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NUMBER 6

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Pediatrics

AMERICAN ACADEMY OF PEDIATRICS EVANSTON ILLINOIS 60204

Jessica is romping with Beethoven... because her doctor recommended Sudafed®

Now, thanks to single-entity SUDAFED, Jessica is on the go again. Her nasal and sinus passages are unclogged... and you don't have to worry about her feeling drowsy. There are no antihistamines, no aspirin, no acetaminophen in SUDAFED. Nothing but pseudoephedrine HCl.

Recommendably safe and effective, SUDAFED helps decongest your young patients without making them drowsy... helping them stay active for uninterrupted days of romping with their friends.

SUDAFED is available in 30 mg and 60 mg tablets and in a tasty raspberry-flavored syrup containing 30 mg of pseudoephedrine HCl per 5 ml. And for your young congested patients with nagging coughs, recommend SUDAFED® COUGH SYRUP.

SUDAFED®
(pseudoephedrine HCl)

Because congestion shouldn't interrupt a child's play.

Wellcome | Burroughs Wellcome Co.
Research Triangle Park
North Carolina 27709

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

A piece of a Nuk.

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

Another piece.

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

Another piece.

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

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

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

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

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

Still another.

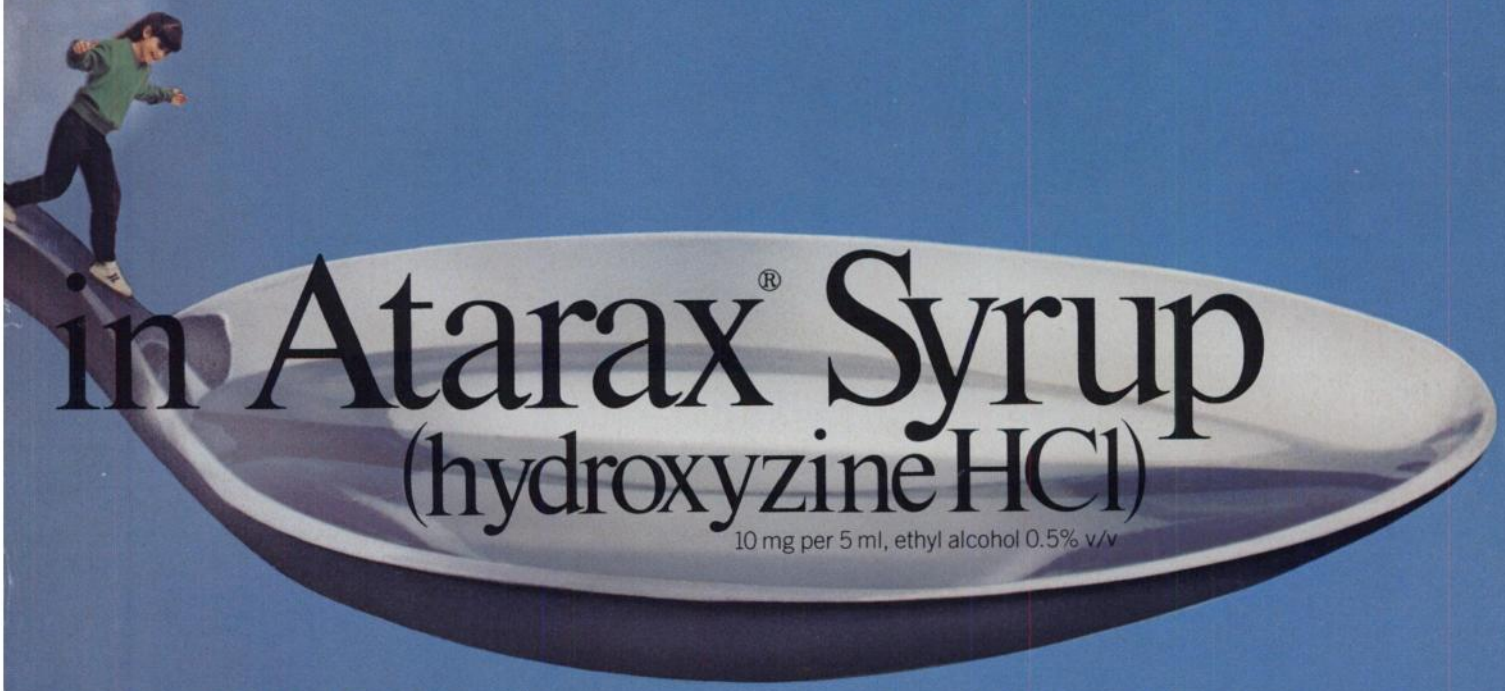
The fact is, Kip offers everything new mothers should look for in an orthodontic pacifier.

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

the first years®

For so many kids...

Itch comes to an end



in Atarax® Syrup
(hydroxyzine HCl)

10 mg per 5 ml, ethyl alcohol 0.5% v/v

WHEN CHILDREN ITCH enough to need a physician, here's why Atarax Syrup can be so important:

- ☐ Highly effective relief of pruritus due to allergic conditions.
- ☐ Lowest in alcohol content of the leading antipruritic liquids.
- ☐ No tartrazine (or other) dye.
- ☐ Pleasant minty flavor.
- ☐ Side effects are generally mild. Transient drowsiness may occur.

That's why, for so many kids, itch ends in Atarax Syrup.

Contraindications: Hypersensitivity to hydroxyzine. Hydroxyzine, when administered to the pregnant mouse, rat, and rabbit, induced fetal abnormalities in the rat and mouse at doses substantially above the human therapeutic range. Safety in human pregnancy has not been established. Until such data are available, hydroxyzine is contraindicated in early pregnancy.

Warnings: *Nursing Mothers*—It is not known whether hydroxyzine is excreted in human milk. Since many drugs are so excreted, hydroxyzine should not be given to nursing mothers.

Precautions: THE POTENTIATING ACTION OF HYDROXYZINE MUST BE CONSIDERED WHEN THE DRUG IS USED IN CONJUNCTION WITH CENTRAL NERVOUS SYSTEM DEPRESSANTS SUCH AS NARCOTICS, NON-NARCOTIC ANALGESICS AND BARBITURATES. Therefore, when central nervous system depressants are administered concomitantly with hydroxyzine, their dosage should be reduced. Since drowsiness may occur, patients should be warned of this possibility and cautioned against driving a car or operating dangerous machinery. Patients should be advised against the simultaneous use of other CNS depressant drugs and cautioned that the effect of alcohol may be increased.

Adverse Reactions: Side effects reported are usually mild and transitory in nature. *Anticholinergic*—Dry mouth. *Central Nervous System*—Drowsiness is usually transitory and may disappear in a few days of continued therapy or upon reduction of the dose. Involuntary motor activity, including rare instances of tremor and convulsions, has been reported, usually with doses considerably higher than those recommended.

Supply: Tablets, containing 10 mg hydroxyzine hydrochloride, in 100's, 500's, Unit Dose (10 × 10's), and Unit of Use 40's; Tablets, containing 25 mg, in 100's, 500's, Unit Dose (10 × 10's), and Unit of Use 40's; Tablets, containing 50 mg, in 100's, 500's, and Unit Dose (10 × 10's); Tablets, containing 100 mg, in 100's and Unit Dose (10 × 10's); Syrup, containing 10 mg per teaspoonful (5 ml) and ethyl alcohol 0.5% v/v, in pint bottles.

Before prescribing or administering, see package insert.

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COUGH SYRUP

Each teaspoonful (5 ml) contains diphenhydramine hydrochloride, 12.5 mg. Alcohol, 5%.

Cough control equivalent to codeine... without narcotic abuse potential, available OTC

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Morris Plains, New Jersey 07950

PD-83-JA-1802-P-1 (8-83)

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Mary Fletcher Hospital
Colchester Avenue
Burlington, VT 05401

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Manuscripts should be prepared in the manner described in *Manual for Authors & Editors* © 1981 by the American Medical Association. See also "Uniform Requirements for Manuscripts Submitted to Biomedical Journals." A current issue of PEDIATRICS should be consulted for general style.

Three complete copies of the manuscript including tables and illustrations must be supplied. All material should be typed on white bond paper, 21.6 × 27.9 cm (8½ × 11 in). Use double spacing throughout, including title page, abstract, text, acknowledgments, references, tables, and legends for illustrations.

The author's style will be respected; however, writing should conform to acceptable English usage and syntax, and American Medical Association style preferences will be observed. Titles should be concise and clear, subtitles avoided. Terminology should follow *Standard Nomenclature of Diseases and Operations*. Give authors' full names and professional degrees, principal author's address, and name of institution(s) where work was done; omit departmental appointments unless necessary for special reasons. Slang, medical jargon, obscure abbreviations, and abbreviated phrasing should be avoided. Mathematical terms, formulas, abbreviations, and units of measurement must conform to usage in PEDIATRICS, based on standards in *Science* 120:1078, 1954. The metric system will be used; equivalent measurement in the English system may be included in parentheses. Name of chemical compounds—not formulas—should be given. Proprietary names, if unavoidable, will be indicated by capitalization of the first letter. Conversions to accepted standards and terms should be made before the manuscript is submitted.

Authors are requested to furnish (in addition to the full title) a condensed title for the cover, not exceeding 60 spaces, and a running foot of not more than 35 spaces. Original articles should be accompanied by an abstract of 200 words or less, as well as up to five key words under which the paper should be indexed. Authors should also supply an alphabetical list of any unusual abbreviations used and their definitions.

Manuscripts should include a clear introductory statement of purpose; a historical review when desirable; a description of the technique and the scope of the experiments or observations (previously published procedures require only references to the original); a full presentation of the *Results* obtained; a brief *Comment or Discussion* on the significance of the findings and any correlation with those of other workers; a paragraph headed *Speculation and Relevance*, or *Implications*; and a *Summary*, in brief, logical résumé which may include conclusions.

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Journal (list first three authors then et al):

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

Book

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

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

Illustrations—Photographs of line drawings and any other figures that are not composed simply of letters, numerals, and routine symbols must be furnished. Do not send original artwork or printed forms. A reasonable number of black-and-white illustrations will be printed from black-and-white glossies or film without charge.

Each illustration should be identified on its back, indicating the number, author's name, and "top." They should be keyed in the text. If unessential, their omission may be requested. The prints should not be stapled, clipped together, mounted, or trimmed. Details to be emphasized or crop marks should be indicated on a tissue overlay, not on the illustration itself. Illustrations of poor quality may be returned for improvement. Photographs of patients should be submitted *only* when written parental permission has been obtained. It is the responsibility of the authors to obtain this permission and to keep it in their files. If a figure has been published, acknowledge the original source and obtain written permission for its use from the coyright holder. Use cardboard inserts to protect illustrations in the mail. Legends for figures are to be on a separate sheet.

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Statistical Guidelines—Authors should consult Altman DG, et al: Statistical guidelines for contributors to medical journals. *Br Med J* 1983;286:1485–1488 for advice concerning the presentation of the statistical aspects of studies.

Revised, March 1982

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In your office; in their home . . .
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Description: Each gram contains: Aerosporin® (Polymyxin B Sulfate) 5,000 units, bacitracin zinc 400 units, neomycin sulfate 5 mg (equivalent to 3.5 mg neomycin base); special white petrolatum qs; in tubes of 1 oz and ½ oz and 1/32 oz (approx.) foil packets.

Indications: *Therapeutically* (as an adjunct to systemic therapy when indicated), for topical infections, primary or secondary, due to susceptible organisms, as in: • infected burns, skin grafts, surgical incisions, otitis externa • primary pyodermas (impetigo, ecthyma, sycosis vulgaris, paronychia) • secondarily infected dermatoses (eczema, herpes, and seborrheic dermatitis) • traumatic lesions, inflamed or suppurating as a result of bacterial infection. *Prophylactically,* the ointment may be used to prevent bacterial contamination in burns, skin grafts, incisions, and other clean lesions. For abrasions, minor cuts and wounds accidentally incurred, its use may prevent the development of infection and permit wound healing.

Contraindications: Not for use in the eyes or in the external ear canal if the eardrum is perforated. This product is contraindicated in those individuals who have shown hypersensitivity to any of its components.

Warning: Because of the potential hazard of nephrotoxicity and ototoxicity due to neomycin, care should be exercised when using this product in treating extensive burns, trophic ulceration and other extensive conditions where absorption of neomycin is possible. In burns where more than 20 percent of the body surface is affected, especially if the patient has impaired renal function or is receiving other aminoglycoside antibiotics concurrently, not more than one application a day is recommended.

When using neomycin-containing products to control secondary infection in the chronic dermatoses, it should be borne in mind that the skin is more liable to become sensitized to many substances, including neomycin. The manifestation of sensitization to neomycin is usually a low grade reddening with swelling, dry scaling and itching; it may be manifest simply as a failure to heal. During long-term use of neomycin-containing products, periodic examination for such signs is advisable and the patient should be told to discontinue the product if they are observed. These symptoms regress quickly on withdrawing the medication. Neomycin-containing applications should be avoided for that patient thereafter.

Precautions: As with other antibacterial preparations, prolonged use may result in overgrowth of nonsusceptible organisms, including fungi. Appropriate measures should be taken if this occurs.

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. Ototoxicity and nephrotoxicity have been reported (see Warning section).

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

Wellcome

Burroughs Wellcome Co.
Research Triangle Park
North Carolina 27709

DECEMBER 1983 VOL. 72 NO. 6

Pediatrics

OFFICIAL PUBLICATION OF THE AMERICAN ACADEMY OF PEDIATRICS

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COMMENTARIES

ARTICLES continued

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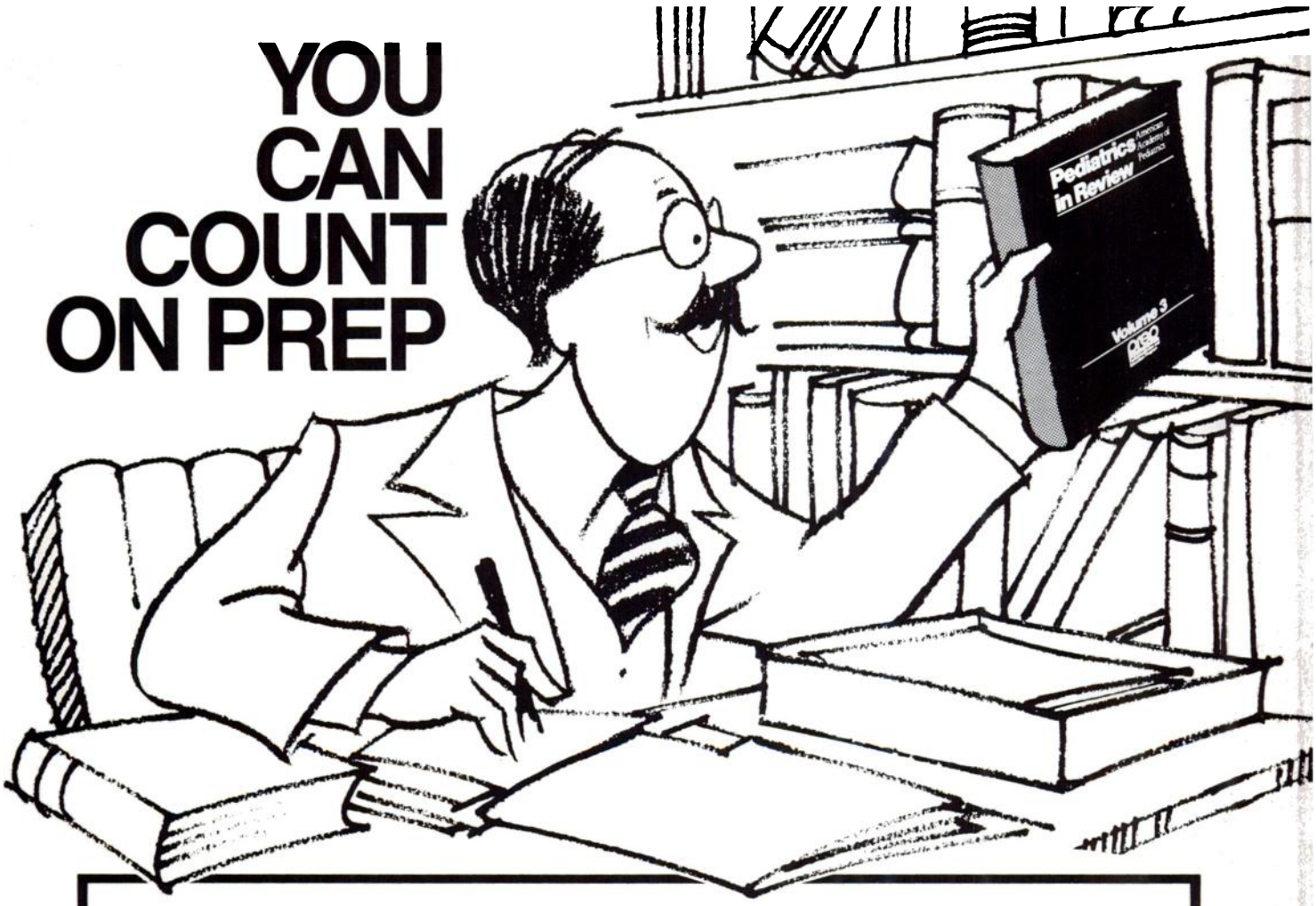

