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DEXAMETHASONE

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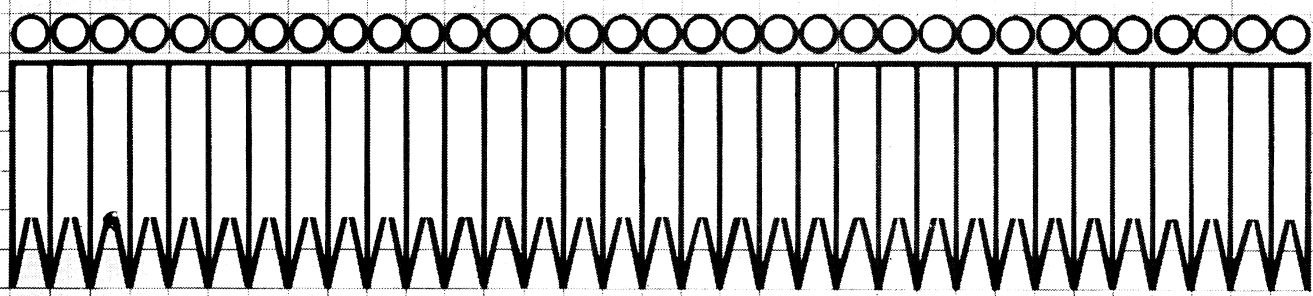
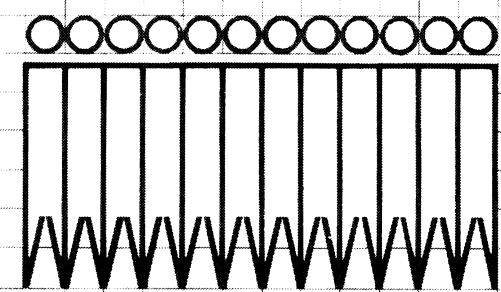
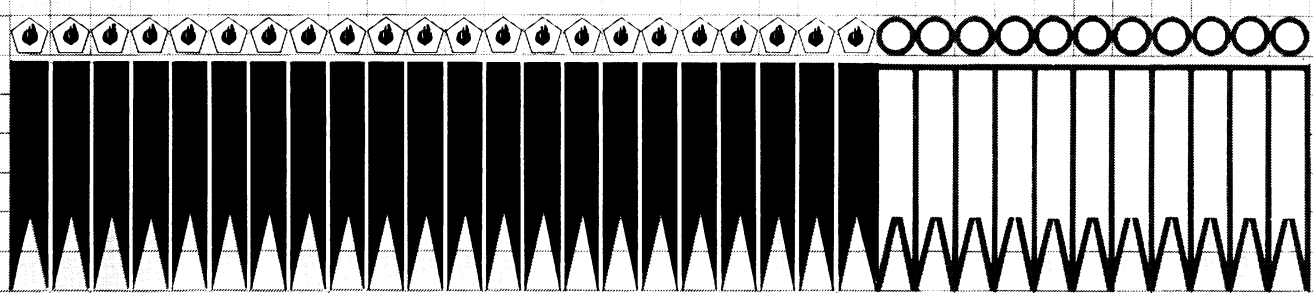
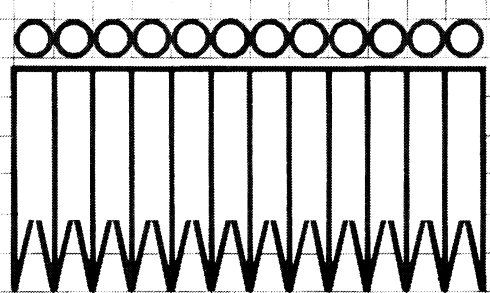


Of 45 arthritic patients
who were refractory
to other corticosteroids*





22 were successfully
treated with **Decadron**[1,2]



1. Boland, E. W., and Headley, N. E.: Paper read before the Am. Rheum. Assoc., San Francisco, Calif., June 21, 1958.
2. Bunim, J. J., et al.: Paper read before the Am. Rheum. Assoc., San Francisco, Calif., June 21, 1958.

*Cortisone, prednisone and prednisolone.
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Additional information on DECADRON is available to physicians on request.

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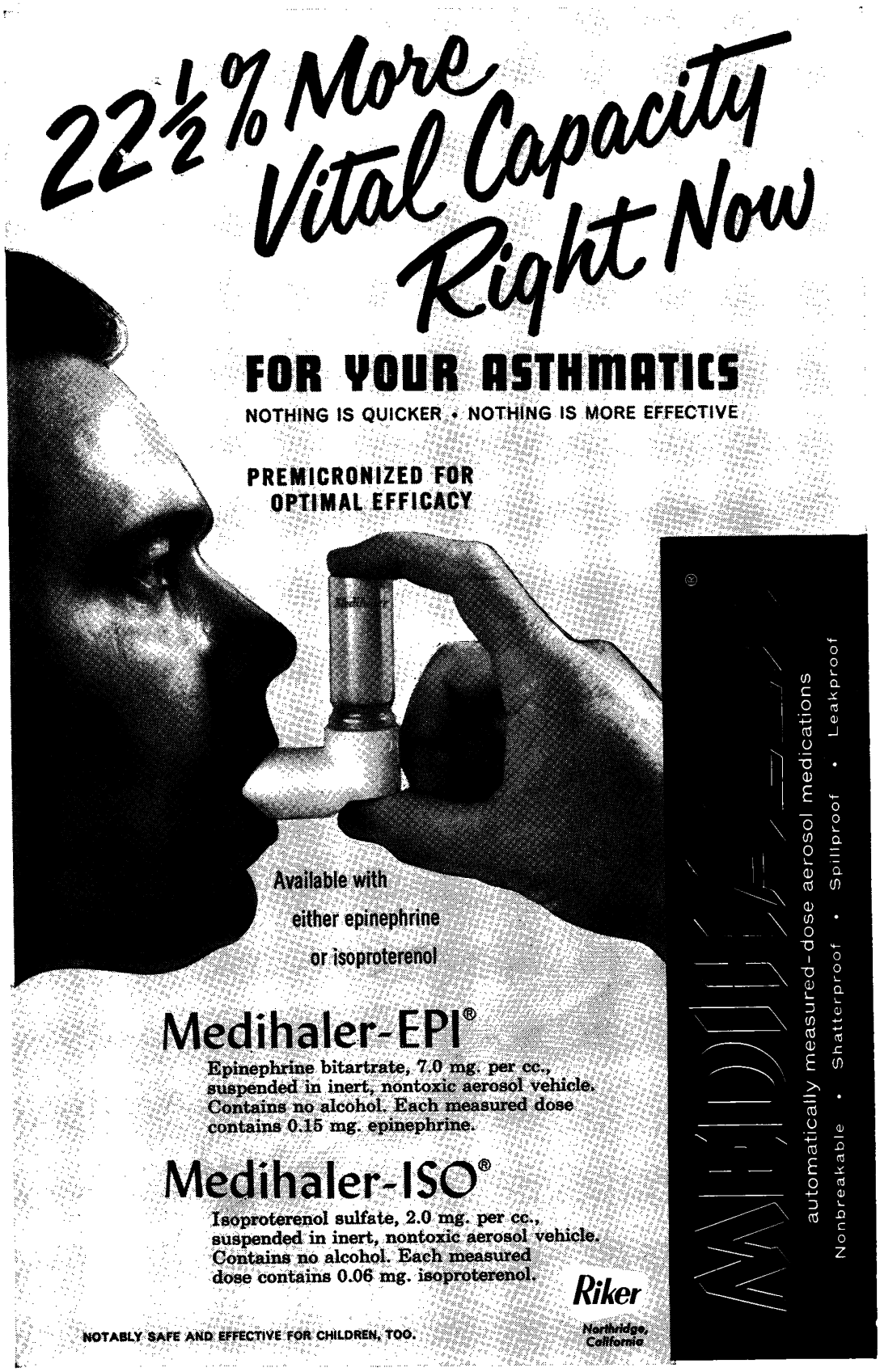
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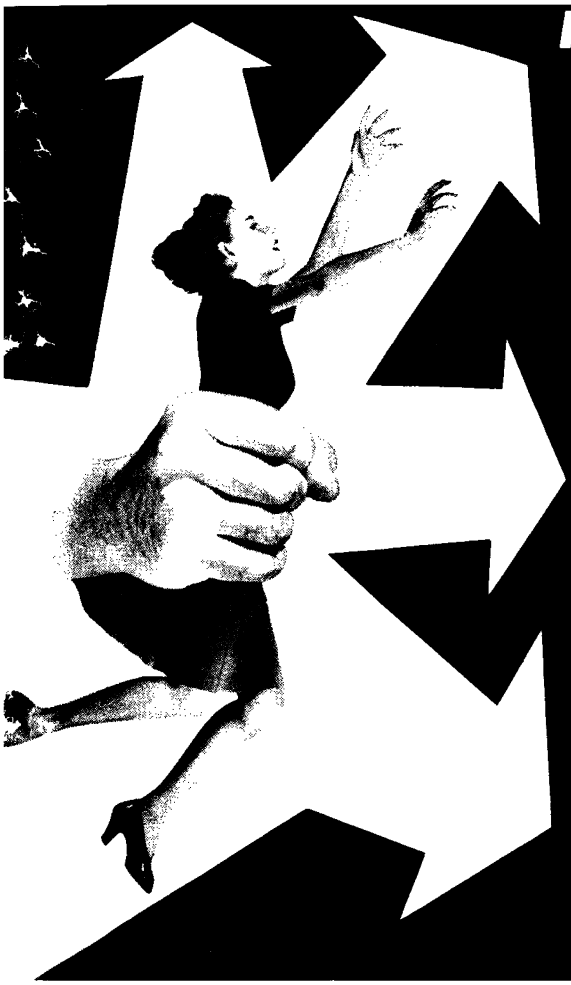

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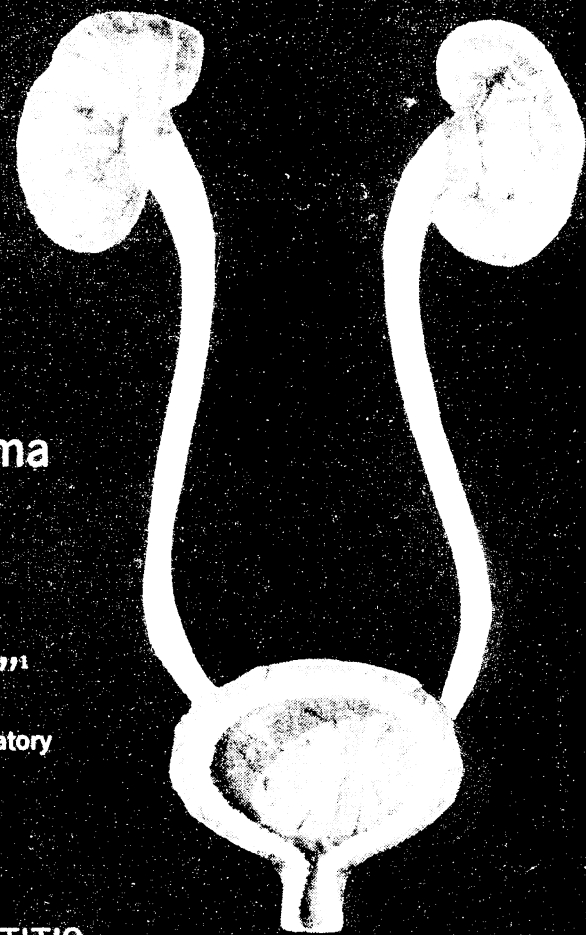

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REFERENCES: 1. Editorial: J.M.A. Georgia 46:433, 1957. 2. Colby, F. H.: Essential Urology, Baltimore, The Williams & Wilkins Co., 1953, p. 330.

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References: 1. MacLaren, W. R.: Presented at Am. College Allergists, San Francisco, Mar. 18, 1959. 2. Hollender, A. R.: A.M.A. Arch. Otolaryng. *67*:515 (May) 1958. 3. Updegraff, T. R.: Med. Times *86*:1527 (Dec.) 1958. 4. Evans, M. G.: A.M.A. Arch. Otolaryng. *68*:416 (Oct.) 1958. 5. Hansel, F. K.: Clinical Allergy, C. V. Mosby Co., St. Louis, 1953, p. 486. 6. Lhotka, F. M.: Illinois M.J. *112*:259 (Dec.) 1957. 7. Fabricant, N. D.: E.E.N.T. Monthly *37*:460 (July) 1958. 8. Farmer, D. F.: Clin. Med. *5*:1183 (Sept.) 1958. 9. Morrison, L. F.: A.M.A. Arch. Otolaryng. *59*:48 (Jan.) 1954. 10. Jones, E. H.: Ann. Allergy *16*:521 (Sept.-Oct.) 1958. 11. Harpman, J. A.: E.E.N.T. Monthly *38*:41 (Jan.) 1959.

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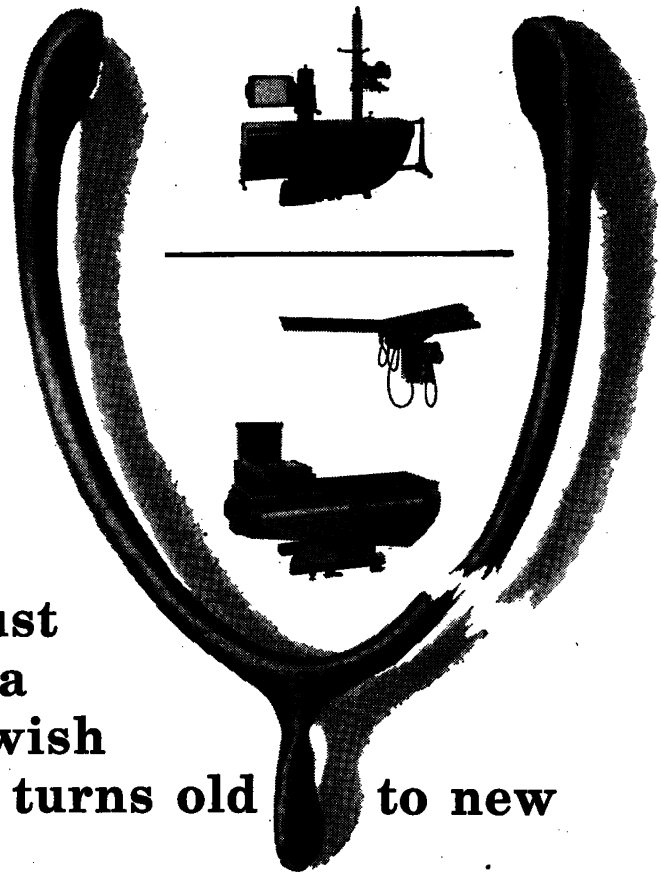

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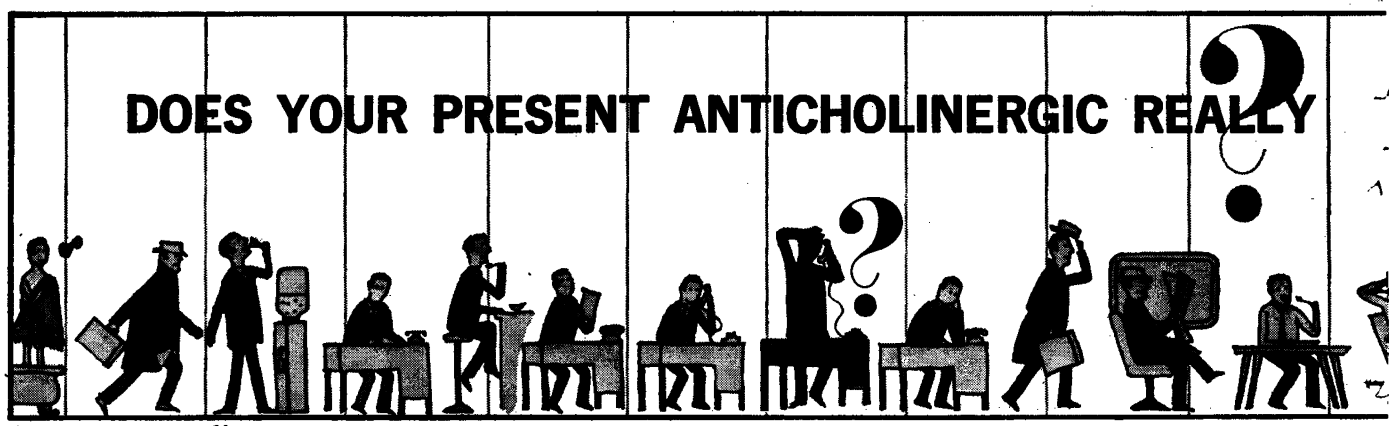

The test – you might say the acid test – of an anticholinergic is simple: will it protect your patient from hyperacidity around the clock, **even while he sleeps.** The weakness of t.i.d. or q.i.d. preparations is well recognized; but even some "b.i.d." encapsulations may be unreliable. McHardy, for instance, found a "widely variable duration of action, definitely less than that anticipated" in the "sustained," "delayed," and "gradual release" anticholinergics he studied.[1]

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(oxyphencyclimine plus ATARAX®)

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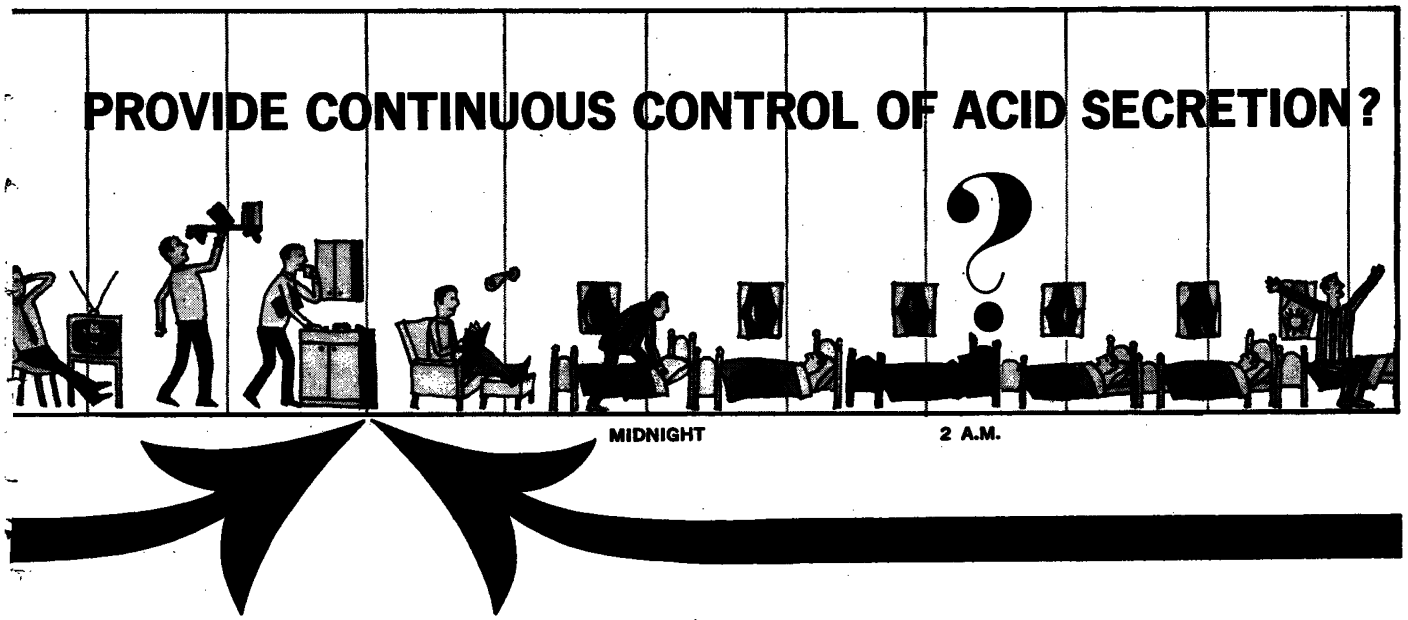
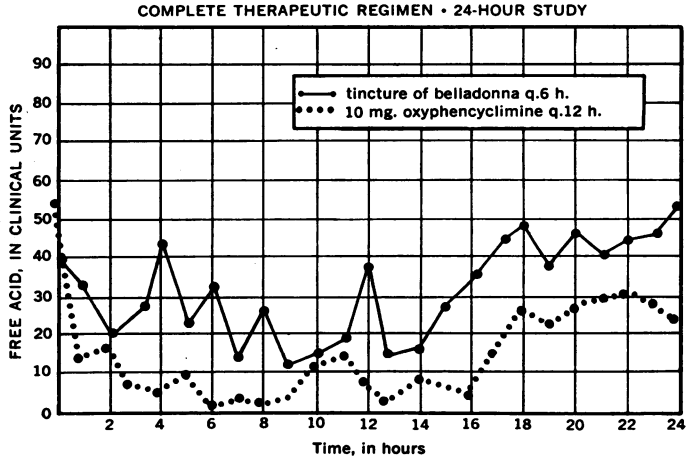


"Prolonged periods of achlorhydria" after 10 mg. oxyphencyclimine q. 12 h.[2]

MEAN GRAPH OF GASTRIC ACIDITY IN 4 PATIENTS RECEIVING COMPLETE THERAPEUTIC REGIMEN • 24-HOUR STUDY



Clinical Diagnosis: Peptic Ulcer—Gastritis—Gastroenteritis—Colitis—Functional Bowel Syndrome—Duodenitis—Hiatus Hernia (symptomatic)—Irritable Bowel Syndrome—Pylorospasm—Cardiospasm—Biliary Tract Dysfunctions—and Dysmenorrhea.

Clinical Results: Clinically effective in 92% of cases.

As for Safety: "Side reactions were uncommon, usually no more than dryness of the mouth...."[4]

Each ENARAX tablet contains:

Oxyphencyclimine HCl ..... 10 mg.
Hydroxyzine (ATARAX®) ..... 25 mg.

Dosage: One-half to one tablet twice daily—preferably in the morning and before retiring. The maintenance dose should be adjusted according to therapeutic response. Use with caution in patients with prostatic hypertrophy, and with ophthalmological supervision only in glaucoma.

Supplied: In bottles of 60 black-and-white scored tablets.

References: 1. McHardy, G., et al.: J. Louisiana M. Soc. 111:290 (Aug.) 1959. 2. Steigmann, F.: Study conducted at Cook County Hospital, Chicago, Illinois, in press. 3. Kemp, J. A.: Antibiotic Med. & Clin. Therapy 6:534 (Sept.) 1959. 4. Leming, B. H., Jr.: Clin. Med. 6:423 (Mar.) 1959. 5. Data in Roerig Medical Department files.

