

may not be uncommon in infants and young children with all topical steroids.
Local applications should be limited to
the least amounts compatible with an effective therapeutic regimen."

Lancet (1969) 1,485

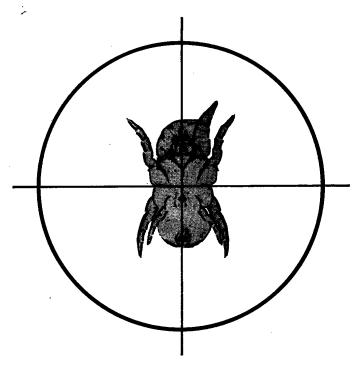
Now you have Ultradi Schering current thinking in topical corticosteroid therapy

Ultradil is a ready-prepared dilution of a modern effective skin steroid designed to conform with current dermatological thinking, which is increasingly against the too-liberal use of potent, full-strength formulations. Ultradil, with one ingredient in one strength in a single pack size, simplifies

your prescription for dilute topical corticosteroid therapy.

Ultradil contains 0.1% fluocortolone hexanoate BP and 0.1% fluocortolone pivalate BP. Plain Cream and Plain Ointment in 50G tubes at a basic NHS price of 60p. Full information available on request.

Schering Chemicals Limited, Pharmaceutical Division, Burgess Hill, Sussex



you always knew the house dust mite was the target...

unfortunately, you didn't have a bullet to fire-until now!



The house dust mite (Dermatophagoides sp.) has been known as an important factor in house dust allergy for some time now. With the aid of the Dome glycerinated extract of house dust mite, many doctors have shown that allergic symptoms, of

previously unknown cause in some patients, may in fact be due to the house dust mite.

For the first time, it is now possible to offer these patients a course of hyposensitisation using...

mite fortified house dust

an addition to the range of

Allpyral

allergen extracts

Full information is available on request

Full information is available on request

STOKE COURT, STOKE POGES, SLOUGH, BUCKS. TEL: FARNHAM COMMON 2151

ALLPYRAL is a trademark

Even the corn syrup solids in PROSOBEE* are hypoallergenic

PROSOBEE contains two types of carbohydrate—sucrose and corn syrup solids. Corn syrup solids is the common name for the product resulting from the hydrolysis of cornstarch.

In the production of cornstarch, the corn grain undergoes an extensive refining process. During this process, the germ, oil, crude fibre and protein fraction are removed. The cornstarch is hydrolyzed to produce a syrup and this syrup is then dried to produce a solid.

So, corn syrup solids is only a mixture of various carbohydrates derived from the processing of corn.

It is generally agreed that whole proteins are implicated in allergic responses. Corn syrup solids contain no intact protein and have only a trace (0.01%) of non-protein nitrogen. In essence, the corn syrup solids in PROSOBEE are considered to be hypoallergenic.^{1,2,}

In Summary

- 1. PROSOBEE uses corn syrup solids as a source of carbohydrate—but cornstarch and corn oil are not utilized in PROSOBEE.
- 2. Corn syrup solids contain no intact protein—total nitrogen in dried corn syrup is only 0.01% or one part in 10,000. And, as indicated above, this is non-protein nitrogen.
- 3. Therefore, PROSOBEE can be used with confidence to feed infants who might be allergic to corn.

References

1: Am. J. Dis. Child., 49: 307-317, 1935.

2: J. Allergy 21: 500-509, 1950.

The Mead Johnson Range of Nutritional Products

PROSOBEE Concentrated Liquid – Milk-free formula for all forms of milk intolerance

† SOBEE Powder — Soya based infant formula for milk intolerance † NUTRAMIGEN Powder — Hydrolysed protein formula for protein allergies

+ LOFENALAC Powder — Complete formula for phenylketonuria

† PORTAGEN Powder—Complete Medium Chain Triglyceride formula for fat intolerance

† MCT Oil — Medium Chain Triglyceride oil
NUTRAMENT Liquid — Complete 400 calorie liquid meal

Full information on all products available from Nutritional Advisory Service.

Mead Johnson Laboratories, Stamford House, Langley, Bucks.

