



Is this a case for the better response of an injectable antibiotic?

This baby has just been delivered by Caesarean section. The labour has been difficult and prolonged and the membranes ruptured 48 hours before delivery. There is a strong possibility of infection—safe and reliable antibiotic cover is called for.

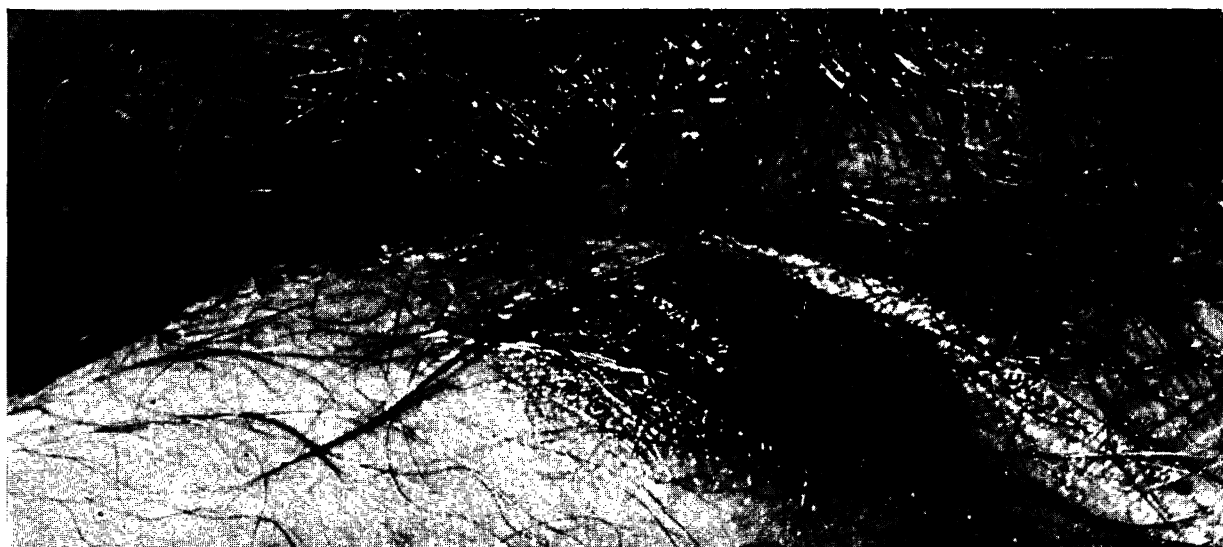
Only an injectable antibiotic penetrates quickly to the tissues, giving rapid, high blood levels. And Ceporin (cephaloridine) is the injectable antibiotic to use. It has a high level of safety in the prophylaxis and treatment of the neonate and there are no problems in administering the drug to the newborn. Ceporin has a range of activity that includes penicillin-resistant staphylococci as well as many of the gram-negative bacteria commonly responsible for infections during the neonatal period. It is free from hazards such as competition with bilirubin,

“grey-syndrome” and bone marrow depression. Ceporin has very low toxicity, little cross-sensitisation with penicillin and is virtually painless on injection. When you need the better response of an injectable antibiotic for paediatric practice, you can rely on Ceporin. Write to Glaxo Laboratories, Greenford, Middlesex for more detailed literature on the use of Ceporin (trade mark) in your unit.

Glaxo 

Ceporin—the injectable antibiotic you can rely on

Pyopen and serious Gram-negative infections



Ecthyma gangrenosum – a rare index of *pseudomonas septicemia*.

Septicaemia

"Increased Incidence"

"The incidence of infections caused by Gram-negative bacilli has increased substantially during the past two decades, especially in patients with cancer, blood dyscrasias and other chronic debilitating diseases. The fatality rate for these infections is high, especially in patients with impaired host defences. A major portion of Gram-negative infections is due to *Ps. aeruginosa*"

Amer. J. Med. Sci., (1969), 257, 408.