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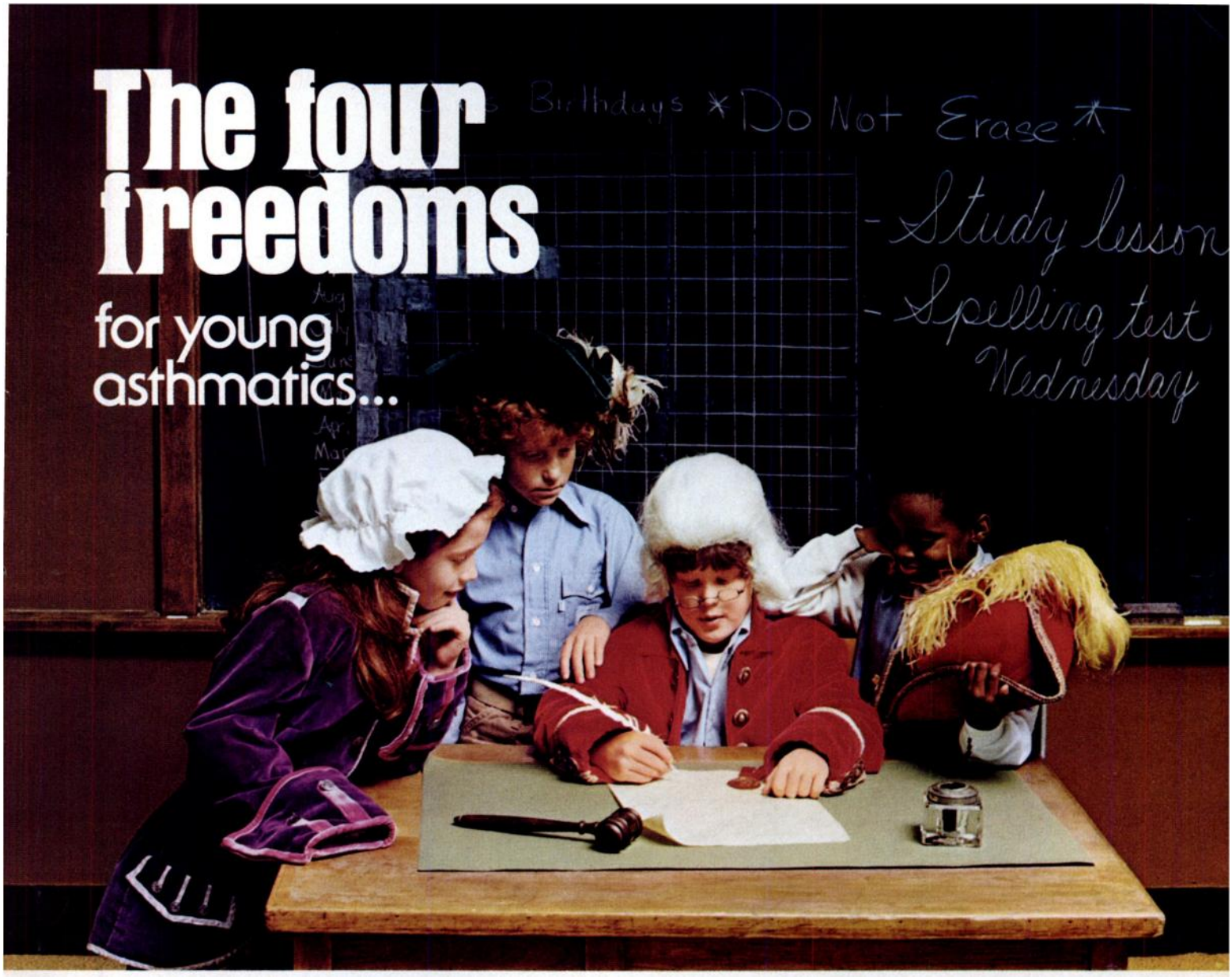
The four freedoms

for young asthmatics...



- free of alcohol
- free of dye
- free of artificial preservatives
- free of additive-induced side effects

LIQUID

QUIBRON®

Each tablespoonful (15 ml) contains
theophylline (anhydrous) 150 mg
and guaifenesin 90 mg

Indications: For the symptomatic treatment of bronchospasm associated with such conditions as bronchial asthma, chronic bronchitis, and pulmonary emphysema.
Dosage: Treatment should be initiated at 150 mg theophylline every 6 hours for adults and 4 mg/kg every 6 hours for children. The usual recommended dosages are *Adults:* 1-2 capsules or 1-2 tablespoons (15 ml) liquid every 6-8 hours. *Children 9 to 12:* 4-5 mg theophylline/kg bodyweight every 6-8 hours. *Children under 9:* 4-6 mg theophylline/kg bodyweight every 6-8 hours. When necessary, to achieve greater efficacy theophylline dosage may be cautiously adjusted upward. Serum theophylline determinations are helpful in monitoring therapeutic progress. When dosages exceed the usual recommended ranges serum determinations are essential. In the absence of side effects, the dosage may be titrated upward cautiously by increments of no more than 25% of previous dose, increasing the dose no more than every third day until the desired clinical response is obtained. If nausea, vomiting or other evidence of toxicity occurs, omit one dose and resume treatment at a lower dose.
Warnings: Do not administer more frequently than every 6 hours, or within 12 hours after rectal dose of any preparation containing theophylline or aminophylline. Do not give other compounds containing xanthine derivatives concurrently.
Precautions: Use with caution in patients with cardiac disease, hepatic or renal impairment. Concurrent administration with certain antibiotics, i.e., clindamycin, erythromycin, troleandomycin, may result in higher serum levels of theophylline. Plasma prothrombin and factor V may increase, but any clinical effect is likely to be small. Metabolites of guaifenesin may contribute to increased urinary 5-hydroxyindoleacetic acid readings, when determined with nitrosonaphthol reagent. Safe use in pregnancy has not been established. Use in case of pregnancy only when clearly needed.
Adverse Reactions: Theophylline may exert some stimulating effect on the central nervous system. Its administration may cause local irritation of the gastric mucosa, with possible gastric discomfort, nausea, and vomiting. The frequency of adverse reactions is related to the serum theophylline level and is not usually a problem at serum theophylline levels below 20 mcg/ml.
How Supplied: Capsules, containing theophylline (anhydrous) 150 mg and guaifenesin 90 mg, in bottles of 100 and 1000 and unit-dose packs of 100; Liquid in bottles of 1 pint and 1 gallon.
See package insert for complete prescribing information.

Mead Johnson PHARMACEUTICAL DIVISION

AMERICAN ACADEMY OF PEDIATRICS

1801 Hinman Avenue
Evanston, IL 60204

SCHEDULE OF MEETINGS

ANNUAL MEETINGS

1984
Chicago
September 15–20

1985
San Antonio, Texas
October 19–24

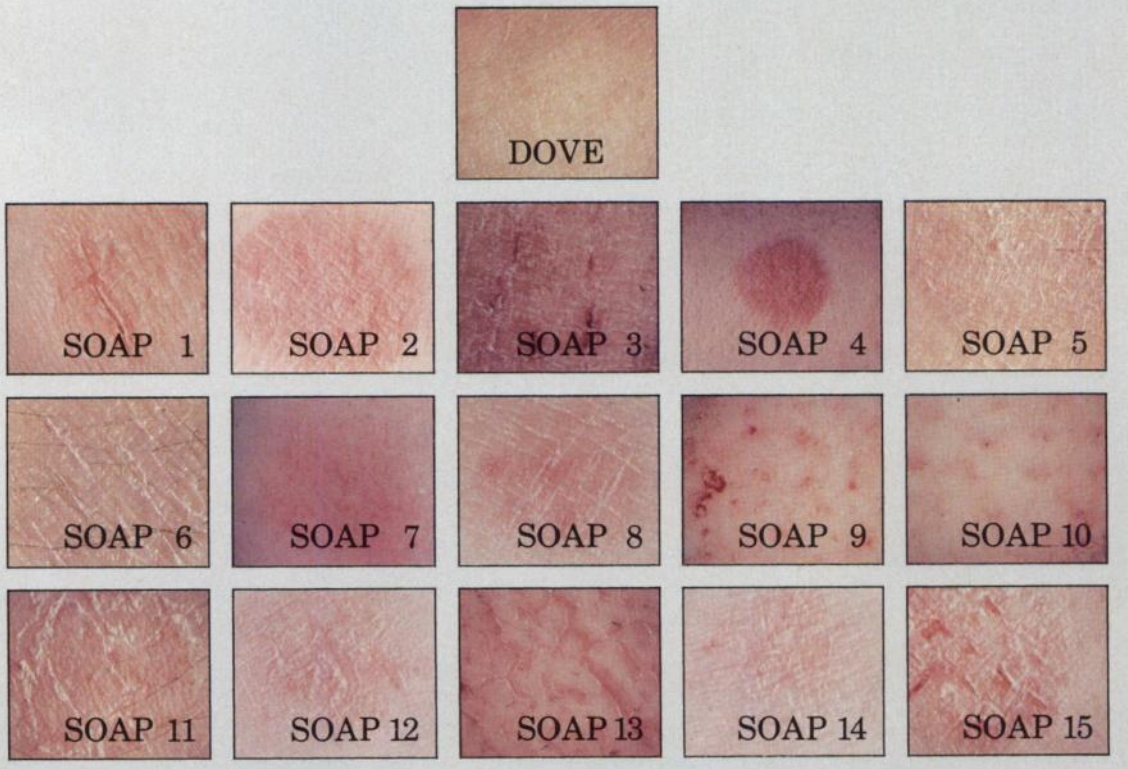
1986
Washington, DC
November 1–6

1987
New Orleans
October 17–22

1988
San Francisco
October 22–27

Note: All Annual Meetings start on Saturday

EVEN 'MILD' SOAPS CAN DAMAGE SKIN
DOVE DOESN'T



DOVE PROVED SUPERIOR EVEN TO IVORY[1]:

In a landmark comparative soap-irritancy test, DOVE was found "in a class by itself." Superior to over 15 well-known soap brands. Superior even to IVORY, touted to specialists as being "mild."

Reason: DOVE is not a soap. Unlike soaps (which are all markedly alkaline), DOVE is a neutral cleansing bar. Has a pH of 7. Is 25% moisturizer. And 0% alkali. Thus it cannot strain the skin's natural buffering capacity. Cannot harm normal or damaged skin. Authoritative laboratory and clinical tests prove it.[2]

Recommend DOVE with confidence. An ideal adjunct for treatment of dermatoses commonly seen in pediatric practice. Ideal for baby skin that's normal, too.

1. Frosch PJ, Kligman AM: *J Am Acad Dermatol* 1:35, 1979.
2. Monograph of laboratory and clinical studies available on request.

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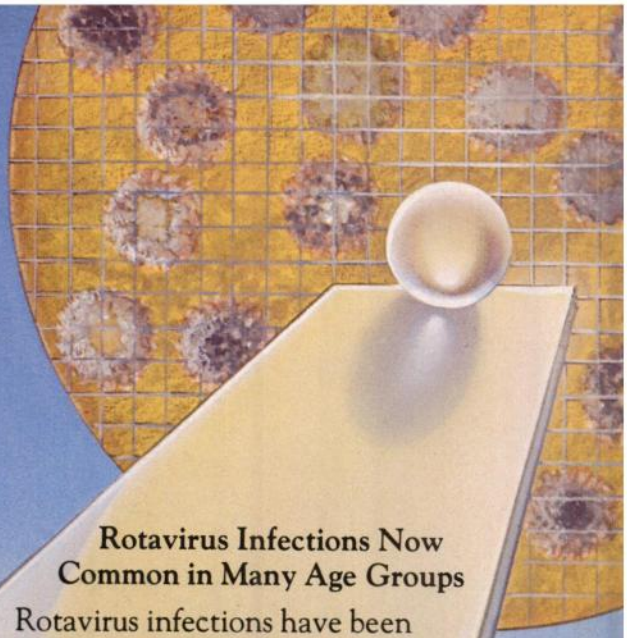
P

A Direct Approach is the Best Approach when Diagnosing Rotavirus

ROTAZYME® from ABBOTT— A Direct Antigen Detection Diagnostic



Rotavirus Infections Now Common in Many Age Groups

Rotavirus infections have been singled out as the most prevalent cause of nonbacterial gastroenteritis among children.[1] Recently, frequent outbreaks of rotavirus infections among adults have been reported,[2, 3] as well as epidemic-proportion outbreaks among the geriatric population.[4, 5] Subsequent patient dehydration and electrolyte loss make rapid diagnosis of this viral agent critical.

Early Diagnosis Important

Presently, most patients with gastroenteritis are routinely tested for pathogenic bacteria first. Since rotavirus infections are fast-spreading, especially in the hospital setting, a definitive diagnosis is important. Early diagnosis of rotavirus allows the physician to take proper isolation steps, establish epidemiologic control, prescribe appropriate therapy and reassure the family and patient as to the nature of the illness.

Direct Antigen Detection with ROTAZYME

Now, when the physician is presented with clinical symptoms of infectious gastroenteritis, there is a direct way to determine if the cause is rotavirus... ROTAZYME from ABBOTT.

ROTAZYME is a direct antigen test, specific for rotavirus. This simple, enzyme immunoassay (EIA) is as sensitive as electron microscopy and yields accurate results in just a few hours.

When rotavirus infection is suspected, ask your laboratory to include ROTAZYME in the laboratory work-up.

ABBOTT LABORATORIES
Diagnostics Division
North Chicago, IL 60064
1-800/323-9100 Toll Free
In Illinois 1-800/942-9117
In Canada 1-514/337-5160

[1]*WHO Scientific Working Group: Rotavirus and other viral diarrhoeas. Bulletin of the World Health Organization 58: 183-198; 1980.*
[2]*Meurman, O; Laine, M: Rotavirus epidemic in adults. N. Eng. J. Med. 296: 1298-1299; 1977.*
[3]*Lycke, E; Blomberg, J; Berg, G; et al.: Epidemic acute diarrhoea in adults associated with infantile gastroenteritis virus. Lancet 2: 1056-1057; 1978.*
[4]*Marrie, T; Lee, S; Faulkner, R; Ethier, J; and Young, C: Rotavirus infection in a geriatric population. Arch. Intern. Med. 142: 313-316; 1982*
[5]*Cubitt, W. D.: Rotavirus infection: an unexpected hazard in units caring for the elderly. Geriatric Medicine Today Vol. 1, No. 2; 1982.*

AMERICAN ACADEMY OF PEDIATRICS

1801 Hinman Avenue
Evanston, Illinois 60204

SCHEDULE OF MEETINGS

SPRING SESSIONS

1984
Phoenix, Arizona
March 24-29

1985
Atlanta
April 13-18

1986
Orlando, Florida
April 12-17

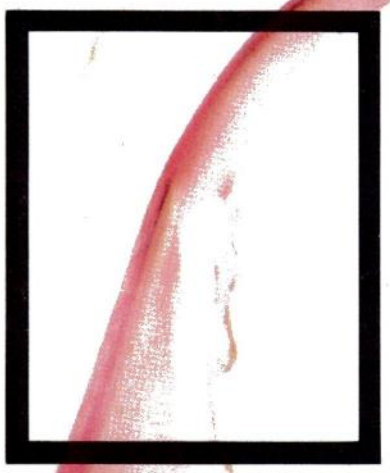
Note: All Spring Sessions start on Saturday

Introducing A Physical Difference In Cough Medications That Delivers Clinically Better Cough Relief

New Superdemulcent PATENT PENDING

CREMACOAT™ 1,2,3 & 4

Throat Coating Cough Medicines



Available Only Through Pharmacy Channels

The Clinical Difference: Better Cough Relief Than Conventional Thin Cough Syrup

New CREMACOAT™ cough medicine, when compared to conventional thin cough syrup, provides significantly better cough reduction within the hour immediately after dosing. Clinical studies show CREMACOAT statistically better in reducing cough, even before systemic action takes effect.

CREMACOAT Clinical Summary

	Acute Cough Study*	Chronic Cough Study*	Induced Cough Study*
Study Design	Randomized clinical trial (parallel study design) 35 patients with cough due to URI	Randomized clinical trial (cross-over study design) 48 patients with cough due to chronic bronchitis	Randomized clinical trial (cross-over study design) 60 subjects with cough induced by a standard citric-acid aerosol technique
Treatment Groups	CREMACOAT (200 mg Guaifenesin) Conventional Cough Syrup (200 mg Guaifenesin)† Placebo	CREMACOAT (200 mg Guaifenesin) Conventional Cough Syrup (200 mg Guaifenesin)†	CREMACOAT (200 mg Guaifenesin) Conventional Cough Syrup (200 mg Guaifenesin)†
Study Parameters	Objective: Tape-recorded coughs Subjective: Change in cough Cough relief	Objective: Tape-recorded coughs	Objective: Tape-recorded coughs
Clinical Results Overview	CREMACOAT proven to significantly reduce cough frequency better than conventional cough syrup or placebo within the first hour		

*Data on file, Medical Department, Richardson-Vicks Inc.
†Each 5 ml. of U.S.P. syrup containing 100 mg. of guaifenesin in 5 ml. of palatable syrup; alcohol 3.5%.
To obtain abstracts of these studies, write to Vicks Pharmacy Products Division, Ten Westport Road, Wilton, CT 06897.