†These products may be prescribed on Form E.C.10 for the treatment of specific conditions. *Trade mark

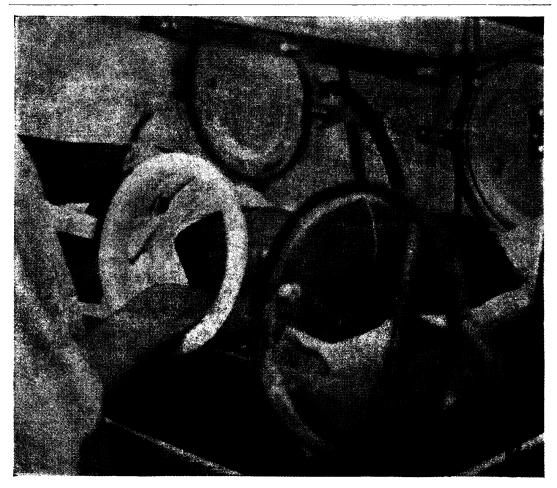
When Your Speciality is Pediatrics

17 NEW BOOKS. Selected from the 1971 Thomas Gatalog of over 2325 Titles...



THE ALLERGIC CHILD by Kjell Aas, Univ. of Oslo, Norway. Translated from Norwegian by Lizann Disch. '71, 300 pp., 8 il., \$11.75	☐ THE MALTREATED CHILD: The Maltrer Syndrome in Children (2nd Ed.) by Vince Fontana, St. Vincent's Hospital and Medical of New York, New York, City. Foreword by N Loretto Bernard. '71, 116 pp., 16 il., \$7.00	ent J. Center
A PARENT'S MANUAL: Answers to Questions on Child Development and Child Rearing by Manfred Adler, John Carroll Univ., Cleveland. '71, 124 pp., \$5.50 THE ADOPTED CHILD by Joseph G. Ansfield,	□ PRIMARY TUBERCULOSIS IN CHILDH by Jacques Gerbeaux, St. Antoine—Univers Paris. '70, 352 pp., 117 il., 16 tables, \$17.75	
Chicago Medical School. '71, 78 pp., \$5.75		
PATTERNS OF SKIN pH FROM BIRTH THROUGH ADOLESCENCE: With a Synopsis on Skin Growth by Hans Behrendt and Marvin Green, both of New York Medical College, New York City. '71, 116 pp. $(6\frac{3}{4} \times 9\frac{3}{4})$, 33 il., 41 tables, \$8.25	☐ MOLECULAR ASPECTS OF SICKLE (HEMOGLOBIN: Clinical Applications edit Robert M. Nalbandian, Blodgett Memorial Ho Grand Rapids, Michigan (5 Contributors) For by Linus Pauling. '71, 256 pp. (6⅓×9⅙), (1 in full color), 15 tables, \$15.75	ted by spital, eword
THE DIABETIC AT WORK AND PLAY: A Modern Manual for Diabetics with the Latest Information on Oral Drugs, Diabetic Camps, Research, and Many Other New Topics by Buris R. Boshell, Univ. of Alabama, Birmingham. Edited by Frank L. Porter. '71, 208 pp., 37 il. (2 in full color).	☐ COUNSELING PARENTS OF THE ILL THE HANDICAPPED compiled and edit Robert L. Noland, Univ. of Dayton, Ohi Contributors) '71, 628 pp., 12 il., 15 tables, \$	ed by
6 tables, \$8.75 AN ATLAS OF THE OSTEOCHONDROSES by Louis W. Breck, The El Paso Orthopaedic Surgery	☐ CHLAMYDIA AND CHLAMYDIA-INDU DISEASES by Johannes Storz, Colorado Univ., Fort Collins. '71, 376 pp., 81 il., 10 t \$20.00	State
Group. Foreword by Charles Weer Goff. '71, 192 pp. $(6\frac{3}{4} \times 9\frac{3}{4})$, 53 il., 8 tables, \$12.50		
INFANTILE AUTISM: Proceedings of the Indiana University Colloquium edited by Don W. Churchill, Gerald D. Alpern, and Marian K. DeMyer, all of Indiana Univ. School of Medicine, Indianapolis. (26 Contributors) '71, 360 pp., 12 il., 22 tables, \$15.50	☐ JUVENILE-TYPE DIABETES AND ITS (PLICATIONS: Theoretical and Practical siderations by Karl E. Sussman, Univ. of Co. Medical School, Denver. Foreword by Alex Marble (14 Contributors) '71, about 57(6¾×9¾), 117 il. (6 in full color), 39 tables	Con- lorado ander
RADIOGRAPHY OF INFANTS AND CHILD- REN (2nd Ed.) by Donald B. Darling, Tufts Univ. School of Medicine. Foreword by John Caffey.	☐ ASTHMA AND HAY FEVER by Oscar Swin Jr., Member, Allergy Foundation of America about 530 pp., 1 il., 72 tables	
(4 Contributors) '71, 236 pp. (9×12), 591 il., 81 tables, \$28.50 ADOLESCENT SUICIDE by Stuart M. Finch and Elva O. Poznanski, both of Univ. of Michigan Medical School, Ann Arbor. Foreword by Raymond W. Waggoner. '71, about 80 pp., 4 tables	OSTEOMYELITIS: Clinical Features, T peutic Considerations, and Unusual Aspec Francis A. Waldvogel, Univ. of Geneva M School, Switzerland; Gerald Medoff, Wash Univ. School of Medicine, St. Louis; and M N. Swartz, Massachusetts General Hospital, Bo '71, 128 pp., 27 il., 11 tables, \$8.25	ts by edical ington lorton