Pyopen – "A life-saving antibiotic"

"Provided that sufficiently high blood levels of the antibiotic can be attained, carbenicillin may prove to be an advance in the treatment of severe *Ps. pyocyanea* infections, and a life-saving antibiotic in patients with *pseudomonas bacteraemia*"

Lancet, (1967), 1, 1289.

Pseudomonas and *Proteus* specific

"Carbenicillin . . . is essentially a narrow-spectrum antibiotic . . . its use should be confined to infections due to *Pseudomonas aeruginosa*, *Proteus spp.* infections sensitive to the drug, and *Escherichia coli* infections, again in which sensitivity has been shown"

Med. J. Aust., (1968), 2, 890.

Clinically Effective

In the 46 septicaemia patients treated with Pyopen so far reported in the published literature, 38 were clinically cured.

"... the dramatic change from desperate illness before carbenicillin therapy was commenced to rapid clinical and bacteriological cure impressed all who witnessed it" Med. J. Aust., (1968), 2, 892.

High Dosage Therapy

Pyopen may be given in high dosage over long periods without fear of toxicity. Bactericidal free serum concentrations exceeding the M.I.C.'s of infecting organisms can be readily attained using high intravenous dosage with the concurrent administration of probenecid to raise and prolong serum antibiotic levels.

DAILY DOSAGE RECOMMENDATIONS (in divided doses)

Adult	<i>Pseudomonas</i>	<i>Proteus Spp.</i>
Septicaemia	30 G. I.V.	20 G. I.V.

Contra-indications: Penicillin hypersensitivity.

Side effects: As with other penicillins.

High serum levels are both practicable and vital to the success of Pyopen therapy—please consult current Pyopen literature.

Full information is available on request.

PYOPEN-effective in serious Gram-negative infections



Pyopen* (carbenicillin) is a product of British research at

Beecham Research Laboratories, Brentford, England.
*regd.



Tegretol® controls seizures without sedation *and* improves behaviour and mood



Tegretol® is available as white, scored, compressed tablets containing 5-Carbamoyl-5H-dibenz (b, f) azepine (Carbamazepine) 200 mg.

Detailed literature describing any Geigy product will be supplied on request.

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The milk food of Royal Hospitals

220



Is this a case for the better response of an injectable antibiotic?

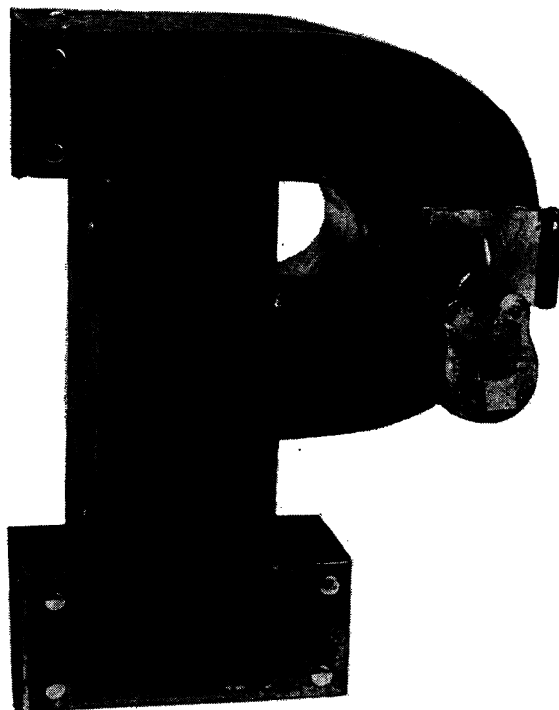
A premature baby developed, on the third day of life, a temperature of 103°F, vomiting, shallow and rapid breathing, rapid pulse and cyanosis. Treatment must be initiated immediately with an injectable antibiotic in a case of bronchopneumonia such as this.

Only an injectable antibiotic penetrates quickly to the infected tissues, giving rapid, high blood levels and a better and more reliable response. And Ceporin (cephaloridine) is the injectable antibiotic to use. It gives a rapid kill of sensitive bacteria and is highly active against most gram-positive organisms (including penicillin-resistant staphylococci) and many gram-negative organisms—especially *E. coli*, many strains of *Klebsiella pneumoniae* and *Haemophilus influenzae*. In addition Ceporin has very low toxicity, little cross-

sensitisation with penicillin and is virtually painless on injection. When you need the better response of an injectable antibiotic in your unit, you can rely on Ceporin. Write to Glaxo Laboratories Ltd, Greenford, Middlesex, for detailed literature about Ceporin (trade mark).