The Physical Difference: Superdemulcency

- Creamy formula soothes and coats cough-irritated throats
- Shields vulnerable cough receptors in the oropharynx and hypopharynx from repeated irritation

The Therapeutic Benefits: Efficacy and Taste Enhance Compliance

- Four different formulations for individualized therapy for patients with a range of common coughs and associated symptoms
- Recognized active ingredients for effective cough relief
- Creamy texture and pleasant-tasting fruit flavors to enhance patient compliance: cherry, orange, raspberry, and black cherry

Effective Cough Medicines for Every Member of the Family...Including Children

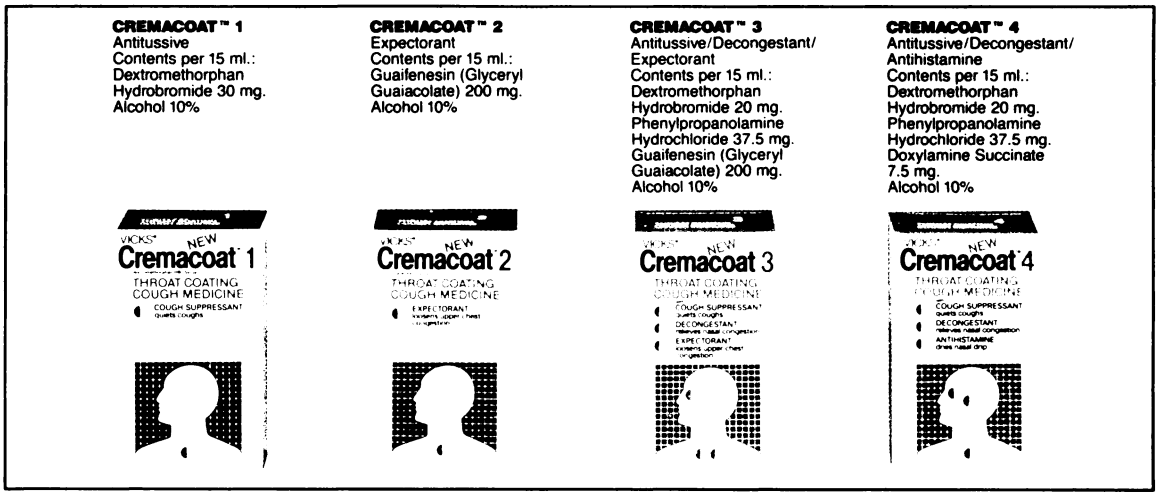
Adult dose: 3 tsp; children (6-12 years): 1½ tsp; children (2-6 years): ¾ tsp.
(CREMACOAT 4 is not recommended for children under 6 years unless directed by physician.)

CREMACOAT™ 1
Antitussive
Contents per 15 ml.:
Dextromethorphan Hydrobromide 30 mg.
Alcohol 10%

CREMACOAT™ 2
Expectorant
Contents per 15 ml.:
Guaifenesin (Glyceryl Guaiacolate) 200 mg.
Alcohol 10%

CREMACOAT™ 3
Antitussive/Decongestant/ Expectorant
Contents per 15 ml.:
Dextromethorphan Hydrobromide 20 mg.
Phenylpropanolamine Hydrochloride 37.5 mg.
Guaifenesin (Glyceryl Guaiacolate) 200 mg.
Alcohol 10%

CREMACOAT™ 4
Antitussive/Decongestant/ Antihistamine
Contents per 15 ml.:
Dextromethorphan Hydrobromide 20 mg.
Phenylpropanolamine Hydrochloride 37.5 mg.
Doxylamine Succinate 7.5 mg.
Alcohol 10%



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Each 5 ml (teaspoonful) contains: phenylephrine tannate, 5 mg; chlorpheniramine tannate, 2 mg; pyrilamine tannate, 12.5 mg.

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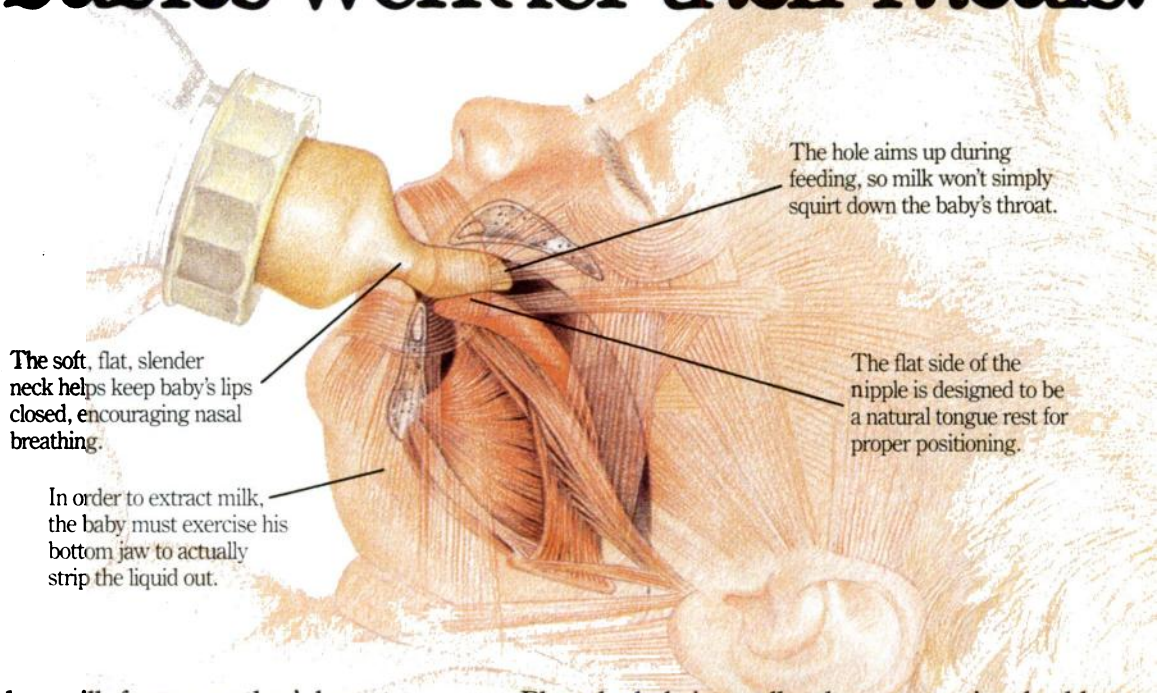
Each capsule-shaped tablet contains: phenylephrine tannate, 25 mg; chlorpheniramine tannate, 8 mg; pyrilamine tannate, 25 mg.

Please see following page for brief summary of prescribing information.

Why it's smart to make babies work for their meals.



When an infant takes milk from a mother's breast there's a lot that goes on beyond just satisfying a little hunger.

There's the natural sucking action. The contraction and release of certain muscles. The movement of the bottom jaw. The strategic positioning of the tongue.

Milk doesn't simply pour out of the breast. It has to be systematically, almost mechanically pumped away. An instinctive routine that enables a baby to feed while exercising and developing important muscles.

And if mothers were to tell us that a well-fed, well-exercised baby has a better temperament and sleeps better, we wouldn't be surprised.

The NUK Nipple shape is designed to simulate a mother's breast during feeding.
(Playtex® version shown.)

The NUK® Orthodontic Nipple was designed to perform like a mother's breast.

This unusual shape is designed to simulate the configuration of a breast during feeding. Every contour has a purpose.

In fact, the NUK Nipple is the original orthodontic shape.

When the nipple is positioned for feeding, the hole is on the top so milk hits the roof of the mouth mixing with saliva for easy digestion.

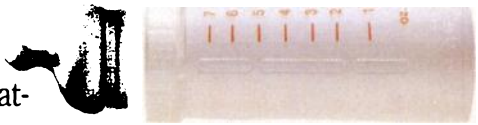
Plus, the hole is smaller than conventional rubber nipples so a baby gets a workout similar to breast feeding.

And the simple flat tongue rest provides the foundation for good, hard sucking.

As you can see NUK Nipples are available to fit all major brands of nursers. So you can recommend NUK Nipples to mothers no matter what Nurser they're currently using.

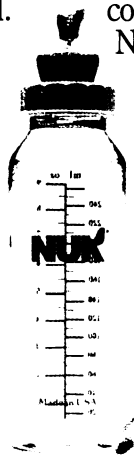
The NUK Nipple is part of a complete family of NUK® products all designed to help a baby's oral development. We also supply pacifier-teethers, pacifier-exercisers, nursers, teething gel and other fine products.

There's a NUK Nipple for the Evenflo® nurser.



There's a NUK Nipple for the Playtex® nurser.

There's a NUK Nipple for the Gerber® nurser.



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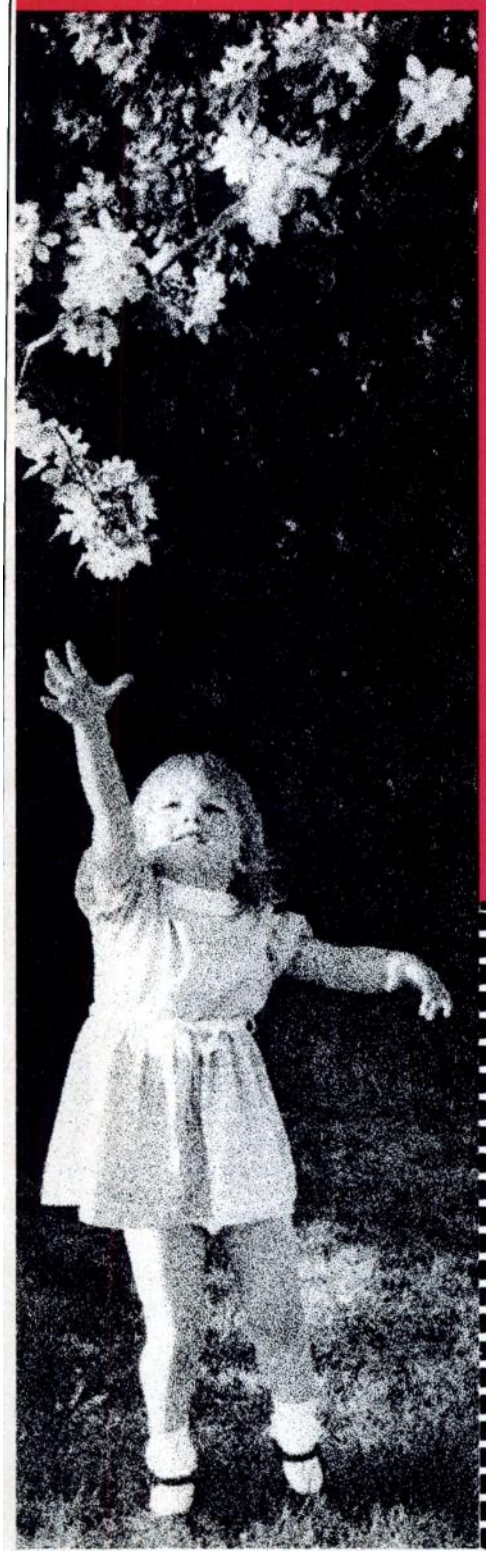

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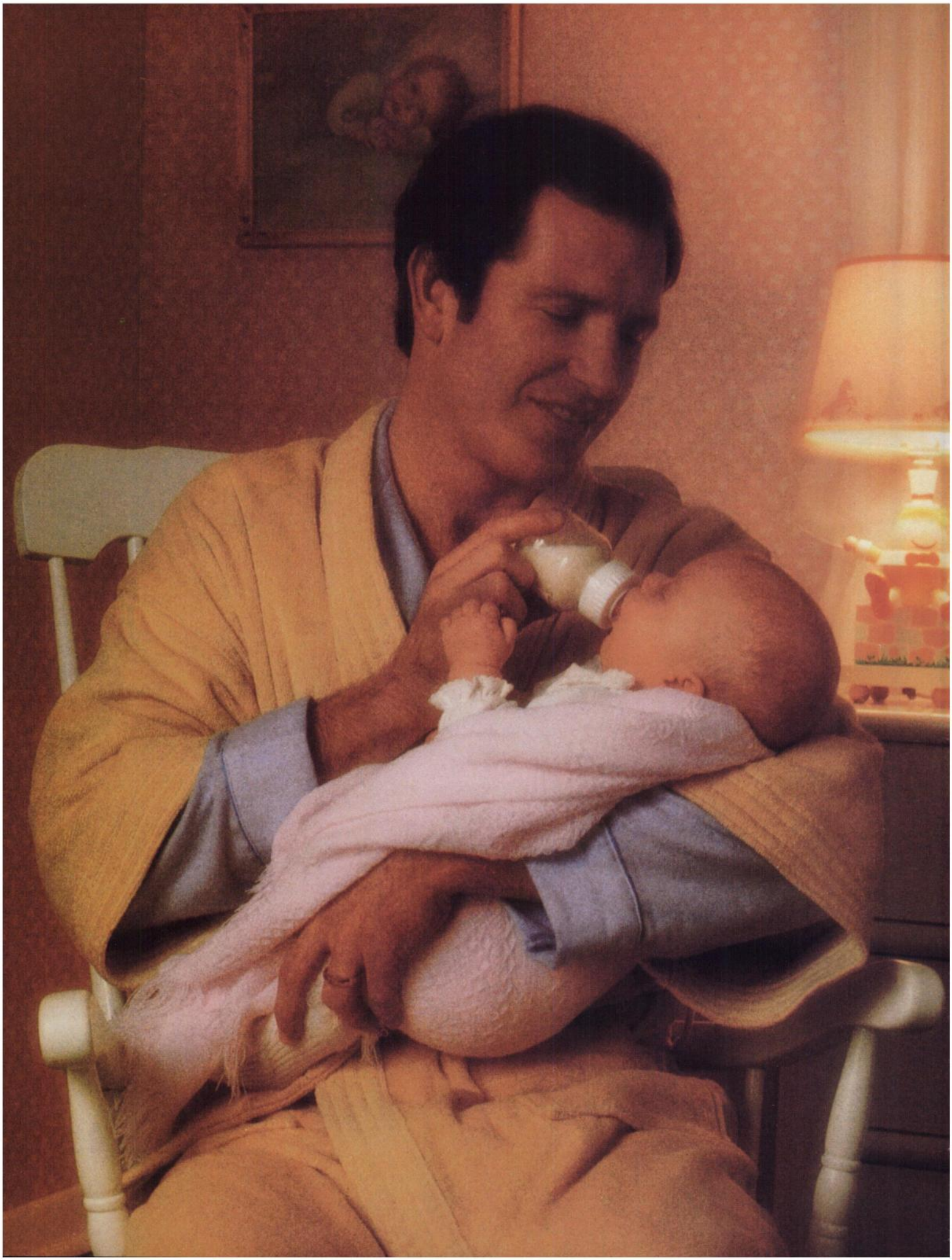

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Enfamil®

Now, Nutritionally Closer to Breast Milk for Good Growth and Development.

Today's Enfamil — A Significant Advance in Product Formulation

Improved Formulation Enfamil has been designed to give your babies an infant formula that is nutritionally unsurpassed. When breast-feeding is not chosen, unsuccessful, inappropriate, or stopped early, Today's Enfamil is the newest, most advanced alternative.

60 Whey Protein: 40 Casein Ratio

Today's Enfamil is formulated with a 60:40 whey protein/casein ratio that brings it closer than ever to breast milk. The whey protein predominant formulation provides abundant levels of essential amino acids and brings the cystine amino acid level closer to that found in breast milk.

All Vegetable Oil Fat Blend

Today's Enfamil uses a fat blend of 55% coconut: 45% soy oil. The polyunsaturated fatty acid (PUFA) level is within the range of breast-milk values. Studies show that fat absorption is greater than 90% with the new blend—about the same as breast milk.

Appropriate Sodium Content

The reduced minerals whey used in Today's Enfamil permits the sodium content to be close to the midpoint of the CON/AAP range.

Calcium: Phosphorus Ratio—1.5:1

This calcium/phosphorus ratio is closer to breast milk than other routine infant formulas. The levels have been clinically validated to provide excellent growth and development in infants, and to promote excellent calcium absorption.

100% Lactose

Improved Formulation Enfamil uses 100% lactose—the carbohydrate found in breast milk to assure good calcium absorption.

Thoroughly Tested

Today's Enfamil is the result of more than seven years of product development, laboratory, preclinical, and clinical testing. Clinical testing included Metabolic Balance studies, 112-Day Growth studies, and Acceptance and Tolerance studies.

You and your parents can be assured of product quality and performance.

A Total Commitment to the Future of Infant Nutrition

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BOOKS RECEIVED

Infectious Mononucleosis, Praeger Monographs in Infectious Disease, Vol I. D. Schlossberg. New York, Praeger, 1983, $37.50, 287 pp.

The Mind of the Child Who Is Said to Be Sick. D. R. Copeland, B. Pfefferbaum, and A. J. Stovall. Springfield, IL, Charles C Thomas, Publ, 1983, $39.75, 303 pp.

Dermatologic Disorders in Black Children and Adolescents. T. A. Laude and R. Russo. New Hyde Park, NY, Medical Examination Publishing Co, Inc, 1983, $39.50, 101 pp.

Biannual Review of Allergy. C. A. Frazier. New Hyde Park, NY, Medical Examination Publishing Co, Inc, 1983, $48, 512 pp.

Topics in Adolescent Medicine (A Year Book Special Edition). R. B. Shearin. Chicago, Year Book Medical Publishers, 1983, 308 pp.

Childhood, The First Six Years: A Parenting Manual for Your Child's Most Crucial, Formative Years. J. Cohen. Englewood Cliffs, NJ, Prentice-Hall, Inc, 1983, $17.95, 241 pp.

The Premature Baby Book: A Parents' Guide to Coping and Caring in the First Years. H. Harrison and A. Kositsky. New York, St Martin's Press, 1983, $15.95, 273 pp.

Prevention of Spina Bifida and Other Neural Tube Defects. J. Dobbing, London, Academic Press Inc, Ltd, 1983, $29.60, 251 pp.

Pseudoepilepsy. M. Gross. Lexington, MA, DC Heath & Co, 1983, $29.95, 277 pp.

Foster-Child Health Care. F. Kavaler and M. Swire. Lexington, MA, DC Heath & Co, 1983, $23.95, 195 pp.