Univ. School of Medicine, St. Louis; and Morton N. Swartz, Massachusetts General Hospital, Boston. '71, 128 pp., 27 il., 11 tables, \$8.25



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 penicillinresistant 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



No nourishment here...

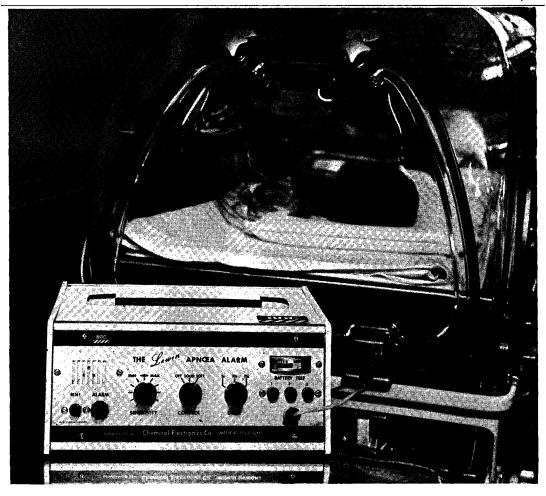
... unless an adequate supply of pancreatic enzymes is available to complete digestion.

Pancrex V is the most effective preparation for replacing pancreatic secretion in the gut. It is indicated in cystic fibrosis of the pancreas, chronic pancreatitis, pancreatectomy, post gastrectomy malnutrition* and in all digestive disorders where a relative deficiency of pancreatic enzymes is a contributory factor.

Pancrex V is a preparation of whole dried pancreas having a tryptic activity approximately equal to 5 times that of Pancreatin B.P.



References:*(1968) Gut. 9, 576 (1964) Diseases of Children, Blackwell, Oxford (1962) Diseases of Infancy and Childhood, 8th Edn., Churchill, London (1960) Lancet, 1, 365 (1958) Brit. Med. J. 2, 1039.



How can a breathless baby raise an alarm?

If you are in charge of a ward full of premature babies, the only way you can be certain you won't lose any of them tragically and needlessly, through undetected apnoea, is to keep each one under constant observation.

How on earth can you do that, when

you and your nurses are already busy with a hundred and one other duties?

Easy!
Easy as picking up the

telephone and asking BOC to come and show you their new Lewin Apnoea Alarm System.

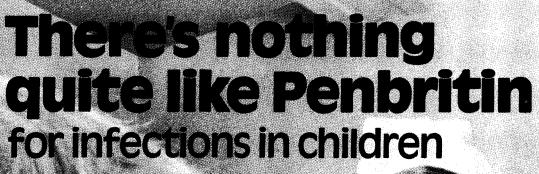
We'll be more than delighted to show you how simple, effective and completely reliable it is. And it won't sabotage the equipment budget either.

The Lewin Apnoea Alarm is distributed by the British Oxygen Company. Phone us now, or drop us a line whilst the problem is on your mind.

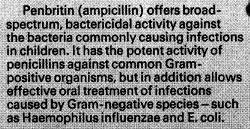


BOC's Lewin Apnoea Alarm

The British Oxygen Co. Ltd., Medical Dept., The Pinnacles, Harlow, Essex. Tel: 027-96 29692.