Glaxo 

Ceporin – the injectable antibiotic you can rely on



our phosphorus is not for release! but we'll always swop sodium for calcium

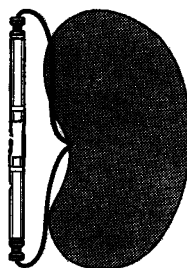
Whatman Sodium Cellulose Phosphate is an ion exchange substance with a particular affinity for divalent cations such as calcium. When ingested with meals it will thus absorb dietary calcium, releasing an equivalent amount of sodium.

Sodium Cellulose Phosphate, in so far as the cellulose part of the molecule is concerned, remains unabsorbed in the gut; very little of the ester phosphate is hydrolysed and absorbed – a minute quantity compared with the normal dietary intake. Toxic reactions are therefore very unlikely.

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Whatman Sodium Cellulose Phosphate is thus indicated in the treatment of idiopathic

hypercalciuria (the commonest single cause of renal stone formation), osteopetrosis, idiopathic hypercalcaemia of infancy, hypercalcaemic sarcoidosis and vitamin D intoxication.



REFERENCES:

- 1 *Clin Sci* (1964) 27, 417.
- 2 *Clin Sci* (1964) 27, 463.
- 3 *Arch Dis Childh* (1965) 40, 7.
- 4 *J Royal Coll Physns* (1968) 2, 358.
- 5 *J Clin Endocrin Metab* (1968) 28, 1829.

Full information is
available on request.

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In the younger patient, particularly young girls, the danger of systemic absorption with full strength steroids is always present, but because 'Synandone' is a dilute steroid (0.01% fluocinolone) this danger is considerably reduced. But even at this dilution, the effectiveness of 'Synandone' is still equivalent to, if not greater than, many full strength preparations.

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1. *Irish med. Ass.*, (1963), 52, (309), 75. 2. *Brit. J. Derm.*, (1965), 77, (576).

Literature, available on request, gives full prescribing information.

Synandone TRADE MARK   Fluocinolone acetonide B.P. 0.01%

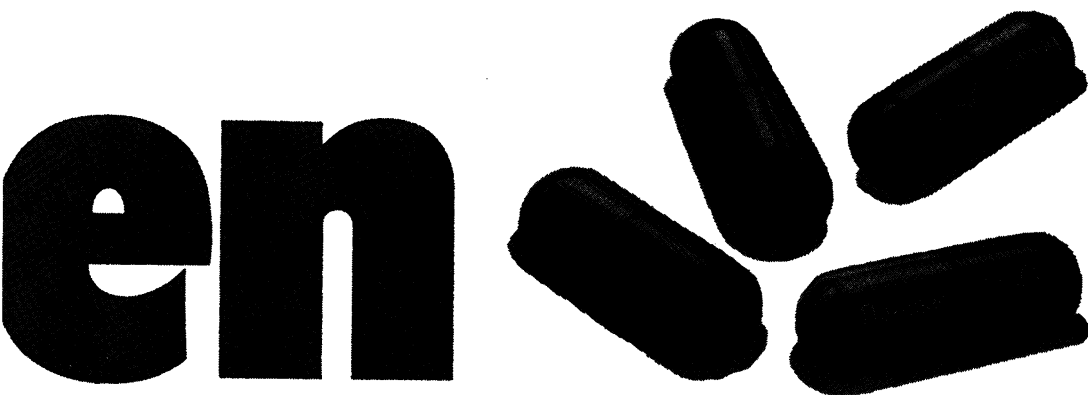
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antibiotic
treatment**



Floxapen simplifies antibiotic treatment in a traditionally difficult area – the treatment of Gram-positive infections, particularly those caused by resistant staphylococci.