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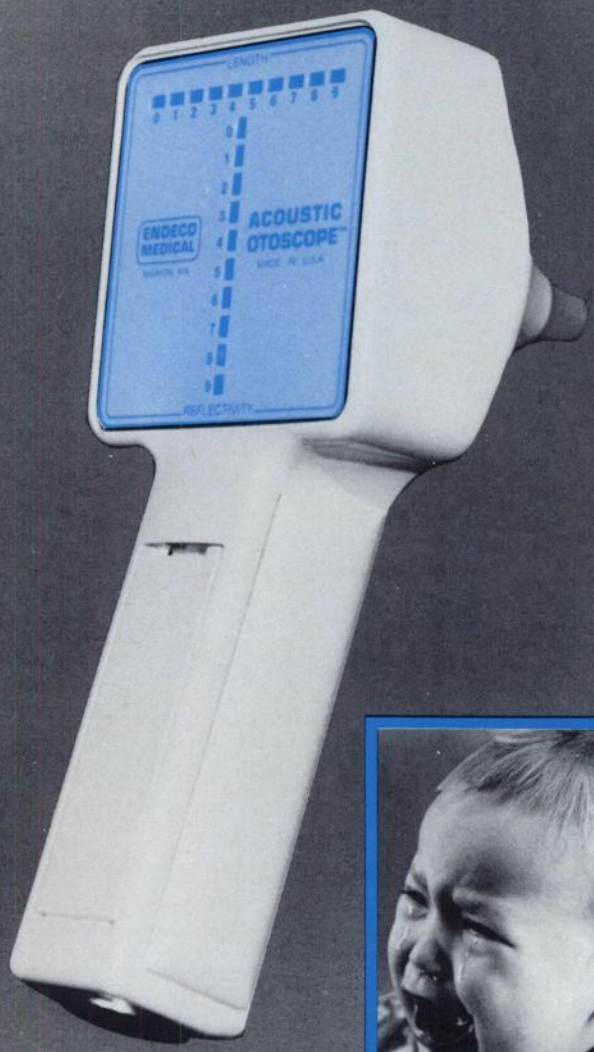
Primary Maternal and Neonatal Health: A Global Concern. D. Del Mundo, E. Ines-Cuyegkeng, D. M. Aviado. New York, Plenum Publishing Corp, 1983, $65, 544 pp.

Father-To-Be: Questions & Answers About Pregnancy, Birth & The New Baby. E. Trimmer. Tucson, AZ, HP Books, 1983, $6.95, 192 pp.

Medical Virology II. L. M. de la Maza and E. M. Peterson. New York, Elsevier Biomedical, 1982, $69, 432 pp.

PEDIATRICS IN REVIEW: February 1984 Contents

Detect Middle Ear Effusions by reflected sound *INSTANTLY!*



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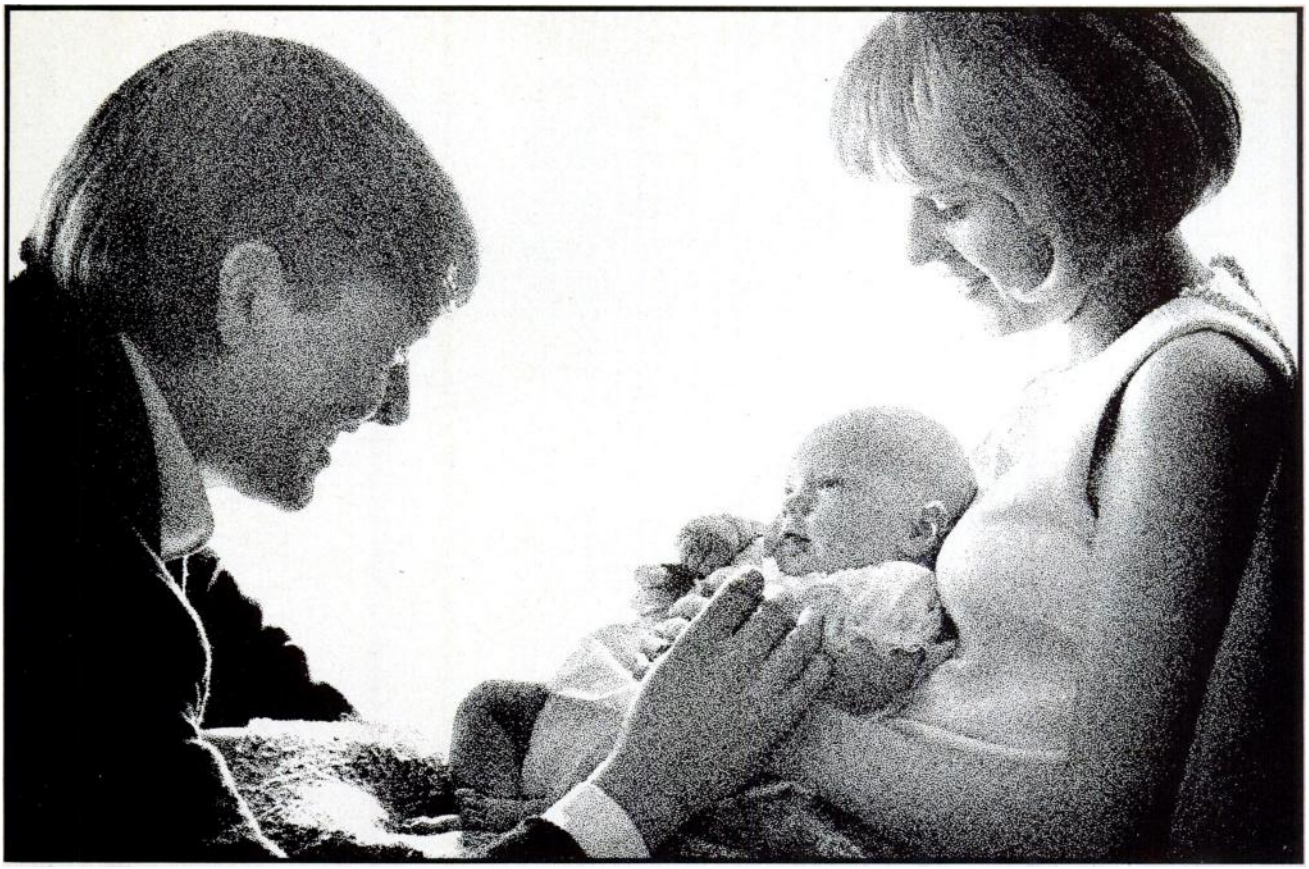
(1) Teele DW, Teele J: Detection of Middle Ear Effusion by Acoustic Reflectometry. Presented at the Third International Symposium on Recent Advances in Otitis Media with Effusion; Fort Lauderdale, Florida, May, 1983.

(2) Additional data on file, ENDECO MEDICAL.



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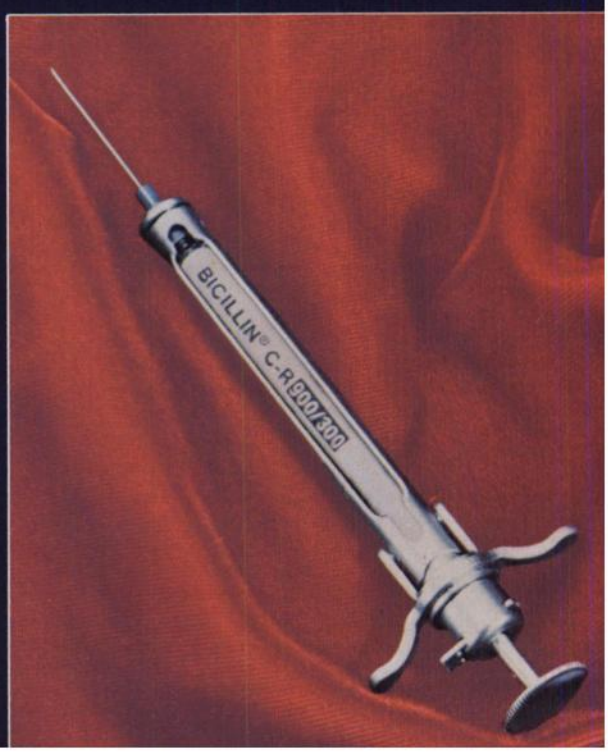
Great Shots

A single injection* treats strep pharyngitis† for 10 days

A single injection of Bicillin® C-R 900/300 is usually sufficient for treatment of Group A streptococcal infections in children of all ages, with no worries about compliance.

injection
BICILLIN® C-R 900/300
(penicillin G benzathine and penicillin G procaine suspension)



Wyeth Laboratories
Philadelphia, Pa 19101

*Cultures should be taken following completion of treatment to determine whether streptococci have been eliminated.

†Streptococcal infections (Group A-without bacteremia, moderately severe to severe).

See important information on next page.

Bicillin® C-R 900/300

(penicillin G benzathine and
penicillin G procaine suspension)

for deep **IM** injection only

Description Each TUBEX cartridge (2 ml size) contains 1,200,000 units of penicillin comprising: 900,000 units penicillin G benzathine and 300,000 units penicillin G procaine in a stabilized aqueous suspension with sodium citrate buffer; and as w/v, approximately 0.5% lecithin, 0.58% carboxymethylcellulose, 0.55% povidone, 0.1% methylparaben, and 0.01% propylparaben.

Bicillin C-R 900/300 suspension is viscous and opaque. Read "Contraindications," "Warnings," "Precautions," and "Dosage and Administration" sections prior to use.

Indications In children of all ages in treatment of moderately severe infections due to penicillin-G-susceptible microorganisms susceptible to serum levels common to this dosage form. Therapy should be guided by bacteriological studies (including susceptibility testing) and clinical response.

NOTE: When high, sustained serum levels are required, penicillin G sodium or potassium, IM or IV, should be used. This drug should *not* be used in venereal diseases, including syphilis, gonorrhea, yaws, bejel, and pinta.

Following infections usually respond to adequate dosages:

Streptococcal infections Group A (without bacteremia). Moderately severe to severe infections of the upper respiratory tract, skin and soft-tissue infections, scarlet fever, and erysipelas.

NOTE: Streptococci in groups A, C, G, H, L, and M are very sensitive to penicillin G. Other groups, including group D (enterococci), are resistant. Penicillin G sodium or potassium is recommended for streptococcal infections with bacteremia.

Pneumococcal infections. Moderately severe pneumonia and otitis media.

NOTE: Severe pneumonia, empyema, bacteremia, pericarditis, meningitis, peritonitis, and arthritis of pneumococcal etiology are better treated with penicillin G sodium or potassium during the acute stage.

Contraindications Previous hypersensitivity reaction to any penicillin or to procaine.

Do not inject into or near an artery or nerve.

Warnings Serious and occasionally fatal hypersensitivity (anaphylactoid) reactions have been reported in patients on penicillin therapy. Although anaphylaxis is more frequent following parenteral therapy, it has occurred with oral penicillins. These reactions are more apt to occur in individuals with history of sensitivity to multiple allergens.

There have been well-documented reports of individuals with history of penicillin hypersensitivity reactions who experienced severe hypersensitivity reactions when treated with a cephalosporin. Before penicillin therapy, carefully inquire about previous hypersensitivity reactions to penicillins, cephalosporins, and other allergens. If allergic reaction occurs, discontinue penicillin and treat patient with usual agents, e.g., pressor amines, antihistamines, and corticosteroids.

Inadvertent intravascular administration, including inadvertent direct intraarterial injection or injection immediately adjacent to arteries, of Bicillin C-R 900/300 and other penicillin preparations has resulted in severe neurovascular damage, including transverse myelitis with permanent paralysis, gangrene requiring amputation of digits and more proximal portions of extremities, and necrosis and sloughing at and surrounding the injection site. Such severe effects have been reported following injections into the buttock, thigh, and deltoid areas. Other serious complications of suspected intravascular administration which have been reported include immediate pallor, mottling or cyanosis of the extremity both distal and proximal to the injection site followed by bleb formation; severe edema requiring anterior and/or posterior compartment fasciotomy in the lower extremity. The above-described severe effects and complications have most often occurred in infants and small children. Prompt consultation with an appropriate specialist is indicated if any evidence of compromise of the blood supply occurs at, proximal to, or distal to the site of injection. See "Contraindications," "Precautions," and "Dosage and Administration."

Quadriceps femoris fibrosis and atrophy have been reported following repeated intramuscular injections of penicillin preparations into the anterolateral thigh.

Injection into or near a nerve may result in permanent neurological damage.

Precautions Use penicillin with caution in individuals with histories of significant allergies and/or asthma.

Care should be taken to avoid intravenous or intraarterial administration, or injection into or near major peripheral nerves or blood vessels, since such injections may produce neurovascular damage. See "Contraindications," "Warnings," and "Dosage and Administration."

In streptococcal infections, therapy must be sufficient to eliminate the organism; otherwise sequelae of streptococcal disease may occur. Take cultures following completion of treatment to determine if streptococci have been eradicated.

A small percentage of patients are sensitive to procaine. If there is a history of sensitivity make the usual test: Inject intradermally 0.1 ml of a 1 to 2% procaine solution. Development of an erythema, wheal, flare, or eruption indicates procaine sensitivity. Treat sensitivity by usual methods, including barbiturates, and avoid procaine penicillin. Antihistaminics appear beneficial in procaine reactions.

Antibiotics may result in overgrowth of nonsusceptible organisms. Constant observation of the patient is essential. If new infections due to bacteria or fungi appear during therapy, discontinue drug and take appropriate measures.

Whenever allergic reactions occur, withdraw penicillin unless, in the opinion of the physician, the condition being treated is life-threatening and amenable only to penicillin.

In prolonged therapy with penicillin, and particularly with high-dosage schedules, perjodic evaluation of the renal and hematopoietic systems is recommended.

Adverse Reactions Penicillin is a substance of low toxicity but does possess a significant index of sensitization. These hypersensitivity reactions have been reported: skin rashes, ranging from maculopapular eruptions to exfoliative dermatitis; urticaria; serum-sicknesslike reactions, including chills, fever, edema, arthralgia, and prostration. Severe and often fatal anaphylaxis has been reported (see "Warnings").

Dosage and Administration Administer by DEEP, INTRAMUSCULAR INJECTION in the upper, outer quadrant of the buttock. In infants and small children, the midlateral aspect of the thigh may be preferable. When doses are repeated, vary the injection site.

The Wyeth TUBEX cartridge for this product incorporates several features designed to facilitate visualization of blood on aspiration if a blood vessel is inadvertently entered.

The design of this cartridge is such that blood which enters its needle will be quickly visualized as a red or dark-colored "spot." This "spot" will appear on the barrel of the glass cartridge immediately proximal to the blue hub. Prior to injection, to determine where this "spot" can be seen, operator should first insert and secure the cartridge in the TUBEX syringe in usual fashion. The needle cover should then be removed and the cartridge and syringe held in one hand with the needle pointing away from the operator. The glass cartridge should then be rotated by turning the plunger of the syringe clockwise until the flat bevel at the tip of the needle is pointing upward and is horizontal when viewed directly from above. An imaginary straight line, then drawn from the middle of the flat bevel to the back edge of the blue hub where it joins the glass, will point to the area on the glass cartridge where the "spot" can be visualized. (In this same area in some cartridges, a dark spot may sometimes be visualized prior to injection. This is the proximal end of the needle and does not represent a foreign body in, or other abnormality of, the suspension.)

Thus, before the needle is inserted into the selected muscle, it is important for the operator to orient the flat bevel of the needle so that any blood which might enter after its insertion and during aspiration can be visualized in the area of the cartridge where it will appear and not be obscured by the metal syringe or other obstructions.

After selection of the proper site and insertion of the needle into the selected muscle, aspirate by pulling back on the plunger. While maintaining negative pressure for 2-3 seconds, carefully observe the barrel of the cartridge in the area previously identified (see above) for the appearance of a red or dark-colored "spot."

Blood or "typical blood color" may not be seen if a blood vessel has been entered–only a mixture of blood and Bicillin C-R 900/300. The appearance of *any* discoloration is reason to withdraw the needle and discard the glass TUBEX cartridge. If it is elected to inject at another site, a new cartridge should be used. If no blood or discoloration appears, inject the contents of the cartridge slowly. Discontinue delivery of the dose if the subject complains of severe immediate pain at the injection site or if, especially in infants and young children, symptoms or signs occur suggesting onset of severe pain.

Some TUBEX cartridges may contain a small air bubble which may be disregarded since it does not affect administration of the product. Because of the high concentration of suspended material in this product, the needle may be blocked if the injection is not made at a slow, steady rate.

Streptococcal infections Group A–Infections of the upper respiratory tract, skin and soft-tissue infections, scarlet fever, and erysipelas.

A single injection of Bicillin C-R 900/300 (penicillin G benzathine and penicillin G procaine suspension) is usually sufficient for the treatment of Group A streptococcal infections in children of all ages.

Pneumococcal infections (except pneumococcal meningitis): One TUBEX Bicillin C-R 900/300 repeated at 2- or 3-day intervals until the temperature is normal for 48 hours. Other forms of penicillin may be necessary for severe cases.

How Supplied In 2 ml TUBEX® Sterile Cartridge-Needle Units in packages of 10.

See package insert for references.

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INDICATIONS AND USAGE

HEP-LOCK® PF (Preservative-Free Heparin Lock Flush Solution, USP) is intended for intravenous flush to maintain the patency of an indwelling intravenous catheter which is used for intermittent intravenous therapy or blood sampling.

CONTRAINDICATIONS

Heparin Lock Flush Solution is not to be used for anticoagulant therapy.

Hypersensitivity to heparin.

Inability to perform suitable blood coagulation tests, e.g., the whole blood clotting time, partial thromboplastin time, etc., at required intervals. There is usually no need to monitor the effect of low-dose heparin in patients with normal coagulation parameters.

Uncontrollable bleeding.

WARNINGS

Heparin sodium should be used with extreme caution in disease states in which there is an increased danger of hemorrhage.

Administration of Heparin Sodium Injection, USP, when used in therapeutic dosage, should be regulated by frequent blood coagulation tests. If these are unduly prolonged or if hemorrhage occurs, heparin sodium should be promptly discontinued. See OVERDOSAGE section.

Some of the conditions in which increased danger of hemorrhage exist are:

Cardiovascular — subacute bacterial endocarditis; arterial sclerosis; increased capillary permeability; during and immediately following a) spinal tap or spinal anesthesia b) major surgery, especially involving the brain, spinal cord, or eye.