Increasing attention has to be paid to problems of toxicity: 'Because of serious effects on tooth development tetracyclines are absolutely contra-indicated for children aged under 8 . . . ' (1) Penbritin in contrast retains the acknowledged safety of the penicillins.

Penbritin is well accepted by children there are two strengths of palatable syrup. capsules, tablets, injectables and now the new paediatric suspension.

Finally, Penbritin is well-proven. In published references involving more than 1,000 children. Penbritin's success rates were 91% in Respiratory Infections, 84% in Otitis Media, 88% in Urinary Tract Infections and 87% in severe intections auch as Meningitis

Reference: 1 Brit, med.J. (1970), 4,509.

Dosage for children under 10 years:
Respiratory infections and Othis Media: 125 mg, q.i.d. 1-1 hour a.c.
Uringry Tract Infections: 250 mg, t.l.d. 1-1 hour a.c.
In severe infections dosages may be increased.
For children over 10 years dosages should be doubled.

Contra-indication: Penicillin hypersensitivity. Side-effects: As with other penicillins.

irst line treatment or infections in children

urther information is available on request.

enbritin* (ampicillin 8.P.) is a product of British research at



Beecham Research Laboratories Brentford, England. originators of the new penicillins.







Baby's first step

Carnation Milk is the modern approach to baby feeding. Easy to mix, blending right in the bottle; easy to digest because of careful homogenisation; safer because it's sterilised in the can. Carnation is also Vitamin D increased to help build strong bones and teeth. Carnation is used by maternity units all over the country. Recommend it with confidence.

In epilepsy
First steps
towards
a stable
future

'Mysoline' therapy is accepted by even the youngest epileptic patient. The pleasantly flavoured suspension controls most types of attacks or sharply reduces their frequency and severity, without clouding of consciousness or dulling of intellect.

Improvement in general behaviour and sociability usually occurs and education remains unimpeded.

PRIMIDONE B.P. TRADE MARK
SUSPENSION

of fundamental importance in epilepsy.



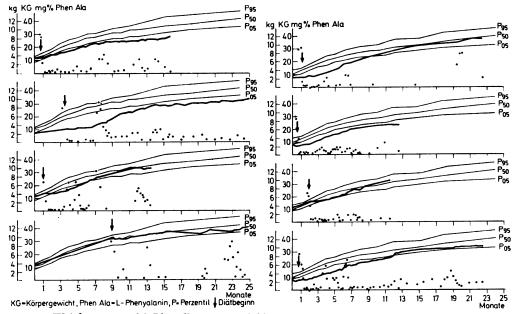
Free starter pack and detailed information are available on request.

Imperial Chemical Industries Limited, Pharmaceuticals Division, Alderley House, Alderley Park, Macclesfield, Cheshire:

PHENYLKETONURIA

(A problem that was)

PROGRESS FROM WEST BERLIN



Weight curves of 8 Phenylketonuric Children treated with a diet of Albumaid XP (Three of whom were premature)

ALBUMAID XP

- I Permits the use of Large Quantities of Natural Protein.
- II Now 2000 Patient Years of Successful Therapy.
- III Proven World Wide

Infants

Growing Children

Pregnancy

IV The Preparation of 'Choice' in Leading Institutes of Child Health

Issued by MILNER SCIENTIFIC AND MEDICAL RESEARCH

(An Organization which links Advanced Researches in Europe and United States)

For further details please write to sole U.K. Agents:

SCIENTIFIC HOSPITAL SUPPLIES LTD. 38 QUEENSLAND STREET, LIVERPOOL 7

MIONE ATPA

Treatment succeeded clinically in 26 patients with staphylococcal infections and failed in four. It two of three natients with nneumococcal infections and failed in four. It was unsuccessful either clinically or hacteriologically in two of three natients with nneumococcal infections and failed in four. It Treatment succeeded clinically in 26 patients with staphylococcal infections and failed in four. It was unsuccessful either clinically or bacteriologically in two of three patients with pneumococcal infections. No undue pain was experienced at the site of the injection.

No undue pain was experienced at the site of the injection.

No undue pain was experienced at the site of the injection.

No undue pain was experienced at the site of the injection.

No undue pain was experienced at the site of the injection.

No undue pain was experienced at the site of the injection.

