AMP which could mediate smooth muscle relaxation.

INDICATIONS:
Symptomatic relief and/or prevention of asthma and reversible bronchospasm associated with chronic bronchitis and emphysema.

CONTRAINdications:
Theo-Dur SPRINKLE® is contraindicated in individuals who have shown hypersensitivity to any of its components or xanthine derivatives.

WARNINGS:
Excessive theophylline doses may be associated with toxicity; serum theophylline levels should be monitored to assure maximum benefit with minimal risk. Incidence of toxicity increases at serum levels greater than 20 mcg/ml. High blood levels of theophylline resulting from conventional doses are correlated with clinical manifestations of toxicity in patients with lowered body plasma clearances patients with liver dysfunction or chronic obstructive lung disease, and 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% 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 antiansthetic medications. Therefore, use of theophylline in pregnant women should be balanced against the risk of uncontrolled asthma.

PRECAUTIONS:
The contents of a Theo-Dur SPRINKLE capsule should not be chewed or crushed. Theophylline should not be administered concurrently with other xanthine medications. It should be used with caution in patients with severe cardiac disease, severe hypoxemia, hypertension, hyperthyroidism, acute myocardial infarction, or pulmonary, congestive heart failure, or diabetes, or theophylline, and in neonates. Great caution is advised in giving theophylline to patients in congestive heart failure since these patients have markedly prolonged theophylline blood level curves. Use theophylline cautiously in patients with history of peptic ulcer. Theophylline may occasionally act as a local irritant to GI tract although gastrointestinal symptoms are more commonly central and associated with high serum concentrations above 20 mcg/ml.

ADVERSE REACTIONS:
The most consistent adverse reactions are usually due to overdose and are:
- Gastrointestinal: Nausea, vomiting, epigastric pain, heartburn, diarrhea.
- Central Nervous System: Headaches, irritability, restlessness, insomnia, reflex hypersensitivity, muscle twitching, tonic and tonic generalized convulsions.
- Cardiovascular: Palpitations, tachycardia, extrasystoles, flushing, hypotension, cardial arrest, baroreceptor reflex failure, life-threatening ventricular arrhythmias.
- Respiratory: Tachypnea.
- Renal: Albuminuria, increased excretion of renal tubular cells and red blood cells, potassium and phosphorus.
- Other: Hyperpyrexia and inappropriate ADH syndrome.

HOW SUPPLIED:
Theo-Dur SPRINKLE 50 mg, 75 mg, 125 mg, and 200 mg Sustained Action Capsules are available in bottles of 100.

STORAGE CONDITIONS:
Keep tightly closed. Store at controlled room temperature 10-30°C (50-86°F).

CAUTION:
Federal law prohibits dispensing without a prescription. For all prescribing information, see package insert.

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 pneumophila, hepatitis B and non A and non B hepatitis, Kawasaki disease and yersinia species, and use of new vaccines and specific immune globulin 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.

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Infectious Diseases
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@ $15.00
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Evanston, Illinois 60204

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REvised 07/82

REFERENCE:
1. From a study in progress by Weiberger, M. Smith G. The Pediatric Aergy and Pulmonary Division and the College of Pharmacy. The University of Iowa, Iowa City, Iowa.

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A56
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The only liquid nonnarcotic antitussive with proven 12-hour duration
NEW DELSYM™ Pennkinetic™ dextromethorphan/Pennwalt

The only liquid nonnarcotic antitussive with proven 12-hour duration

Precisely controls drug release over 12 hours

DELSYM is the first product to be incorporated in the state-of-the-art PENNKINETIC™ drug delivery system. This unique system, based on advanced ion-exchange technology, makes controlled-release of dextromethorphan possible. A patented*, two-step manufacturing process allows a single administration of DELSYM to release the loading dose and the 12-hour maintenance dose.

Cough relief lasts twice as long as other dextromethorphan products

12-hour effectiveness offers b.i.d. convenience

Eliminates middle-of-the-night and midday dosing

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Eliminates bitter taste of dextromethorphan

Drug release occurs only in presence of ions
Since concentration of ions in the mouth is low, and exposure time is brief, drug is not released and the bitter taste of dextromethorphan is eliminated.