Hematologic — conditions associated with increased bleeding tendencies such as hemophilia, some purpuras, and thrombocytopenia.

Gastrointestinal — inaccessible ulcerative lesions and continuous tube drainage of the stomach or small intestine.

Heparin sodium may prolong the one-stage prothrombin time. Accordingly, when heparin sodium is given with dicumarol or warfarin sodium, a period of at least 5 hours after the last intravenous dose and 24 hours after the last subcutaneous (intrafat) dose of heparin sodium should elapse before blood is drawn, if a valid prothrombin time is to be obtained.

Drugs (such as acetylsalicylic acid, dextran, phenylbutazone, ibuprofen, indomethacin, dipyridamole and hydroxychloroquine) which interfere with platelet aggregation reactions (the main hemostatic defense of heparinized patients) may induce bleeding and should be used with caution in patients on heparin therapy.

While there is experimental evidence that heparin may antagonize the action of ACTH, insulin, or corticoids, this effect has not been clearly defined.

There is also evidence in animal experiments that heparin may modify or inhibit allergic reactions. However, the application of these findings to human patients has not been fully defined.

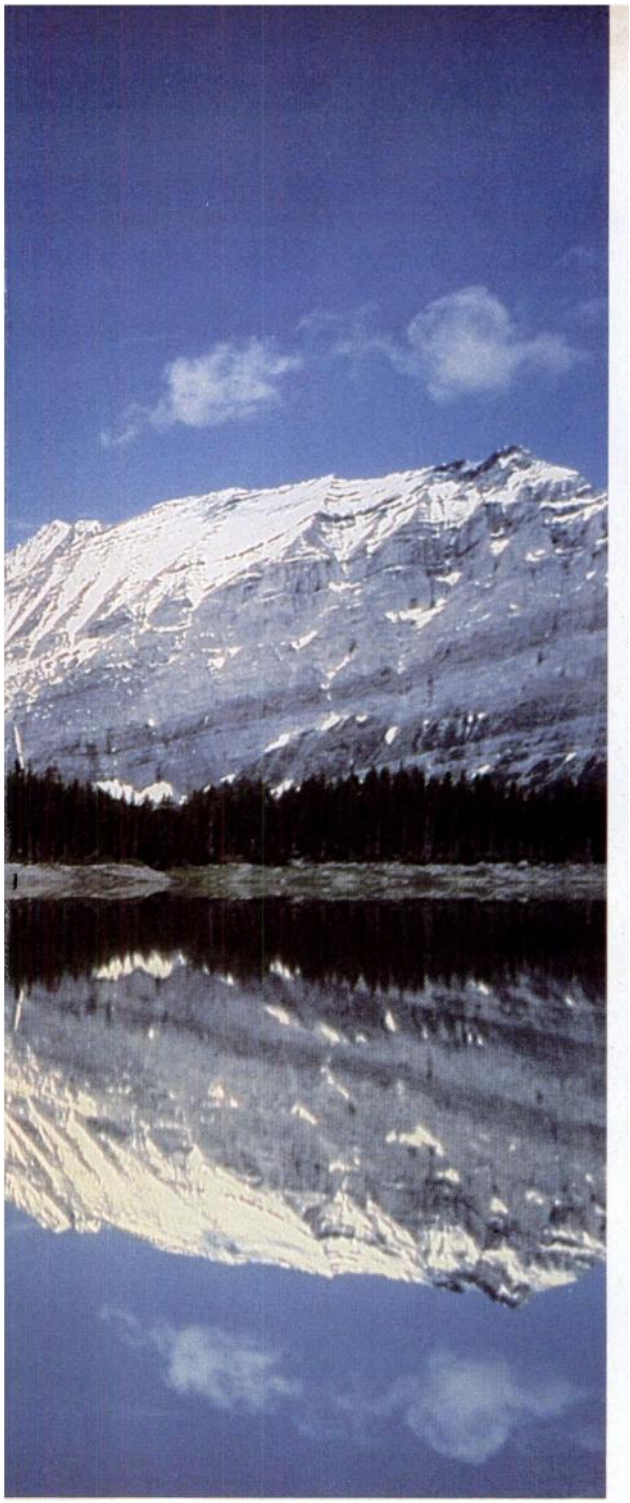
Larger doses of heparin may be necessary in the febrile state.

The use of digitalis, tetracyclines, nicotine, or antihistamines may partially counteract the anticoagulant action of heparin. An increased resistance to heparin is frequently encountered in cases of thrombosis, thrombophlebitis, infections with thrombosing tendency, myocardial infarction, cancer, and in the postoperative patient.

PRECAUTIONS

Because Heparin Sodium Injection is derived from animal tissue, it should be used with caution in patients with a history of allergy. Before a therapeutic dose is given to such a patient, a trial dose of 1000 units may be advisable.

Heparin sodium should also be used with caution in the presence of hepatic or renal disease, hypertension, during



New Hep-Lock® PF Preservative-Free

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Fulfilling a need for a preservative-free solution.

Elkins-Sinn, Inc., the parenteral products subsidiary of the A. H. Robins Company, proudly announces the first Heparin Lock Flush Solution specifically formulated for use in patients for whom preservative agents are contraindicated.

Only HEP-LOCK® PF is 100% additive-free: it contains no benzyl alcohol, no parabens, no chelating agents.

HEP-LOCK® PF is the latest advance in injectable therapy from Elkins-Sinn, a leader in the manufacture of parenteral products.

ELKINS-SINN, INC.
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Cherry Hill, NJ 08034
(609) 424-3700

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menstruation, or in patients with indwelling catheters.

A higher incidence of bleeding may be seen in women over 60 years of age.

Caution should be exercised when administering ACD-converted blood (i.e., blood collected in heparin sodium and later converted to ACD blood), since the anticoagulant activity of its heparin sodium content persists without loss for 22 days. ACD-converted blood may alter the coagulation system of the recipient, especially if it is given in multiple transfusions.

PREGNANCY

Teratogenic Effects — Pregnancy Category C. Animal reproduction studies have not been conducted with heparin sodium. It is also not known whether the drug can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity. Heparin sodium does not cross the placental barrier. Heparin sodium should be given to a pregnant woman only if clearly needed. Special caution should be used during the last trimester and in the immediate post partum period.

NURSING MOTHERS

Heparin sodium is not excreted in milk.

ADVERSE REACTIONS

Hemorrhage is the chief complication that may result from heparin therapy. An overly prolonged clotting time or minor bleeding during therapy can usually be controlled by withdrawing the drug. See **OVERDOSAGE** section.

The occurrence of significant gastrointestinal or urinary tract bleeding during anticoagulant therapy may indicate the presence of an underlying occult lesion.

Adrenal hemorrhage with resultant acute adrenal insufficiency has occurred during anticoagulant therapy. Therefore, such treatment should be discontinued in patients who develop signs and symptoms compatible with acute adrenal hemorrhage and insufficiency. Plasma cortisol levels should be measured immediately, and vigorous therapy with intravenous corticosteroids should be instituted promptly. Initiation of therapy should not depend upon laboratory confirmation of the diagnosis since any delay in an acute situation may result in the patient's death.

Intramuscular injection of heparin sodium frequently causes local irritation, mild pain, or hematoma, and for these reasons the route should be avoided. These effects are less often seen following deep subcutaneous (intrafat) injection. Histamine-like reactions have also been observed at the site of injection.

Hypersensitivity reactions have been reported with chills, fever, and urticaria as the most usual manifestations. Asthma, rhinitis, lacrimation and anaphylactoid reactions have also been reported. Vasospastic reactions may develop independent of the origin of heparin, 6 to 10 days after the initiation of therapy and last for 4 to 6 hours. The affected limb is painful, ischemic and cyanosed. An artery to this limb may have been recently catheterized. After repeat injections, the reaction may gradually increase, to include generalized vasospasm with cyanosis, tachypnea, feeling of oppression, and headache. Protamine sulfate treatment has no marked therapeutic effect. Itching and burning, especially on the plantar side of the feet, is possibly based on a similar allergic vasospastic reaction. Chest pain, elevated blood pressure, arthralgias, and/or headache have also been reported in the absence of definite peripheral vasospasm. Anaphylactic shock has been reported rarely following the intravenous administration of heparin sodium.

Acute reversible thrombocytopenia following the intravenous administration of heparin sodium has been reported. Osteoporosis, and suppression of renal function following long-term, high-dose administration, suppression of aldosterone synthesis, delayed transient alopecia, priapism, and rebound hyperlipemia following discontinuation of heparin sodium, have also been reported.

Copies of the complete package insert may be obtained by contacting the Professional Services Department.

Manufactured by Issued February 1983
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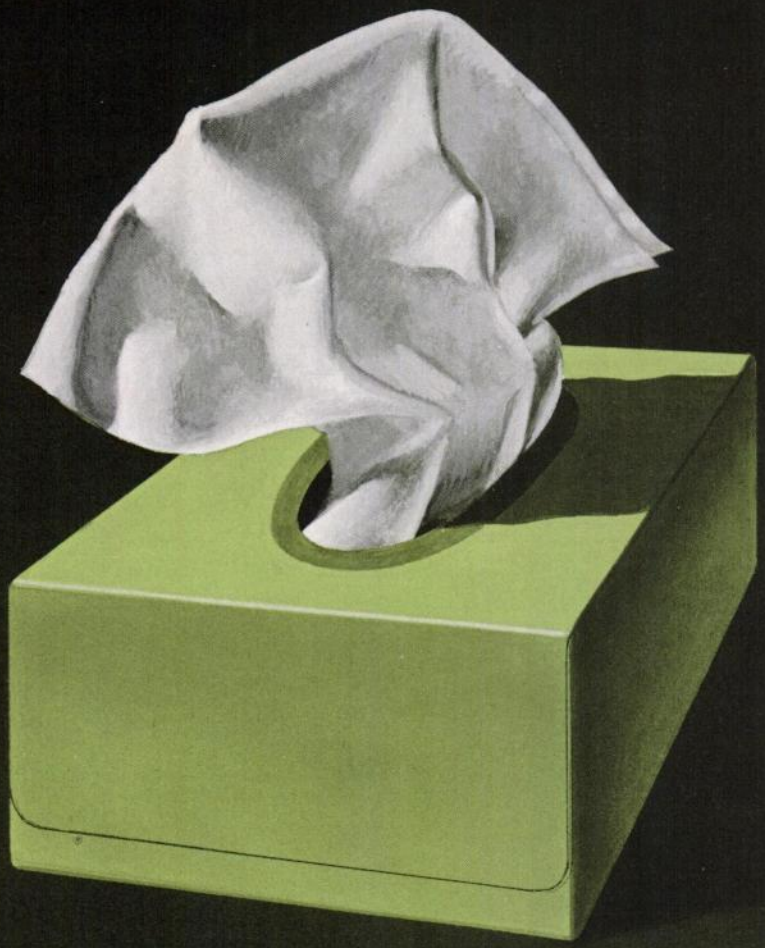

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SUDAFED® PLUS

BECAUSE IT HELPS DRY RUNNY NOSES AND RESTORES FREE BREATHING.

Colds can occur any time of the year. So can allergies. That's why Sudafed Plus has full therapeutic doses of both nasal decongestant and antihistamine. And each has its own impressive reputation:

Sudafed (pseudoephedrine HCl) – a standard for relief of nasal/sinus congestion (tablets 60 mg/syrup 30 mg per 5 ml)

Plus chlorpheniramine maleate – a classic OTC antihistamine for relief of watery, itchy eyes and sneezing (tablets 4 mg/syrup 2 mg per 5 ml)

And the tablets contain *no dyes*...the syrup contains *no alcohol or chloroform.*

Sudafed Plus is available in 24- and 48-tablet packages, or as 4-oz syrup.

Sudafed Plus has what it takes to deliver symptomatic relief of colds and allergies *all year-round*!

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83SUDP1

THE WRIGHT BROTHERS ARE HAVING A LITTLE DIFFICULTY BREATHING, EVEN AT GROUND LEVEL.

And antihistamines aren't going to be much help any more.

Sure, they dry out a runny nose at the start of a cold. But once congestion takes over, there's no reason to keep using drying antihistamines that may thicken secretions. Time to switch from the "runny nose cure"—antihistamines.

Time for HEAD & CHEST.™

With an effective decongestant for blocked sinuses and an expectorant for thinning of respiratory secretions to make coughs productive.

No antihistamine drying.

No antihistamine drowsiness.

Just decongestion and drainage.

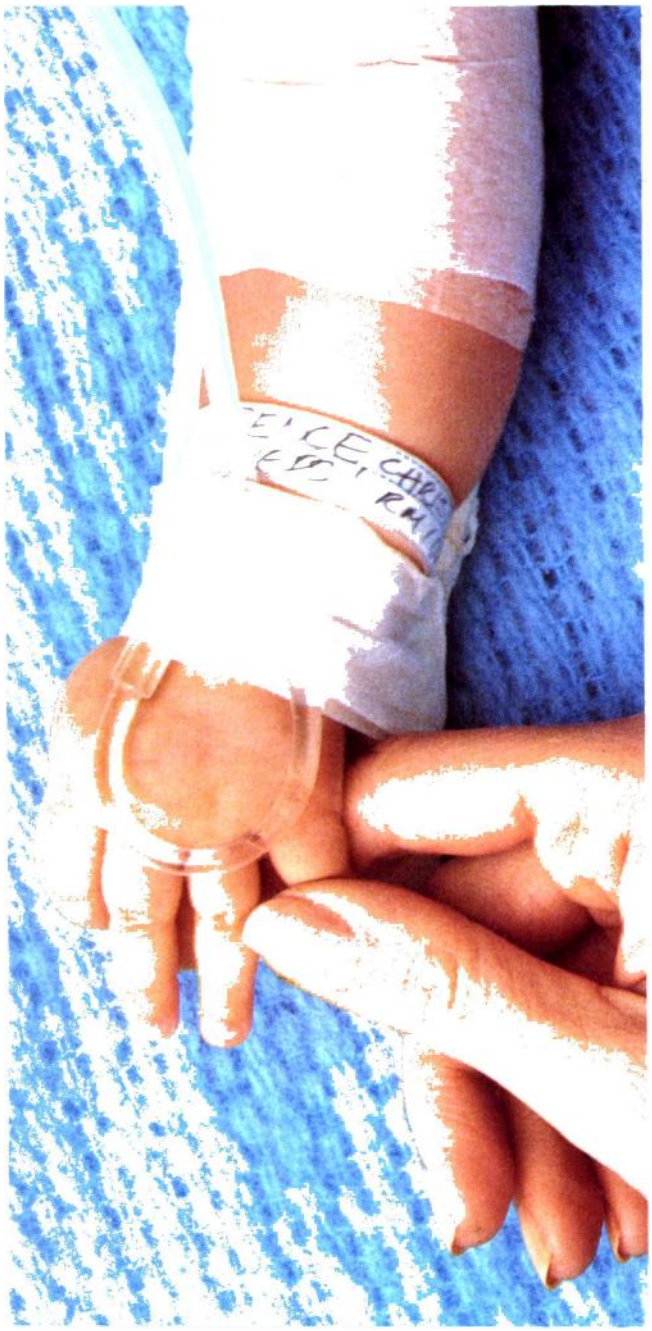
JUST WHAT THE AIRWAYS NEED

ANTIHISTAMINE-FREE

HEAD & CHEST™ LIQUID TABLETS CAPSULES

decongestant/moisturizing expectorant

Not until now...



Armour introduces the first multiple-vitamin infusion to meet the AMA/NAG guidelines for parenteral use in pediatric patients.

The only formulation of its kind—and the most convenient—M.V.I. Pediatric is ready for administration within 3 minutes of reconstitution.

M.V.I. Pediatric is prepared by lyophilization—rapid freezing and dehydration—to give you a highly stable product with a long shelf life. And speaking of shelves, that's just where you can store M.V.I. Pediatric, because it requires no refrigeration until reconstitution.

Also, you won't find propylene glycol in M.V.I. Pediatric, so there's little chance of inducing lactic acidosis in infants.

Please see accompanying page for brief summary of prescribing information.

ARMOUR PHARMACEUTICAL COMPANY
Kankakee, Illinois 60901

M.V.I.®
PEDIATRIC
Multi-Vitamins for Infusion

H3226MVI-4-4/83

Brief Summary

M.V.I.® PEDIATRIC
Multi-Vitamins for Infusion

DESCRIPTION: M.V.I.® Pediatric is a lyophilized, sterile powder intended for reconstitution and dilution in intravenous infusions.

Each vial provides:

ascorbic acid (C)	80 mg
vitamin A† (retinol)	0.7 mg(a)
ergocalciferol† (D)	10 mcg(b)
thiamine (B_1) (as the hydrochloride)	1.2 mg
riboflavin 5'-phosphate sodium (B_2 phosphate)	1.4 mg
pyridoxine (B_6) (as the hydrochloride)	1.0 mg
niacinamide	17.0 mg
dexpanthenol (d-pantothenyl alcohol)	5.0 mg
vitamin E† (dl-alpha tocopheryl acetate)	7 mg(c)
biotin	20 mcg
folic acid	140 mcg
cyanocobalamin (B_{12})	1 mcg
phytonadione (K_1)	200 mcg

with mannitol 375 mg, sodium hydroxide for pH adjustment, polysorbate 80 50 mg, polysorbate 20 0.8 mg, butylated hydroxytoluene 58 mcg, butylated hydroxyanisole 14 mcg.
†Oil-soluble vitamins A, D, and E water solubilized with polysorbate 80.
(a) 0.7 mg vitamin A equals 2,300 USP units.
(b) 10 mcg ergocalciferol equals 400 USP units.
(c) 7 mg vitamin E equals 7 USP units.