It is active against virtually all staphylococci, streptococci and pneumococci, irrespective of their sensitivity to other antibiotics.

Floxapen is simpler to use than Orbenin* (cloxacillin BP), the established first line treatment for Gram-positive infections, because :—

- ☐ the dose by the oral or injectable route is only 250 mg. four times daily.
- ☐ serum levels attained are the same whether the dose is given orally or by injection.
- ☐ the transfer from injectable to oral therapy may be justified at an earlier stage of treatment.

Floxapen also has the penicillin advantages of low toxicity and bactericidal action.

The simple dosage of Floxapen, combined with its antibacterial activity and other advantages, makes it ideal for the long or short-term treatment of Gram-positive infections both within the hospital and for out-patient use.

Indications: Infections due to sensitive Gram-positive organisms, including resistant staphylococci : skin and soft tissue infections, otitis media ; infected wounds and burns ; osteomyelitis and septic arthritis ; pneumonia, empyema and sinusitis ; septicaemia, endocarditis and meningitis.

Contra-indications: Penicillin allergy. Not suitable for subconjunctival injection.

Side-effects: Rare and mild, as with other penicillins.

Dosage: Oral and intramuscular :

Adults 250 mg. q.i.d.

Children 2-10 years— $\frac{1}{2}$ adult dose.

Under 2 years— $\frac{1}{4}$ adult dose.

Oral doses should be taken one hour before meals. In severe infections, dosages may be increased if required.

Availability: Capsules (black/caramel) and Vials each containing 250 mg. flucloxacillin.

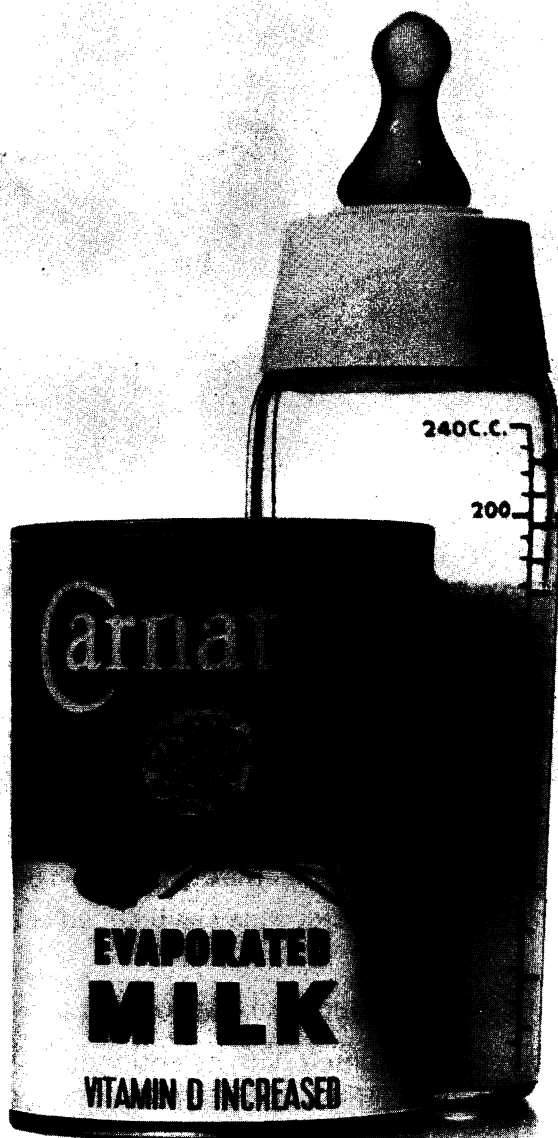
Further information is available on request.