No undue pain was experienced at the site of the injection.

No undue pain was experienced at the site of the injection.

No undue pain was experienced at the site of the injection.

No undue pain was experienced at the site of the injection.

No undue pain was experienced at the site of the injection.

No undue pain was experienced at the site of the injection.

No undue pain was experienced at the site of the injection.

No undue pain was experienced at the site of the injection.

No undue pain was experienced at the site of the injection.

No undue pain was experienced at the site of the injection.

No undue pain was experienced at the site of the injection.

There were no serious side of infections.

benzylpenicillin-resistant staphylococci.

Above: Clinical Trials J. (1970) 7, 375. Right: Clinical Trials J. (1970) 7, 372.

and storaghin has made also warmane cures of staphylococcal infection, with new agents less impressive and remarkable than would highly satisfactory responses were obtained with flucloxacillin at a dosage of 1.0 g daily. will nucloxacion at a gosage of to be using all and cures obtained late in the trial in very ill patients using higher dose régimes can only be assessed as excellent by comparison with compounds It became apparent as the trial continued Staphylococcal infection any

Floxapen, like Orbenin (cloxacillin B.P.), is active against virtually all staphylococci and all streptococci and pneumococci irrespective of their sensitivity to traditional penicillins, tetracyclines, fusidic acid, erythromycin and lincomycin.

The standard dose of Floxapen is only 250 mg. and will attain similar serum levels by oral or injectable routes. Therapy is therefore simpler and more effective than with Orbenin.

Floxapen offers the penicillin advantages of low toxicity and bactericidal action. It is also ideal for continuing outpatient treatment because of its convenient oral dosage.

Further information is available on request.

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

Oral and intramuscular:

Adults: 250 mg. q.i.d.

Children: 2-10 years - 1 adult dose.

Under 2 years—4 adult dose.

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

Syrup 125 mg./5 ml. Availability

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

Contra-indications Penicillin hypersensitivity. Subconjunctival injection.

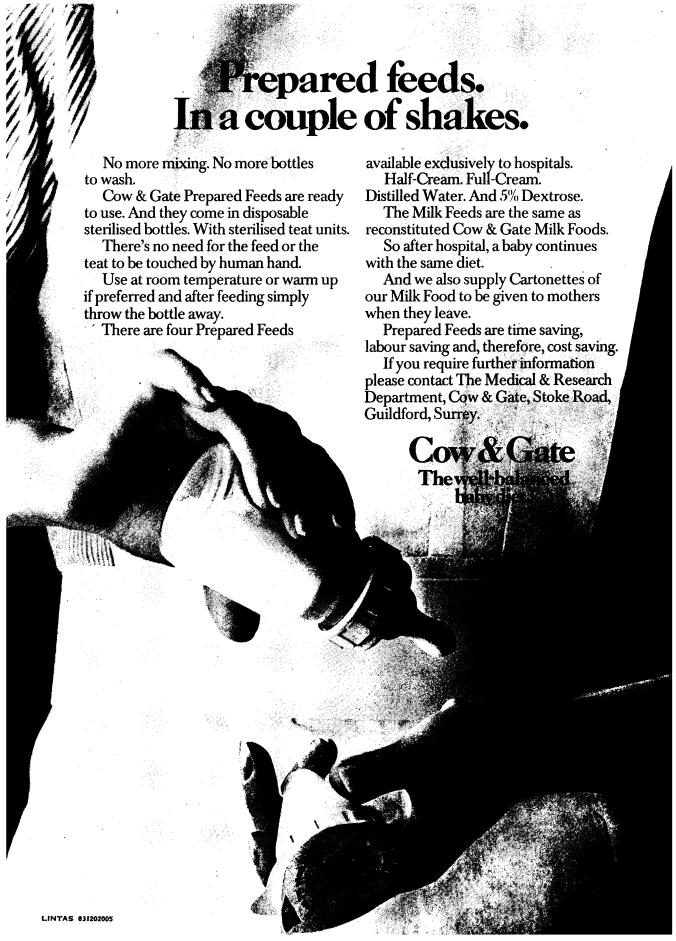
Side-effects As with other penicillins.