Multivitamin formula for intravenous infusion: M.V.I.® Pediatric (Multi-Vitamins for Infusion) provides a combination of important oil-soluble and water-soluble vitamins, formulated especially for incorporation into intravenous infusions after reconstitution. Through special processing techniques, the liposoluble vitamins A, D, and E have been water solubilized with polysorbate 80, permitting intravenous administration of these vitamins.

INDICATIONS AND USAGE: This formulation is indicated as daily multivitamin maintenance dosage for infants and children up to 11 years of age receiving parenteral nutrition.

It is also indicated in other situations where administration by the intravenous route is required. Such situations include surgery, extensive burns, fractures and other trauma, severe infectious diseases, and comatose states, which may provoke a "stress" situation with profound alterations in the body's metabolic demands and consequent tissue depletion of nutrients.

The physician should not await the development of clinical signs of vitamin deficiency before initiating vitamin therapy. The use of a multivitamin product obviates the need to speculate on the status of individual vitamin nutriture.

M.V.I.® Pediatric (reconstituted and administered in intravenous fluids under proper dilution) contributes intake of these necessary vitamins toward maintaining the body's normal resistance and repair processes.

Patients with multiple vitamin deficiencies or with markedly increased requirements may be given multiples of the daily dosage for two or more days as indicated by the clinical status.

CONTRAINDICATIONS: Known hypersensitivity to any of the vitamins in this product or a pre-existing hypervitaminosis.

PRECAUTIONS

General: Unlike the adult formulation, M.V.I.®-12, this product contains phytonadione (vitamin K_1).

Drug interactions: M.V.I.® Pediatric is not physically compatible with DIAMOX® (acetazolamide) 500 mg, DIURIL® Intravenous Sodium (chlorothiazide sodium) 500 mg, aminophylline 125 mg, ampicillin 500 mg, or moderately alkaline solutions. ACHROMYCIN® (tetracycline HCl) 500 mg may not be physically compatible with M.V.I.® Pediatric. It has been reported that folic acid is unstable in the presence of calcium salts such as calcium gluconate.

Carcinogenicity: Carcinogenicity studies have not been performed.

ADVERSE REACTIONS: Allergic reaction has been known to occur following intravenous administration of thiamine. This risk, however, is negligible if the thiamine is administered with other vitamins of the B group.

HOW SUPPLIED: Boxes of 25 vials (NDC 0053-0815-35) and cartons of 100 vials (NDC 0053-0815-37).

See product circular for full prescribing information.

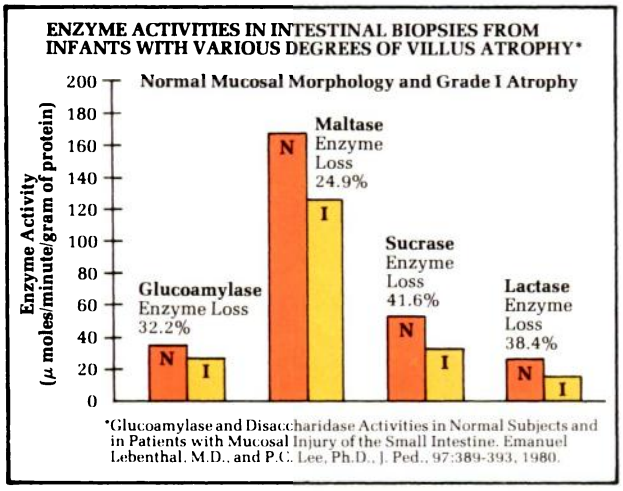
ARMOUR PHARMACEUTICAL COMPANY
Kankakee, Illinois 60901 U.S.A.

Issued: February 1983

When Making Your Next

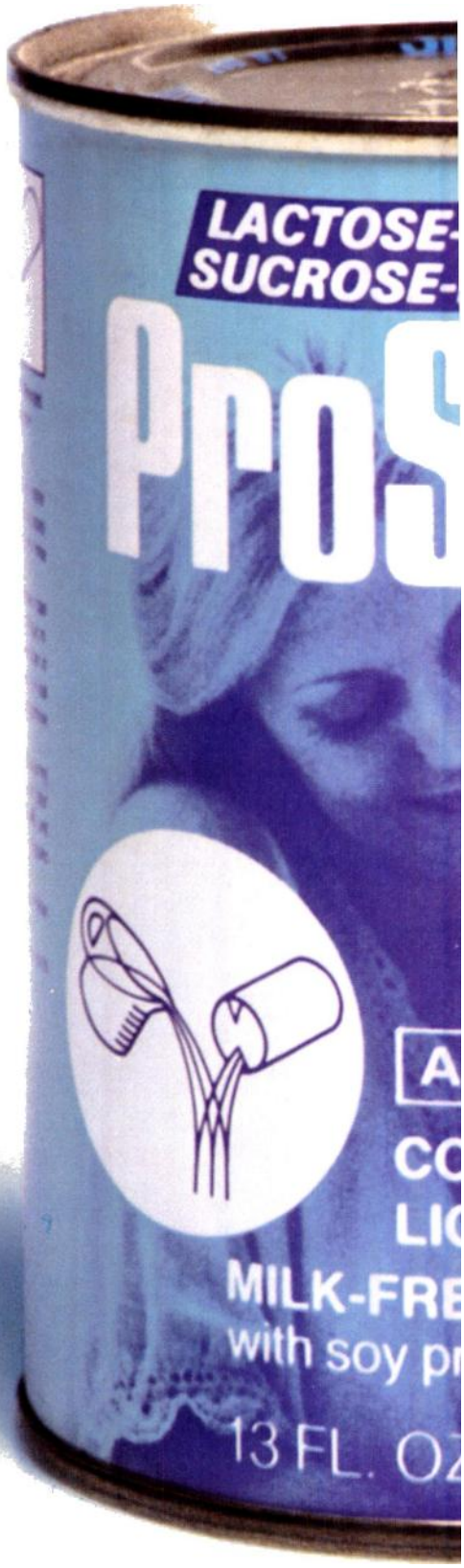
1. Consider enzyme activity.

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).



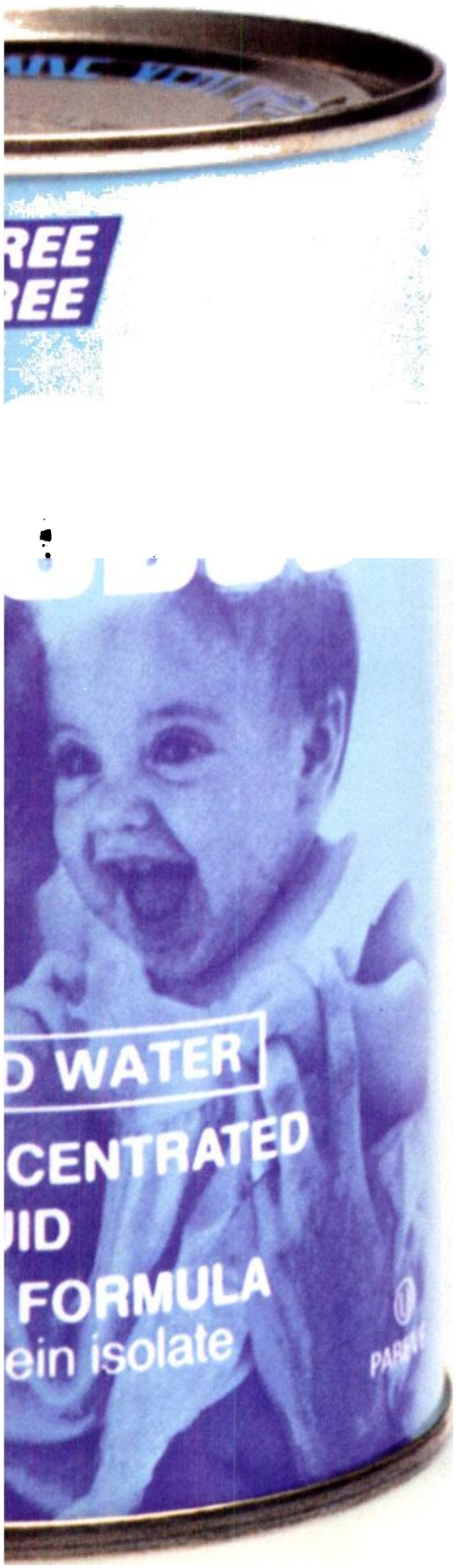
2. Choose the most compatible carbohydrate source.

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



L-K 143

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

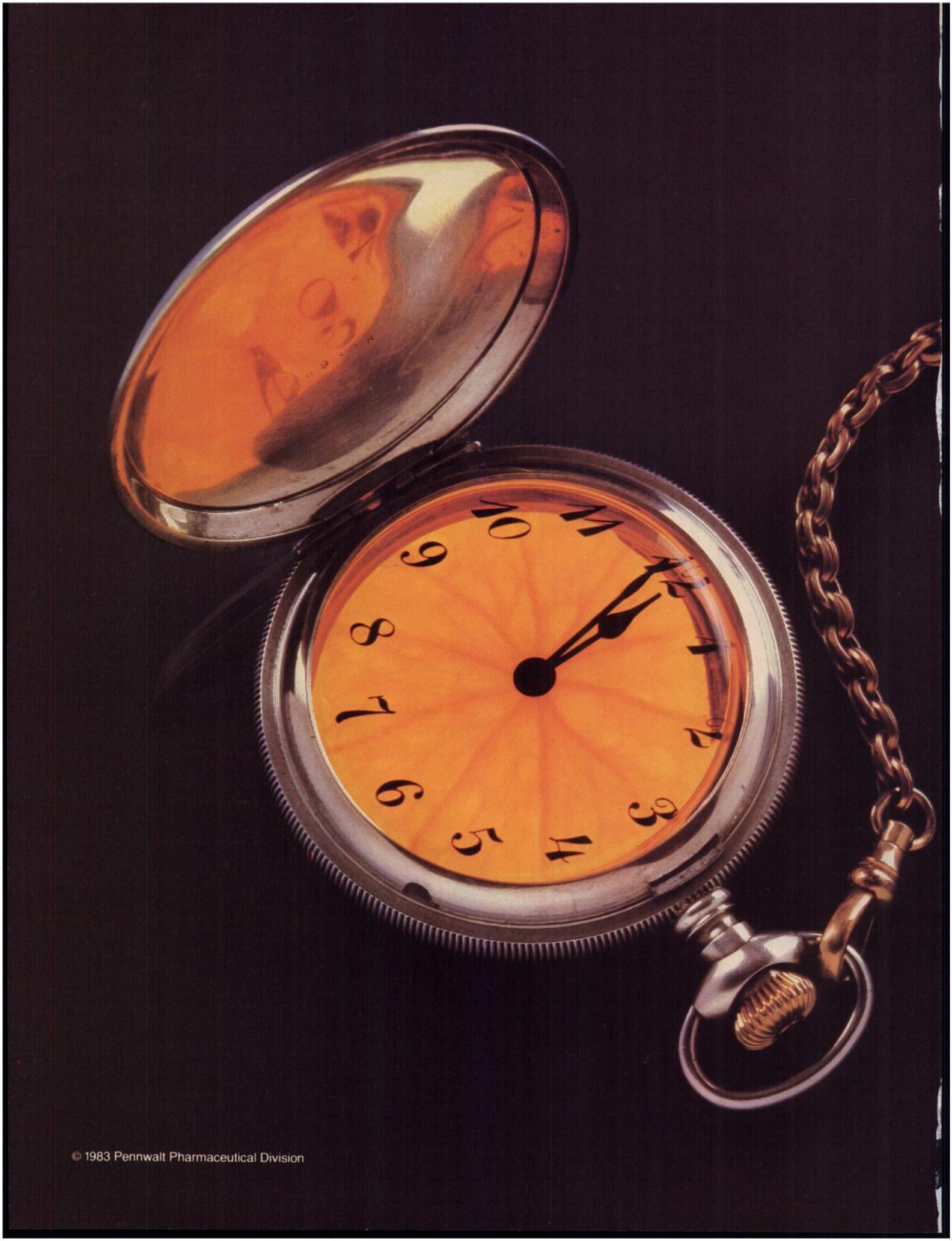
Available in three forms for every feeding need: ready-to-use liquid, concentrated liquid and powder.

ProSobee®

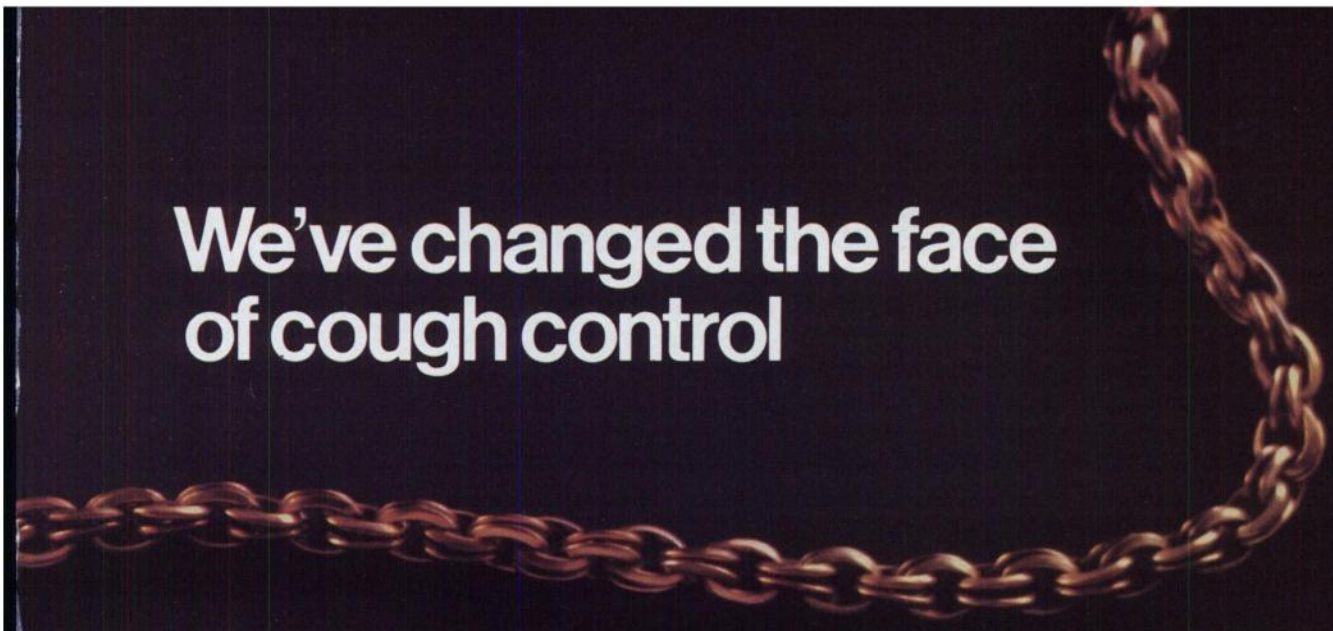
- Lactose-free.
- Sucrose-free.
- 100% glucose polymers

For everyday feeding problems associated with milk sensitivity

Mead Johnson
NUTRITIONAL DIVISION



We've changed the face of cough control



DELSYM™

DEXTROMETHORPHAN POLISTIREX

THE FIRST LIQUID NONNARCOTIC ANTITUSSIVE WITH PROVEN 12-HOUR DURATION

Convenient b.i.d. dosage—DELSYM™ eliminates the need for middle-of-the-night and midday dosing.* Adults: 2 teaspoonsful b.i.d.; Children 6–12: 1 teaspoonful b.i.d.; Children 2–5: ½ teaspoonful b.i.d.

Precise, predictable blood levels—DELSYM offers precise, controlled release of dextromethorphan over 12 hours for more consistent cough control. DELSYM is the first product to be incorporated in the state-of-the-art, patented† PENNKINETIC™ drug delivery system.

No bitter taste—DELSYM is orange flavored to encourage patient compliance, especially among pediatric patients. Dextromethorphan release occurs only in the presence of ions. Since the ion concentration in the mouth is low, the bitter taste of dextromethorphan is eliminated.

Each teaspoonful (5 ml) contains dextromethorphan polistirex equivalent to 30 mg dextromethorphan hydrobromide.

*Do not exceed recommended dosage.

†United States Patent 4,221,778, September 9, 1980.

A PENNKINETIC™ PRODUCT

PENNWALT CORP.
PRESCRIPTION DIVISION
Rochester, N.Y. 14623

A-393

When Are Gerber Baby Foods a Better Choice than Milk?

For the breast-fed baby, when developmental criteria point to a need for supplements, Gerber baby foods are the logical choice.

For the formula-fed baby, when milk consumption exceeds 32 ounces per day,[1] or 30% of the caloric intake for the older infant;[2] Gerber baby foods are the logical choice.