Orange flavoring added to enhance palatability
Pleasant-tasting orange flavoring has been added to improve patient compliance... especially in pediatric patients.

DELSYM is a nonprescription antitussive available in 3 oz. bottles.

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<thead>
<tr>
<th>Dosage of pleasant-tasting DELSYM* is:</th>
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<tr>
<td>Adults: 2 teaspoonsful b.i.d.</td>
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<tr>
<td>Children 6–12: 1 teaspoonful b.i.d.</td>
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<tr>
<td>Children 2–5: ½ teaspoonful b.i.d.</td>
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*Do not exceed recommended dosage.

Each teaspoonful (5 ml) contains dextromethorphan polymer complex equivalent to 30 mg dextromethorphan hydrobromide.
For Big Colds in small people

RONDEC-DM™
Drops
Rx (each dropperful (1 ml) contains:
carbinoxamine maleate, 2 mg; pseudoephedrine HCl, 25 mg; dextromethorphan HBr, 4 mg; less than 0.6% alcohol)
For infants to 18 months

RONDEC-DM™
Syrup
Rx (each teaspoonful (5 ml) contains:
carbinoxamine maleate, 4 mg; pseudoephedrine HCl, 60 mg; dextromethorphan HBr, 15 mg; less than 0.6% alcohol)
For children 18 months and older

Especially suited for pediatric patients
Relieves the cough without narcotic side effects and without suppressing respiration or ciliary activity.
Drops contain calibrated dropper for ease of administration.

Please see adjacent column for brief summary of prescribing information.
B438/2810
for adults and children

RONDEC-DM™ Syrup
Rx
each teaspoonful (5 ml) contains carbinoxamine maleate, 4 mg; pseudoephedrine hydrochloride, 60 mg; dextromethorphan hydrobromide, 15 mg; less than 0.6% alcohol.

for infants
RONDEC-DM™ Drops
Rx
each dropperful (1 ml) contains carbinoxamine maleate, 2 mg; pseudoephedrine hydrochloride, 25 mg; dextromethorphan hydrobromide, 4 mg; less than 0.6% alcohol.

INDICATIONS AND USAGE
For symptomatic relief of the common cold, nasopharyngitis with post-nasal drip, bronchitis and related respiratory conditions.

CONTRAINDICATIONS
Patients with hypersensitivity or idiosyncrasy to any ingredients, patients taking monoamine oxidase (MAO) inhibitors, patients with narrow-angle glaucoma, urinary retention, peptic ulcer, severe hypertension or coronary artery disease, or patients undergoing an asthmatic attack.

WARNINGS
Use in Pregnancy: Safety for use during pregnancy has not been established.

Nursing Mothers: Use with caution in nursing mothers.

Special Risk Patients: Use with caution in patients with hypertension or ischemic heart disease, and persons over 60 years.

PRECAUTIONS
Before prescribing medication to suppress or modify cough, identify and provide therapy for the underlying cause of cough.

Use with caution in patients with hypertension, heart disease, asthma, hyperthyroidism, increased intracranial pressure, diabetes mellitus and prostatic hypertrophy.

Information for Patients: Avoid alcohol and other CNS depressants while taking these products. Patients sensitive to antihistamines may experience moderate to severe drowsiness. Patients sensitive to sympathomimetic amines may note mild CNS stimulation. While taking these products, exercise care in driving or operating appliances, machinery, etc.

Drug Interactions: Antihistamines may enhance the effects of tricyclic antidepressants, barbiturates, alcohol, and other CNS depressants. MAO inhibitors prolong and intensify the anticholinergic effects of antihistamines. Sympathomimetic amines may reduce the antihypertensive effects of reserpine, veratrum alkaloids, methylxypap and mecamylamine. Effects of sympathomimetics are increased with MAO inhibitors and beta-adrenergic blockers. The cough suppressant action of dextromethorphan and narcotic antitussives are additive.

Pregnancy Category C: Animal reproduction studies have not been conducted with Rondec-DM. It is also not known whether these products can cause fetal harm when administered to a pregnant woman or affect reproduction capacity. Give to pregnant women only if clearly needed.