flucloxacillin

simplifies antibiotic treatment in hospital and after

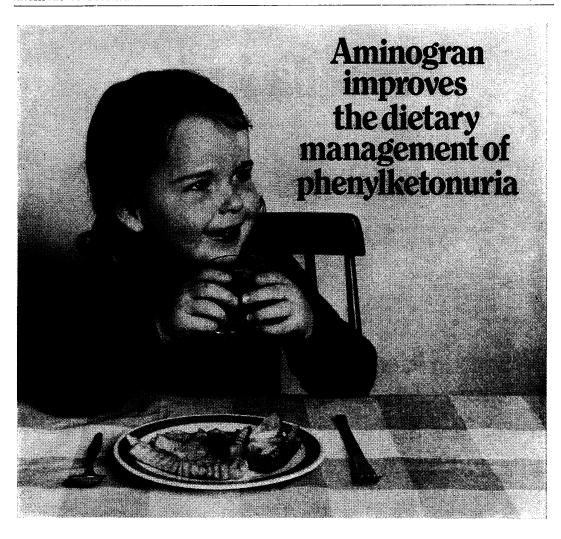






Formula Junior





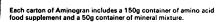
In the dietary management of phenylketonuria, protein hydrolysate based foods tend to be unpalatable and difficult to administer. Compared with them, Aminogran is less unpalatable, smaller in bulk, and can be given as a medicine. It does not, therefore, interfere greatly with the child's appetite for permitted foods, and the diet

r permitted foods, and the diet can more closely resemble that of a normal child.

An Aminogran based diet is more readily accepted by the child and creates fewer family problems. Anorexia, food fussiness and emotional disturbances are much reduced.

"The children accepted it (Aminogran) easily and fed it to themselves instead of having to be spooned or force fed, and consequently the quality of family life improved."

Arch.Dis.Childh. (1970) 45, 640.



Full information is available on request. Aminogran is a Trade Mark of

ALLEN & HANBURYS LTD LONDON E2 6LA



ONLY COTAZYM

has accurately assayed lipase activity

Pancreatic replacement therapy can be adjusted to cover the exact amount of fat in the patient's diet

Cotazym is the only pancreatic extract with known, measurable and constant lipase activity, in addition to adequate measured amounts of trypsin and amylase. It allows simple but accurate estimation of dosage ensuring greater control over dietary intake.

Each capsule contains:

lipase sufficient to digest 17g dietary fat trypsin sufficient to digest 34g dietary protein amylase sufficient to digest 40g dietary starch.

Indications:

pancreatic deficiency states including post-gastrectomy malabsorption, fibrocystic disease and gastro-intestinal disorders resulting in steatorrhoea.

Dosage:

dosage is calculated on the fat digesting power of the lipase. 2 to 3 capsules taken with each main meal and one capsule with a snack is sufficient to cover normal daily fat intake. The contents of the capsule should be sprinkled over the food.



Organon Laboratories Ltd · Crown House · Morden · Surrey

Meet Sydney Gellis...Person-to-Person

Sydney Gellis is one of America's most eminent pediatricians. He is Professor of Pediatrics and Chairman of the Department at Tufts University School of Medicine and Pediatrician-in-Chief at the Boston Floating Hospital for Infants and Children. A bibliography of his publications includes co-editorship of four editions of CURRENT PEDIATRIC THERAPY, numerous journal articles and several sections on pediatrics for the *Encyclopaedia Britannica*.

NOW HE'S ON TAPE

Pediatric Conferences with Sydney Gellis

Pediatric Conferences with Sydney Gellis does not merely convey information. This exciting new series adds a much needed personal touch to the time-consuming necessity of keeping pace with medical advances. The first tape in this new series begins with Dr. Gellis talking about deficiencies of red cell enzymes in infancy and childhood. Another highly informative segment gives you Dr. Necheles and Dr. Gellis discussing intensive transfusion therapy. Both of these contain all the necessary information on diagnosis and treatment, giving specific dosages for prescribed drugs.

Each tape in this bi-monthly series is informal, informative and interpretative. It's just like having Dr. Gellis drop in for consultation, but better, because he usually brings an eminent colleague.

Contents of Tape 1 (April 1971)

Introduction (Dr. Gellis)—Red Cell Enzymes (Dr. Oski with Dr. Gellis)—Early Discharge from the Hospital of Low Birth Weight Infants (Dr. Berg with Dr. Gellis)—Early Feeding of the Newborn (Dr. Gellis)—The Problems of Iron-Fortified Formulas (Dr. Oski with Dr. Gellis)—Intensive Transfusion Therapy (Dr. Necheles with Dr. Gellis).