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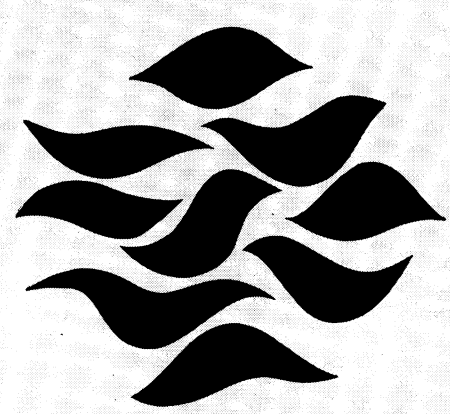
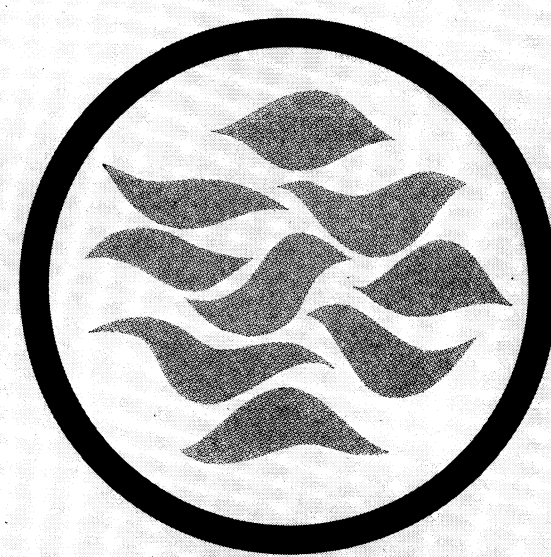


in eight years Novahistine hasn't cured a single cold—but it has brought

prompt relief of symptoms to almost 8,000,000 patients*



With the introduction of Novahistine, a better and safer way to relieve symptoms of a cold became available to physicians. The synergistic action of the Novahistine formula...combining an orally-effective vasoconstrictor with an antihistamine...promptly clears the air passages and checks irritant nasal secretions. NOVAHISTINE can eliminate the problem of rebound congestion and damage to nasal mucosa in patients who misuse topical applications. • For long-lasting "Novahistine Effect" prescribe Novahistine LP Tablets...which begin releasing medication as promptly as conventional tablets but continue bringing relief for 8 to 12 hours. Two Novahistine LP Tablets in the morning and two in the evening will effectively control the average patient's discomfort from a cold. Each tablet contains phenylephrine HCl, 20 mg., and chlorprophenpyridamine maleate, 4 mg.

*Based on National Prescription Audits of new Novahistine prescriptions since 1952.

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LONG-ACTING

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available
for general clinical use

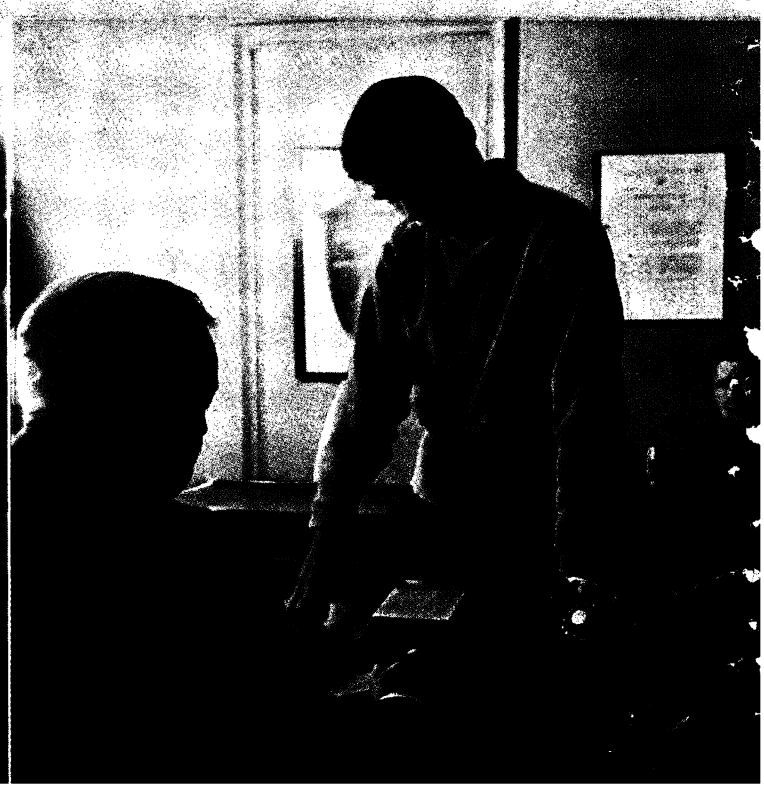
FOR YOUR NEXT PATIENT WHERE PENICILLIN IS INDICATED . . .

SYNCIL

BLOOD LEVELS TWICE AS HIGH AS WITH POTASSIUM PENICILLIN V

ORAL ROUTE PROVIDES HIGHER BLOOD LEVELS THAN INTRAMUSCULAR PENICILLIN G

IMPROVED ANTIBIOTIC ACTION FROM ISOMERIC COMPLEMENTARITY



. . . CONSIDER THESE 6 IMPORTANT THERAPEUTIC BENEFITS OF

SYNCILLIN™

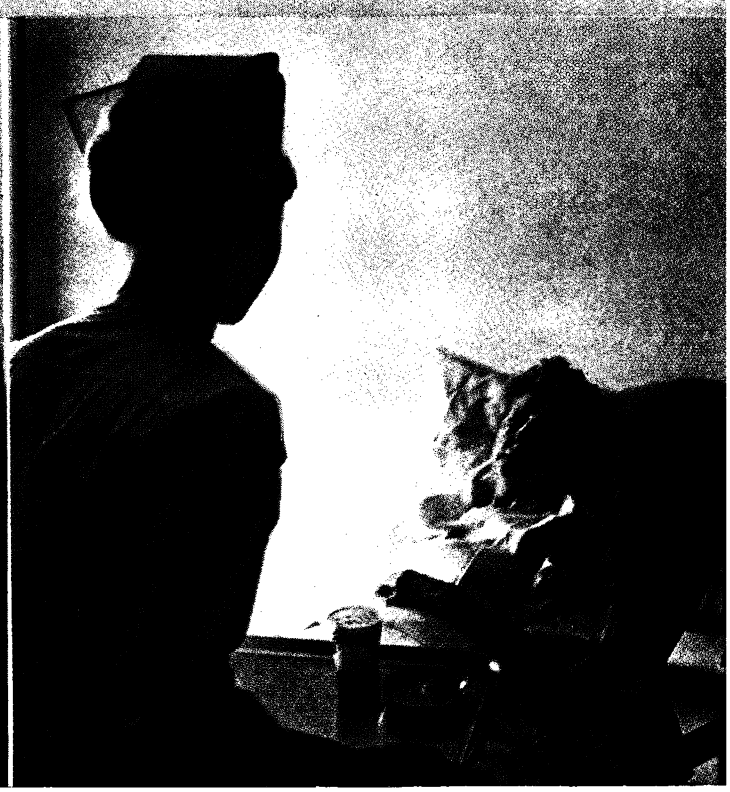
POTASSIUM PENICILLIN-152

ANTIBIOTIC ACTIVITY DIRECTLY PROPORTIONAL TO ORAL DOSE

REDUCED RATE OF INACTIVATION BY STAPH PENICILLINASE

MANY STAPH STRAINS MORE SENSITIVE TO SYNCILLIN IN VITRO

BRISTOL



FOR HIGHLY EFFECTIVE THERAPY OF THE LARGE VARIETY OF INFECTIONS CAUSED BY SUSCEPTIBLE PATHOGENS...NEW

SYNC

Significance of complementary action of isomers in SYNCILLIN

The antibiotic effect of the clinically available mixture, SYNCILLIN, is greater than that of either of its two component isomers alone against many important pathogens, including some penicillin-resistant staphylococci. This phenomenon has been described as *Isomeric Complementarity.*

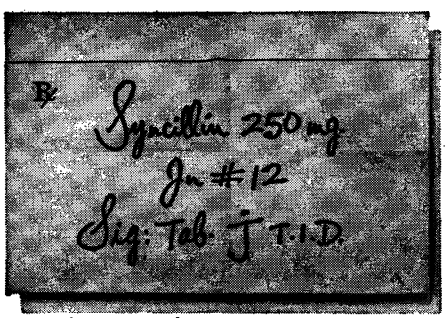
Significance of higher blood levels with SYNCILLIN

Higher blood levels may be of value with organisms of only moderate penicillin sensitivity where doubling the blood concentration may be essential for effective bactericidal action. In addition, these higher levels may be necessary where there is infection in areas with a poor blood supply.[6] Under these circumstances a higher blood concentration may provide the increased diffusion pressure required to deliver adequate amounts to the tissue. Also, antibiotic activity of SYNCILLIN is directly proportional to oral dosage. Increasing the dosage may, therefore, enhance the drug's effectiveness in certain cases.

Efficacy of SYNCILLIN against staphylococci and other resistant organisms

Studies have shown that SYNCILLIN is effective *in vitro* against 60 to 75% of hospital "staph" strains, while penicillin G and penicillin V are now effective against only 30 to 50%.[1, 2] Therefore, if clinical judgment indicates the use of penicillin, SYNCILLIN would be expected to be the most effective. However, since some strains are still resistant to SYNCILLIN as well as to the other penicillins, cultures and sensitivity tests should be performed where indicated by clinical judgment.

There have recently been reports of decreased efficacy of penicillin in streptococcal[3] and gonococcal[4, 5] infections. The emergence of penicillin-resistant gonococci appears to be associated with an increase in the incidence of gonorrhea all over the world. When a less sensitive strain is encountered the higher blood levels produced by SYNCILLIN may be most helpful.



major therapeutic advantages accompany molecular asymmetry

ILLIN™

Relation of intermittent high blood levels of SYNCILLIN to antibacterial efficacy

SYNCILLIN, like all clinically available penicillins, is bactericidal. Periodic high blood concentrations are sufficient to permit complete eradication of sensitive pathogens. Continuous high blood levels are not required with SYNCILLIN. According to Eagle,[7] "Soon after penicillin attains effective concentrations, the bacteria cease multiplying; and the bacteriostatic effect persists for a number of hours after penicillin has fallen to concentrations that are wholly ineffective....The therapeutic significance of this postpenicillin recovery period is enhanced by the fact that the recovering bacteria, damaged but not killed by the previous exposure to penicillin, are abnormally susceptible to the host defenses. In consequence, the bactericidal process *in vivo* continues for many hours after the drug itself has fallen to ineffective concentrations."

Reduced rate of inactivation of SYNCILLIN by staph penicillinase

Bacterial resistance to penicillin has been attributed to the action of penicillin-inactivating enzymes produced by the invading organisms. SYNCILLIN is less affected by staphylococcal penicillinase than either of its component isomers. Further, SYNCILLIN is shown to be less inactivated by this enzyme than penicillin V and penicillin G. Penicillinase from *B. cereus* likewise inactivates SYNCILLIN less rapidly than penicillin V and G. But this would not impede the therapeutic use of this penicillinase in allergic reactions. This is because the massive dosage with which this enzyme is administered would effectively destroy SYNCILLIN in the body.

References: 1. Wright, W. W.: Microbiology Report to Bristol Laboratories Inc. 2. Kligman, A.; Morigi, E. M. E.; Wheatley, W. B., and Albright, H.: Paper presented at the Seventh Antibiotic Symposium, November 4-6, Washington, D.C. 3. Editorial: New England J. Med. **261**:305 (Aug. 6) 1959. 4. King, A.: Lancet **1**:651 (March 29) 1958. 5. Epstein, E.: J.A.M.A. **169**:1055 (March 7) 1959. 6. Kass, E. H.: Am. J. Med. **18**:764 (May) 1955. 7. Eagle, H.: J. Bact. **58**:475, 1949.

Indications: SYNCILLIN is recommended in the treatment of infections caused by pneumococci, streptococci, gonococci, corynebacteria, and penicillin-sensitive staphylococci. In addition, SYNCILLIN is effective against certain strains of staphylococci resistant to other penicillins. SYNCILLIN, like other oral penicillins, is not recommended at the present time in deep-seated or chronic infections, subacute bacterial endocarditis, meningitis, or syphilis.

Dosage: 125 mg. or 250 mg. three times daily, depending on the severity of infection. Larger doses (e.g., 500 mg. t.i.d.) may be used for more severe infections. SYNCILLIN may be administered without regard to meals. Beta hemolytic streptococcal infections should be treated with SYNCILLIN for at least ten days.

Precautions: At the present time it is not possible to draw definite conclusions regarding the incidence of allergenicity to SYNCILLIN or its cross-allergenicity with natural penicillins. *Therefore, the usual precautions for oral penicillin therapy should always be observed.* Patients with histories of asthma, hay fever, urticaria, or previous reactions to penicillin should be watched with special care. Administration of oral penicillin, in rare instances, may provoke acute anaphylaxis, particularly in penicillin-sensitive individuals.
Diarrhea has been reported occasionally following heavy dosage. If this occurs, lengthen the interval between dosages.
If superinfection occurs during therapy, appropriate measures should be taken. Since some strains of staphylococci are resistant to SYNCILLIN as well as to other penicillins, cultures and sensitivity tests should be performed where indicated by clinical judgment. As is true with all antibiotics, clinical response does not always correlate with laboratory bacterial sensitivity reports.

Supply: 125 and 250 mg. tablets, bottles of 25 and 100. 125 mg. powder for oral solution, 60 ml. vials.

BRISTOL

BRISTOL LABORATORIES, Division of Bristol-Myers Company, SYRACUSE, NEW YORK

consistently successful

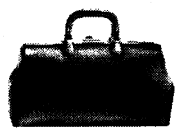
in a wide variety of infectious diseases encountered in daily practice. More than 120 published clinical reports attest to the superiority and effectiveness of oleandomycin-tetracycline.

Cosa-Signemycin®

glucosamine-potentiated tetracycline with triacetyloleandomycin

antibiotic of choice when sensitivity testing is difficult or impractical.

THE HOUSE-CALL ANTIBIOTIC



available as:

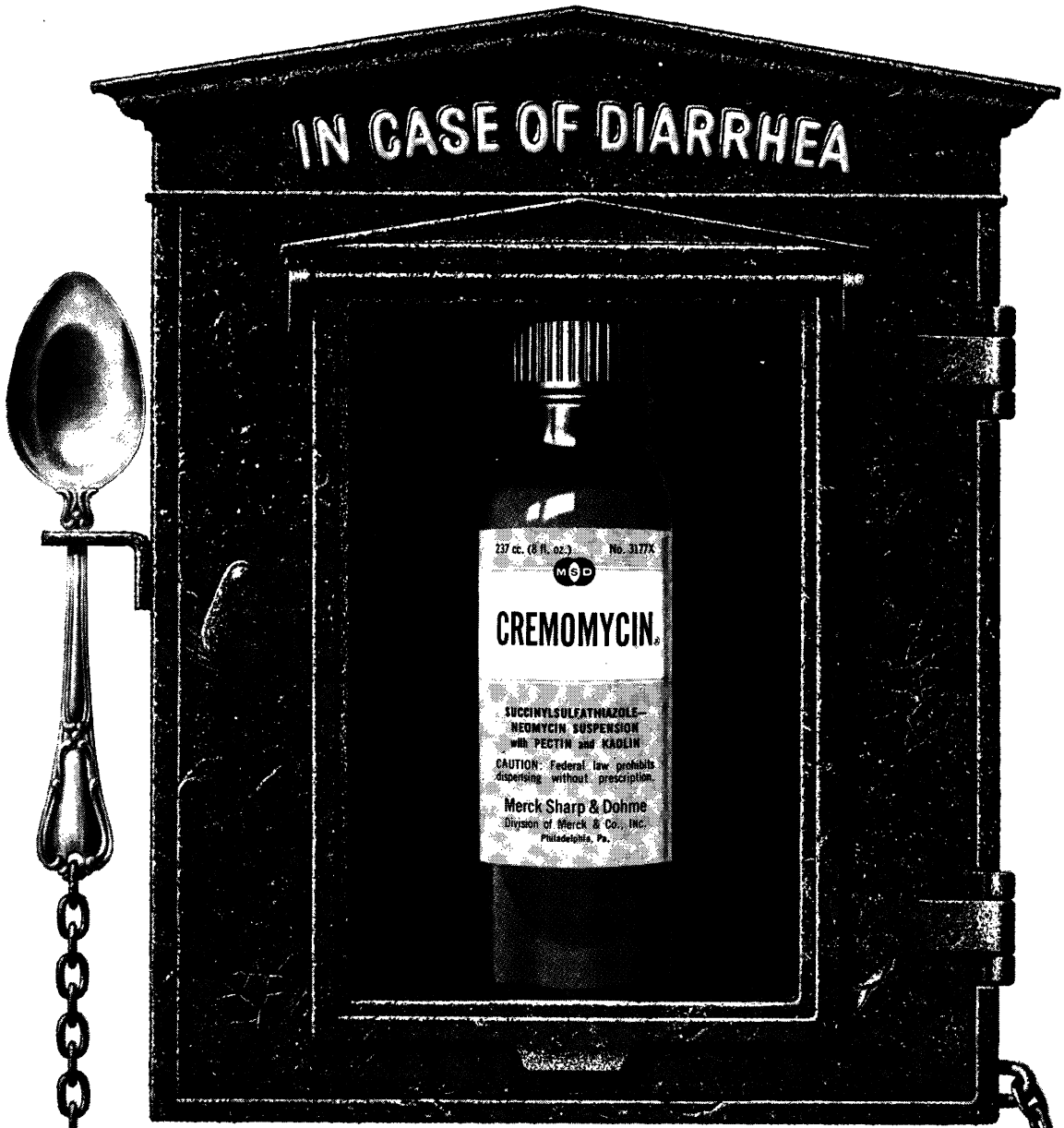
Capsules	Oral Suspension	Pediatric Drops
	raspberry-flavored	
125 mg. 250 mg.	2 oz. bottle, 125 mg. per teaspoonful (5 cc.)	10 cc. bottle (with calibrated dropper), 5 mg. per drop (100 mg. per cc.)

Each 250 mg. of Cosa-Signemycin contains: glucosamine-potentiated tetracycline—167 mg., triacetyloleandomycin—83 mg.

Bibliography and professional information booklet on COSA-SIGNEMYCIN *available on request.*

Science for the world's well-being™

PFIZER LABORATORIES, *Division, Chas. Pfizer & Co., Inc., Brooklyn 6, N.Y.*



Cremomycin® provides rapid relief of virtually all diarrheas

NEOMYCIN—rapidly bactericidal against most intestinal pathogens, but relatively ineffective against certain diarrhea-causing organisms.

SULFASUXIDINE® (succinylsulfathiazole)—an ideal adjunct to neomycin because it is highly effective against Clostridia and certain other neomycin-resistant organisms.

KAOLIN AND PECTIN—coat and soothe the inflamed mucosa, adsorb toxins, help reduce intestinal hypermotility, help provide rapid symptomatic relief.

For additional information, write Professional Services, Merck Sharp & Dohme, West Point, Pa.

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in severe mental and emotional stress, Thorazine®, one of the fundamental drugs in medicine, provides prompt control of symptoms—especially agitation and hostility.

brand of chlorpromazine

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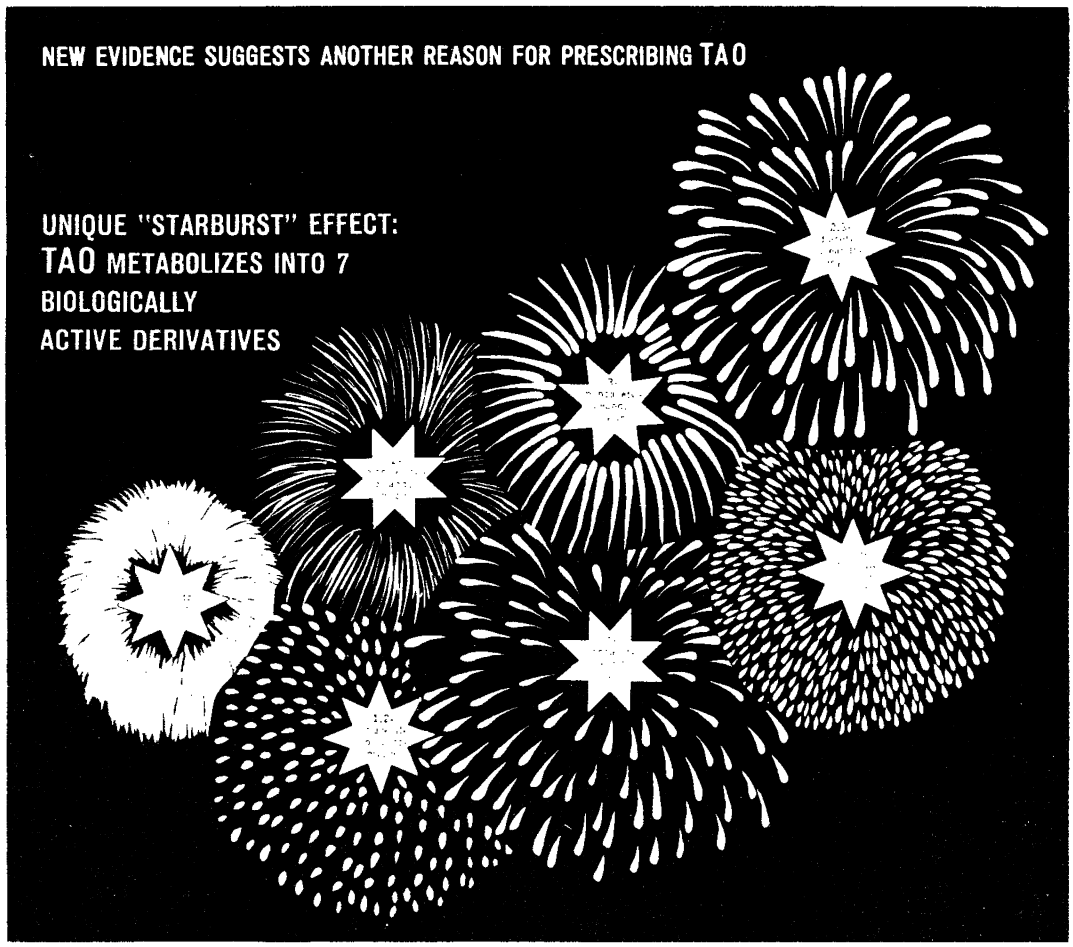
Available: Tablets, 10 mg., 25 mg., 50 mg., 100 mg. and 200 mg.; Ampuls, 1 cc. and 2 cc. (25 mg./cc.); Multiple dose vials, 10 cc. (25 mg./cc.); Spansule® capsules, 30 mg., 75 mg., 150 mg., 200 mg. and 300 mg.; Suppositories, 25 mg. and 100 mg.; Syrup, 10 mg. per 5 cc. teaspoonful.



The impression that TAO is an unusually active antibiotic has steadily gained recognition by impressive clinical performance. Now come reports of **in vivo** and **in vitro** biological and biochemical evaluations that show TAO to be indeed unique.[1,2]

TAO differs from other antibiotics in that it is metabolized to multiple active compounds which **remain** active throughout their presence in the body. These 7 derivatives (in addition to TAO) show activity against common Gram-positive pathogens, including resistant strains of **Staph. aureus.**

In light of these findings, take another look at TAO performance: • 92% success in published cases of Gram-positive respiratory, skin, soft tissue and genitourinary infection • Effective against 78% of 64 "antibiotic-resistant" epidemic staphylococci. (In the same study, chloramphenicol was active against 52%; erythromycin against only 25%)[3] • No side effects in 94%; infrequent reactions mild and easily reversed • Quickly absorbed • Highly palatable.

Sound reasons to: Start with TAO to end 9 out of 10 common Gram-positive infections.

Supplied: TAO Capsules—250 mg., and 125 mg., bottles of 60. **TAO for Oral Suspension**—125 mg. per tsp. (5 cc.) when reconstituted; unusually palatable cherry flavor; 60 cc. bottle. Prescription only.

Other TAO forms available: TAO Pediatric Drops: flavorful, easy to administer. **TAO®-AC:** TAO analgesic, antihistaminic compound. **TAOMID®:** TAO with triple sulfas. **Intramuscular or Intravenous:** in clinical emergencies. Prescription only.

1. English, A. R., and McBride, T. J.: Proc. Soc. Exper. Biol. & Med. 100:880 (Apr.) 1959. 2. Celmer, W. D.: Antibiotics Annual 1958-1959, New York, Medical Encyclopedia, Inc., 1959, p. 277. 3. English, A. R., and Fink, F. C.: Antibiotics & Chemother. 8:420 (Aug.) 1958.

designed for superior control of common Gram-positive infections

TAO®

(triacetyloleandomycin)
Capsules/Oral Suspension

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Division, Chas. Pfizer & Co., Inc.
Science for the World's Well-Being

when the
rheumatic
disorder
is more
than salicylates
alone
can control...