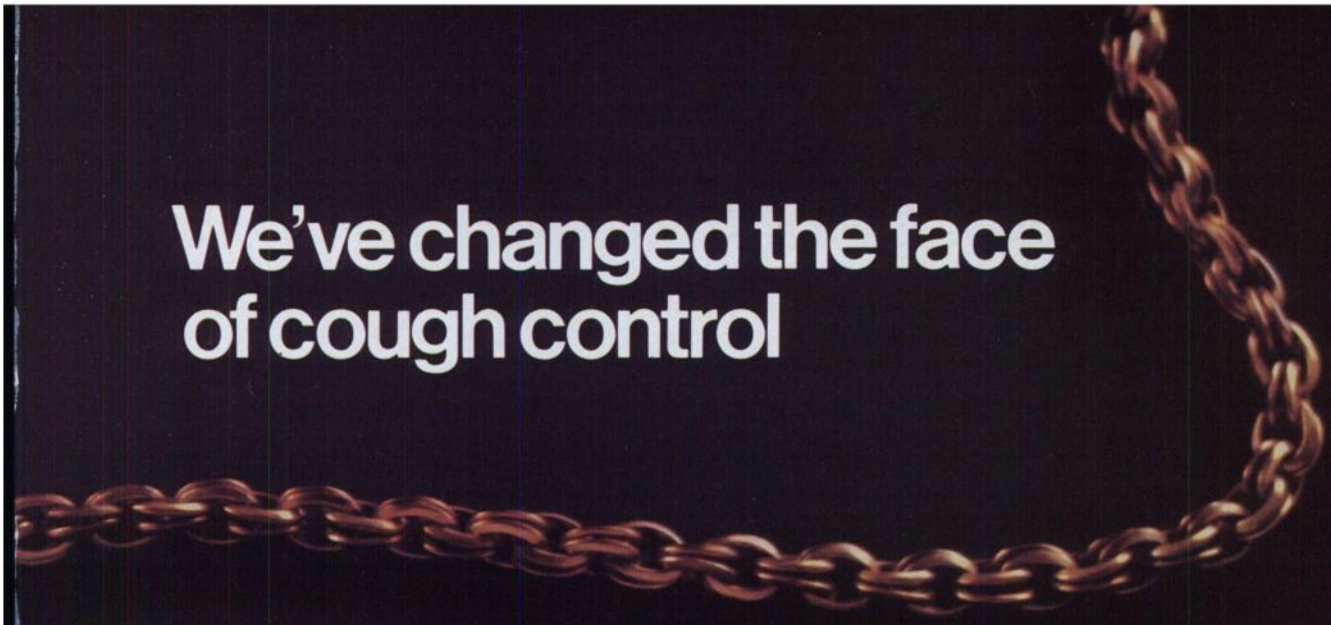
Hypoallergenicity – Single-ingredient Gerber foods contain no cow milk, the most potent recognized allergen for infants.[3,4] These foods are particularly advantageous for the breast-fed infant as an alternative to cow milk-based formulas. Good examples are rice cereal and apple juice which are frequently recommended as first foods for both breast and formula-fed babies because of their demonstrated hypoallergenicity.

Variety and Flexibility – Variety has long been a guiding principle of good nutrition as evidenced by the general acceptance of daily diet choices based on the major food groups (milk, cereal/bread, vegetable/fruit, meat and meat alternates). The large selection of Gerber baby foods will accustom the breast-fed baby to many flavors and textures while encouraging a well-balanced nutrient intake. For the exclusively formula-fed infant, nutrient and caloric intake can be regulated only by varying the dilution or the volume fed. However, the American Academy of Pediatrics (A.A.P.) Committee on Nutrition recommends that infant formula intake be limited to 32 ounces per day.[1] Gerber offers a wide assortment of foods from which to select a flexible, individualized diet as an alternative to excessive quantities of formula.

Caloric Control – If over or under nutrition is a concern, Gerber offers a selection of foods with lower or higher caloric densities than formula or breast milk. Strained foods can be used to adjust the energy content of the diet without drastic changes in volume. This adjustment is not possible with infant formula alone.

Iron Fortification – The A.A.P. Committee on Nutrition recommends that a supplemental source of iron be provided to full-term infants by four to six months of age. Iron-fortified infant cereals are recommended as the best source of iron for the breast-fed baby.[5] Since iron requirements remain high in early life, the use of iron-fortified infant cereals should be continued during the first two years of life.[5] Mixing a good source of iron (iron-fortified cereal) with vitamin C-fortified fruit juice may enhance iron absorption.[6]

We've changed the face of cough control



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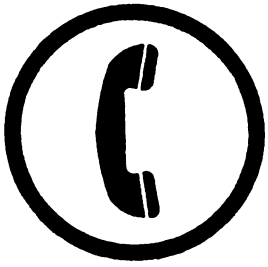

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1. National Prescription Audit, 1974-1981.

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New Tastes, Textures and Skills – Whether a baby is breast or formula-fed, baby foods introduce a host of new tastes and textures which help establish later acceptance of a varied diet. Baby foods also offer a child the chance to perfect the skills of self-feeding – a major developmental task.

Safety, Uniformity and Convenience – A pop-top lid which indicates an intact seal safeguards the commercial sterility of Gerber foods until the jars are opened. Uniformity in caloric and nutrient content, ingredient quality, proper consistency and composition controls many of the variables associated with infant feeding. And for a parent, Gerber offers unparalleled convenience in infant feeding.

References

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3. Gruskay FL: Comparison of breast, cow and soy feedings in the prevention of onset of allergic disease. Clin Ped 21: 486-491, 1982.
4. Speer F: Allergy of the Nervous System. Springfield, Ill: Charles C. Thomas, 1970.
5. AAP, Comm on Nutr: Iron supplementation for infants. Ped 58: 765, 1976.
6. Dallman PR, et al.: Iron deficiency in infancy and childhood. Am J Clin Nutr 33: 86, 1980.

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AAP Junior Fellow	$190.00
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- For further information, please contact:

Jean Dow
Department of Education
American Academy of Pediatrics
P.O. Box 1034
Evanston, IL 60204

Or phone toll-free: (800) 323-0797

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[1] or ampicillin.[2]

*Due to susceptible organisms.

1. McLinn SE, et al: *J Pediatr* 101:617, 1982.
2. Data on file, Wyeth Laboratories.

Great taste

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

Wyeth Laboratories
Philadelphia, Pa 19101

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.

Nutritional risk.

A recent U.S. government survey[1] showed that 55% of children, ages one through five, received *less than 70% of the RDA*[2] for one or more key vitamins or iron from their diets. 87% received less than 100% RDA.

These children came from *all* income, ethnic and geographic groups — *they cannot be identified easily.*

Research implications are that subclinical nutritional deficiencies may contribute to permanently impaired intellectual development during the school years.[3]

Caries risk.

Nearly ⅓ of American children, ages two through eleven, *do not* receive adequately fluoridated water *or* daily systemic fluoride supplementation[4,5] — despite the fact that fluoride-vitamin supplements taken daily from birth can reduce the incidence of caries 50-70%.[6]

Both the American Academy of Pediatrics[7] and the American Dental Association[8] recommend that children, at least through age thirteen, receive daily fluoride supplementation where water contains less than optimal fluoride levels.

Breast-fed infants and those on ready-to-use formula can also benefit from daily fluoride supplementation until fluoridated drinking water is regularly consumed.

Where appropriate, routine fluoride supplementation offers unmistakable dental health advantages to children and, through decreased restorative dental expense, unmistakable economic advantages to parents.

Routine Vi-Flor™ supplementation

to help you guard appropriate patients against caries risk and nutritional risk.

Mead Johnson
NUTRITIONAL DIVISION

Please see next page for brief summary of prescribing information.

The sound of otitis media

The sound of Auralgan®

OTIC SOLUTION

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	1.0 ml

(contains not more than 0.6% moisture) (also contains oxyquinoline 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®

OTIC SOLUTION

Ayerst

AYERST LABORATORIES
New York, N.Y. 10017

8278/183

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

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Cincinnati, Ohio 45215, U.S.A.

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MNQ-343

D.R.G. MADNESS

Effective Oct 1, 1983 hospital payment for Medicare patients will be based on Diagnosis Related Groups. Each patient will be assigned to one of 468 Diagnosis Related Group (DRG) classifications based on the documentation in the Medical Record at discharge. Hospitals then will be reimbursed at the fixed rate for that particular DRG.

The strange examples listed below show how financially important it will be to use certain diagnoses. Can you guess which diagnoses are going to be most popular?

DRG No.	*Principal Diagnosis*	*Rate*
438	Alcoholism with Cirrhosis	$1,920
202	Cirrhosis with Alcoholism	2,692
391	Newborn with Neonatal Jaundice	691
389	Newborn with ABO Incompatibility Jaundice	1,175
373	Term Pregnancy, Delivered	1,398
372	Pregnancy Delivered, Postpartum Hemorrhage	1,625
297	Dehydration with Gastroenteritis	1,500
182	Gastroenteritis with Dehydration	1,969

DONOR HOTLINE ESTABLISHED

A toll-free 24-hour hotline has been set up to facilitate retrieval and referral of human organs needed for transplantation.

By dialing 800-24-DONOR, any physician anywhere in the country can notify an organ procurement coordinator at the University of Pittsburgh of the immediate or imminent availability of a liver, heart, or kidneys from a brain-dead patient. The physician can then be put in touch with the nearest regional procurement center, which can arrange delivery to an appropriate recipient.

The hotline was initiated by the North American Transplant Coordinators Organization (NATCO) in an effort to overcome the serious shortage of post-mortem organs for transplantation. "Postmortem organs are being recovered from no more than 20% of potential donors," according to Donald W. Denney, director of organ procurement at the University of Pittsburgh. More than 6,000 patients are waiting for kidney transplants.

From *Hospital Practice*, September 1983, p 198.

AN IMPORTANT ADVANCE IN PROFESSIONAL MEDICAL EDUCATION

Recent developments in satellite telecommunications have made possible an important advance in professional medical education—PedSat.™ This dynamic new educational system makes available the latest medical knowledge to pediatricians across North America.

Through weekly lectures and conferences of the most up-to-date procedures, internationally recognized authorities in the field of pediatrics present clinically useful information in a video-journal format which also is ideal for demonstrating procedures such as new diagnostic techniques. PedSat programs are produced under the guidance of an editorial board headed by Dr. Alexander S. Nadas, chief of cardiology emeritus at The Children's Hospital Medical Center and professor of pediatrics at the Harvard Medical School.

In the coming months, PedSat will carry CME Category I programming directly to physicians' homes, offices, hospitals and medical schools. In many major metropolitan areas, PedSat will broadcast over local television stations. In addition, programs will be available over the CBN cable network and by direct satellite relay.

For the majority of pediatricians, PedSat programming will be available without charge. Individual subscriptions to PedSat—priced at less than $3 per hour—are necessary only if CME credit is desired.

To receive PedSat, a physician simply presets a videotape recorder, lets it automatically record each program, and then views PedSat at a convenient time. Acquiring timely information no longer needs to be an inconvenient time-consuming task. In addition, expenses typically associated with continuing medical education—time away from practice, travel, accommodations, seminar fees—all can be substantially reduced.

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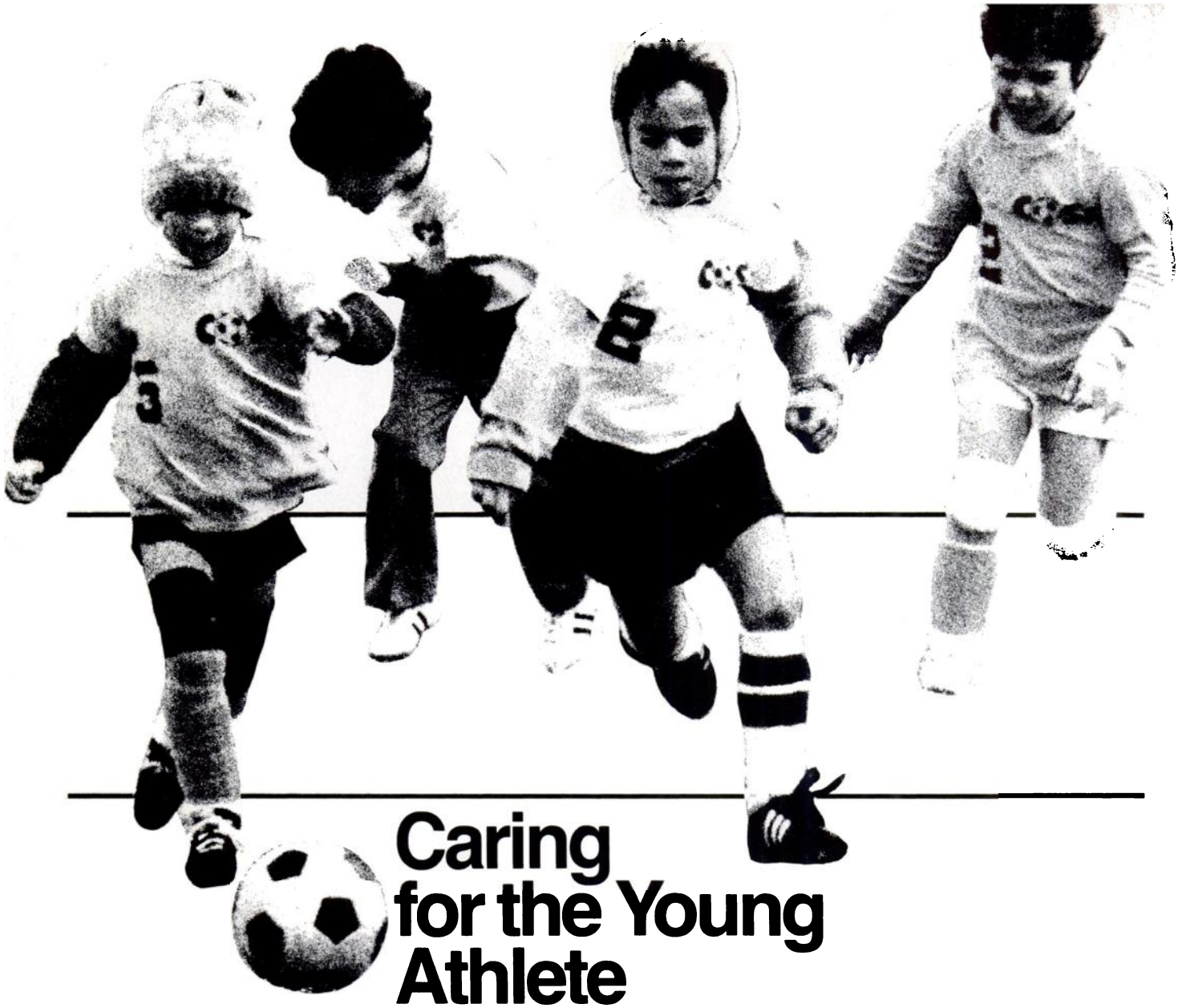

Caring for the Young Athlete

As children and adolescents become more active in sports, you need more hard information to provide the best medical care.

The American Academy of Pediatrics' new book, *Sports Medicine: Health Care for Young Athletes,* provides this information—with important guidelines.

The book focuses on the special needs of children in all phases of sports activities. Included are discussions on prevention and management of sports-related illness, injuries, and rehabilitation for return participation. Specific chapters deal with nutrition, stress reduction, the female athlete, physical training, and the role of the athletic trainer.

This book is for every physician who has been or will be involved in sports medicine. As an advisor to parents. As a team physician. As the parent of a young athlete from elementary school through high school.

For your copy, please complete the coupon. Or, charge it by calling TOLL-FREE: 1-800-323-0797.

American Academy of Pediatrics

American Academy of Pediatrics (AAP)
Publications Department
P.O. Box 1034
Evanston, IL 60204

Please send me _____ copies of *Sports Medicine: Health Care for Young Athletes* @ $15.00 each.

☐ Payment of $_____ enclosed.
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GREAT EXPECTATIONS

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CORTISPORIN® OTIC Solution/Suspension

STERILE (POLYMYXIN B-NEOMYCIN-HYDROCORTISONE)

"In 159 of 163 clinically evaluated patients, the otic preparation (solution or suspension) was rated clinically effective, giving a clinical effectiveness for *acute diffuse external otitis* of *97.5%*."[1] (Emphasis added.)

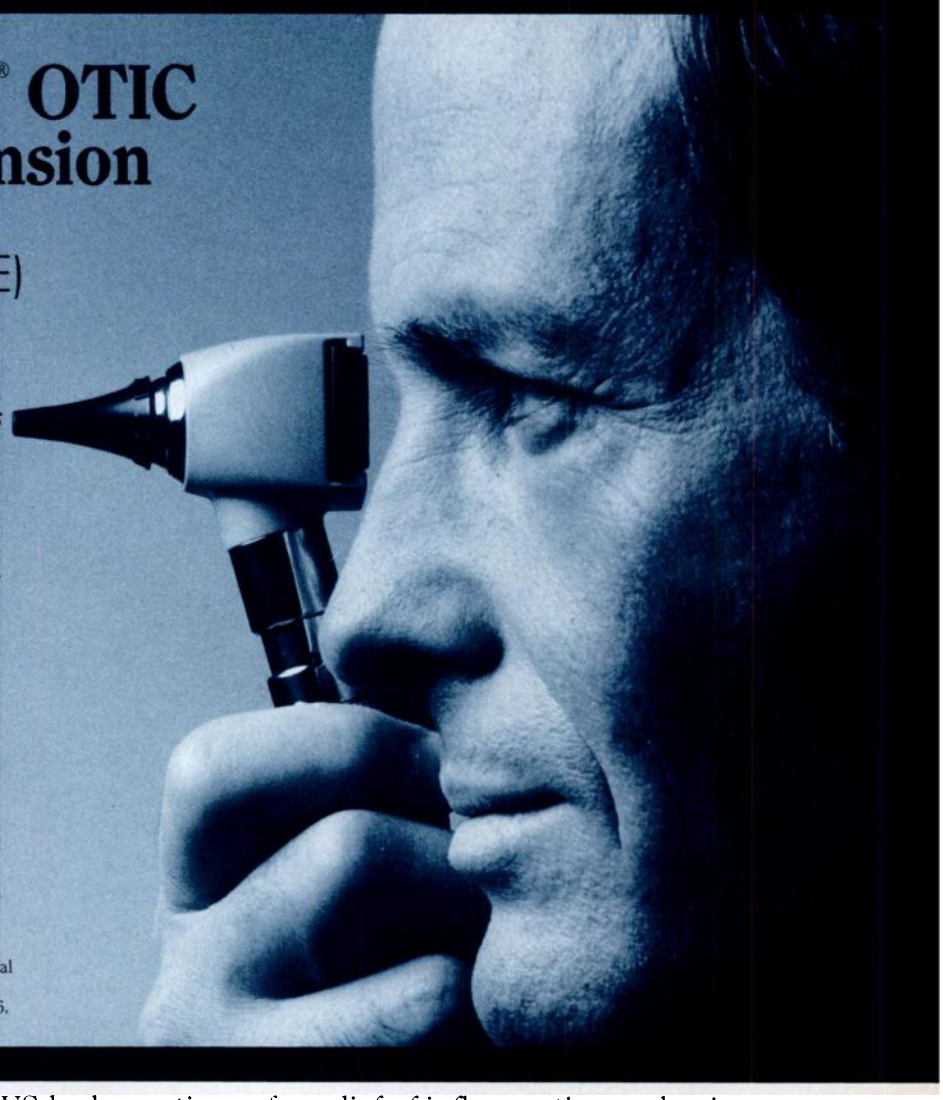
EFFICACY RATES FOR OTIC SUSPENSION AND OTIC SOLUTION (COMBINED RESULTS FROM 4-CENTER STUDY)

	Clinical Efficacy
Suspension	
Total ears	93
Responders	91 (97.8%)
Solution	
Total ears	107
Responders	104 (97.2%)
Combined suspension and solution	
Total ears	200
Responders	195 (97.5%)

Adapted from Cassisi et al.[1]

REFERENCE:

1. Cassisi N, Cohn A, Davidson T, et al: Diffuse otitis externa: Clinical and microbiologic findings in the course of a multicenter study on a new otic solution. *Ann Otol Rhinol Laryngol* 86(suppl 39, pt 3):1-16, 1977.