Tape 2 (June 1971)

Indications for Use of Gamma Globulin (Dr. Rosen with Dr. Hellis)—The Treatment of Convulsions (Dr. Rabe with Dr. Gellis).

Tape 3 (August 1971)

Growth Hormone (Dr. Senior with Dr. Gellis)—Treatment of Hemangiomas (Dr. Gellis)—Significance of Alpha 1-antitypsin (Dr. Talamo with Dr. Gellis)—Diagnosis of Fetal Disease (Dr. Milunsky with Dr. Gellis)—Undescended Testicle (Dr. Gellis).

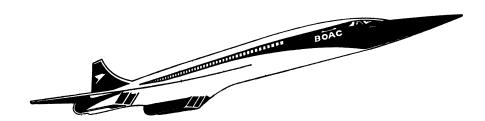
Six times a year you'll receive the sagacity and sense of Dr. Gellis and his associates on handy one-hour tape cassettes—just often enough to insure that the material covers almost every current development without consuming too much of your time.

INITIAL NUMBER—APRIL 1971

Released six times a year (April, June, August, October, December, February) on standard C-60 two track one-hour tape cassettes. Available only by yearly subscription £20.20.

W. B. SAUNDERS, COMPANY, 12 Dyott Street, London WC1A IDB

Photograph by courtesy of B.O.A.C.



your journal by air mail

Many subscribers prefer to receive their copy of *Archives of Disease in Childhood* within a few days of its publication by having it sent by air mail.

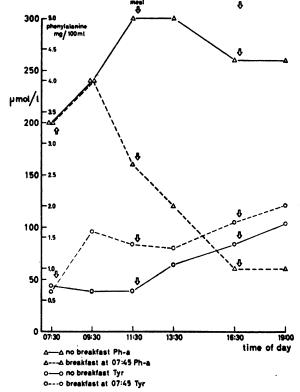
This is a service for all subscribers at the following annual rates which are charged in advance and in addition to the normal annual subscription rate.

If you resid	e in	Air Mail Charges	
Area A (<i>Examples</i>)	Middle East, Cyprus, and Spanish N. and W. Africa etc.	£4.50	
Area B (<i>Examples</i>)	Rest of World, including North America etc.	£6.00 (U.S.A. \$14.50)	
Area C (<i>Examples</i>)	Australasia and Far East etc.	£7.00	

Subscribers who wish to take advantage of this air mail service should write direct to The Subscription Manager, Archives of Disease in Childhood, B.M.A. House, Tavistock Square, London WC1H 9JR, England.

Metabolic Aspects of Disease

Treatment of inborn errors has advanced our basic knowledge of disease. Metabolic problems are also a frequent consequence of disease.



Day-time variations in serum phenylalanine (triangles) and tyrosine (circles) in a phenylketonuric child having his first meal as usual at 07.45 hrs or fasting until 11.45 hrs. Note the phenylalanine depressing effect of the breakfast (phenylalanine-restricted meal with Albumaid (R) (Güttler, Olesen & Wamberg—Kennedy Institute—Denmark in Enzymopenic Anaemias, Lysosomes and other papers, pages 149-158 E. & S. Livingstone.)

PRECISION PRODUCTS:

Designed to meet the metabolic defect are called for.

Products more fundamental than enzymes.

Products more basic than protein.

Products which enable precise nutrition.

Products which succeed where cows' milk is a failure.

PRECISION PRODUCTS FOR:

Phenylketonuria, Homocystinuria, Cystinosis, Maple Syrup Urine Disease: Hyperglycinaemia, Hyperprolinaemia, Arginine Succinic Urea, Histidinaemia, Tyrosinosis, Carbohydrate and Protein Intolerance, Malabsorptions, Cystic Fibrosis, Glycogen Storage Disease.

MILNER SCIENTIFIC AND MEDICAL RESEARCH

Now maintains a world-wide interest in every aspect of metabolism in disease, and products are directly available in most countries.

For further details please write to Sole U.K. Agents:

SCIENTIFIC HOSPITAL SUPPLIES LTD. 38 QUEENSLAND STREET, LIVERPOOL 7