MORE
HIGHLY INDIVIDUALIZED
THERAPY
FOR THE
RHEUMATIC
"IN-BETWEEN"

...but
control
requires less
than
intensive
steroid therapy
alone

Aristo

wider latitude in adjusting dosage

ARISTOGESIC is particularly effective for relief of chronic – but less severe – pain of rheumatic origin. ARISTOGESIC combines the anti-inflammatory effects of ARISTOCORT® Triamcinolone with the analgesic action of salicylamide, a highly potent salicylate. Dosage requirements for ARISTOGESIC are substantially lower than generally required for each agent alone. The exceptionally wide latitude of dosage adjustment with ARISTOGESIC permits well-tolerated therapy for long periods of time with fewer side effects.

Indications: Mild cases of rheumatoid arthritis, tenosynovitis, synovitis, bursitis, mild spondylitis, myositis, fibrositis, neuritis, and certain muscular strains.

Dosage: Average initial dosage: 2 capsules 3 or 4 times daily. Maintenance dosage to be adjusted according to response.

Precautions: All precautions and contraindications traditional to corticosteroid therapy should be observed. The amount of drug used should be carefully adjusted to the lowest dosage which will suppress symptoms. Discontinuance of therapy must be carried out gradually after patients have been on steroids for prolonged periods.

Each ARISTOGESIC Capsule contains:

ARISTOCORT® Triamcinolone	0.5 mg.
Salicylamide	325 mg.
Dried Aluminum Hydroxide Gel	75 mg.
Ascorbic Acid	20 mg.

Supply: Bottles of 100 and 1,000.

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Safflower... the seeds of discovery in

SERUM CHOLESTEROL CONTROL

As recent research by numerous investigators indicates, serum cholesterol levels *can* be regulated through the use of essential polyunsaturated fatty acids . . . and in particular, the addition of linoleic acid to the patient's diet.

Now safflower oil, containing the highest percentage of essential fatty acids of any commercially available vegetable oil, (73% linoleic acid) makes it possible to control serum cholesterol levels through the patient's diet.

Saffola Safflower Oil, 94% unsaturated, can be used just as any other commercial vegetable oil . . . for cooking, baking or on salads and vegetables . . . but with this one *healthy* difference: Saffola Safflower Oil supplies the nutritional need for essential unsaturated fatty acids, and contains more linoleic acid per calorie than any other vegetable oil. 40 to 80 grams of Saffola Safflower Oil per day is sufficient to check, and in some instances decrease blood cholesterol levels over a 1 to 4 week period.

Fatty Acid Analysis (94% of total weight)
73% linoleic acid
21% oleic acid
6% saturated fatty acid
1 gram linoleic acid per 1.45 grams Saffola
9 calories per gram
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Saffola Oil is available at grocery stores. If local grocers do not now carry Saffola, your patient may have his grocer contact Saffola Products Corp., 2107 Union Street, San Francisco, or 1340 E. 6th Street, Los Angeles.

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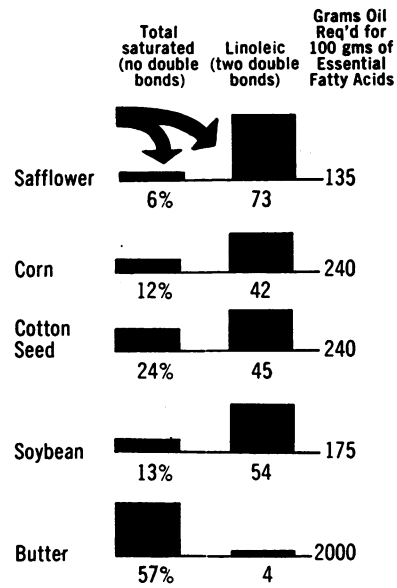
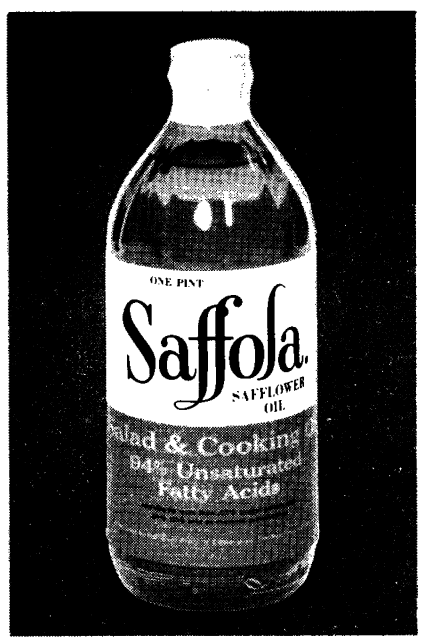
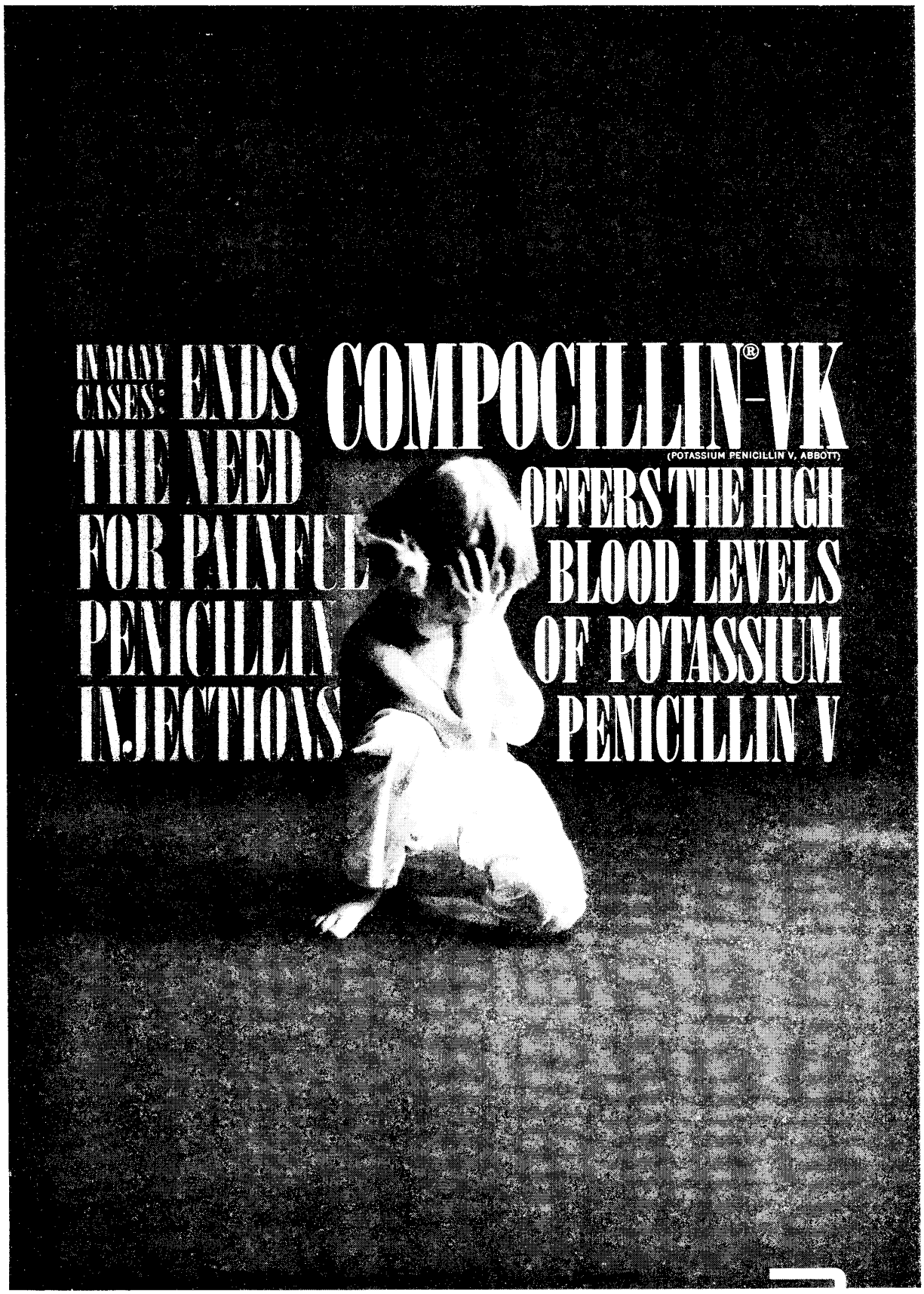
SAFFLOWER OIL

FATTY ACID COMPOSITION OF FOOD FATS AND OILS

(Values in percentages)







Available in tiny, easy-to-swallow Filmtabs®, 125 and 250 mg. (200,000 and 400,000 units), and in tasty, cherry-flavored Oral Solution, 125 mg. (200,000 units) per 5-ml. teaspoonful

ABBOTT

Fostex® treats their acne while they wash

degreases the skin
completely emulsifies and washes off excess oil from the skin.

helps remove blackheads
penetrates and softens comedones, unblocks pores and facilitates removal of sebum plugs.

dries and peels the skin
removes papule coverings and permits drainage of sebaceous glands.

Patients like Fostex because it is so easy to use. They simply wash acne skin 2 to 4 times a day with Fostex Cream or Fostex Cake, instead of using soap.

Fostex contains Sebulytic®,* a combination of surface-active wetting agents with remarkable antiseborrheic, keratolytic and antibacterial actions . . . enhanced by sulfur 2%, salicylic acid 2%, and hexachlorophene 1%.

*sodium lauryl sulfoacetate, sodium alkyl aryl polyether sulfonate and sodium dioctyl sulfosuccinate.

Fostex is available in two forms—

FOSTEX CREAM, in 4.5 oz. jars.
FOSTEX CAKE, in bar form.

Fostex Cream and Fostex Cake are interchangeable for therapeutic washing of the skin. Fostex Cream is approximately twice as drying as Fostex Cake.

Fostex Cream is also used as a therapeutic shampoo in dandruff and oily scalp.

Write for samples.

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IN LOW BACK PAIN...
Trancopal

THE FIRST TRUE "TRANQUILAXANT"

Trancopal®

relieves painful muscle spasm and relaxes the patient

Impressive numbers of patients with low back pain and other musculospastic conditions treated with Trancopal have been freed of symptoms and enabled to return to their usual activities, according to newly published clinical reports. In a recent study by Lichtman,[1] Trancopal brought excellent to satisfactory muscle relaxation to 817 of 879 patients. The patients in this group suffered from skeletal muscle spasm associated with low back pain (361 cases), stiff neck (128 cases), bursitis (177 cases), and other skeletal muscle disorders (213 cases). Side effects were rare (2 per cent of patients), and it was not necessary to discontinue medication in any of the patients. Lichtman comments: "Chlormethazanone [Trancopal] not only relieved painful muscle spasm, but allowed the patients to resume their normal activities with no interference in performance of either manual or intellectual tasks."[2]

When you prescribe Trancopal for musculoskeletal disorders, you can confidently expect that your patients will be relieved of the pain and stiffness. You can be sure of their speedy return to everyday work and recreation.

Mullin and Epifano call Trancopal "...a very effective skeletal muscle spasmolytic."[3] They found that Trancopal brought good to excellent relief to all of 39 patients with skeletal muscle spasm related to trauma, bursitis, rheumatoid arthritis, osteoarthritis, and intervertebral disc syndrome. (No side effects were noted except that one patient had slight dryness of the mouth.)
The pattern is similar in every new series reported: Ganz,[4] DeNyse,[5] Shanaphy[6] and Stough.[7]

Trancopal is a true "tranquilaxant"

Trancopal "...combines the properties of tranquilization and skeletal muscle relaxation with no concomitant change in normal consciousness."[6]

Relieves dysmenorrhea

Trancopal not only is valuable in treating patients with low back pain and other musculoskeletal disorders, but is also very effective in bringing relief from menstrual cramps and discomfort. Shanaphy suggests that Trancopal may help the patient by its combination of muscle relaxant and tranquilizing actions, and he finds that "...the continued use of chlormezanone [Trancopal] as a therapeutic agent in dysmenorrhea is advisable."[6] Trancopal was effective in 82 per cent of his series of 50 patients. In another study, which dealt with 52 adolescent girls and 23 women, Stough[7] reported that Trancopal gave complete or moderate relief in 86.4 per cent.

Alleviates tension

And, of course, Trancopal is also very useful in the treatment of patients in anxiety and tension states. As Ganz says, "...a most valuable drug for relieving tension, apprehension and various psychogenic states...allows the patient to use his energies in a more productive manner in overcoming his basic problems."[4]

Trancopal

a true "tranquilaxant"

that relieves skeletal muscle spasm and relaxes psychogenic tension without troublesome side effects, and keeps the patient on the job.

Indicated for...

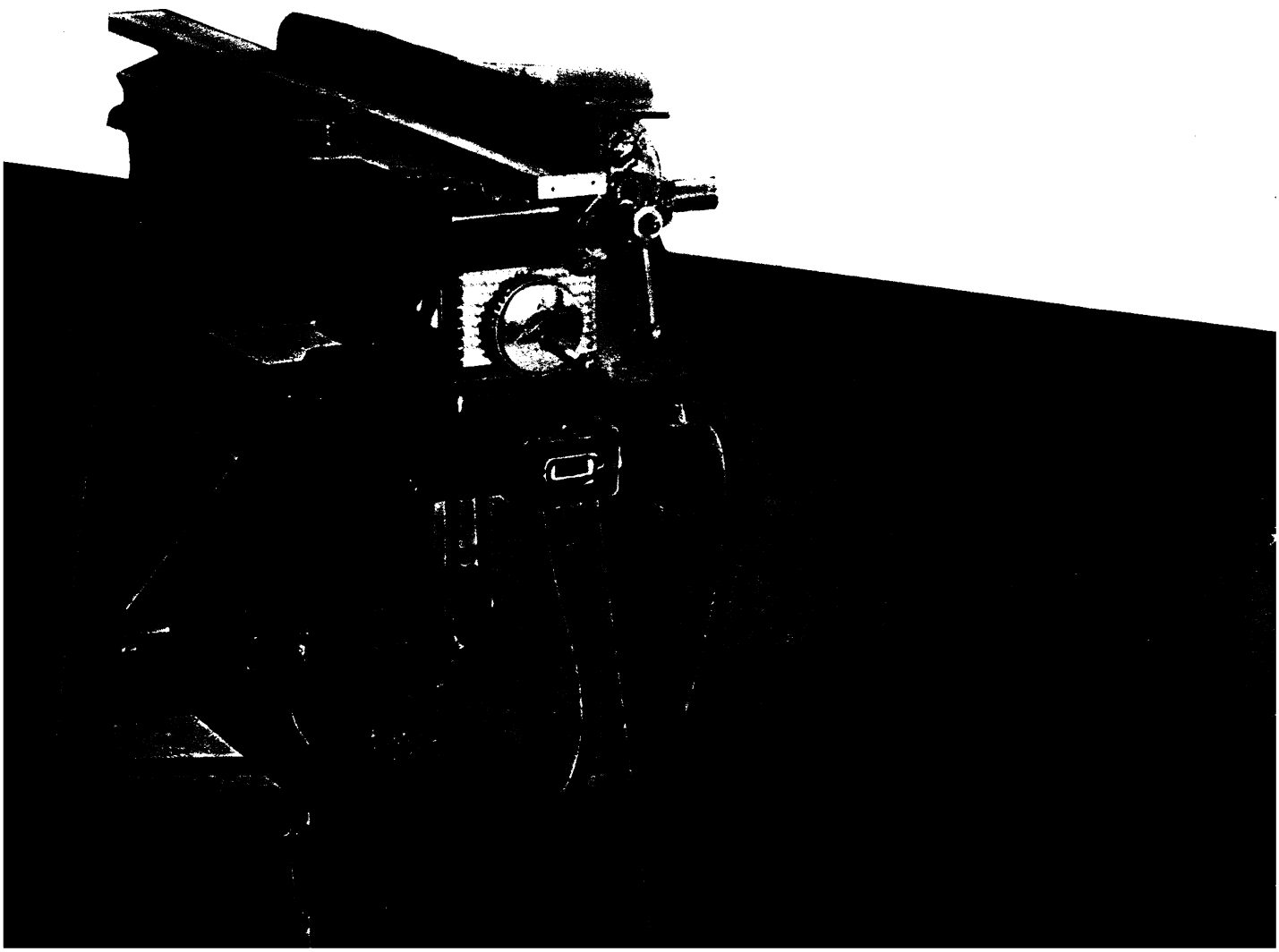
Musculoskeletal disorders		Psychogenic disorders
Low back pain (lumbago)	Fibrositis	Anxiety and tension states
Neck pain (torticollis)	Ankle sprain, tennis elbow	Dysmenorrhea
Bursitis		Premenstrual tension
Rheumatoid arthritis	Myositis	Asthma
Osteoarthritis	Postoperative muscle spasm	Angina pectoris
Disc syndrome		Alcoholism

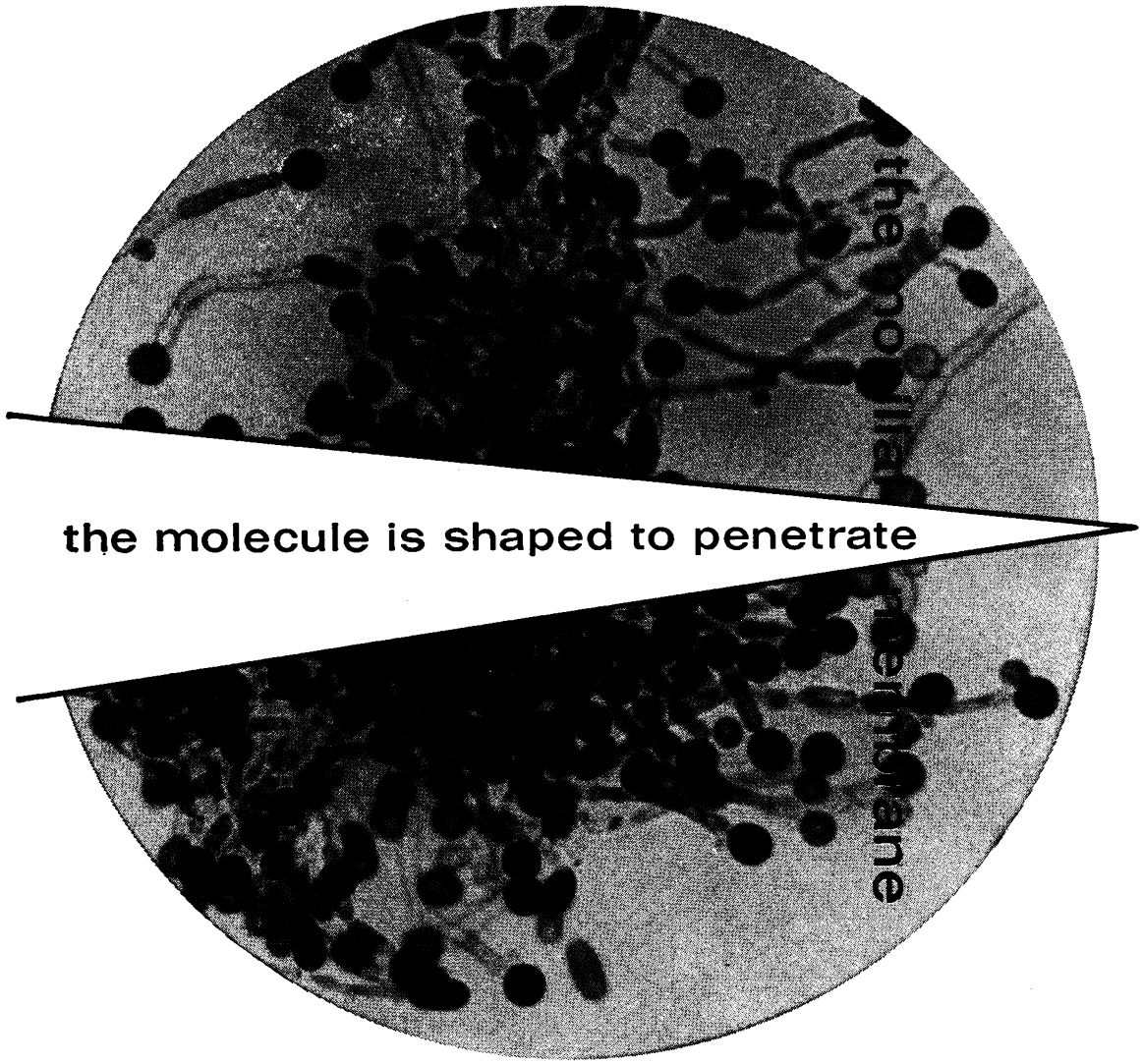
Now available in two strengths:

Trancopal Caplets®, 100 mg. (peach colored, scored), bottles of 100.

NEW STRENGTH ▶ Trancopal Caplets, 200 mg. (green colored, scored), bottles of 100.

Dosage: Adults, 100 or 200 mg. orally three or four times daily. Relief of symptoms occurs in from fifteen to thirty minutes and lasts from four to six hours.





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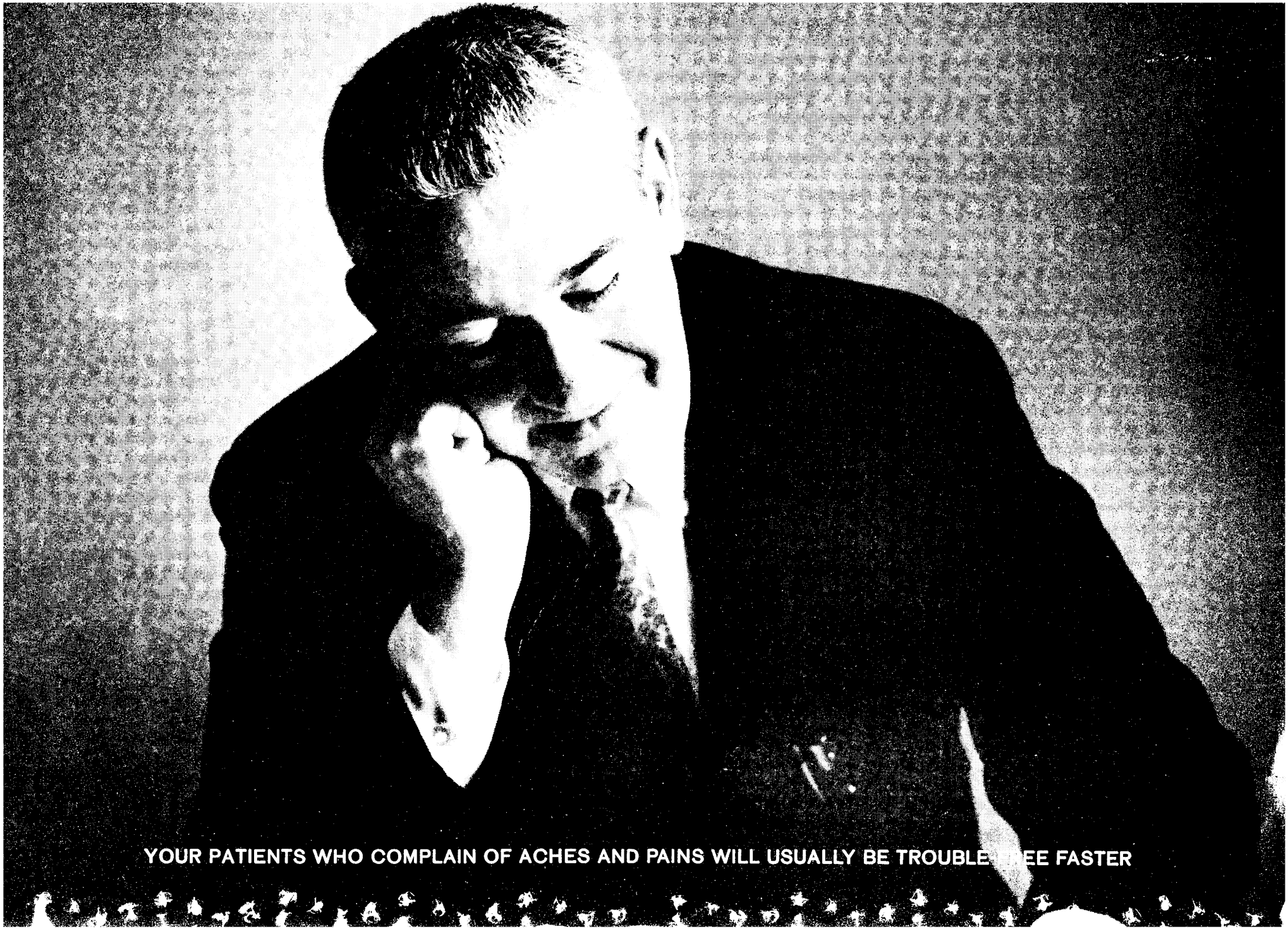
chemically different, non-staining, "shaped charge" monilicide
soothing, odorless, white

Exceptional fungicidal activity—The unique "shaped charge" molecular structure of the active agent in SPOROSTACIN Cream facilitates penetration of the fatty barrier of the fungous cell membrane for exceptional fungicidal activity.