Floxapen* (flucloxacillin) is a product of British research at
Beecham Research Laboratories, Brentford, England
 originators of the new penicillins

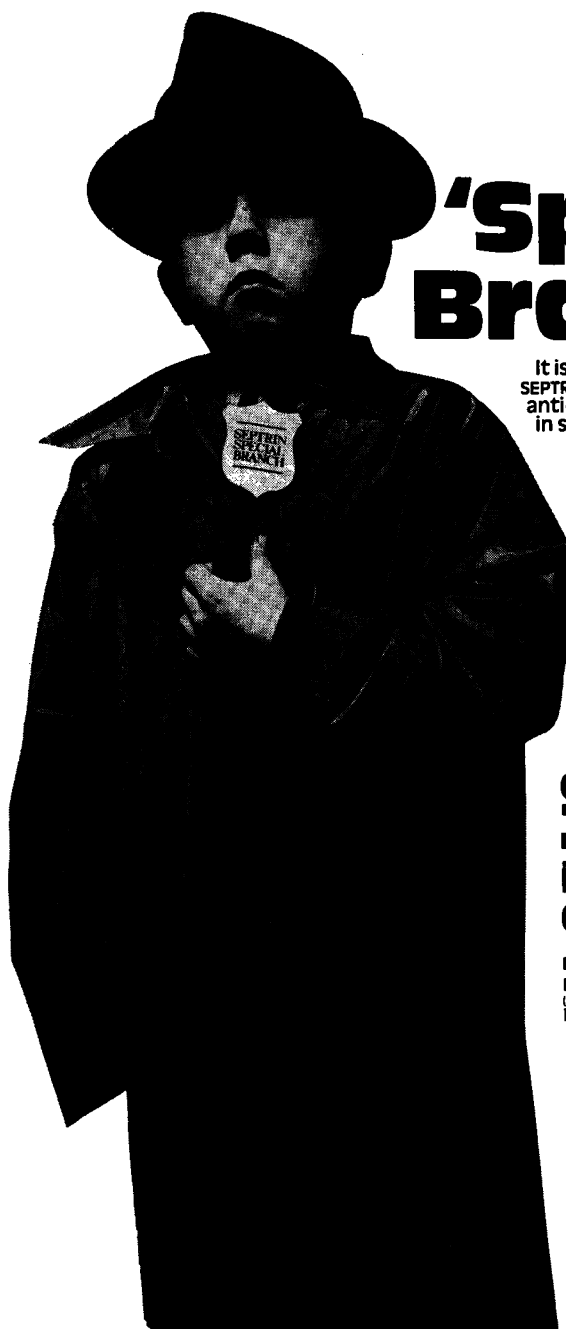
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It is good to know that SEPTRIN* the major advance in anti-bacterial therapy, is available in special paediatric form.

Its exceptionally rapid absorption and decisive bactericidal action are a great help in combating the problems encountered when treating bronchitis and UTI in children.

SEPTRIN Paediatric Suspension and SEPTRIN Paediatric Tablets contain trimethoprim and sulphamethoxazole which act together against a broad spectrum of Gram-negative and Gram-positive pathogens.

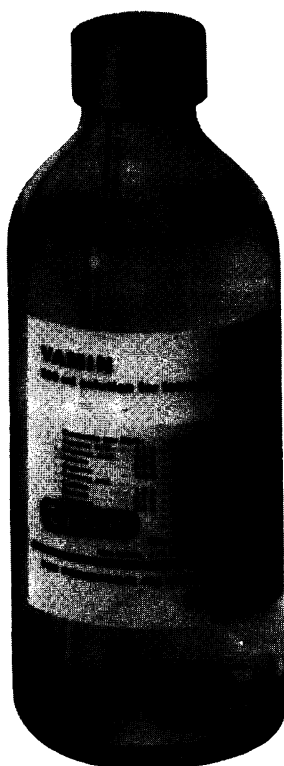
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*Trade Mark

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1 litre VAMIN provides 9.4 G amino nitrogen and 650 calories. Additional calories are available from Intralipid.

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The Pneumonias

Penbritin- first line therapy

The pneumonias can cause rapid deterioration, especially in patients with weak constitutions. If lobar pneumonia is not to progress to empyema, or bronchopneumonia lead to permanent lung damage, then rapid and decisive antibiotic action is vital. The antibiotic should be bactericidal, and suitable for high dosage therapy, even for children.