ADVERSE REACTIONS
Antihistamines: Sedation, dizziness, diplopia, vomiting, dry mouth, headache, nervousness, nausea, anorexia, heartburn, weakness, polyuria and dysuria and, rarely, excitability in children.

Sympathomimetic Amines: Convulsions, CNS depression, cardiac arrhythmias, respiratory difficulty, increased heart rate or blood pressure, hallucinations, tremors, nervousness, insomnia, weakness, pallor and dysuria.

Dextromethorphan: Drowsiness and GI disturbance.

DOSEAGE AND ADMINISTRATION

DOSAGE:

<table>
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<tr>
<th>AGE</th>
<th>DOSE*</th>
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<tr>
<td>18 months-6 years</td>
<td>½ teaspoonfull (2.5 ml)</td>
<td>q.i.d.</td>
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<tr>
<td>adults and children</td>
<td>1 teaspoonful (5 ml)</td>
<td>q.i.d.</td>
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RONDEC-DM Drops

for oral use only

1-3 months | ¼ dropperful (¼ ml) | q.i.d. |
3-6 months | ½ dropperful (½ ml) | q.i.d. |
6-9 months | ¾ dropperful (¾ ml) | q.i.d. |
9-18 months | 1 dropperful (1 ml) | q.i.d. |

*In mild cases or in particularly sensitive patients, less frequent or reduced doses may be adequate.

HOW SUPPLIED

DUAL LIGHT SOURCE FIBEROPTIC TRANSILLUMINATOR

Model 292

RMI's new transilluminator has the following advantages over previous designs:
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American Cancer Society

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The NUK system of nipples and orthodontic exercisers is a natural supplement to breast-feeding. Nothing comes closer to duplicating the actual breast-feeding experience. And more importantly, NUK offers benefits your patients who breast-feed should know about.

**NUK** provides lasting benefits, too.

The NUK Nipple expands and contracts during feeding to satisfy the baby's sucking urge and provide important oral exercise. It keeps the tongue from thrusting to encourage the baby to move the jaw forward and back, as in breast-feeding. The purpose is to help prevent abnormal jaw alignment and malocclusion.

**NUK** designed like a mother's nipple during breast-feeding.

Designed by a German orthodontist, the NUK Nipple simulates the shape and feel of a mother's nipple in a child's mouth during breast-feeding. It even controls the flow of milk. The hole is on top of the baglet rather than at the tip, which forces the baby to strip milk from the nipple. Milk doesn't squirt or come out fast as with conventional nipples.

The NUK Nipple is a natural supplement to breast-feeding, or can be recommended for total bottle-feeding programs. There's a NUK Nipple to fit every standard and disposable nursing system. And the NUK Orthodontic Exerciser offers the same advantages in a convenient pacifier. Tell your patients about the natural benefits of NUK — they'll be glad you did.

**Recommend NUK**

Your patients will be glad you did.

Reliance Products Corp.
P.O. Box 1220
Woonsocket, RI 02895
A subsidiary of Gerber Products Company.
Tarso Pronators are outflare shoes designed to treat metatarsus varus and corrected club feet. Open toe pre-walker styles have Splint Adaptors for attaching Denis Browne bars. Walking shoes have long inner counters, rigid shanks, reverse Thomas heels and outer sole and heel wedges of 1/8" to 3/16". Half pairs and matching shoes are available for unilateral cases.

Since the early 1930's, Tarso Pronators have been prescribed routinely after casting to prevent reversion of club foot. They are also used for severe toe-in to produce a straighter gait, and to help establish normal walking habits. Tarso Pronators are available on prescription from qualified shoe stores and brace shops throughout the world.
When it hurts, and a simple analgesic won't do...

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

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

Summary of Prescribing Information

Description

- Tablets: Contain codeine phosphate \( \text{No. 1-1.5 mg (1.4 gr). No. 2-3 mg (1.7 gr). No. 3-30 mg (1.7 gr). No. 4-60 mg (1 gr)+acetaminophen 300 mg) } \)
- Elsie: Each 5 ml contains 12 mg codeine phosphate plus 103 mg acetaminophen (alcohol 7%)

Warning: May be habit forming.

Actions: Acetaminophen is an analgesic and antipyretic. Codeine is 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, prescribe and administer with caution. (Refer to the Federal Substances Act.)

Usages: 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.