Outstanding clinical results—"The use of this new compound, chlordantoin, in the treatment of vaginal candidiasis [moniliasis] offers the advantages of simplicity, patient acceptance, and rapid relief of symptoms, together with a high percentage of culture-free cures."

*Lapan, B.: Am. J. Obst. & Gynec. **78**:1320, 1959.

Ortho


YOUR PATIENTS WHO COMPLAIN OF ACHES AND PAINS WILL USUALLY BE TROUBLE
EE FASTER

FINALLY A FREELY SOLUBLE, NEUTRAL SALT OF ASPIRIN THAT REDUCES GASTRIC COMPLAINTS AND LOCAL IRRITATION

CALURIN is less likely to cause local irritation of the gastric mucosa...or produce chemical erosion or erosive gastritis[1] as insoluble, acid aspirin often does.[2-11] CALURIN is freely soluble...acts faster and is more readily absorbed, producing higher initial fasting blood levels[12] than a comparative dose of aspirin.

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Each Calurin tablet is equivalent to 300 mg. (5 gr.) of acetylsalicylic acid.

(CALCIUM ACETYLSALICYLATE CARBAMIDE)

References: 1. Muir, A.: Aspirin and Gastric Damage, Scientific Exhibit, A.M.A. Convention, Atlantic City, N. J., June 8-12, 1959. 2. Waterson, A. P.: Brit. M.J. 2:1531, 1955. 3. Editorial Comments: The effect of acetylsalicylic acid on the gastric mucosa, Canad. M.A.J. 80:47, 1959. 4. Muir, A., and Cossar, I. A.: Brit. M.J. 2:7, 1955. 5. Muir, A., and Cossar, I. A.: Lancet 1:539, 1959. 6. Schneider, E. M.: Gastroenterology 33:616, 1957. 7. Bayles, T. B., and Tenckhoff, H.: Salicylate Therapy in Rheumatic Diseases, Scientific Exhibit, Ann. Mtg. A.M.A., San Francisco, Calif., June, 1958. 8. Douthwaite, A. H., and Lintott, G. A. M.: Lancet 2:1222, 1938. 9 Batterman, R. C.: New Eng. J.M. 258:213, 1958. 10. Cronk, G. A.: New Eng. J.M. 258:219, 1958. 11. Editorial: Aspirin plain and buffered, Brit. M.J. 1:349, 1959. 12. Smith, P. K.: Plasma concentration of salicylate after the administration of acetylsalicylic acid or calcium acetylsalicylate to human subjects, Report submitted to Smith-Dorsey from the Dept. of Pharmacology, Geo. Washington Univ. School of Medicine, Washington, D. C., Sept. 5, 1958.

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You see an improvement within a few days
Thanks to your prompt treatment and the quick, smooth action of Deprol, her depression is relieved and her anxiety and tension calmed – *often in a few days.* She eats well, sleeps well and soon returns to her normal activities.

Lifts depression... as it calms anxiety!

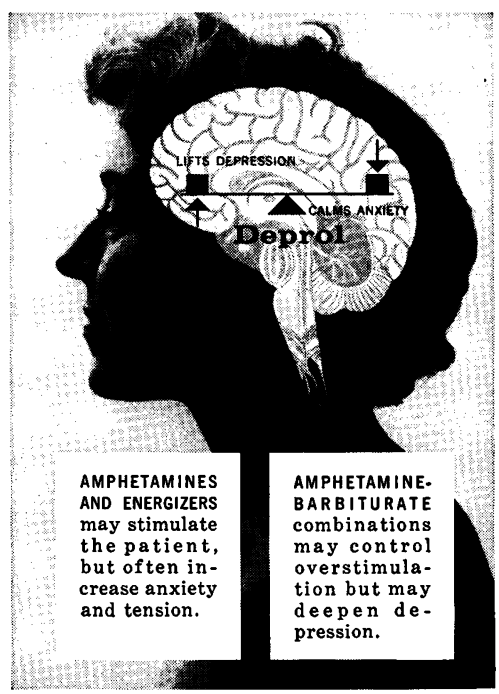
Smooth, balanced action lifts depression as it calms anxiety... swiftly and safely

Balances the mood – no "seesaw" effect of amphetamine-barbiturates and energizers. While amphetamines and energizers may stimulate the patient – *they often aggravate anxiety and tension.* And although amphetamine-barbiturate combinations may counteract excessive stimulation – *they often deepen depression.*

In contrast to such "seesaw" effects, Deprol lifts depression as it calms anxiety – both at the same time.

Acts swiftly – the patient often feels better within a few days. Unlike the delayed action of other drugs which may take two to six weeks to bring results, Deprol's smooth, immediate action relieves the patient quickly – often within a few days.

Acts safely – no danger of liver damage. Deprol doesn't produce liver damage, hypotension, psychotic reactions or changes in sexual function – frequently reported with other drugs.



Deprol®

Dosage: Usual starting dose is 1 tablet q.i.d. When necessary, this may be gradually increased up to 3 tablets q.i.d. **Composition:** 1 mg. 2-diethylaminoethyl benzilate hydrochloride (benactyzine HCl) and 400 mg. meprobamate. **Supplied:** Bottles of 50 light-pink, scored tablets. Write for literature and samples.

WALLACE LABORATORIES
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CD-1149

When blood pressure must come down

When you see symptoms of hypertension such as dizziness, headache, and fainting your patient is a candidate for Serpasil-Apresoline. Even when single-drug therapy fails, Serpasil-Apresoline frequently can bring blood pressure down to near-normal levels, reduce rapid heart rate, allay anxiety.

SUPPLIED: Tablets #2 (standard-strength, scored), each containing 0.2 mg. Serpasil and 50 mg. Apresoline hydrochloride; Tablets #1 (half-strength, scored), each containing 0.1 mg. Serpasil and 25 mg. Apresoline hydrochloride.

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hydrochloride (reserpine and hydralazine hydrochloride CIBA)

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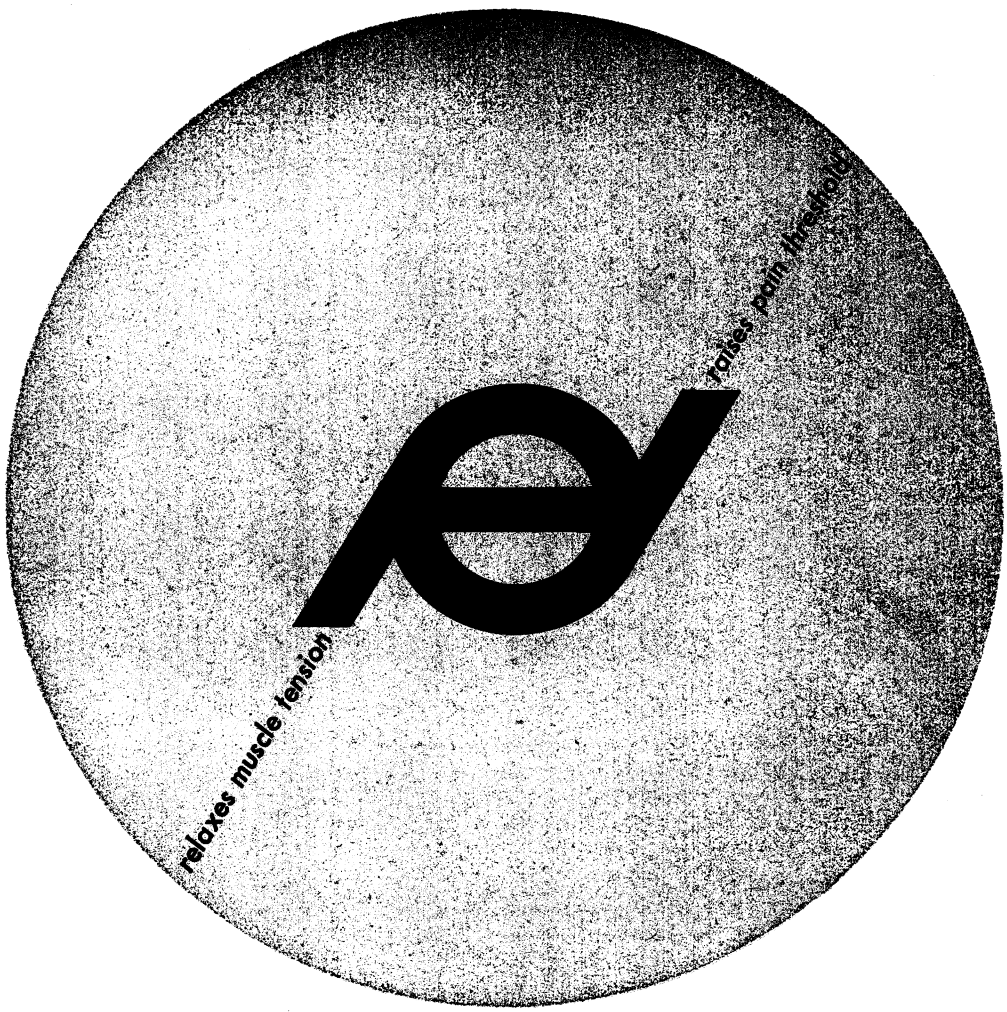
2/2765MK

announcing a new class of drug *the first analgomylaxant*



analexin™

phenyramidol HCl 2 (beta-hydroxyphenethylamino)-pyridine hydrochloride

a single chemical that is both a general non-narcotic analgesic and an effective muscle relaxant[1,2]

Neisler Irwin, Neisler & Co., Decatur, Illinois

where pain makes tension and tension makes pain analexin effectively relieves the total pain experience

Formulae: **Analexin**—each tablet contains 200 mg. of phenyramidol.
Analexin-AF—each tablet contains 100 mg. of phenyramidol and 300 mg. of aluminum aspirin.

Action: Analexin produces (1) analgesia by raising the pain threshold and (2) produces muscle relaxation by selectively depressing subcortical and spinal polysynaptic transmission (interneuronal blockade), abolishing abnormal muscle tone without impairing normal neuromuscular function.[2] Thus Analexin abolishes both the pain and the muscle tensions that often augment the pain and relieves the total pain experience.

Advantages: Analgesic potency of 1 tablet is clinically equivalent to 1 grain of codeine, but phenyramidol is not narcotic nor habituating. Tolerance and cumulative effects have not been noted. Muscle relaxant effect is comparable to the most potent muscle relaxants available for oral use.

Indications: **Analexin**—for relief of pain and associated muscle tension or spasm in: dysmenorrhea; abdominal and epigastric distress; genitourinary conditions; tension headache; gout; low back pain; myalgia; sprains and strains; glass arm; wry neck; osteoarthritis.

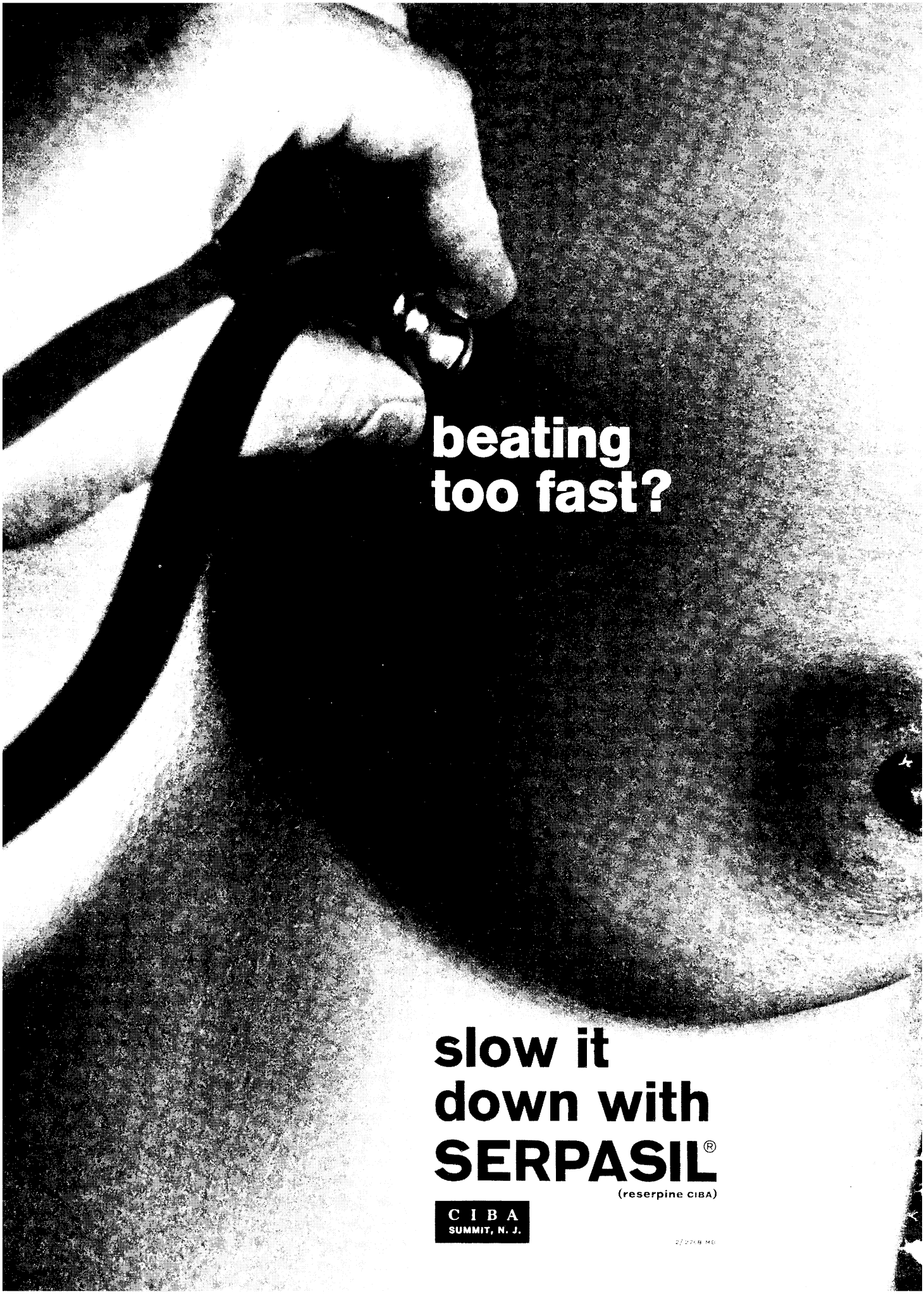
Analexin-AF—for relief of pain and musculoskeletal tension complicated by inflammation and/or fever, as in: arthritis; arthralgia; bursitis; tendinitis; myalgia of strain and tear.

Clinical Reports: Batterman, Grossman and Mouratoff[3] compared phenyramidol with aspirin, sodium salicylate and a placebo in a series of 195 patients with various painful conditions. The authors state "Not only is satisfactory relief of painful states achieved in the majority of patients regardless of etiology and duration of pain, but there is also no evidence suggestive of cumulative toxicity. Furthermore, in contrast to codeine and meperidine, the likelihood of untoward reactions occurring in ambulant patients is not high." Wainer[4] used phenyramidol in a series of 200 cases, fifty with dysmenorrhea, 50 with headache and premenstrual tension, and 100 cases with postpartum pain. In the 50 dysmenorrhea patients, he achieved good or excellent results in 45. All 50 cases with headache and premenstrual tension responded with excellent results. And a combination of phenyramidol and aluminum aspirin (Analexin-AF) successfully replaced aspirin and codeine in the 100 cases of postpartum pain.

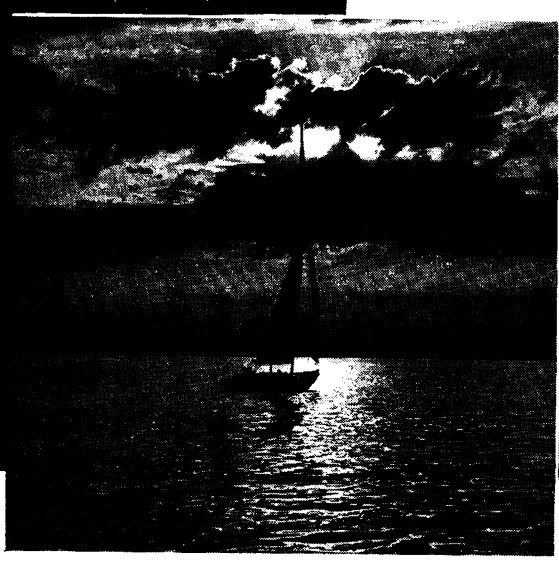
Dosage: **Analexin**—1 or 2 tablets every 4 hours. In dysmenorrhea, 2 tablets at onset of pain; then, one tablet every 2-4 hours as needed.
Analexin-AF—Two tablets every 4 hours or as required.

Side Effects: Analexin does not produce such centrally induced side effects as sedation, euphoria, etc. The infrequent occurrence of mild gastrointestinal irritation or epigastric distress, pruritus with and without rash, has been noted. However, these effects subside promptly when dosage is reduced or discontinued.

REFERENCES: 1. Gray, A.P., and Heitmeier, D. E.: J. Am. Chem. Soc. 81:4347, 1959. 2. O'Dell, T. B., et al.: Fed. Proc. 18:1694, 1959; J. Pharmacol. & Exper. Therap., in press. 3. Batterman, R. C.; Grossman, A. J., and Mouratoff, G. J.: Am. J. Med. Sc. 238:315, 1959. 4. Wainer, A. S.: The Use of Phenyramidol in Obstetrics & Gynecology, read before the N. Y. Acad. of Sc., Dec. 5, 1959.


beating
too fast?
slow it
down with
SERPASIL®
(reserpine CIBA)
CIBA
SUMMIT, N. J.

When smooth muscle spasm gets rough on your patients



Like oil on troubled waters...

DONNATAL®

provides superior spasmolysis Robins

through provision of natural belladonna alkaloids in optimal ratio, with phenobarbital

Formula

DONNATAL TABLETS
DONNATAL CAPSULES
DONNATAL ELIXIR (per 5 cc.)

Hyoscyamine Sulfate.....0.1037 mg.
Atropine Sulfate .....0.0194 mg.
Hyoscine Hydrobromide..0.0065 mg.
Phenobarbital (¼ gr.).... 16.2 mg.

DONNATAL EXTENTABS®
(Extended Action Tablets)

Each Extentab (equivalent to 3 Tablets) provides sustained 1-tablet effects...evenly, for 10 to 12 hours—all day or all night on a single dose.

A. H. ROBINS CO., INC., RICHMOND 20, VA.

Tofrānil®
brand of imipramine HCl

in depression

lights the road to recovery in 80 per cent of cases

In the treatment of depression Tofrānil has established the remarkable record of producing remission or improvement in approximately 80 per cent of cases.[1-7]

Tofrānil is well tolerated in usage—is adaptable to either office or hospital practice—is administrable by either oral or intramuscular routes.

Tofrānil
a potent thymoleptic . . .
not a MAO inhibitor.

Does act effectively in *all* types of depression regardless of severity or chronicity.

Does not inhibit monoamine oxidase in brain or liver; produce CNS stimulation; or potentiate other drugs such as barbiturates and alcohol.

Detailed Literature Available on Request.

Tofrānil® (brand of imipramine HCl), tablets of 25 mg., bottles of 100. Ampuls for intramuscular administration only, each containing 25 mg. in 2 cc. of solution, cartons of 10 and 50.

References: 1. Ayd, F. J., Jr.: Bull. School Med. Univ. Maryland *44*:29, 1959. 2. Azima, H., and Vispo, R. H.: A. M. A. Arch. Neurol. & Psychiat. *81*:658, 1959. 3. Lehmann, H. E.; Cahn, C. H., and de Verteuil, R. L.: Canad. Psychiat. A. J. *3*:155, 1958. 4. Mann, A. M., and MacPherson, A. S.: Canad. Psychiat. A. J. *4*:38, 1959. 5. Sloane, R. B.; Habib, A., and Batt, U. E.: Canad. M. A. J. *80*:540, 1959. 6. Straker, M.: Canad. M. A. J. *80*:546, 1959. 7. Strauss, H.: New York J. Med. *59*:2906, 1959.

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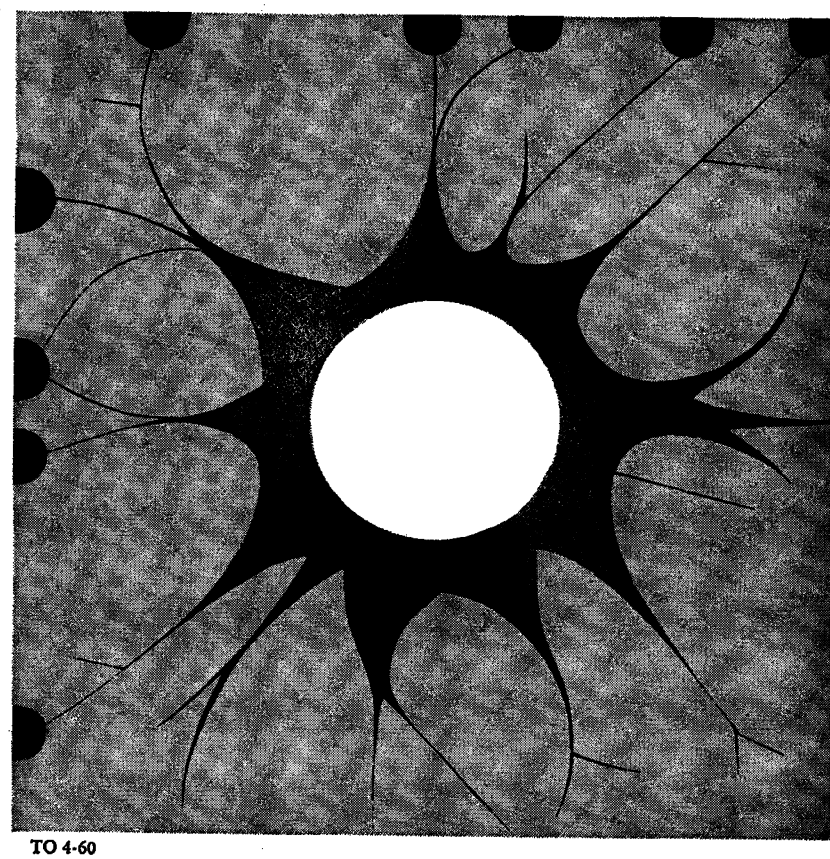


Geigy

TO 4-60

NO MORE TEARS AT VITAMIN TIME

No fights, no battles now at vitamin time because children love to chew DELECTAVITES. These delectable, easily chewable chocolate nuggets supply all essential vitamins as well as minerals so necessary during the years of growth. As soon as children can chew, they can do directly from vitamin drops to DELECTAVITES. And now you can be sure your little patients will continue to take their vitamins.