• Broad antibiotic spectrum • PLUS hydrocortisone for relief of inflammation and pain

Cortisporin® Otic Suspension Sterile (Polymyxin B-Neomycin-Hydrocortisone)
Description: Each cc contains:
Aerosporin® (Polymyxin B Sulfate) 10,000 units. Neomycin sulfate (equivalent to 3.5 mg neomycin base) 5 mg. Hydrocortisone 10 mg (1%).

The vehicle contains the inactive ingredients cetyl alcohol, propylene glycol, polysorbate 80, water for injection and thimerosal (preservative) 0.01%.

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

Precautions: This drug should be used with care in cases of perforated eardrum and in long-standing cases of chronic otitis media because of the possibility of ototoxicity caused by neomycin.

Cortisporin® Otic Solution Sterile (Polymyxin B-Neomycin-Hydrocortisone)
Description: Each cc contains:
Aerosporin® (Polymyxin B Sulfate) 10,000 units. Neomycin sulfate (equivalent to 3.5 mg neomycin base) 5 mg. Hydrocortisone 10 mg (1%).

The vehicle contains the inactive ingredients cupric sulfate, glycerin, hydrochloric acid, propylene glycol, water for injection and potassium metabisulfite (preservative) 0.1%.

Indications: For the treatment of superficial bacterial infections of the external auditory canal caused by organisms susceptible to the action of the antibiotics.

Precautions: This drug should be used with care when the integrity of the tympanic membrane is in question because of the possibility of ototoxicity caused by neomycin.

Adverse Reactions: Stinging and burning have been reported when this drug has gained access to the middle ear.

Contraindications, Warnings, Precautions and Adverse Reactions Common to Both Products

Contraindications: These products are contraindicated in those individuals who have shown hypersensitivity to any of the components, and in herpes simplex, vaccinia and varicella.

Warnings: As with other antibiotic preparations, prolonged treatment may result in overgrowth of nonsusceptible organisms and fungi. If the infection is not improved after one week, cultures and susceptibility tests should be repeated to verify the identity of the organism and to determine whether therapy should be changed.

When using neomycin-containing products to control secondary infection in the chronic dermatoses, such as chronic otitis externa, it should be borne in mind that the skin in these conditions is more liable than is normal skin to become sensitized to many substances, including neomycin. The manifestation of sensitization to neomycin is usually a low grade reddening with swelling, dry scaling and itching; it may be manifest simply as a failure to heal. During long-term use of neomycin-containing products, periodic examination for such signs is advisable and the patient should be told to discontinue the product if they are observed. These symptoms regress quickly on withdrawing the medication. Neomycin-containing applications should be avoided for that patient thereafter.

Precautions: If sensitization or irritation occurs, medication should be discontinued promptly. Patients who prefer to warm the medication before using should be cautioned against heating the solution above body temperature, in order to avoid loss of potency.

Treatment should not be continued for longer than ten days. Allergic cross-reactions may occur which could prevent the use of any or all of the following antibiotics for the treatment of future infections: kanamycin, paromomycin, streptomycin, and possibly gentamicin.

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

Wellcome

Burroughs Wellcome Co.
Research Triangle Park
North Carolina 27709

VICTORY FOR THE ANTI-KILOPASCAL LOBBY

The European Commission has abandoned moves to replace the millimetre of mercury by the kilopascal as a unit of measurement in medicine. The mm Hg as a measurement of body-fluid pressure was to have been banned from Dec 31, 1985, following a recommendation of the World Health Assembly in May, 1977. Now, in a new proposal to the EEC Council of Ministers, the European Commission says: "This recommendation has been almost unanimously rejected by the medical profession. The reasons put forward for the retention of the millimetre of mercury as the unit of measurement are unconvincing. Use of the kilopascal cannot be imposed against the express will of the medical profession in the Community." The Commission adds: "In these circumstances, the Commission proposes that the present provision for a fixed transitional period be repealed and that the use of the millimetre of mercury in medicine be allowed to continue indefinitely." It also suggests that, in accordance with the World Health Assembly's recommendation of 1977, the use of the millimetre of mercury be permitted in medicine for measurement of the pressure of body fluids other than blood.

From *The Lancet*, Aug 20, 1983, p 469.

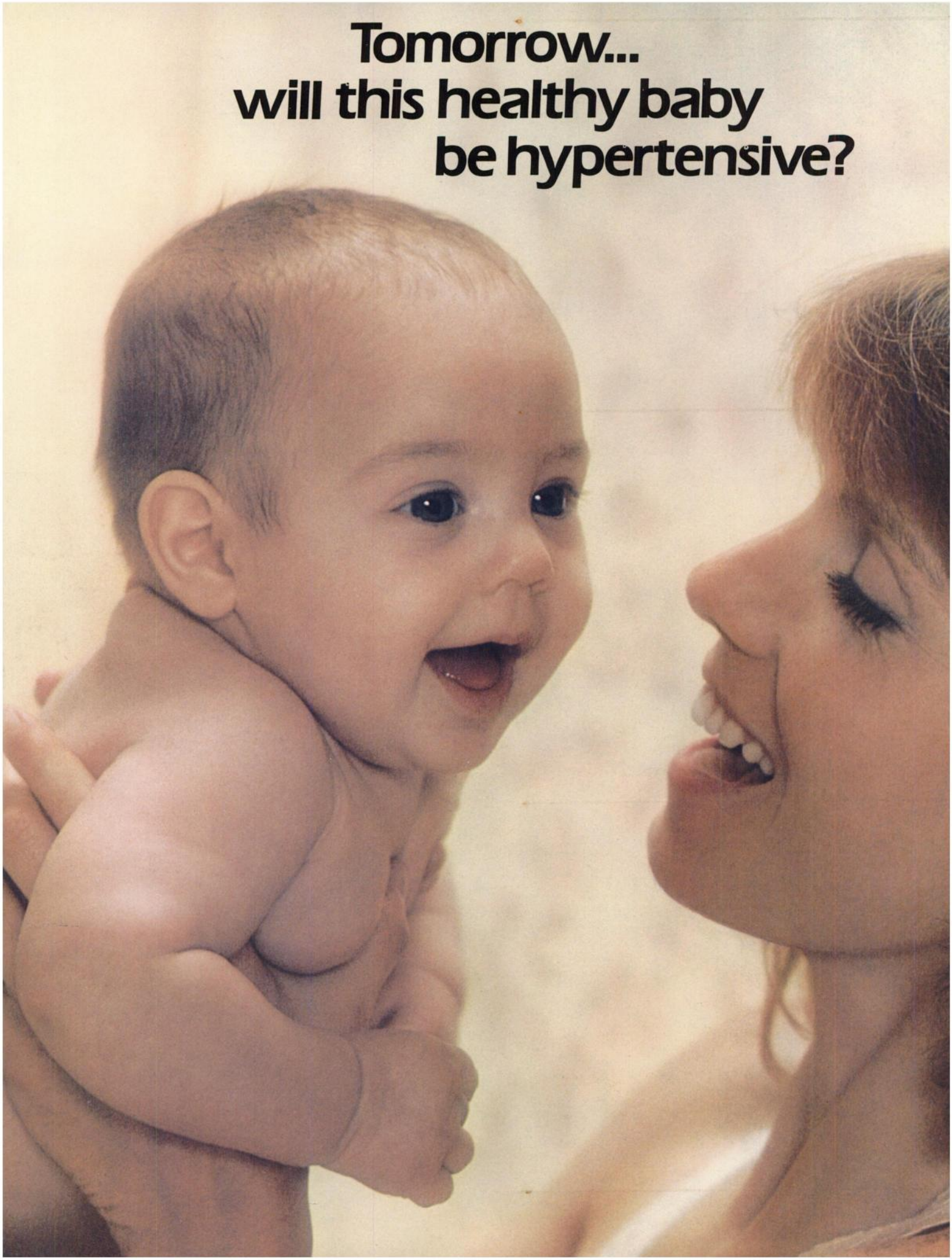
DIVORCE RATE'S FISCAL IMPACT

Soaring divorce rates, dramatically altering the circumstances under which millions of children are raised, have contributed to the economic problems of society. During the last 20 years 19 million children under age 18 saw their parents divorced. Despite a high remarriage rate, the rise in divorce, plus an increase in the proportion of births to unwed mothers, means one-parent homes for nearly one in four children.

Experts differ concerning the psychological effects of divorce on children, but a negative effect on their economic well-being is almost inevitable. Before divorce, two parents and their children share one household, benefiting from economies of scale and from cooperative endeavors of the partnership. After divorce, there are typically two households to maintain, the economies of scale are lost and cooperative effort is more difficult.

Moreover, in most cases fathers provide little or no child support when the mother has custody. Fewer than half of such mothers receive child support payments from the father. Many divorced mothers must work full time to support their children, and others depend partly or totally on government subsidy. Even so, more than 50 percent of the children in families headed by a female live in poverty, compared with only 8 percent in husband-wife families.

From V. R. Fuchs: Economic scene. *The New York Times*, Sept 7, 1983, p D2.


Tomorrow...
will this healthy baby
be hypertensive?

Wyeth Laboratories brings you the highlights from a recent symposium*..

Tomorrow...will this healthy baby be hypertensive?

Early action may make the difference

Although essential hypertension has its greatest impact in adult life, the disease may take its roots in childhood. There is substantial evidence to indicate that preventive measures begun early may be the eventual solution to this widespread cause of morbidity and mortality. Much emphasis has been placed on the fact that hypertension can only be controlled and not cured. Therefore, prevention is undoubtedly the most desirable course of action. Manipulating environmental factors in infancy may offer great promise toward reducing blood pressure later in life.

Salt intake... one of the environmental factors

Much attention has been given to the possibility that salt intake in infancy may be associated with the development of hypertension in later life – particularly in infants who are genetically predisposed to the disease. However, if a high sodium level is maintained over a long period of time, significant effects on blood pressure might be seen in all. It is evident that the incidence of hypertension in this country is significantly higher than in most populations where sodium intake is low from the time of birth. It is of concern that normal, full-term infants in this country are said to consume 5 times more sodium than is required according to accepted nutritional standards.

*Hypertension: Prevention, Diet and Treatment in Infancy and Childhood. Symposium, May 25, 1983, Bethesda, MD. Sidney Blumenthal, M.D., Chairman and Editor. [Monograph available through your Wyeth Representative or on request.]

Reducing sodium may help reduce the risk

Many authorities, including the Committee on Nutrition of the American Academy of Pediatrics, believe it is possible that a low salt intake begun early in life may protect, to some extent, persons at risk from developing hypertension. In the normal newborn, the sodium content of breast milk is adequate for healthy growth and development. If breast-feeding is not chosen, an infant formula that most closely approximates breast milk in sodium content is highly desirable. A natural sodium level begun early and continued throughout life may play a role in preventing hypertension later in life.

Preventive measures for all... ...beginning at birth

Most authorities agree that a moderation of salt intake is indicated for genetically susceptible infants. However, until it can be established who is salt sensitive or who is genetically susceptible, it is prudent to control the sodium given to all full-term, healthy infants. There is substantial agreement that modification of sodium may be beneficial for all, beginning at birth. Accordingly, Wyeth Laboratories is making available a program to help health professionals alert parents about excessive sodium intake during their infants' early life.

And now...new from Wyeth:

A comprehensive program to modify salt intake in your patients

The Salt Modification Action Plan

Available through your Wyeth Representative, or for more immediate response call toll-free 1-(800)-422-SMAP.

Your Wyeth representative will be contacting you soon to give you more detailed information on the program. He or she will provide you with a free Salt Modification Action Kit that will assist you and your staff in implementing this program in your practice. The kit contains the following elements: **A Monograph** – highlighting the proceedings from the recent symposium, Hypertension: Prevention, Diet and Treatment in Infancy and Childhood.
A Sodium Modification Handbook – highlights from the symposium; designed for your staff, with suggestions on how to implement the Salt Modification Action Plan in your practice.
A Poster – for your waiting room; encourages parents to ask for information on the Salt Modification Action Plan. **Patient Information Booklets** – discuss proper infant nutrition, importance of avoiding excess sodium and provide suggestions for modifying sodium in the diet. **A Nutrition News Bulletin** – for your waiting room; focuses parents' attention on this important issue.

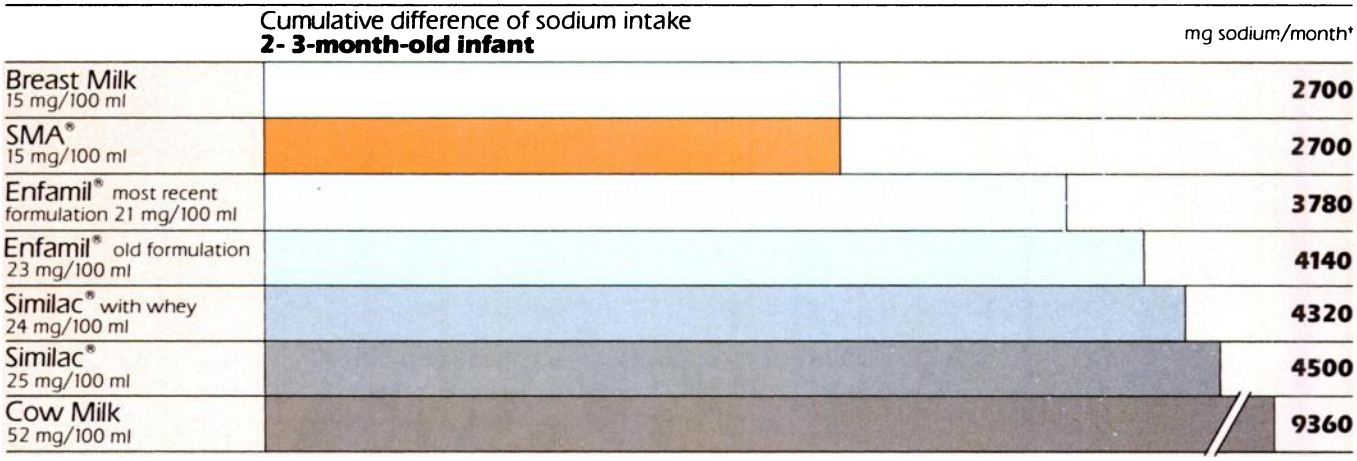
SMAP™

Only SMA® has a natural sodium level

The sodium level closest to breast milk
SMA® contains 15 mg sodium per 100 ml, which is closest to that found in breast milk. The other leading formulas have approximately one and a half times the sodium of either breast milk or SMA.* Keeping babies on breast milk, or on a formula that contains an amount of sodium closest to breast milk, may be an important measure in preventing essential hypertension.* And this is beneficial to all healthy, full-term infants – beginning at birth.

SMA® is closest to breast milk in all nutritional components...
and has been for over 20 years. SMA® gives parents a sound nutritional alternative when breast-feeding has not been chosen.

Compare the sodium content of the formula you may be using with breast milk.



*Hypertension: Prevention, Diet and Treatment in Infancy and Childhood. Symposium, May 25, 1983, Bethesda, MD. Sidney Blumenthal, M.D., Chairman and Editor
†based on approximately 120 ml/feeding, 5 feedings/day, times 30 days.

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.

SMA®

Wyeth Laboratories
Philadelphia, PA 19101
Pioneers in Infant Nutrition

Tribute to the Reviewers of 1983

Our journal is heavily dependent upon the "unknown reviewers" for their generous donations of time, expertise, effort, and patience. We take this opportunity each year to thank them publicly for their efforts. We are grateful for their help and honored that they are willing to assist us in maintaining high standards.

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ATTITUDES TOWARD CLINICAL TRIALS

Attitudes toward clinical research, the focus of recent and damaging media attention, were assessed through questionnaires completed anonymously by 104 patients with cancer, 84 cardiology patients, and 107 members of the general public. Responses differed neither by subgroup nor by demographic variables . . . a substantial majority of respondents believed that patients should serve as research subjects. . . . Asked why they might participate in medical research over half of all subjects selected 'to help me get the best medical care' as their first choice. . . .

Most patients want a physician-patient relationship based on trust, one in which the physician's counsel figures importantly or predominantly in treatment decisions. Thus, when respondents in this study tell us that the major reason for participating in a clinical trial would be to obtain optimal care, they may be saying that the physician's recommendation to participate in clinical trials is equivalent to the physician's best counsel with regard to their medical care. This indeed increases the heavy ethical burden on the investigative clinician.

From Cassileth BR, et al: Attitudes toward clinical trials among patients and the public. *JAMA* 1982;248:988-990.