Interactions with other CNS depressants: Patients receiving other narcotic analgesics, general anesthetics, phenothiazines, 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 dosage of this combination has 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 intracranial fluid pressure may be markedly exaggerated in the presence of head injury, other intracranial lesions or pre-existing increase in intracranial pressure. Narcotics produce a depressed respiratory function which may be additive with the respiratory dysfunction in head injured patients.

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, amyotrophic lateral sclerosis, Addison's disease, and prostatic hypertrophy or urethral stricture.

Adverse Reactions: Most frequent: lightheadedness, dizziness, soreness, dryness of mouth, gastralgia, vomiting.

Dosage and Administration: Dosage should be adjusted according to the severity of the pain and the response of the patient if necessary. Total daily dose should not exceed 600 mg codeine phosphate and 3 gr acetaminophen 24 hours.

In adults with severe pain and over 12 years of age: 4 tablets (16 gr) at bedtime or one tablet every 3 or 4 hours as required. Not more than 12 tablets should be taken in 24 hours.

In children, 1 to 18 years of age: Contraindicated for children with severe diarrhea (10 mg/kg/24 hours) or severe vomiting (5 mg/kg/24 hours).

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

Full directions for use should be read before administering or prescribing TYLENOL with Codene tablets are manufactured by McNeil Laboratories Co., Inc., Morristown, N.J.

Caution: Federal law prohibits dispensing without prescription.

WHY YOU SHOULD MAKE A CORPORATE CONTRIBUTION TO THE AD COUNCIL

The Advertising Council is the biggest advertiser in the world. Last year, with the cooperation of all media, the Council placed almost six hundred million dollars of public service advertising. Yet its total operating expense budget was only $1,147,000 which makes its advertising programs one of America's greatest bargains . . . for every $1 cash outlay the Council is generating over $600 of advertising.

U.S. business and associated groups contributed the dollars the Ad Council needs to create and manage this remarkable program. Advertisers, advertising agencies, and the media contributed the space and time.

Your company can play a role. If you believe in supporting public service efforts to help meet the challenges which face our nation today, then your company can do as many hundreds of others—large and small—have done. You can make a tax-deductible contribution to the Advertising Council.

At the very least you can, quite easily, find out more about how the Council works and what it does. Simply write to: Robert P. Keim, President, The Advertising Council, Inc., 825 Third Avenue, New York, New York 10022.

A Public Service of This Magazine & The Advertising Council

The cost of preparation of this advertisement was paid for by the American Business Press, the association of specialized business publications. This space was donated by this magazine.
The sound of otitis media

AURALGAN promptly relieves the pain and reduces the inflammation of acute otitis media so that a smile can replace the tears.

AURALGAN combines the topical analgesic action of benzocaine with the decongestant action of dehydrated glycerin—for relief of pressure and pain.

While your systemic antibiotic takes care of the infection, AURALGAN takes care to bring a smile to unhappy little patients...and their parents too.

Available on your prescription only.

BRIEF SUMMARY

(For full prescribing information, see package circular.)

AURALGAN® Otic Solution

Each ml contains:

Antipyrine ........................ 54.0 mg

Benzocaine ........................ 14.0 mg

Glycerin dehydrated q.s. to 3.0 ml

(contains not more than 0.6% moisture) also contains oxyquinolone sulfate)

INDICATIONS: Acute otitis media of various etiologies
   —prompt relief of pain and reduction of inflammation in the congestive and serous stages
   —adjuvant therapy during systemic antibiotic administration for resolution of the infection

CONTRAINDICATIONS: Hypersensitivity to any of the components or substances related to them. In the presence of spontaneous perforation or discharge

DOSAGE AND ADMINISTRATION: Acute otitis media: Instill AURALGAN, permitting the solution to run along the wall of the canal until it is filled. Avoid touching the ear with dropper. Then moisten a cotton pledget with AURALGAN and insert into meatus. Repeat every one to two hours until pain and congestion are relieved.