Delectavites®

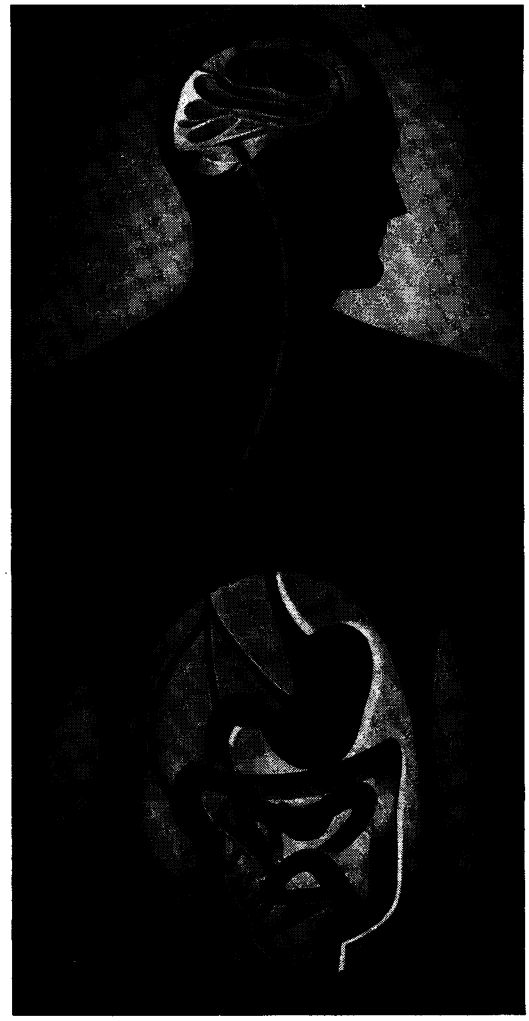
DELECTABLE, CHEWABLE, CHOCOLATE-LIKE VITAMIN-MINERAL NUGGETS White WHITE LABORATORIES, INC., KENILWORTH, NEW JERSEY

anticholinergic

KEEPS THE STOMACH FREE OF PAIN

tranquilizer

KEEPS THE MIND OFF THE STOMACH



Milpath acts quickly to suppress hypermotility, hypersecretion, pain and spasm, and to allay anxiety and tension with minimal side effects.

AVAILABLE IN TWO POTENCIES:

Milpath-400 — Yellow, scored tablets of 400 mg. Miltown (meprobamate) and 25 mg. tridihexethyl chloride. Bottle of 50.

Dosage: 1 tablet t.i.d. at mealtime and 2 at bedtime.

Milpath-200 — Yellow, coated tablets of 200 mg. Miltown (meprobamate) and 25 mg. tridihexethyl chloride. Bottle of 50.

Dosage: 1 or 2 tablets t.i.d. at mealtime and 2 at bedtime.

Milpath®

®Miltown + *anticholinergic*

WALLACE LABORATORIES *New Brunswick, N. J.*

NEEDED: THE APPETITE SUPPRESSANT STRONG ENOUGH AND SAFE ENOUGH TO DO THE JOB

Ambar controls many cases of overeating/obesity refractory to usual therapy. To strengthen the will for successful dieting, the methamphetamine-phenobarbital in Ambar is designed to improve mood without harmful CNS overstimulation. Available in different forms to enable individualization of dosage: **AMBAR #1 EXTENTABS,** 10-12 hour extended action tablets, methamphetamine HCl 10.0 mg., phenobarbital 64.8 mg. **AMBAR #2 EXTENTABS,** methamphetamine HCl 15.0 mg., phenobarbital 64.8 mg. Also conventional **AMBAR TABLETS,** methamphetamine 3.33 mg., phenobarbital 21.6 mg.

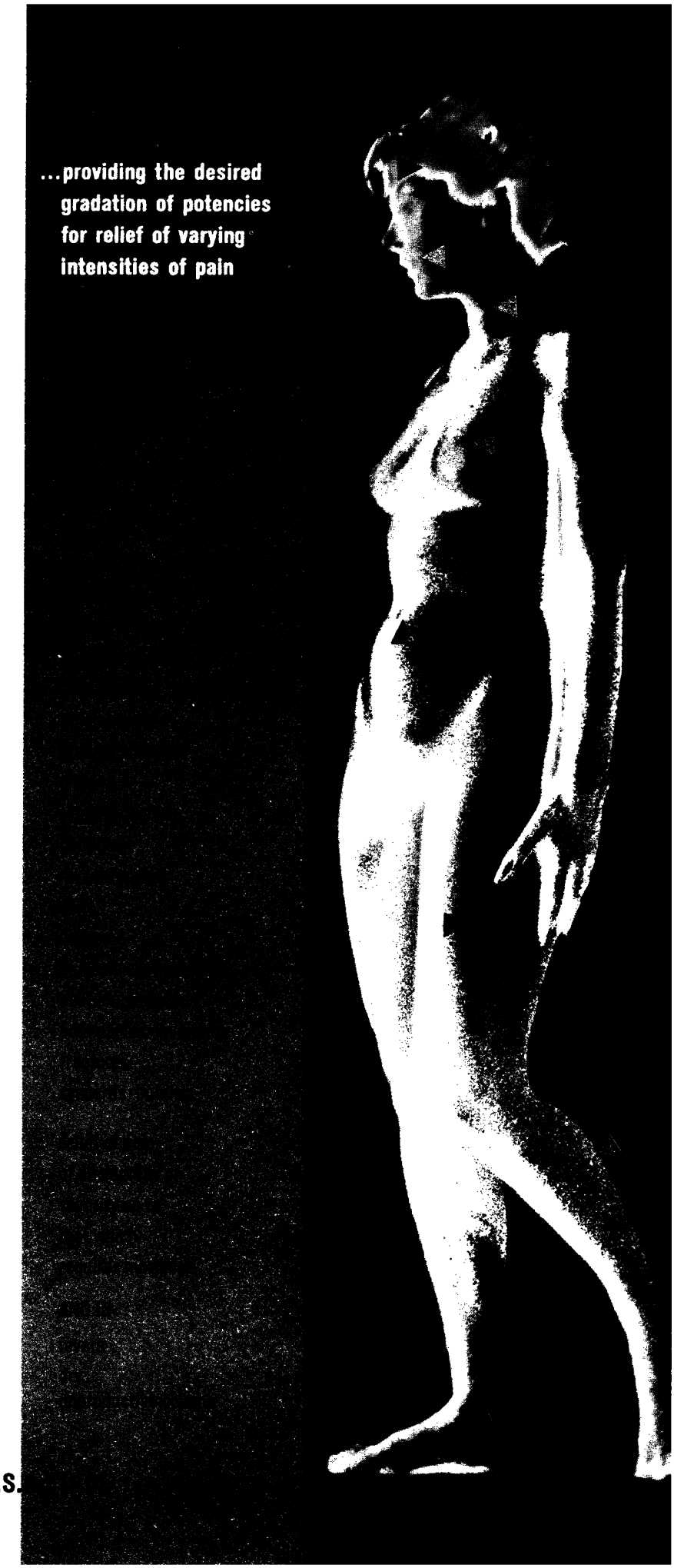
A. H. ROBINS CO., INC., RICHMOND 20, VA.

Robins

Ambar™ #1 Extentabs® / Ambar™ #2 Extentabs®

Synonyms for Pain Relief...

...providing the desired gradation of potencies for relief of varying intensities of pain



'TABLOID' 'EMPIRIN' COMPOUND®

Acetophenetidin	gr. 2½
Acetylsalicylic Acid	gr. 3½
Caffeine	gr. ½

'TABLOID' 'EMPIRIN' COMPOUND® WITH CODEINE PHOSPHATE*

No. 1

Acetophenetidin	gr. 2½
Acetylsalicylic Acid	gr. 3½
Caffeine	gr. ½
Codeine Phosphate	gr. ⅛

No. 2

Acetophenetidin	gr. 2½
Acetylsalicylic Acid	gr. 3½
Caffeine	gr. ½
Codeine Phosphate	gr. ¼

No. 3

Acetophenetidin	gr. 2½
Acetylsalicylic Acid	gr. 3½
Caffeine	gr. ½
Codeine Phosphate	gr. ½

No. 4

Acetophenetidin	gr. 2½
Acetylsalicylic Acid	gr. 3½
Caffeine	gr. ½
Codeine Phosphate	gr. 1

*Subject to Federal Narcotic Regulations

BURROUGHS WELLCOME & CO. (U.S.

Your experience and trust throughout the years have established the wide use of the 'Empirin' family in medical practice—dependable analgesics for the effective relief of pain, fever, and cough—with safety.

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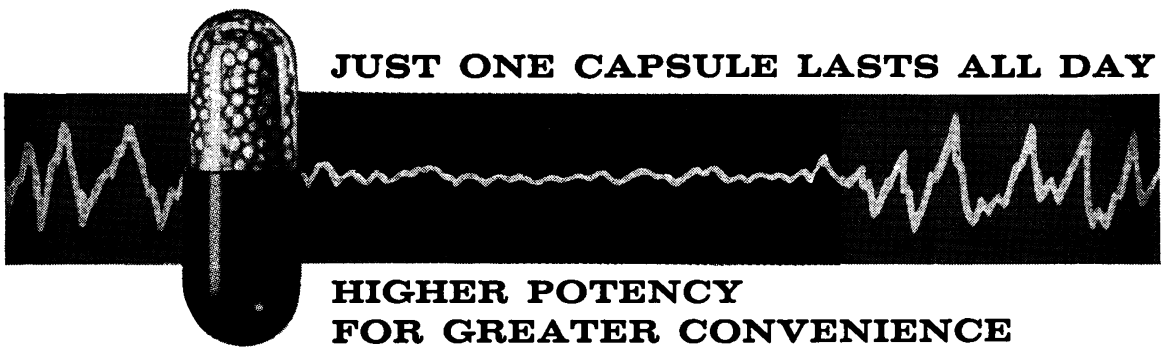
NEW AND EXCLUSIVE

FOR SUSTAINED TRANQUILIZATION

MILTOWN® (*meprobamate*) now available in 400 mg. continuous release capsules as

Meprospan®-400



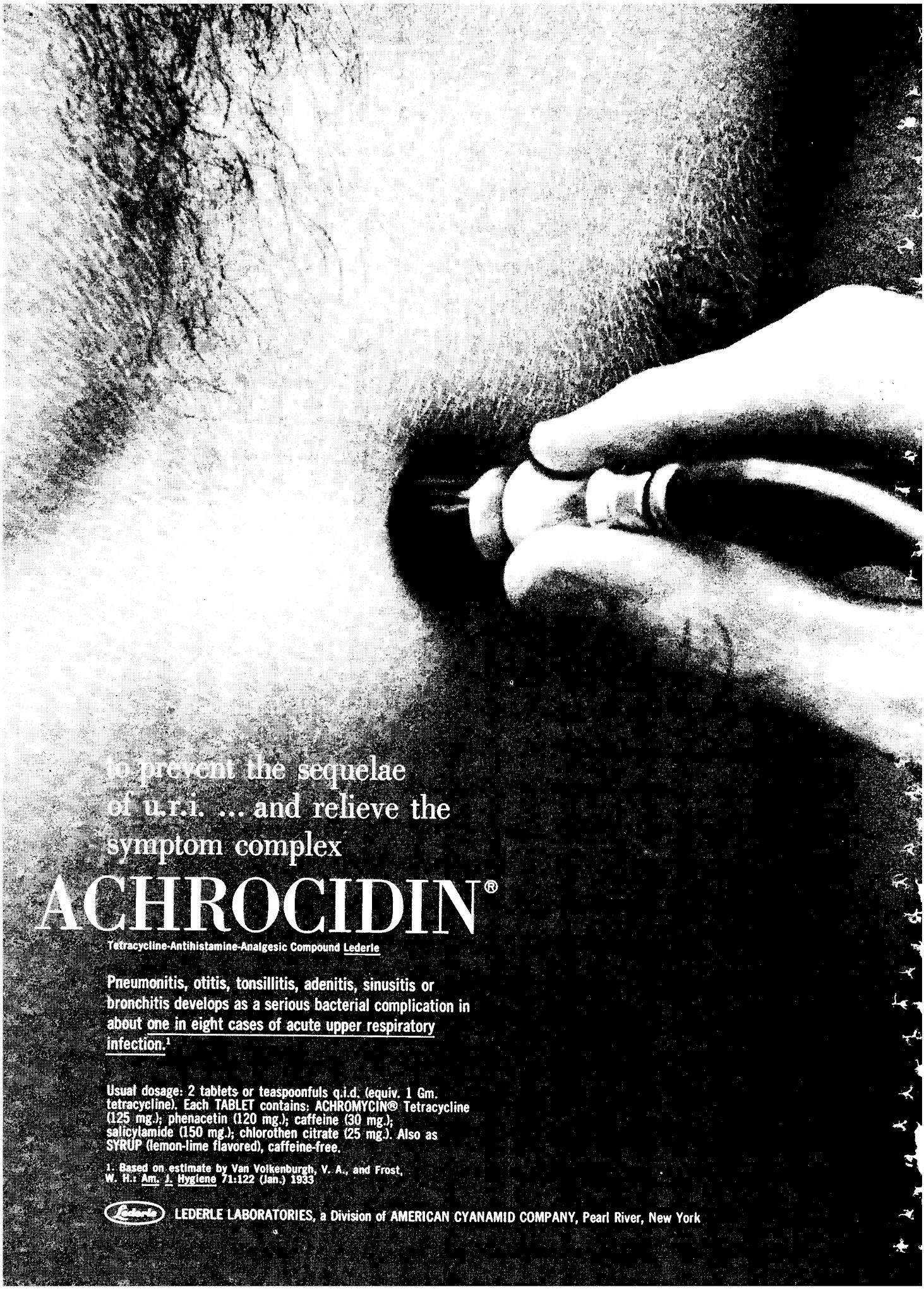
- relieves *both* mental and muscular tension without causing depression
- does not impair mental efficiency, motor control, or normal behavior

Usual dosage: One capsule at breakfast, one capsule with evening meal

Available: *Meprospan-400*, each blue capsule contains 400 mg. Miltown (meprobamate)
Meprospan-200, each yellow capsule contains 200 mg. Miltown (meprobamate)
Both potencies in bottles of 30.

®WALLACE LABORATORIES, *New Brunswick, N. J.*

CME-8426


to prevent the sequelae
of u.r.i. ... and relieve the
symptom complex
ACHROCIDIN®
Tetracycline-Antihistamine-Analgesic Compound Lederle
Pneumonitis, otitis, tonsillitis, adenitis, sinusitis or bronchitis develops as a serious bacterial complication in about one in eight cases of acute upper respiratory infection.[1]
Usual dosage: 2 tablets or teaspoonfuls q.i.d. (equiv. 1 Gm. tetracycline). Each TABLET contains: ACHROMYCIN® Tetracycline (125 mg.); phenacetin (120 mg.); caffeine (30 mg.); salicylamide (150 mg.); chlorothen citrate (25 mg.). Also as SYRUP (lemon-lime flavored), caffeine-free.
1. Based on estimate by Van Volkenburgh, V. A., and Frost, W. H.: Am. J. Hygiene 71:122 (Jan.) 1933
LEDERLE LABORATORIES, a Division of AMERICAN CYANAMID COMPANY, Pearl River, New York

Preludin®

brand of phenmetrazine hydrochloride

whether obesity is simple or complicated

Through the potent appetite-suppressant action of Preludin, the success of anti-obesity treatment becomes more assured—adherence to diet becomes easier—discomfort from side reactions is unlikely.

In Simple Obesity Preludin produces 2 to 5 times the weight loss achievable by dietary instruction alone.[1,2]

In Pregnancy Weight gain is kept within bounds, without danger to either mother or fetus.[3]

In Diabetes Insulin requirements are not increased; they may even decrease as weight is lost.[4]

In Hypertension Preludin is well tolerated and blood pressure may even fall as weight is reduced.[1]

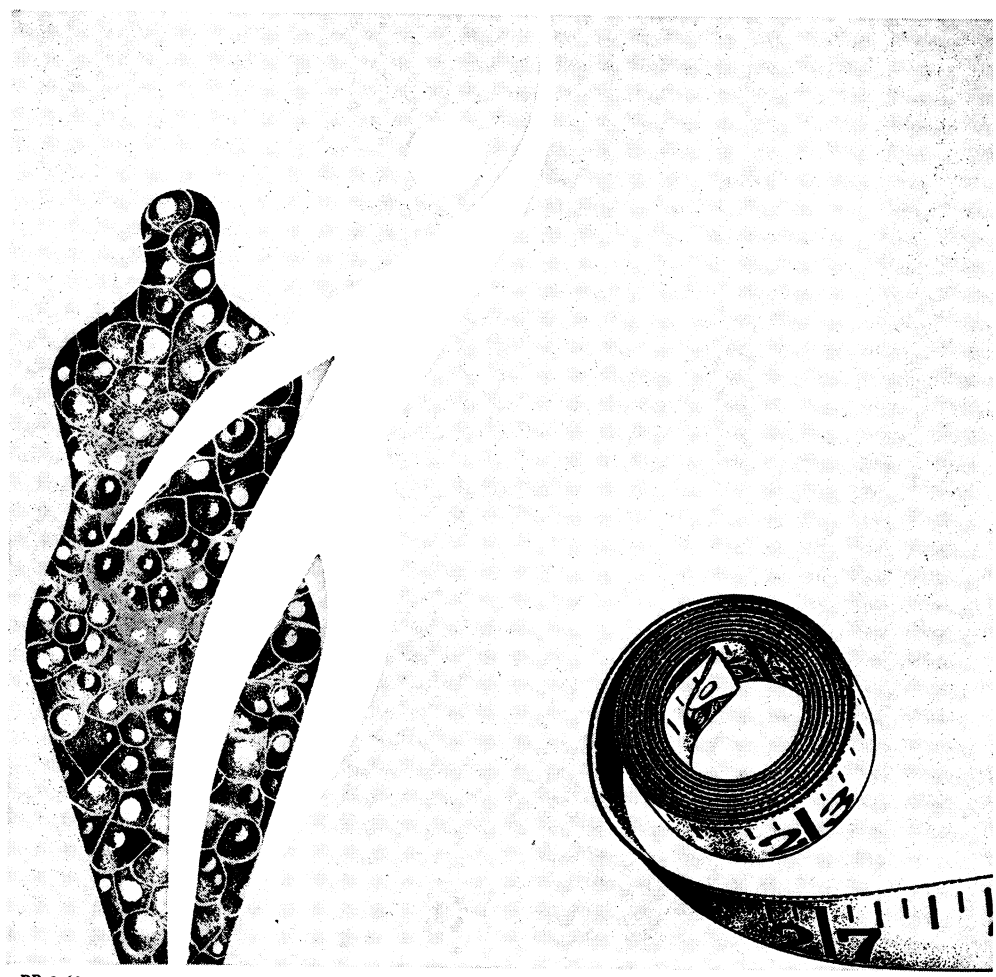
Patients taking Preludin usually experience a mild elevation of mood conducive to an optimistic and cooperative attitude, thereby counteracting the lassitude otherwise resulting from a reduced caloric intake. Thus, consistent weight loss over a prolonged period becomes more assured.

Preludin® Endurets,[T.M.] brand of phenmetrazine hydrochloride: prolonged-action tablets of 75 mg. for once daily administration; and scored, square, pink tablets of 25 mg for b.i.d. or t.i.d. administration.

Under license from C. H. Boehringer Sohn, Ingelheim.

References:
(1) Barnes, R. H.: J. A. M. A. *166*:898, 1958. (2) Ressler, C.: J. A. M. A. *165*:135, 1957. (3) Birnberg, C. H., and Abitbol, M. M.: Obst. & Gynec. *11*:463, 1958. (4) Robillard, R.: Canad. M. A. J. *76*:938, 1957.

Geigy, Ardsley, New York



Geigy

PR 5-60

Time after time... in study after study

Once again, controlled sensitivity studies have demonstrated the efficacy of CHLOROMYCETIN. In one long-term study,[1] designed to eliminate variable factors in patterns of bacterial resistance, 5,600 consecutive cultures of gram-positive organisms were tested over a 16-month period. Of the four broad-spectrum antibiotics evaluated, CHLOROMYCETIN was consistently superior.

Reports from the literature[2-8] have repeatedly confirmed the observation that CHLOROMYCETIN is effective against a wide variety of clinically important pathogens. The marked susceptibility of gram-negative as well as gram-positive organisms to CHLOROMYCETIN suggests this antibiotic as an agent of choice in many infections.[3]

CHLOROMYCETIN (chloramphenicol, Parke-Davis) is available in various forms, including Kapseals® of 250 mg., in bottles of 16 and 100.

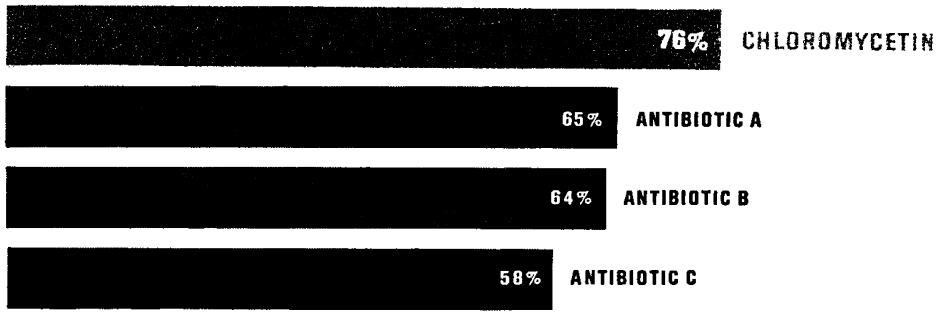
CHLOROMYCETIN is a potent therapeutic agent and, because certain blood dyscrasias have been associated with its administration, it should not be used indiscriminately or for minor infections. Furthermore, as with certain other drugs, adequate blood studies should be made when the patient requires prolonged or intermittent therapy.

CHLOROMYCETIN®

(chloramphenicol, Parke-Davis)

PROVES OUTSTANDINGLY EFFECTIVE AGAINST PROBLEM PATHOGENS

IN VITRO SENSITIVITY OF GRAM-POSITIVE COCCI FROM 5,600 CONSECUTIVE CULTURES TO CHLOROMYCETIN AND TO THREE OTHER BROAD-SPECTRUM ANTIBIOTICS*



REFERENCES: (1) Leming, B. H., Jr., & Flanigan, C., Jr., in Welch, H., & Marti-Ibānez, F.: Antibiotics Annual 1958-1959, New York, Medical Encyclopedia, Inc., 1959, p. 414. (2) Goslings, W. R. O., & Buchli, K.: *Arch. Int. Med.* **102**:691, 1958. (3) Suter, L. S., & Ulrich, E. W.: *Antibiotics & Chemother.* **9**:38, 1959. (4) Metzger, W. I., in Welch, H., & Marti-Ibānez, F.: Antibiotics Annual 1958-1959, New York, Medical Encyclopedia, Inc., 1959, p. 966. (5) Fischer, H. G.: *Deutsche med. Wchnschr.* **84**:257, 1959. (6) Borchardt, K. A.: *Antibiotics & Chemother.* **8**:564, 1958. (7) Schneierson, S. S.: *J. Mt. Sinai Hosp. New York* **25**:52, 1958. (8) Waisbren, B. A.: *Wisconsin M. J.* **57**:89, 1958.