Just how well Penbritin measures up to these requirements can be gauged from the following Cooperative Controlled Trial.¹ 145 patients admitted with pneumonia to two city hospitals were treated either with oral Penbritin, 250 mg. 6 hourly, or with intramuscular penicillin (1 megaunit) and streptomycin (1 G.) twice daily. The authors comment:

"Ampicillin appears to be at least as effective as penicillin and streptomycin even in the comparatively small doses used in this trial."

"In patients in whom the infection was due to the pneumococcus alone ampicillin showed a significant advantage in the speed at which the patient became afebrile." Viz:—

Patients afebrile in 7 days :
Pen./strept. 37%, Penbritin 60%.

In particular cases parenteral therapy may be preferred. Penbritin affords a high degree of flexibility of dosage, and because of its virtual non-toxicity and freedom from side-effects, dosage can be increased if necessary.

N.B. If diagnosis admits the possibility of staphylococcal pneumonia Ampiclox* Adult (Penbritin with Orbenin* for injection) may be administered until the bacteriology is known.

Reference: 1. Brit. med. J. (1966), 1, 1329.

Dosage: 500 mg. 6 hourly, intramuscularly if symptoms are severe.

Contra-indication: Penicillin allergy.

Side-effects: As with other penicillins.

Full information is available on request.

Availability:



Penbritin



Penbritin* (ampicillin B.P.) is a product of British research at
Beecham Research Laboratories Brentford, England.
originators of the new penicillins

*regd.