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

For pain relief and quiet

AURALGAN

AYERST LABORATORIES
New York, N.Y. 10017

8278/183
4 reasons to recommend Infalyte:

1. Ideal Formulation\(^1\)
   - Optimal glucose concentration (111 MMOL/Liter)
   - Optimal sodium concentration (50 meq/L)

2. Efficacy detailed in The New England Journal of Medicine\(^2\)

3. Conveniently packaged in portable 24 Gm packets

4. Priced significantly lower than Pedialyte\(^3\)

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\(^1\) Based on oral electrolyte replenisher guidelines set forth at a March 15, 1982 meeting held under the auspices of the Division of Geographic Medicine and the Departments of Maternal and Child Health and Population Dynamics of the Johns Hopkins University.


\(^3\) Based on Redbook average wholesale prices.
American Academy of Pediatrics

Section On Pediatric Nephrology

The Section Committee cordially invites all FELLOWS with an interest in the field of pediatric nephrology to apply for Section Membership.

APPLICATIONS for Section Membership may be obtained from the Section Secretary at the address below.

AMERICAN ACADEMY OF PEDIATRICS
P.O. Box 1034
Evanston, Illinois 60204

SOMOPHYLLIN-CRT
(ANHYDROUS THEOPHyllINE, USP)
CAPSULES 50 mg., 100 mg., 200 mg., 250 mg., 300 mg.
CONTROLLED RELEASE THEOPHYLLINE

DESCRIPTION: Each dye-free capsule contains anhydrous theophylline, USP, in a formulation to provide a prolonged therapeutic effect.

CLINICAL PHARMACOLOGY: Theophylline directly relaxes the smooth muscle of the bronchial airways and pulmonary blood vessels; thus acting mainly as a bronchodilator, pulmonary vasodilator and smooth muscle relaxant. The drug also possesses other actions typical of the xanthine derivatives: coronary vasodilation, diuresis, cardiac and skeletal muscle stimulation. The actions of theophylline may be mediated through inhibition of phosphodiesterase and a resultant increase in intracellular cyclic AMP which could mediate smooth muscle relaxation.

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

CONTRAINDICATIONS: Somophyllin CRT is contraindicated in individuals who have shown hypersensitivity to its components.

WARNINGS: Status asthmaticus is a medical emergency. Intravenous or rapidly absorbed oral liquid formulations of theophylline are preferred over slower releasing controlled release forms in this condition. Excessive theophylline doses may be associated with toxicity. The determination of serum theophylline levels is recommended to assure maximal benefit without excessive risk. Incidence of toxicity increases at serum theophylline levels greater than 20 mcg/ml. There is a correlation between high blood levels of theophylline resulting from conventional doses and associated clinical manifestations of toxicity. In 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.

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 true for most anti-asthmatic medications. Use of theophylline in pregnant women should be balanced against the risk of uncontrolled asthma.

PRECAUTIONS: Mean half-life in smokers is shorter than in 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 hyperemia, hypertension, hyperthyroidism, acute myocardial injury, congestive heart failure, liver disease in the elderly (especially males) and in neonates. Great caution should be used in giving theophylline to patients with congestive heart failure. Frequently, such patients have markedly prolonged theophylline serum levels with theophylline persisting in serum for long periods following discontinuation of the drug. Use of theophylline cautiously in patients with history of peptic ulcer. Theophylline may occasionally act as a local irritant to GI tract; although gastrointetinal symptoms are more commonly centrally mediated and associated with serum drug 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: headache, irritability, restlessness, insomnia, reflex hyperactivity, muscle twitching, clonic and tonic generalized convulsions.
3. Cardiovascular: palpitation, tachycardia, extra systoles, flushing, hypertension, circulatory failure, life threatening ventricular arrhythmias.
4. Respiratory: tachypnea.
5. Renal: albuminuria, increased excretion of renal tubular and red blood cells, potential kidney failure.
6. Other: hyperglycemia and inappropriate ADH syndrome.

HOW SUPPLIED: Somophyllin CRT Capsules: 50 mg., 100 mg., 200 mg., 250 mg., and 300 mg. in white and clear, imprinted gelatin capsules - bottles of 100.

CAUTION: Federal Law prohibits dispensing without a prescription.

For full prescribing information see package insert.