*Adapted from Leming & Flanigan.[1]

PARKE, DAVIS & COMPANY · DETROIT 32, MICHIGAN

09060

90% of anxious, agitated and apathetic office patients calmed without drowsiness and with normal drive restored...

on one or two 0.25 mg. tablets b.i.d.:

This is the pattern of performance for

PERMITIL

Fluphenazine dihydrochloride

- In 608 patients with anxiety and anxiety-induced fatigue or depression, PERMITIL, administered in small daily doses of 0.5 mg. to 1 mg., produced significant improvement in 90%.*
- PERMITIL is virtually free from side effects at recommended dosage levels.
- Patients become calm without drowsy and normal drive is restore
- Onset of action is rapid; effect longed.
- PERMITIL does not potentiate barbiturates or non-barbiturate sedatives and can be used with impunity with such agents.

How to Prescribe PERMITIL: The lowest dose of PERMITIL that will produce the desired clinical effect should be used. The recommended dose for most adults is one 0.25 mg. tablet twice a day (taken morning and afternoon). Increase to two 0.25 mg. tablets twice a day if required. Total daily dosage in excess of 1 mg. should be employed only in patients with relatively severe symptoms which are uncontrol lower dosage. In such patients, the total daily dose may be increased to a maxim m of 2 mg., given in divided amounts. Complete information concerning the PERMITIL is available on request.

Supplied: Tablets, 0.25 mg., bottles of 50 and 500.

*Recent compilation of case reports received by the Medical Department, White Laboratories, Inc.

WHITE LABORATORIES, INC., *Kenilworth, New Jersey*

Only time and clinical acceptance truly define whether a drug is safe and effective. Of the many Rauwolfia compounds, there is one alkaloidal fraction capable of producing antihypertensive benefits with minimal side effects, purified alseroxylon complex (RAUTENSIN®).[1-6] This compound is less likely to cause such side effects as mental depression, lethargy, listlessness, and drowsiness consistently reported with reserpine.

IN MILD HYPERTENSION

RAUTENSIN®

(Tablets containing 2 mg. purified alseroxylon complex)

IN MODERATE TO SEVERE HYPERTENSION

RAUVERA®

(Tablets containing 1 mg. Rautensin and 3 mg. alkavervir)

Rautensin bibliography: 1. WRIGHT, W. T., JR.; POKORY, C., AND FOSTER, T.: AM. PRACT. & DIGEST. TREAT. 7:1992, 1956. 2. SUCKLE, E.: GERIATRICS 11:509, 1956. 3. FINCH, W. J.: J. OKLAHOMA M.A. 50:259, 1957. 4. TERMAN, L. A.: ILLINOIS M. J. 3:67, 1957. 5. GIFFORD, R. W.: J. ARKANSAS M. SOC. 55:31, 1958. 6. FORD, R. V., AND MOYER, J. H.: POSTGRAD. MED. 23:41, 1958.

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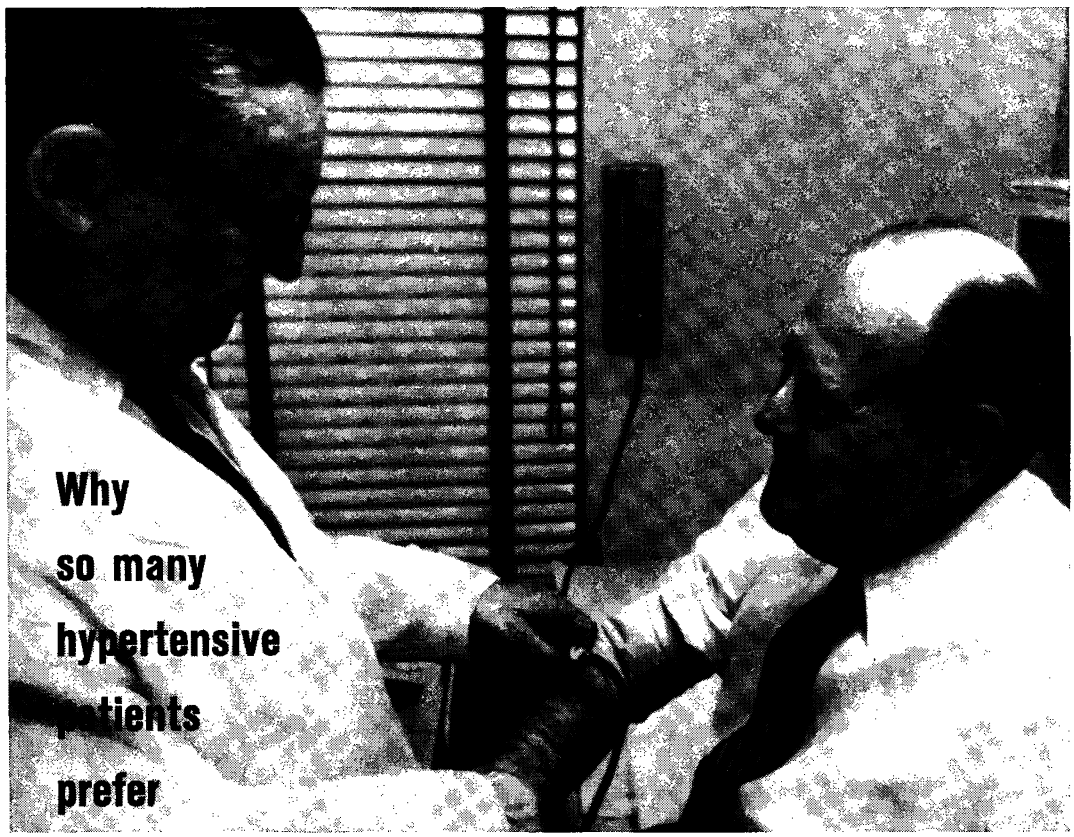
but she needs **your** help **to plan her family**

Delfen®
VAGINAL CREAM
THE MODERN CHEMICAL SPERMICIDE

Preceptin®
VAGINAL GEL
THE SPERMICIDAL GEL WITH BUILT-IN BARRIER

PRESCRIBED WITH CONFIDENCE FOR SIMPLE, EFFECTIVE CONTRACEPTION



Singoserp:

It spares them from the usual rauwolfia side effects

FOR EXAMPLE: "A clinical study made of syrosingopine [Singoserp] therapy in 77 ambulant patients with essential hypertension demonstrated this agent to be effective in reducing hypertension, although the daily dosage required is higher than that of reserpine. Severe side-effects are infrequent, and this attribute of syrosingopine is its chief advantage over other Rauwolfia preparations. The drug appears useful in the management of patients with essential hypertension."*

*Herrmann, G. R., Vogelpohl, E. B., Hejtmancik, M. R., and Wright, J. C.: J.A.M.A. 169:1609 (April 4) 1959.

Singoserp®

(syrosingopine CIBA)

First drug to try in new hypertensive patients

First drug to add in hypertensive patients already on medication

SUPPLIED: Singoserp *Tablets*, 1 mg. (white, scored); bottles of 100. Samples available on request. Write to CIBA, Box 277, Summit, N. J.

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SMITH
KLINE &
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in gastroenteritis

COMPAZINE®

brand of prochlorperazine

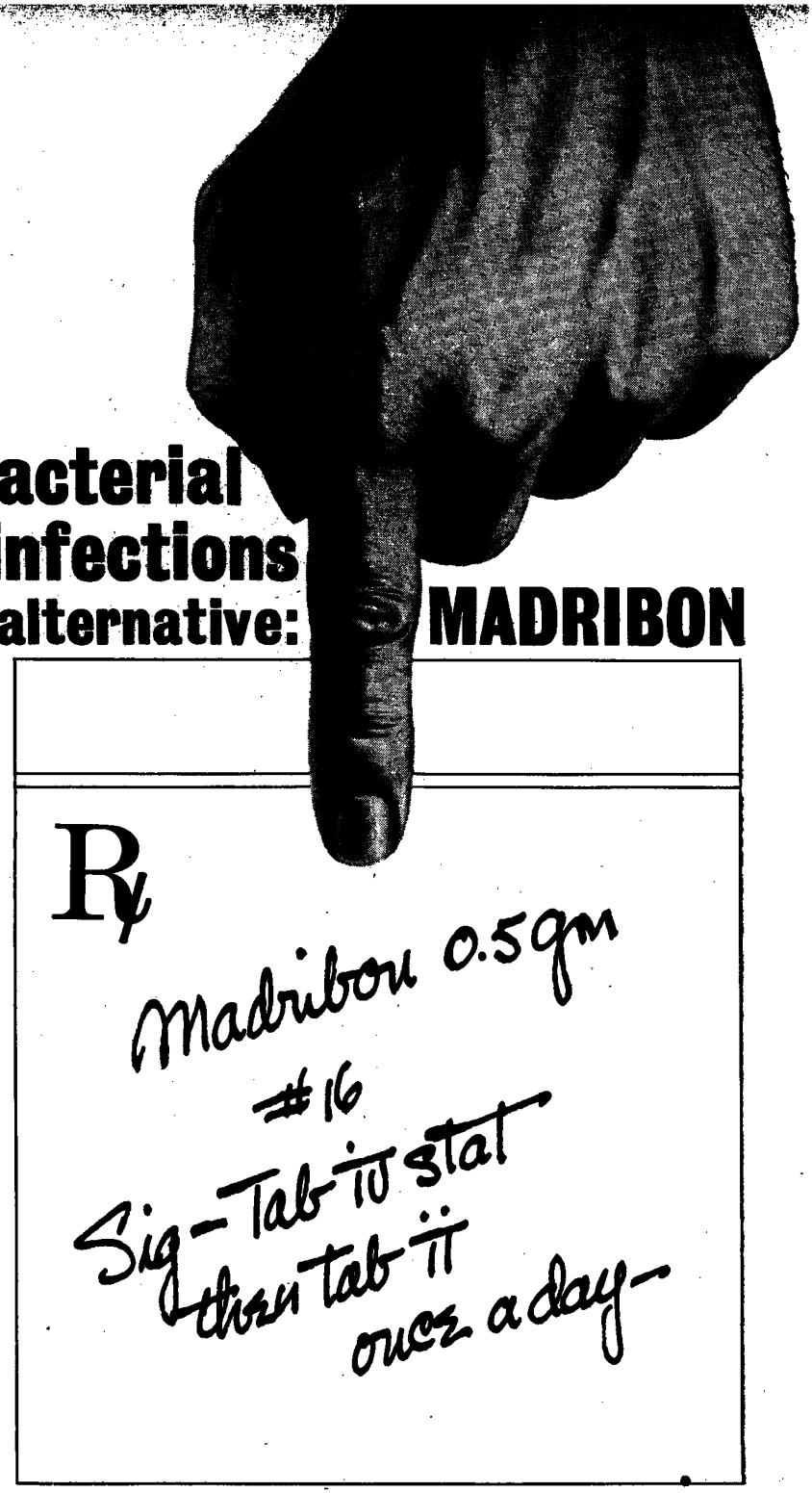
stops nausea and vomiting promptly—

usually during the first day of therapy; often after a single dose. Concomitant calming effect relaxes your patient. Side effects are minimal in the recommended dosage range.

a dosage form for every antiemetic need:

Tablets, 5 mg., 10 mg. and 25 mg.; Spansule® capsules, 10 mg., 15 mg., 30 mg. and 75 mg.; Ampuls, 2 cc. (5 mg./cc.); Multiple-dose Vials, 10 cc. (5 mg./cc.); Syrup, 5 mg./5 cc. teaspoonful; Suppositories, 2½ mg., 5 mg. and 25 mg.

in bacterial infections the new alternative: MADRIBON



The low cost antibacterial prescription with assured safety and effectiveness

• wide-spectrum activity • high rate of clinical effectiveness—up to 90 per cent • exceptionally low incidence of side effects—less than 2 per cent—even in long-term use • minimal risk of hazardous superinfections • essentially no danger of anaphylactic reactions • fewer problems with the development of resistant mutants • economical therapy • *reserves antibiotic effectiveness for fulminating, life-threatening infections*

For complete information on dosage forms, dosage schedules and precautions, consult literature available on request.

MADRIBON®—2,4-dimethoxy-6-sulfanilamido-1,3-diazine
ROCHE®

ROCHE LABORATORIES
Division of
Hoffmann-La Roche Inc.
Nutley 10, N. J.

in overweight

℞ **DEXAMYL®**

brand of dextro amphetamine and amobarbital

SPANSULE®

brand of sustained release capsules

for the patient who is tense, irritable, frustrated by inability to stick to diet

SMITH KLINE & FRENCH

...and for the patient who is listless, lethargic, depressed by reducing regimens:

℞ DEXEDRINE® SPANSULE®

brand of dextro amphetamine sulfate — brand of sustained release capsules

Each 'Dexamyl' Spansule sustained release capsule (No. 2) contains 'Dexedrine' (dextro amphetamine sulfate), 15 mg., and amobarbital, 1½ gr. Each 'Dexamyl' Spansule capsule (No. 1) contains 'Dexedrine', 10 mg., and amobarbital, 1 gr.

Each 'Dexedrine' Spansule sustained release capsule contains dextro amphetamine sulfate, 5 mg., 10 mg., or 15 mg.

the complaint: "nervous indigestion"

the diagnosis: any of several nonspecific and functional gastrointestinal disorders requiring relief of symptoms by sedative-antispasmodic action with concomitant digestive enzyme therapy.

the prescription: a new formulation incorporated in an enteric-coated tablet, providing the multiple actions of widely accepted Donnatal® and Entozyme.®

the dosage: two tablets three times a day, or as indicated.

in the gastric-soluble outer layer:

Hyoscyamine sulfate	0.0518 mg.
Atropine sulfate	0.0097 mg.
Hyoscine hydrobromide	0.0033 mg.
Phenobarbital (1/8 gr.)	8.1 mg.
Pepsin, N. F.	150 mg.

in the enteric-coated core:

Pancreatin, N. F.	300 mg.
Bile salts	150 mg.

antispasmodic • sedative • digestant

DONNAZYME®

A. H. ROBINS COMPANY, INCORPORATED • RICHMOND 20, VIRGINIA

more effective than salicylate alone in antirheumatic therapy

PABALATE®

COMBINING MUTUALLY SYNERGISTIC NON-STEROID ANTIRHEUMATICS

"superior to aspirin" — ". . . evidence seems to indicate that the concurrent administration of para-aminobenzoic and salicylic acid [as in Pabalate] produces a more uniformly sustained level for prolonged analgesia and, therefore, is superior to aspirin in the treatment of chronic rheumatic disorders."[1]

In each yellow enteric-coated PABALATE tablet:

Sodium salicylate (5 gr.)	0.3 Gm.
Sodium para-aminobenzoate (5 gr.)	0.3 Gm.
Ascorbic acid	50.0 mg.

For the patient who should avoid sodium

PABALATE®-SODIUM FREE

Same formula as Pabalate, with sodium salts replaced by potassium salts (pink)

For the patient who requires steroids

PABALATE®-HC

Pabalate with Hydrocortisone

In each light blue enteric-coated PABALATE-HC tablet:

Hydrocortisone	2.5 mg.
Potassium salicylate (5 gr.)	0.3 Gm.
Potassium para-aminobenzoate (5 gr.)	0.3 Gm.
Ascorbic acid	50.0 mg.

1. Ford, R. A., and Blanchard, K.: Journal-Lancet 78:185, 1958.

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1. Smith, I. M., and Soderstrom, W. H.: J. A. M. A., *170*:184 (May 9), 1959.

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10th ANNIVERSARY

POSTGRADUATE INSTITUTE

NORTH COAST COUNTIES

Presented by College of Medical Evangelists, G. E. Norwood, M.D., Assistant Dean and Chairman of the Division of Postgraduate Medicine, and California Medical Association Committee on Postgraduate Activities.

Varying methods of presentation will be used including the most recent audio-visual techniques.

Flamingo Hotel, Santa Rosa

March 31 and April 1

PROGRAM

THURSDAY, MARCH 31

Morning Session

Therapeutics

9:00-9:30—**Recent Developments in Hemopoetic Agents**—C. Joan Coggin, M.D.

9:30-10:15—**Anatomy and Physiology of the Skin as Related to Standard and New Dermatomucosal Therapeutic Agents**—Clement E. Counter, M.D. (Last 20 minutes a panel discussion.)

10:15-10:45—**Recent Advances in the Therapy for Toxemia of Pregnancy**—Ervin E. Nichols, M.D.

11:00-11:45—**Panel: Specific Laboratory Diagnosis of Thyroid Disease with Well-Defined Indications for Thyroid Therapy.**

11:45-12:15—**When Is Thyroid Surgery to Be Done?**—Arthur C. Miller, M.D.

Afternoon Session

Geriatrics—Section 1

2:00-3:00—**Geriatrics and Rehabilitation Clinic**—John E. Affeldt, M.D. (Cases from Santa Rosa.)

3:00-3:30—**Geriatric Urology**—Roger Wm. Barnes, M.D.

3:45-4:30—**A Trip Through the Kidney**—C. Joan Coggin, M.D.

4:30-5:00—**Panel Discussion and Question and Answer Period.**

Obstetrics and Gynecology—Section 2

2:00-3:00—**When Is Endometriosis a Surgical Problem?**—G. E. Norwood, M.D.

2:30-3:00—**Surgical Complications of Pregnancy**—Ervin E. Nichols, M.D.

3:00-3:30—**The Impact of Surgery on the Patient's Metabolism**—Edward R. Bloomquist, M.D.

3:45-4:30—**Diagnosis and Management of Bleeding in the Three Trimesters of Pregnancy**—Ervin E. Nichols, M.D.

4:30-5:00—**Panel Discussion and Question and Answer Period.**

FRIDAY, APRIL 1

Morning Session

The Breast

9:00-9:45—**Anatomy and Physiology of the Breast—Significance of Cyclic Changes and Such States as Adenosis**—G. E. Norwood, M.D.

9:45-10:30—**Diagnosis and Surgical Management of Benign Tumors of the Breast**—Arthur C. Miller, M.D.

Surgery—Section 1

10:45-11:30—**How to Select Patients for Heart Surgery**—C. Joan Coggin, M.D.

11:30-12:15—**Recent Developments in Anesthesia and New Pharmacological Adjuncts**—Edward R. Bloomquist, M.D.

Dermatology—Section 2

10:45-12:15—**Dermatological (Wet) Clinic and Demonstration of Therapeutic Modalities and Minor Office Surgery**—Clement E. Counter, M.D.

Afternoon Session

2:00-2:45—**Pediatric Urology**—Roger Wm. Barnes, M.D.

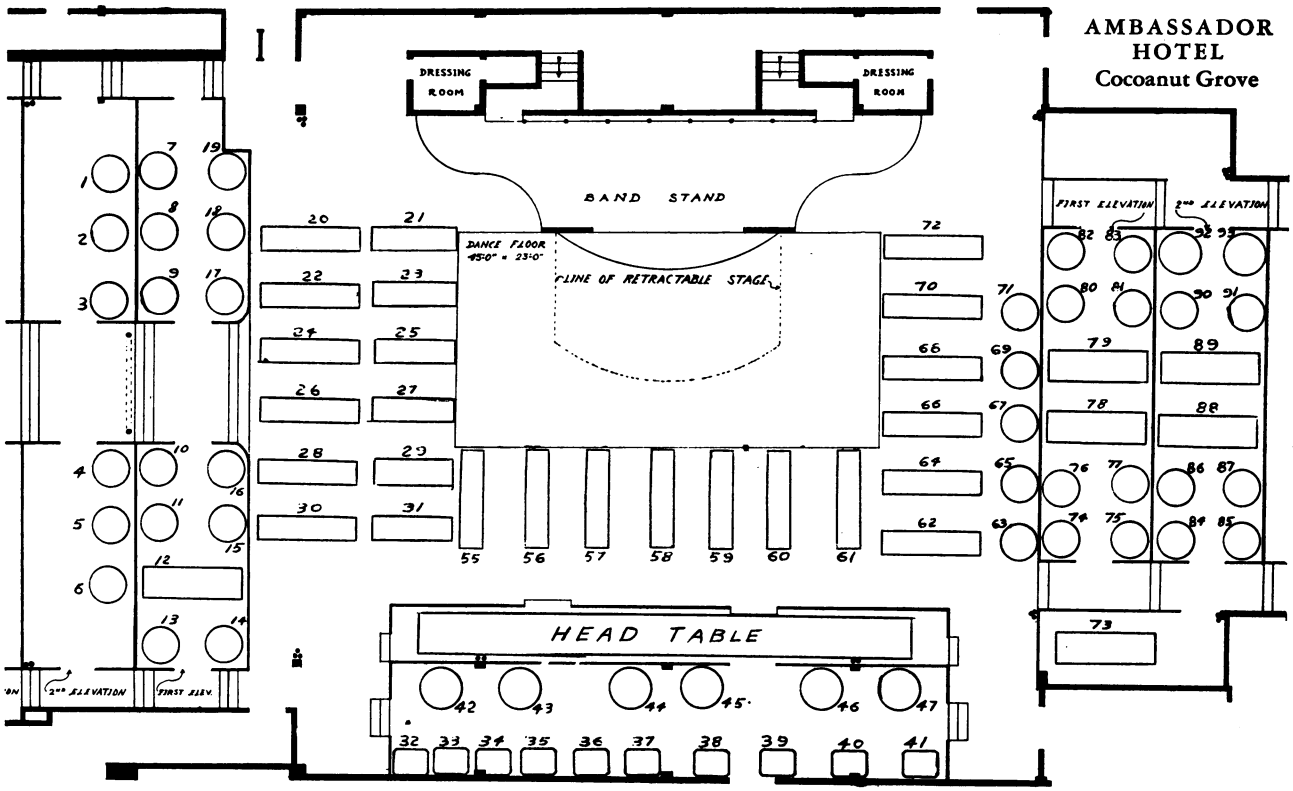
2:45-3:30—**Panel: Energetics (the Metabolism of Energy) and Its Relationship to Fatigue—Obesity—Psychosomatics.**

3:30-4:30—**Summary of Session and Final Question and Answer Period.**

HOST: Sonoma County Medical Society . . . **REGIONAL CHAIRMAN:** H. Ward Wick, M.D., 858 Fourth Street, Santa Rosa. **INSTITUTE FEE:** $15.00. For additional information contact Postgraduate Activities office, California Medical Association, 2975 Wilshire Boulevard, Los Angeles 5. **All California Medical Association members and their families are cordially invited to attend.**

COME to the...

ANNUAL SESSION



Choose the location of your table from the floor plan above. The corresponding table number below gives the number of seats at each table. Please fill out coupon on opposite page.

Table Number	Number of Seats	Table Number	Number of Seats	Table Number	Number of Seats	Table Number	Number of Seats	Table Number	Number of Seats
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2	6	20	10	37	2	62	12	79	12
3	4	21	10	38	2	63	4	80	6
4	4	22	10	39	2	64	12	81	4
5	6	23	10	40	2	65	4	82	4
6	4	24	10	41	2	66	12	83	6
7	4	25	10	42	8	67	4	84	4
8	4	26	10	43	8	68	12	85	6
9	4	27	10	44	8	69	4	86	6
10	4	28	10	45	8	70	12	87	4
11	4	29	10	46	8	71	4	88	12
12	12	30	10	47	8	72	12	89	12
13	4	31	10	55	12	73	10	90	6
14	4	32	2	56	12	74	4	91	4
15	6	33	2	57	12	75	6	92	4
16	4	34	2	58	12	76	6	93	6
17	4	35	2	59	12	77	4		
18	6			60	12				

GO to the...

Presidents' Dinner-Dance

SUNDAY, FEBRUARY 21, 8 p.m.