RECOMMENDED READING IN PAEDIATRICS

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- ❑ **POISONING: Toxicology—Symptoms—Treatments (2nd Ed.)** by Jay M. Ariena, *Duke Univ. Medical Center, Durham, North Carolina*. '70, 746 pp. (7 × 10), 23 il. (1 in full color), 105 tables, \$43.50.
 - ❑ **YOUR CHILD AND ILEAL CONDUIT SURGERY: A Guidebook for Parents** prepared by *The Health Education Department, The Children's Hospital Medical Center, Boston*. Collaborators: Alan D. Perlmutter and William M. Crowell, both of *The Children's Hospital Medical Center*. Introduction by Harriet H. Gibney. '70, 120 pp., 28 il., \$4.25
 - ❑ **THE CHRONICALLY ILL CHILD AND HIS FAMILY** edited by Matthew Debuskey, *Johns Hopkins Univ. School of Medicine, Baltimore*. Assistant Editor, Robert H. Dombro. Foreword by Robert E. Cooke. Illustrations by Aaron Sopher. (25 Contributors) '70, 224 pp., 14 il., 2 tables, \$11.50
 - ❑ **THE DYING CHILD: The Management of the Child or Adolescent Who is Dying** by William M. Easson, *Medical College of Ohio at Toledo*. '70, 112 pp., 1 table, \$5.75
 - ❑ **THE POLICE AND THE UNDERPROTECTED CHILD** by C. J. Flammang, *Fresno City College, California*. '70, 324 pp., \$11.75
 - ❑ **THE EARLIER GAIN AND THE LATER LOSS OF CORTICAL BONE: In Nutritional Perspective** by Stanley M. Garn, *Univ. of Michigan, Ann Arbor*. '70, 168 pp. (6½ × 9½), 35 il., 51 tables, \$12.00
 - ❑ **PRIMARY TUBERCULOSIS IN CHILDHOOD** by Jacques Gerbeaux, *St. Antoine—Université de Paris*. '70, 352 pp., 117 il., 16 tables, \$17.75
 - ❑ **DEVELOPMENTAL NEUROBIOLOGY** edited by Williamina A. Himwich, *Galesburg State Research Hospital, Illinois*. Forewords by Peter Anokhin and Dominick Purpura. (23 Contributors) '70, 788 pp. (7 × 10), 389 il., 65 tables, \$44.50
 - ❑ **HANDBOOK OF EMERGENCY TOXICOLOGY: A Guide for the Identification, Diagnosis, and Treatment of Poisoning (3rd Ed.)** by Sidney Kaye, *Univ. of Puerto Rico, School of Medicine*. '70, 544 pp., 20 il., 19 tables, \$22.00
 - ❑ **CEREBRAL PALSY (3rd Ptg.)** by Sidney Keats, *New Jersey Orthopedic Hospital, Orange*. Foreword by Winthrop M. Phelps. '70, 384 pp., 1 il., 12 tables, \$12.50
 - ❑ **OPERATIVE ORTHOPEDICS IN CEREBRAL PALSY** by Sidney Keats. Contributions by J. Leonard Goldner and Blaine S. Nashold, Jr., both of *Duke Univ. Medical Center, Durham, North Carolina*. '70, 264 pp., 9 il., \$13.00
 - ❑ **THE AUTISTIC CHILD** by I. Newton Kugelmass, *Consultant to the Departments of Health and Hospitals, New York City*. '70, 382 pp., 7 il., 5 tables, \$16.50
 - ❑ **CLEFT PALATE DEFORMATION: Causation and Prevention** by J. J. Longacre, *Univ. of Cincinnati College of Medicine*. '70, 128 pp. (7 × 10), 347 il., \$12.75
 - ❑ **HUMAN GROWTH AND DEVELOPMENT** by Robert W. McCammon, *Univ. of Colorado School of Medicine, Denver*. Foreword by Albert Damon. (7 Contributors) '70, 308 pp., 59 il., 152 tables, \$9.00
 - ❑ **PARENTERAL NUTRITION: Proceedings of an International Symposium, Vanderbilt Univ. School of Medicine, Nashville, Tennessee** edited by H. C. Meng and David H. Law, both of *Vanderbilt Univ. School of Medicine*. (21 Contributors) '70, 616 pp., 219 il., 86 tables, \$24.75
 - ❑ **ALLERGY OF THE NERVOUS SYSTEM** edited by Frederic Spear, *Univ. of Kansas, Kansas City*. Foreword by Walter C. Alvarez. (7 Contributors) '70, 280 pp., 39 il., 14 tables, \$13.25
 - ❑ **NEUROMUSCULAR DISEASES OF INFANCY AND CHILDHOOD** by Kenneth F. Swaiman and Francis S. Wright, both of *Univ. of Minnesota Medical School, Minneapolis*. '70, 272 pp. (6½ × 9½), 66 il., 26 tables, \$14.00
 - ❑ **A PRIMER ON IMMUNOLOGIC DISORDERS** by Heinz J. Wittig, *Univ. of Florida School of Medicine, Gainesville*; and William A. Welton and Robert Burrell, both of *West Virginia Univ. School of Medicine, Morgantown*. '70, 132 pp., 2 il., 4 tables, \$6.75
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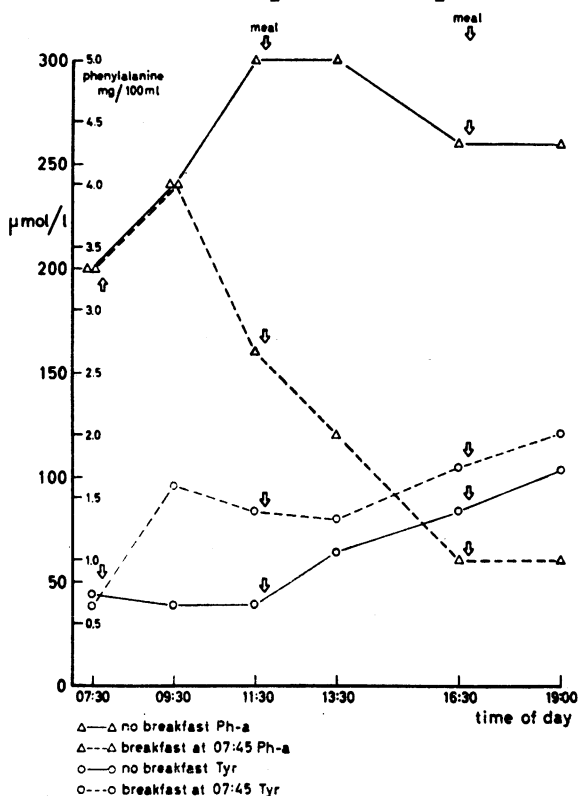
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