Fisons
Fisons Corporation
Bedford, Massachusetts 01730
12-hour protection for children and adults became an open and shut case with the dawn of

**SOMOPHYLLIN®-CRT**
*(ANHYDROUS THEOPHYLLINE, USP)*
Controlled Release Theophylline Capsules 50, 100, 200, 250, 300 mg

Open or shut, a complete 12-hour bronchodilator
When opened, Somophyllin-CRT can be sprinkled on unheated, soft food for children...when closed, it can be swallowed by adults. The dosage flexibility of Somophyllin-CRT is adaptable to the individual patient.

Young or old, a complete 12-hour bronchodilator
Somophyllin-CRT offers a full range of dosage strengths for the symptomatic treatment of chronic bronchitis, pulmonary emphysema, and bronchial asthma, including 50, 100 and 250 mg capsules...and the NEW 200 and 300 mg dosage strengths. The versatility of Somophyllin-CRT is adaptable to the individual patient.

**Day to night, a complete 12-hour bronchodilator**
Providing 12-hour therapeutic serum levels, Somophyllin-CRT has an easy-to-remember BID dosage...and it costs less than other long-acting theophylline products. The convenience and economy of Somophyllin-CRT is adaptable to the individual patient.

**SOMOPHYLLIN®-CRT, the sprinkle/swallow theophylline in 5 convenient dosage strengths**

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Please see brief summary of prescribing information on adjacent page.
There's been a lot of fanfare lately about new infant formulas with whey. But is a whey-protein to casein ratio similar to breast milk really such a new achievement?

Wyeth clinical research over 20 years ago verified the nutritional success of the original whey formula, SMA®. And since that time, SMA® has stood alone as the only leading formula with a physiologic protein ratio (60% whey-protein: 40% casein), as well as a mineral content made possible by a complex process of electrodialysis.

With advances in nutritional research over the years, Wyeth has continued to test and improve SMA®, always using mother’s milk as the reference standard.

That’s why Wyeth stands alone today as the maker best qualified to know—and meet—the nutritional needs of the bottle-fed infant.

Breast milk is the preferred feeding for newborns. Infant formula is intended to replace or supplement breast milk when breast-feeding is not possible or is insufficient, or when mothers elect not to breast-feed.

Good maternal nutrition is important for the preparation and maintenance of breast-feeding. Extensive or prolonged use of partial bottle feeding, before breast-feeding has been well established, could make breast-feeding difficult to maintain. A decision not to breast-feed could be difficult to reverse.

Professional advice should be followed on all matters of infant feeding. Infant formula should always be prepared and used as directed. Unnecessary or improper use of infant formula could present a health hazard. Social and financial implications should be considered when selecting the method of infant feeding.

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New USDA survey reveals:

Up to 55% of preschoolers may be at nutritional risk.

**Problem 1:** 55% of 1-5 year olds receive less than 70% of the 1980 RDA for one or more key vitamins and minerals.

Preliminary results from the USDA Nationwide Food Consumption Survey1 of preschoolers' daily diets show:

<table>
<thead>
<tr>
<th>No. participants</th>
<th>Percent of 1-5 year olds receiving:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>less than 100% RDA2</td>
</tr>
<tr>
<td>One or more key vitamins</td>
<td>Iron</td>
</tr>
<tr>
<td>2,750</td>
<td>53%</td>
</tr>
<tr>
<td></td>
<td>87%</td>
</tr>
</tbody>
</table>

**Problem 2:** These children come from all income, ethnic and geographic groups—They cannot be identified easily...

...and dietary counseling often may not be feasible for the concerned physician on a daily basis.

**Problem 3:** Inadequate fluoride. Increased caries risk.

Recent research3 indicates that 65% of children 2-8 who live in non-fluoridated water areas receive no daily systemic fluoride supplementation. It is generally recognized that 50%-80% caries reduction is possible through optimal fluoride supplementation.

**Your solution:** Routine vitamin supplementation to help assure your pediatric patients' optimal growth and development.

Help guard your patients against nutritional risk with routine vitamin specification.

Vi-Sol®/Vi-Flor™ products are the nation's most prescribed children's vitamin and fluoridated vitamin supplements.

For information on pediatric vitamin supplementation, write the Medical Affairs Department, Mead Johnson Nutritional Division, Evansville, Indiana 47721.

Products shown include Poly-Vi-Flor multivitamins and fluoride supplements.
The first critical days...