Cocoanut Grove

Entertainment: LENA HORNE

Music for Dancing: DICK LA SALLE

Food: Prime Rib Dinner

Cost: $12.50 per person including tax, tip and cover

TICKETS ARE NOW ON SALE—USE COUPON BELOW

Your tickets will be held for you at the door. A receipt for your check will be sent to you. Please present this receipt at the door for your ticket, Sunday night.

OR

Tickets may be picked up at any time Sunday morning or afternoon, February 21, at ticket booth, Woman's Auxiliary registration desk. Requests for tables for large parties should be sent in one envelope and early.

MISS LOUISE KALINICH
Los Angeles County Medical Association
1925 Wilshire Boulevard
Los Angeles 57, California

Enclosed is my check for $_____. Please send me_____ticket(s) to the PRESIDENTS' DINNER-DANCE, Sunday, February 21, 1960.

Table Choice_____ _____ _____ —or assign next best available_____
(Number) 1st 2nd 3rd

Name_____

Address_____

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(Make checks payable to the California Medical Association)

POSTGRADUATE EDUCATION NOTICES

THIS BULLETIN of the dates of postgraduate education programs and the meetings of various medical organizations in California is supplied by the Committee on Postgraduate Activities of the California Medical Association. In order that they may be listed here, please send communications relating to your future medical or surgical programs to: Mrs. Margaret H. Griffith, Director, Postgraduate Activities, California Medical Association, 2975 Wilshire Boulevard, Los Angeles 5.

UNIVERSITY OF CALIFORNIA AT LOS ANGELES

CLINICAL POSTGRADUATE PROGRAM—MEXICO CITY, IN COOPERATION WITH THE NATIONAL SCHOOL OF MEDICINE, MEXICO CITY. Anesthesiology, Gastroenterology, Dermatology, Cardiology, Pediatrics and General Surgery. Feb. 25 through March 5, 1960.

Clinical Traineeships — Anesthesia, Dermatology and Pediatric Cardiology. Dates by arrangement. Minimum period—two weeks. Fee: Two weeks, $150.00; four weeks, $250.00.

Ophthalmic Plastic Surgery. Friday and Saturday, March 11 and 12. Twelve hours. Fee: $40.00 includes lunch.

Geriatrics in Clinical Practice. Saturday and Sunday, March 19 and 20. 12 hours. Fee: $40.00.

Emotional Problems in Pediatric Practice. Friday through Sunday, April 8 through 10. University of California Residential Conference Center, Lake Arrowhead. 13 hours. Fee: $110.00, including room and meals.

Inhalation Therapy. April.†

Postgraduate Medical Symposium. Grossmount Hospital, San Diego. Saturday and Sunday, April 30 and May 1. Twelve hours. Fee: $25.00.

Management of Medical Emergencies. Friday and Saturday, May 6 and 7. 12 hours.*

Low Back Pain. May.†

Proctology. Wednesday, June 8. Six hours.*

General Pediatrics. Sunday through Wednesday, July 17 through 20. Lake Arrowhead, University of California Residential Conference Center. Fifteen hours.*

Advance Seminar in Internal Medicine. Wednesday through Sunday, July 20 through 24. University of California Residential Conference Center, Lake Arrowhead. Eighteen hours.*

Dermatology in Office Practice. Monday and Tuesday, July 25 and 26. Twelve hours.*

Seminars in Dermatology (for Dermatologists). Wednesday through Saturday, July 27 through 30. University of California Residential Conference Center, Lake Arrowhead. Fifteen hours.*

Anesthesiology. Wednesday, Thursday and Friday, August 3, 4 and 5. Eighteen hours.*

Arthritis and Rheumatism. Wednesday, August 24.‡

*Fees to be announced.
†Dates, fees and hours to be announced.
‡Hours and fees to be announced.

The Multiple Injury Patient. Thursday, Friday and Saturday, September 22, 23, and 24. Eighteen hours.*

For Ancillary Personnel

Medical Terminology—Advanced. Tuesdays, February 16 through June 21. Forty-five hours. Fee: $35.00.

Beginning Medical Terminology. Wednesdays, February 17 through June 22. Forty-five hours. Fee: $35.00.

Pathological Physiology in Physical Treatment Procedures. Mondays, February 29 through April 25. Sixteen hours. Fee: $30.00.

Workshop in Practical Tuberculosis Bacteriology. Saturday, March 5. Eight hours. Fee: $5.00.

Contact: Thomas H. Sternberg, M.D., assistant dean for Postgraduate Medical Education, U.C.L.A., Los Angeles 24. BRadshaw 2-8911, Ext. 7114.

UNIVERSITY OF CALIFORNIA, SAN FRANCISCO

Psychotherapy in Medical Practice. Wednesdays, February 17 through May 4. Sixty hours. Fee: $25.00.

Course for Physicians in General Practice (Mt. Zion Hospital, San Francisco). Monday through Saturday, March 7 through 12. Thirty-eight hours. Fee: $85.00.

Patients As People—Evening Seminars on the Psychological Aspects of Medical Practice. Thursdays, March 10-May 26. Twenty-four hours. Fee: $5.00.

Diagnostic Radiology. Wednesday through Sunday, March 16 through 20. Thirty-five hours. Fee: $80.00.

Medical Evening Series (Eden Hospital, Castro Valley). Tuesdays, March 22 to May 10. Sixteen hours. Fee: $35.00.

Physiological Basis for Diagnosis and Treatment. An Official Course of the American Physiological Society. Wednesday through Sunday, March 30 through April 3. Thirty-five hours. Fee: $90.00 or $25.00 per day.

Symposium on Pediatric Surgery (Children's Hospital). Saturday, April 23. Seven hours. Fee: $12.50.

A Course on General Surgery. Monday to Friday, April 25 to 29. Thirty-five hours.*

A Course on Urology. Thursday and Friday, May 5 and 6. Fourteen hours.*

A Course on Ear, Nose, Throat. Thursday to Saturday, May 12 to 14. Twenty-one hours.*

Proctology. Thursday and Friday, May 19 and 20. Fourteen hours.*

Advances in Surgical Anatomy, Normal Anatomy and Histology of the Eye. Thursday to Saturday, June 2 to 4. Twenty-one hours.*

A Course on the Foot. Thursday to Saturday, June 9 to 11. Twenty-one hours.*

A Course in Industrial Medicine. Wednesday to Friday, June 22 to 24. Twenty-one hours.*

A Course on New Drugs. Thursday to Saturday, July 14 to 16. Twenty-one hours.*

Obstetrics and Gynecology. Thursday to Saturday, September 15 to 17. Twenty-one hours.*

Fundamental Practices of Radioactivity and the Diagnostic and Therapeutic Uses of Radioisotopes. Two or three month course limited to one enrollee per month. Fee: $350.00.

For Ancillary Personnel

Advances in Psychiatric Nursing: Section I.—All registered nurses. Wednesday, February 24 through April 13. Sixteen hours. Fee: $25.00.

Advances in Psychiatric Nursing: Section II.—Nurses who have had training and practice in Psychiatric Nursing. Thursdays, February 25 through April 14. Sixteen hours. Fee: $25.00.

Practical Cytology. Saturday and Sunday, February 27 and 28. Eleven hours. Fee: $15.00.

Rehabilitation Nursing. Monday through Friday, April 11 through 29. Fairmont Hospital, San Leandro.*

Evening Lectures on Pharmacy. Mondays, April 18 to May 23.*

Nursing Care of Mothers and Children. Tuesdays, April 19 through June 7, Highland Hospital, Oakland. Sixteen hours. Fee: $25.00.

Nursing Care of Medical-Surgical Patients. Thursdays, April 21 through June 9. Highland Hospital, Oakland. Sixteen hours. Fee: $25.00.

Nursing and People. Monday to Friday, May 2 to 13. Fee: $30.00.

Continuing Education Conference. Monday through Friday, June 13 through 17.*

Integration of Psychiatric Principles in the Total Curriculum. Tuesday to Friday, July 5 to August 12.*

Supervision. Tuesday through Friday, September 6 through 16.*

Administration of Nursing Care. Tuesdays, September 13 through December 13.*

Nutritional Aspects of Nursing Care. Wednesdays, September 21 through November 9.*

Contact: Seymour M. Farber, M.D., assistant dean, Department of Continuing Medical Education, University of California Medical Center, San Francisco 22. MOntrose 4-3600, Ext. 665.

STANFORD UNIVERSITY SCHOOL OF MEDICINE

Morning Clinical Conferences, each Monday. *Contact:* D. H. Pischel, M.D., Professor, Division of Ophthalmology, Stanford University School of Medicine, Stanford Hospital, Clay and Webster Streets, San Francisco.

For information contact: Dean, Stanford University School of Medicine, 300 Pasteur Drive, Palo Alto.

UNIVERSITY OF SOUTHERN CALIFORNIA, LOS ANGELES

Cardiac Resuscitation. Sponsored by the Los Angeles County Heart Association each Wednesday throughout the year, 4 to 6 p.m. USC Medical Research Building, Room 211, 2025 Zonal Avenue. Residents and interns of Los Angeles County, and all armed forces medical personnel admitted without fee. Tuition for all other physicians: $30.00. (Each session all-inclusive.)

Basic Home Course in Electrocardiography. One year postgraduate series, electrocardiogram interpretation by mail. Physicians may register at any time and receive all 52 issues. Fifty-two weeks. Fee: $100.00.

Advance Home Course in Electrocardiography. One year postgraduate series, electrocardiogram interpretation by mail. Fifty-two issues: $85.00. Physicians may register at any time.

Dermatology Clinic, One-Day Symposium. Thursday, March 24. Seven hours. Fee: $25.00.

Symposium on Hypertension. Friday, April 1. Seven hours. Fee: $7.50.

Funduscopy in Internal Medicine. Every other Tuesday, April 5 through June 14. Twelve hours. Fee: $37.50.

Ward Walks in Rare Diseases. Thursdays, April 14 through June 16. Twenty hours. Fee: $100.00.

Practical Diagnosis and Management of Cardiovascular Diseases. Dates to be announced. Twenty-one hours. Fee: $75.00.

Contact: Phil R. Manning, M.D., associate dean and director, Postgraduate Division, University of Southern California School of Medicine, 2025 Zonal Avenue, Los Angeles 33. CApital 5-1511.

COLLEGE OF MEDICAL EVANGELISTS

CLINICAL TRAINEESHIPS available in all clinical departments by arrangement with the Postgraduate Division and the chairman of the department or departments involved. Eighty hours minimum. Fee: As arranged.

Diseases of the Chest: Two and four-week Traineeships in cooperation with the Los Angeles County Hospital. Dates as arranged.

Anesthesia. Monday through Friday. Dates as arranged. Six months. Fee: $350.

SPECIAL SKILLS available in the clinical departments, usually with a maximum of two or three students.

Surgical Anatomy: Head and Neck, April 20 through June 1, 63 hours. Fee: $75.00.

Surgical Anatomy: Head and Neck, April 20 through June 1. Twenty-four hours. Fee: $35.00.

ALUMNI POSTGRADUATE CONVENTION, held annually in cooperation with the Alumni Association of the School of Medicine. Refresher Courses, Sunday and Monday, February 28 and 29, at White Memorial Hospital, 1720 Brooklyn Avenue. Six hours each day. Fee: $20.00 each day. Scientific Assembly, Tuesday through Thursday, March 1 through 3, at the Ambassador Hotel. Twenty-four hours. Fee: $15.00. *Contact:* Walter Crawford, executive secretary, 316 N. Bailey Street, Los Angeles 33, ANgelus 2-2173.

TRAUMATOLOGY, a complete review including fractures and dislocations, soft tissue injuries, as well as complications involving the 3 cavities: Calvarium, thorax and abdomen. Limited to 15 candidates. Includes basic sciences, lectures, clinical demonstrations. Monday through Friday, March 7 through 11. Thirty-six hours. Fee: $100.00.

TROPICAL PUBLIC HEALTH: Causes, treatment and management of diseases found in the warm climates. For physicians who plan to serve abroad and other ancillary personnel. Monday through Friday, April 1 through May 30. Fee: $65.

*Fees to be announced.

JOINT MANIPULATION. Monday through Friday, 8:00 to 12:00, dates to be arranged. Twenty hours. Fee: $75.00.

For information contact: G. E. Norwood, M.D., assistant dean and chairman, Division of Postgraduate Medicine, College of Medical Evangelists, 1720 Brooklyn Ave., Los Angeles 33. ANgelus 9-7241, Ext. 214.

CALIFORNIA MEDICAL ASSOCIATION POSTGRADUATE COURSES

ANNUAL SESSION POSTGRADUATE COURSES

Infectious Diseases. 9 hours. Sunday, Monday and Tuesday, February 21, 22 and 23, 9:00 to 12:00 noon. February 21 at Chapman Park Hotel, February 22 and 23 at Ambassador Hotel, Los Angeles. Program by University of California School of Medicine, Los Angeles.

Clinical Endocrinology. 9 hours. Sunday, Monday and Tuesday, February 21, 22 and 23, 9 to 12 noon. February 21 at Los Angeles County Hospital, February 22 and 23 at Ambassador Hotel. Program by University of Southern California School of Medicine.

Minor Surgery. 9 hours. Sunday, Monday and Tuesday, February 21, 22 and 23, 9 to 12 noon. All sessions at White Memorial Hospital, Los Angeles. Program by College of Medical Evangelists.

POSTGRADUATE INSTITUTES—1960 *(Tenth Anniversary Year)*

North Coast Counties in cooperation with College of Medical Evangelists, March 31 and April 1. Flamingo Hotel, Santa Rosa. *Chairman:* H. Ward Wick, M.D., 858 Fourth Street, Santa Rosa.

Southern Counties in cooperation with Stanford University School of Medicine, April 21 and 22. Palm Springs Riviera. *Chairman:* Robert M. Zweig, M.D., 7004 Magnolia, Riverside.

San Joaquin Valley Counties in cooperation with University of Southern California School of Medicine, April 28 and 29. Ahwahnee Hotel, Yosemite. *Chairman:* Campbell H. Covington, M.D., 2057 High Street, Selma.

Sacramento Valley Counties in cooperation with UCLA School of Medicine, July 1 and 2. Tahoe Tavern, Lake Tahoe. *Chairman:* Herbert W. Korngold, M.D., 1217 30th Street, Sacramento.

Contact: One of the chairmen listed above, or Postgraduate Activities Office, California Medical Association, 2975 Wilshire Boulevard, Los Angeles 5.

AUDIO-DIGEST FOUNDATION, a nonprofit subsidiary of the C.M.A., offers (on a subscription basis) a series of six different hour-long tape recordings covering general practice, surgery, internal medicine, obstetrics and gynecology, pediatrics and anesthesiology. Designed to keep physicians posted on what is new and important in their respective fields, these programs survey current national and international literature of interest and contain selected highlights of on-the-spot recordings of national scientific meetings, panel discussions, symposia, and individual lectures. For information contact Mr. Claron L. Oakley, Editor, 1919 Wilshire Blvd., Los Angeles 57, HUbbard 3-3451.

Medical Dates Bulletin

FEBRUARY MEETINGS

CALIFORNIA MEDICAL ASSOCIATION Annual Meeting, February 21 through 24, Ambassador Hotel, Los Angeles. *Contact:* John Hunton, executive secretary, 693 Sutter Street, San Francisco 2; or Ed Clancy, director of Public Relations, 2975 Wilshire Blvd., Los Angeles 5.

PACIFIC COAST SURGICAL ASSOCIATION Annual Meeting. February 21 through 24. Palm Springs. *Contact:* Carleton Mathewson, M.D., professor of surgery, Stanford Hospital, San Francisco.

MARCH MEETINGS

SOUTHWESTERN PEDIATRIC SOCIETY Spring Lecture Series, March 1 and 2, Statler Hotel, Los Angeles. *Contact:* Wendell Severy, M.D., program chairman, 11633 San Vicente Blvd., Los Angeles 49.

ANESTHESIA SECTION, LOS ANGELES COUNTY MEDICAL ASSOCIATION, Fifth Annual Course in Anesthesiology for Physicians. March 12 and 13. 1925 Wilshire Blvd., Los Angeles. *Contact:* Thomas W. McIntosh, M.D., chairman, 686 East Union St., Pasadena.

PIONEERS MEMORIAL HOSPITAL MEDICAL STAFF in association with the University of Oklahoma School of Medicine, Tenth Annual Postgraduate Assembly. March 18 and 19. Pioneers Memorial Hospital, Brawley. *Contact:* George C. Holleran, M.D., program chairman, P. O. Box 159, Brawley, Calif.

SAINT JOSEPH HOSPITAL, BURBANK, Annual Medical Assembly. March 25 and 26, 9 to 5 p.m. Saint Joseph Hospital Auditorium, 501 S. Buena Vista, Burbank. *Contact:* Walter Gelb, Public Relations, St. Joseph Hospital, 501 S. Buena Vista, Burbank, THornwall 8-5531, Ext. 305.

AMERICAN SOCIETY OF MAXILLOFACIAL SURGEONS, Ambassador Hotel, Los Angeles. March 27 through 31. *Contact:* Arthur E. Smith, M.D., D.D.S., 1930 Wilshire Blvd., Los Angeles 57.

INTERMOUNTAIN PEDIATRIC SOCIETY, Stardust Hotel, Las Vegas, Nevada. March 28 and 29. *Contact:* Joseph R. Newton, M.D., publicity chairman, 2000 S. 9th East, Salt Lake City, Utah.

SOUTHWESTERN SURGICAL CONGRESS. March 28 through 31, Riviera Hotel, Las Vegas, Nevada. *Contact:* Miss Mary O'Leary, executive secretary, 1213 Medical Arts Building, Oklahoma City, Oklahoma.

NEUROSURGICAL SOCIETY OF AMERICA. March 30 through April 2, Del Monte Lodge, Del Monte. *Contact:* Raymond K. Thompson, M.D., secretary, 803 Cathedral Street, Baltimore 1.

APRIL MEETINGS

AMERICAN SOCIETY OF INTERNAL MEDICINE. April 1 through 3. Palace Hotel, San Francisco. *Contact:* Mr. Robert L. Richards, executive director, 350 Post Street, San Francisco 8.

AMERICAN COLLEGE OF PHYSICIANS Annual Meeting, April 4 through 9. Civic Auditorium, San Francisco. *Contact:* Edward C. Rosenow, Jr., M.D., executive director, 4200 Pine Street, Philadelphia 4.

HARVEY CUSHING SOCIETY. Fairmont Hotel, San Francisco. April 13 through 17. *Contact:* Edmund J. Morrissey, M.D., 450 Sutter Street, San Francisco 8.

CALIFORNIA MEDICAL ASSISTANTS ASSOCIATION Annual Convention. April 23 and 24. Claremont Hotel, Berkeley. *Contact:* Mrs. Anne Reece, president CMAA, 1837 So. Indiana St., Porterville, California.

VALLEY CHILDREN'S HOSPITAL Spring Clinics. April 28 through 30. Roosevelt High School auditorium, Fresno. *Contact:* Valley Children's Hospital, Shields and Millbrook Avenues, Fresno.

MAY MEETINGS

PAN AMERICAN MEDICAL ASSOCIATION CONGRESS. May 2 to 11. Mexico City. *Contact:* Joseph J. Eller, M.D., director general, 745 Fifth Avenue, New York, N. Y.

MEMORIAL HOSPITAL OF LONG BEACH Medical Staff 2nd Annual Scientific Symposium "New Horizons in Medicine," to be held in conjunction with the formal opening of the new 400-bed Memorial Hospital of Long Beach. May 4. *Contact:* George X. Trimble, M.D., director of medical education, Seaside Memorial Hospital, 1401 Chestnut Avenue, Long Beach 13.

STUDENT AMERICAN MEDICAL ASSOCIATION, Statler-Hilton Hotel, Los Angeles, May 5 through 8. *Contact:* Mr. R. F. Staudacher, executive director, 430 N. Michigan, Chicago 11.

NEVADA ACADEMY OF GENERAL PRACTICE 1960 Annual Assembly. May 12 through 14. Riverside Hotel, Reno, Nevada. Scientific program by University of California School of Medicine. *Contact:* Roy M. Peters, M.D., general chairman, 475 So. Arlington, Reno, Nevada.

HAWAII MEDICAL ASSOCIATION Annual Meeting. May 12 through 15. *Contact:* Miss Lee McCaslin, executive secretary, 510 S. Beretania, Honolulu 13.

NATIONAL TUBERCULOSIS ASSOCIATION—AMERICAN TRUDEAU SOCIETY Annual Meeting. May 16 through 19. Statler Hilton and Biltmore Hotels, Los Angeles. *Contact:* Mr. Sherman Asche, general chairman, Annual Meeting Committee, P. O. Box 4037, Santa Barbara.

AMERICAN COLLEGE OF NUTRITION 1960 Annual Convention. May 20 through 22. Huntington Sheraton Hotel, Pasadena. *Contact:* Donald B. Haynie, executive secretary, 10651 West Pico Blvd., Los Angeles 64.

CALIFORNIA HEART ASSOCIATION Annual Meeting and Scientific Session. May 23 through 25. Claremont Hotel, Berkeley. *Contact:* J. Keith Thwaites, executive director, 1428 Bush Street, San Francisco 9.

SUMMER AND FALL 1960 MEETINGS

GERONTOLOGICAL SOCIETY, INC., Mark Hopkins Hotel, San Francisco. August 7 through 12. *Contact:* Mrs. Marjorie Adler, administrative secretary, 660 S. Kingshighway Blvd., St. Louis 10.

RENO SURGICAL SOCIETY 10th Annual Conference. August 18, 19 and 20. The Mapes Hotel, Reno. *Contact:* Harry B. Gilbert, M.D., 275 Hill Street, Reno, Nevada.

AMERICAN ASSOCIATION OF BLOOD BANKS, Jack Tar Hotel, San Francisco. August 21 through 26. *Contact:* John B. Alsever, M.D., secretary, 1211 W. Washington St., Phoenix, Arizona.

AMERICAN HOSPITAL ASSOCIATION, Civic Auditorium, San Francisco. August 27 through September 1. *Contact:* Mr. Maurice J. Norby, assistant director, 18 E. Division St., Chicago.

NEVADA STATE MEDICAL ASSOCIATION Annual Meeting. September 7 through 10. Stardust Hotel, Las Vegas. *Contact:* Nelson B. Neff, executive secretary, P. O. Box 2790, Reno, Nevada.

CALIFORNIA SOCIETY OF INTERNAL MEDICINE Annual Meeting, Yosemite. September 23, 24 and 25. *Contact:* Barbara E. Oulton, executive secretary, 350 Post St., San Francisco 8.

PAN-PACIFIC SURGICAL ASSOCIATION 8th Intensive Surgical Congress, embracing all Surgical Specialties. September 28 through October 5. Honolulu, Hawaii. *Contact:* F. J. Pinkerton, M.D., director general, Suite 230, Alexander Young Building, Honolulu 13.

AMERICAN ASSOCIATION FOR THE SURGERY OF TRAUMA. Coronado Hotel, San Diego. October 5 through 7. *Contact:* William T. Fitts, Jr., M.D., secretary, 3400 Spruce St., Philadelphia 4.

WESTERN INDUSTRIAL MEDICAL ASSOCIATION combined Meeting with 4th Western Industrial Health Conference. October 7 through 9. Jack Tar Hotel, San Francisco. *Contact:* Verne G. Ghormley, M.D., president, 3032 Tulare Street, Fresno 21.

AMERICAN COLLEGE OF SURGEONS, Clinical Congress, San Francisco. October 10 to 14. *Contact:* H. P. Saunders, M.D., 40 E. Erie St., Chicago 11.

AMERICAN SCHOOL HEALTH ASSOCIATION, San Francisco. October 30 through November 4. *Contact:* A. O. DeWeese, M.D., executive secretary, 515 E. Main St., Kent, Ohio.