The most dangerous days of life are the first twenty-eight. "Standards and Recommendations for Hospital Care of Newborn Infants" is an authoritative reference for guiding the newborn safely from delivery to discharge. The manual details the facilities and staff needed to provide optimum newborn care and describes antenatal risk screening, resuscitation and evaluation in the delivery room, oxygen therapy, control of infection and intensive care. It also describes normal newborn care and feeding, family participation in the care of the newborn, regionalization of perinatal care and transfer procedures. The "Newborn" manual is a must for every physician and nurse who provide newborn care. 1977 Indexed: 178 pages.

Please send me the following:  

________ copies, "Newborn"  @ $15.00

☐ 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.

Name _______________________________ Address _______________________________

City __________________ State _______ Zip _______
Two Years of Effective Protection Against Iron Deficiency

It's a fact — iron deficiency is the most prevalent nutritional deficiency observed in U.S. infants. This is particularly true after one year of age when the use of iron-enriched formulas and infant cereals is often discontinued.

While the problem of iron deficiency is widespread, the solution is simple — an ounce of any Gerber iron-fortified cereal will supply 90% of the R.D.A. for iron. Single-grain cereals are among the earliest supplements recommended for breast or formula fed babies, and have proven effective in preventing iron deficiency during infancy.

Ninety percent of the pediatricians and family physicians interviewed recommended iron-fortified "baby" cereal as the first supplemental food for babies and 73% use age as the criterion. Nutritional counseling should emphasize the use of dry infant cereal rather than other forms of cereal as the best source of iron during the first two years of life.

The tasty cereal/fruit combinations are especially appealing to the older infant who is at greater risk for iron deficiency. And combining iron-supplemented cereals with fruit juice increases the bioavailability of iron to the infant.

Gerber iron-fortified cereals are an economical, tasty way to provide effective protection against iron deficiency — from the very first supplement through two years of age.

References:
1. The role of supplementary foods in the nutrition of U.S. infants. IX Int Cong Nutr; Mexico City, 1972.
2. Recommended daily dietary allowances. 9th ed. NAS/NRC, 1980.
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. Nursoy® milk-free formula is intended to meet the nutritional needs of infants and children who are allergic to cow milk proteins or intolerant to lactose. 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. Professional advice should be followed.

Wyeth Laboratories
Philadelphia PA 19101

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

The difference is Nursoy® soy protein formula

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Now, Three Choices from the leader in Infant Incubators

AIR-SHIELDS®, the leader in infant incubators, now gives you three choices. Through the development of the C100, C200 and C300 series of incubators, every baby can have the advantages of specialized neonatal care.

C100 Your first choice for a maximum neonatal care environment. Advanced features like Proportional Heat Control, Access Panel Activated Air Curtain, and Auxiliary Center Mattress Air Temperature Probe create an incomparable environment to improve the survival opportunities of low birthweight and critically ill infants.

C200 Your best choice for intermediate neonatal care. In situations not requiring a maximum neonatal care environment, the C200 is your best choice. With many of the C100's features, the more economical C200 fulfills most thermoregulation requirements without the expense of skin servo control.

C300 Your right choice when primary care is the first priority. To meet the demands of primary neonatal care, Air-Shields' C300 is the ideal choice for isolation, stabilization and observation in the non-critical care environment.

Before you choose, call toll free 800-523-5756 for a demonstration or more information.

NARCO SCIENTIFIC
AIR-SHIELDS DIVISION
HATBORO, PENNSYLVANIA 19040, U.S.A. (215) 675-5200
The Ideal Oral Electrolyte Replenisher

4 reasons to recommend Infalyte:

1. Ideal Formulation
   - Optimal glucose concentration (111 MMOL/Liter)
   - Optimal sodium concentration (50 meq/L)

2. Efficacy detailed in The New England Journal of Medicine

3. Conveniently packaged in portable 24 Gm packets

4. Priced significantly lower than Pedialyte

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1 Based on oral electrolyte replenisher guidelines set forth at a March 15, 1982 meeting held under the auspices of the Division of Geographic Medicine and the Departments of Maternal and Child Health and Population Dynamics of the John Hopkins University.


3 Based on Redbook average wholesale prices.