AMERICAN PUBLIC HEALTH ASSOCIATION, San Francisco. October 31 through November 4. *Contact:* Berwyn F. Mattison, M.D., executive director, 1790 Broadway, New York 19.

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Clinical reports on Dartal: 1. Edisen, C. B., and Samuels, A. S.: A.M.A. Arch. Neurol. & Psychiat. *80*:481 (Oct.) 1958. 2. Ferrand, P. T.: Minnesota Med. *41*:853 (Dec.) 1958. 3. Mathews, F. P.: Am. J. Psychiat. *114*:1034 (May) 1958.

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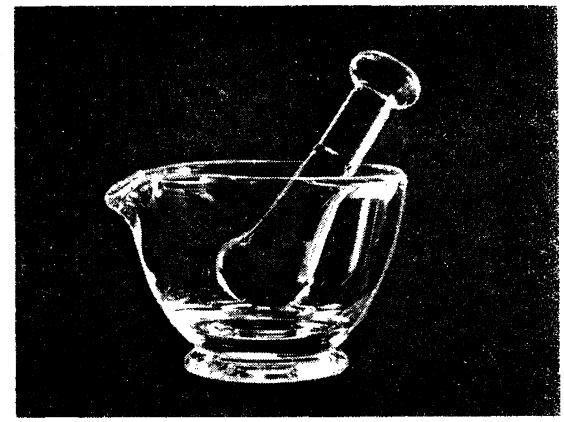

greater inhibitory action...lower intake per dose...DECLOMYCIN produces equivalent or greater clinical activity with less antibiotic because of two basic factors: (1) increased potency, and (2) longer retention.

broad-spectrum control in depth. Higher activity level enhances range of previous antibiotics. Some problem pathogens have been found more responsive. Strains of Pseudomonas, Proteus and *A. aerogenes* have proved sensitive to DECLOMYCIN.

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24-48 hours extra activity...protection against relapse. Antimicrobial control is maintained after stopping dosage. Most other antibiotics dissipate rapidly on withdrawal.

REFERENCES:

1-11. Papers read at Seventh Symposium on Antibiotics, Washington, D. C., November 4-6, 1959.

12. Phillips, F. M.: DECLOMYCIN—Seventh Interim Report. Department of Clinical Investigation, Lederle Laboratories, Pearl River, N. Y., December 4, 1959.

CAPSULES, 150 mg., bottles of 16 and 100.
Dosage: average adult, 1 capsule four times daily.
PEDIATRIC DROPS, 60 mg./cc. in bottle of 10 cc. with calibrated dropper.
ORAL SUSPENSION, 75 mg./5 cc. tsp. in 2 oz. bottle.

new broad-spectrum

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DEMETHYLCHLORTETRACYCLINE LEDERLE

a masterpiece of antibiotic design

performance

genitourinary infection. Roberts, M. S.; Seneca, H., and Lattimer, J. K.,[1] New York, N. Y.—Ninety-one per cent of the Gram-positive and 27 per cent of the Gram-negative, among 66 organisms cultured from genitourinary infection, responded to DECLOMYCIN. Serum antibiotic activity was found three times greater than with tetracycline.

toleration. Boger, W. P., and Gavin, J. J.,[2] Norristown, Pennsylvania—Side effects with DECLOMYCIN were minimal. When dosage was 0.5 to 1 Gm. daily in divided doses, only two of 82 patients exhibited nausea.

activity level sustentation. Kunin, C. M.; Dornbush, A. C., and Finland, M.,[3] Boston, Massachusetts—Of the four tetracycline analogues, DECLOMYCIN Demethylchlortetracycline showed the longest sustained activity levels in the blood.

gonococcal infection. Marmell, M.; and Prigot, A.,[4] New York, N. Y.—Of 63 cases of gonorrhea, 61 promptly responded after short courses of DECLOMYCIN. Therapeutic effect was found equal to that of intramuscular penicillin.

bronchopulmonary infection. Perry, D. M.; Hall, G. A., and Kirby, W. M. M.,[5] Seattle, Washington—Of 30 cases of acute bacterial pneumonia, all were afebrile following two to 10 days of treatment with DECLOMYCIN. Results were good in 21.... All of six patients with acute bronchitis responded promptly.

pediatric infection. Fujii, R.; Ichihashi, H.; Minamitani, M.; Konno, M., and Ishibashi, T.,[6] Tokyo, Japan—In 309 pediatric patients with various infections, DECLOMYCIN was effective in 75 per cent.

urogenital infection. Vineyard, J. P.; Hogan, J., and Sanford, J. P.,[7] Dallas, Texas—Clinical response in pyelonephritis correlated well with results of *in vitro* sensitivity tests, which showed some strains of *A. aerogenes*, Proteus and Pseudomonas more susceptible to DECLOMYCIN Demethylchlortetracycline than to its analogues.

pneumonia. Duke, C. J.; Katz, S., and Donohoe, R. F.,[8] Washington, D. C.—Results were satisfactory in all but two of 32 cases of acute bacterial pneumonia, of which only 11 were uncomplicated. No side effects were observed.

brucellosis. Chávez Max G.,[9] Mexico, D. F., Mexico—All of nine patients with *Br. melitensis* infection were afebrile after five days on DECLOMYCIN. Blood cultures were negative in all cases on the 20th day. Side effects were limited to slight temperature increases which abated in four days.

pustular dermatosis. Blau, S., and Kanof, N. B.,[10] New York, N. Y.—Results with DECLOMYCIN were excellent in both of two cases of impetigo, one of two cases of folliculitis, six of nine cases of furunculosis, all of three cases of acne rosacea and 26 of 45 cases of acne vulgaris. Overall, results were excellent or good in 85 per cent.

antibacterial spectrum. Finland, M.; Hirsch, H. A., and Kunin, C. M.,[11] Boston, Massachusetts—DECLOMYCIN Demethylchlortetracycline was found the most effective of the tetracycline analogues against two-thirds of 680 normally sensitive strains of 15 separate species.

the over-all picture. Combined results reported by 210 clinical investigators[12]—DECLOMYCIN produced a favorable response (cured or improved) in 87 per cent of 1,904 patients. Two-thirds of the patients received one capsule every six hours. Treatment was continued for as long as 180 days, but was between three and eight days in most. Side effects were seen in 9.9 per cent, but necessitated discontinuance of treatment in only 1.8 per cent.

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Thiamine Hydrochloride	6 mg.
Riboflavin	3 mg.
Pyridoxine Hydrochloride	6 mg.
Vitamin B-12	2 mcg.
Folic Acid	0.33 mg.
Panthenol	5 mg.
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Inositol	15 mg.
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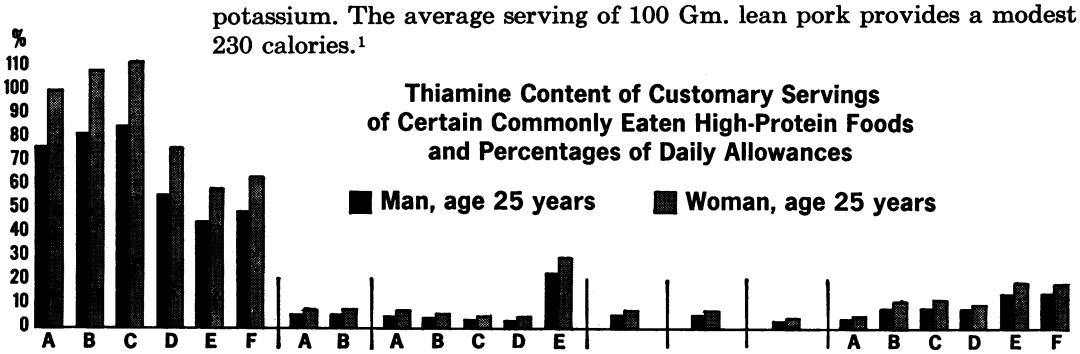

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A. Chop, loin center cut 3" x 2¼" x 1" 1.18 mg. B1
B. Roast, sirloin, 2 slices 2½" x 1" x ½" 1.27 mg. B1
C. Bacon, Canadian-style 4 slices, 1.32 mg. B1
D. Ham, roast, cured shank end 2½" x 2" x 1", 0.90 mg. B1
E. Ham, Steak, fresh, 2 slices 3" x 1½" x ½", 0.68 mg. B1
F. Sausage, link, 2½ links average, 0.76 mg. B1

Poultry (100 grams)

A. Chicken, roasted, 3 slices 3½" x 2½" x ¼", 0.080 mg. B1
B. Turkey, roasted, average, 3 slices 3½" x 2½" x ¼", 0.081 mg. B1

Fish and Sea Food (100 to 240 grams)

A. Cod Fish cakes, 1 large 125 grams, 0.071 mg. B1
B. Halibut steak, cooked 100 grams, 0.061 mg. B1
C. Salmon, canned, ⅔ cup 100 grams, 0.030 mg. B1
D. Tuna, canned, drained ⅔ cup solids, 100 grams, 0.050 mg. B1
E. Oysters, meat only, raw 1 cup, 240 grams, 0.350 mg. B1

Eggs, 2 (108 grams)

0.080 mg. B1

Milk (8 fl. oz., 245 grams)

0.090 mg. B1

Cheese

cheddar, American, 60 grams, or cottage cheese, 100 grams. Both, 0.020 mg. B1

High-Protein Vegetables (80 to 130 grams)

A. Beans, canned or cooked ½ cup, approx. 130 grams, 0.060 mg. B1
B. Lentils, dried, cooked, ½ cup, 95 grams, 0.130 mg. B1
C. Asparagus, cooked, ⅔ cup cut pieces, 100 grams, 0.130 mg. B1
D. Beans, lima, green, cooked ½ cup, 80 grams, 0.110 mg. B1
E. Peas, black-eyed, immature seeds, cooked, ½ cup, 80 grams, 0.230 mg. B1
F. Peas, green, cooked, ½ cup 80 grams, 0.200 mg. B1

1. Leverton, R. M., and Odell, G. V.: The Nutritive Value of Cooked Meat, Oklahoma Agricultural Experiment Station, Oklahoma State University, Miscellaneous Publication MP-49, 1958.

The nutritional statements made in this advertisement have been reviewed by the Council on Foods and Nutrition of the American Medical Association and found consistent with current authoritative medical opinion.

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- decreases narcotic requirements
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- improves mental outlook

NIAMID lessens the need for narcotics in the depressed cancer patient and appears to potentiate pain-relieving agents. As pain is reduced and mental outlook improves, apprehension and depression are replaced by a brighter and more alert attitude, and appetite returns. The family, too, is cheered by the improvement in the patient's condition. With NIAMID therapy, patient care becomes noticeably less demanding.

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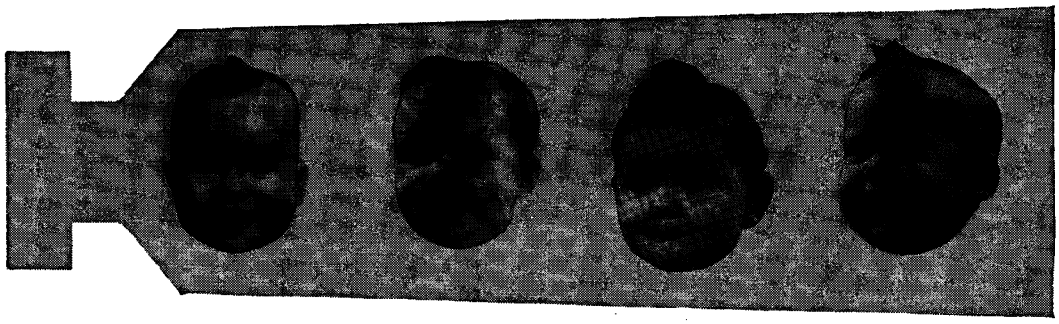

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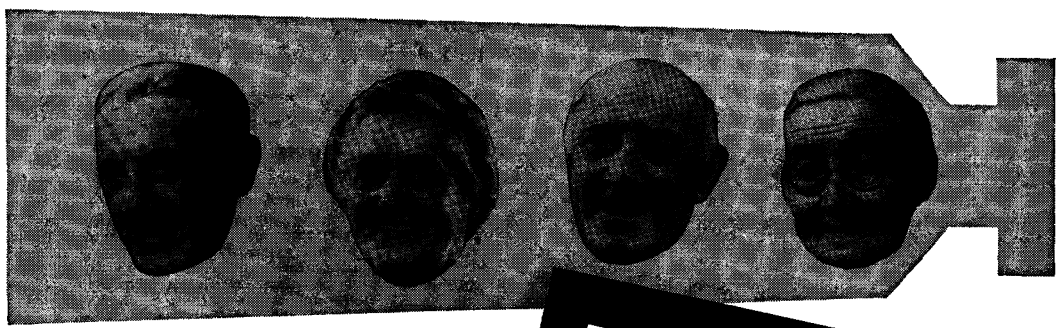

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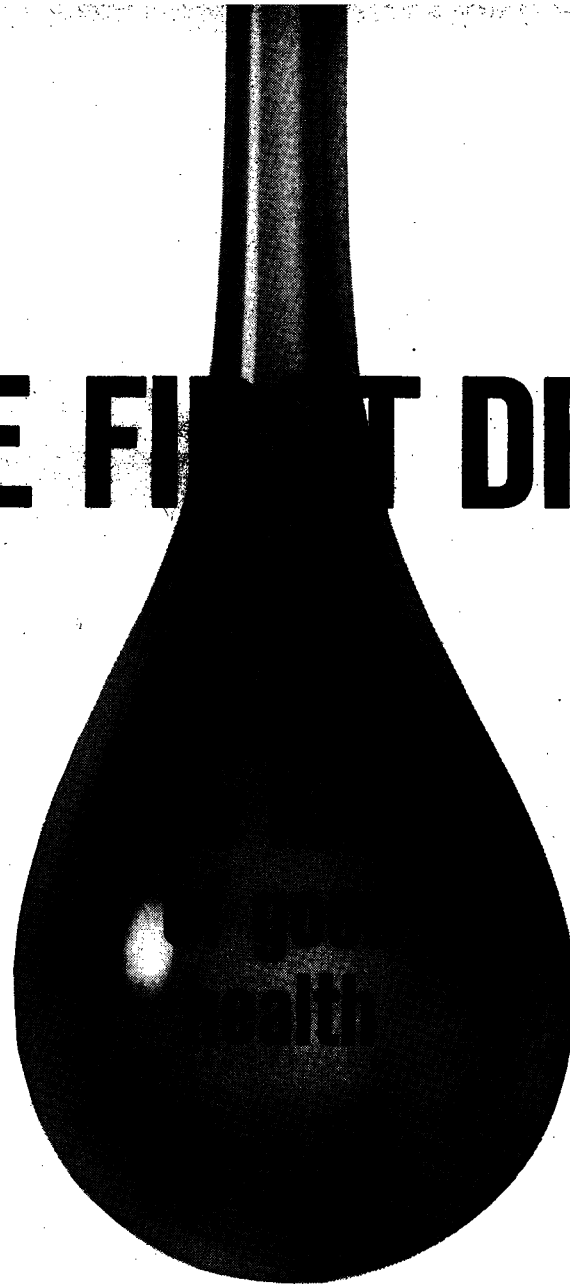

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1. Kareha, L. G., de Quevedo, N. G., Tighe, P., Kehrli, H. J., "Evaluation of Ilopan in Postoperative Abdominal Distention," Western J. Surg. Obs. & Gyn., 66:220, 1958
2. Stone, M. L., Schlussel, S., Silberman, E., Mersheimer, W. L., "The Prophylaxsis and Treatment of Postpartum and Postoperative Ileus with Pantothenyl Alcohol," Amer. J. Surgery, 97:191, 1958

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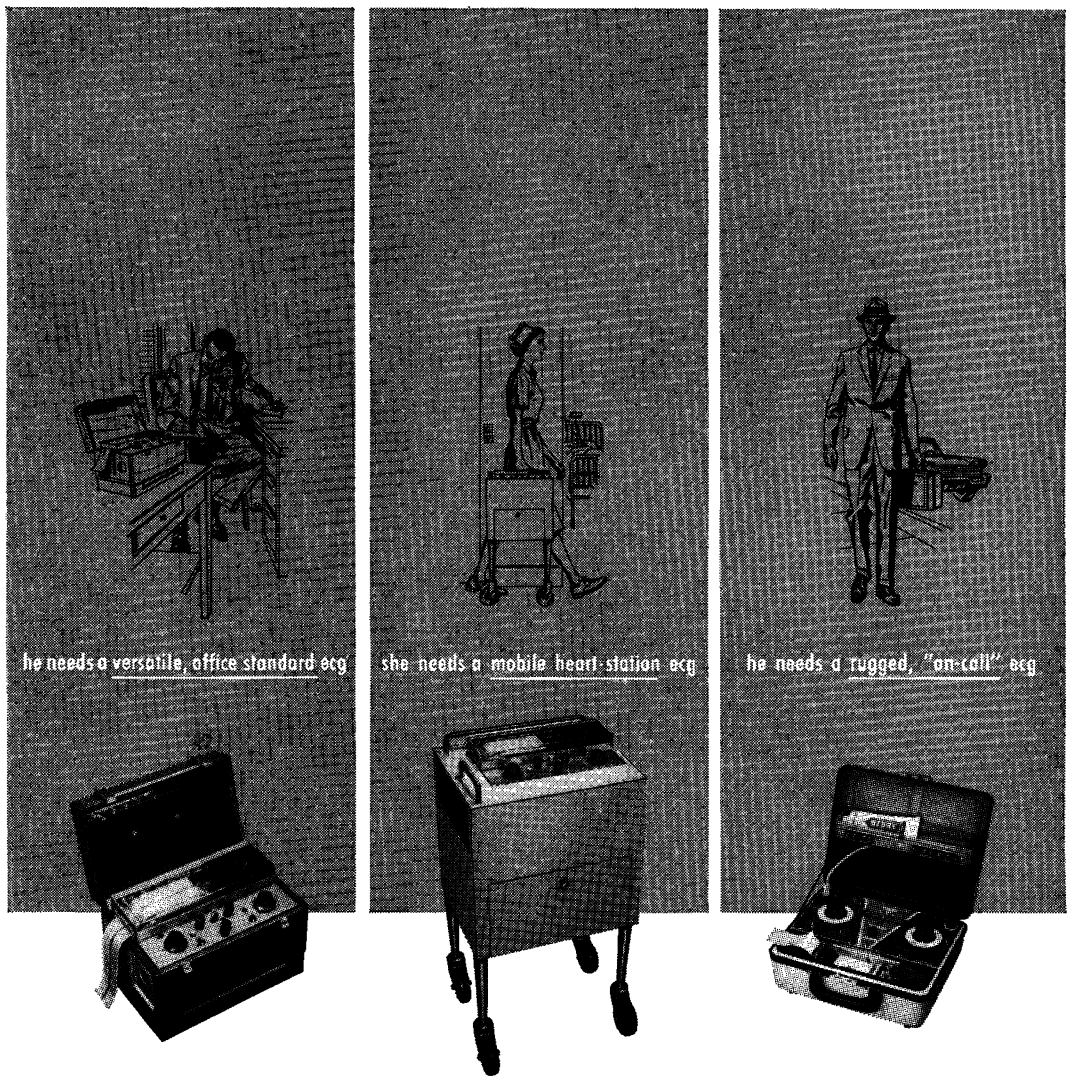

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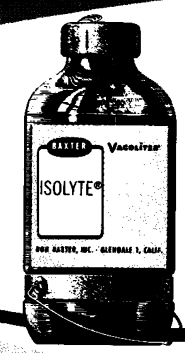

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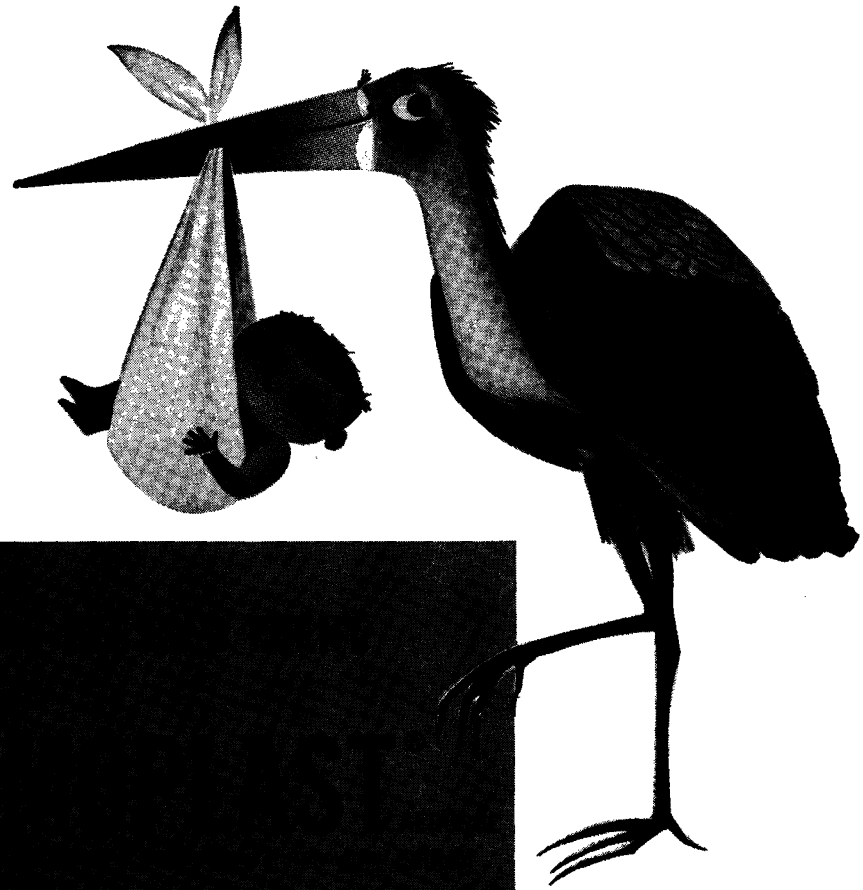

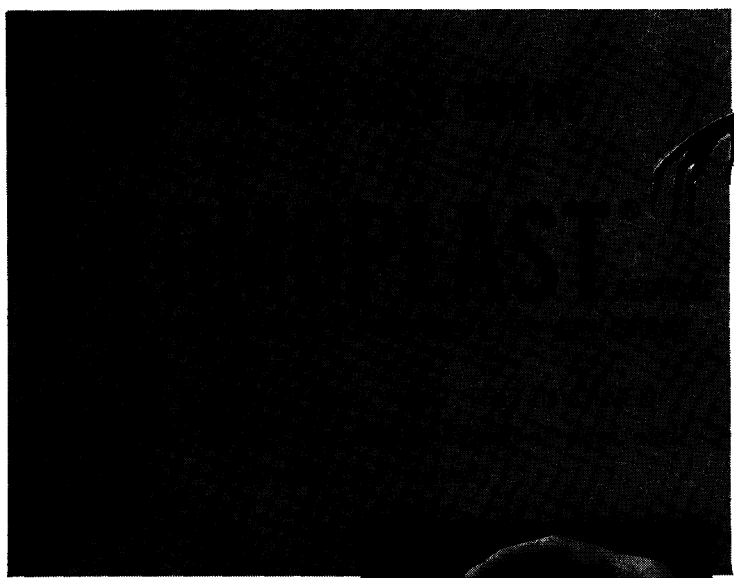

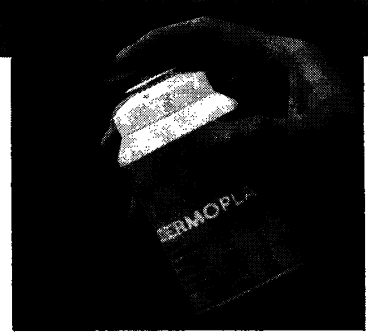

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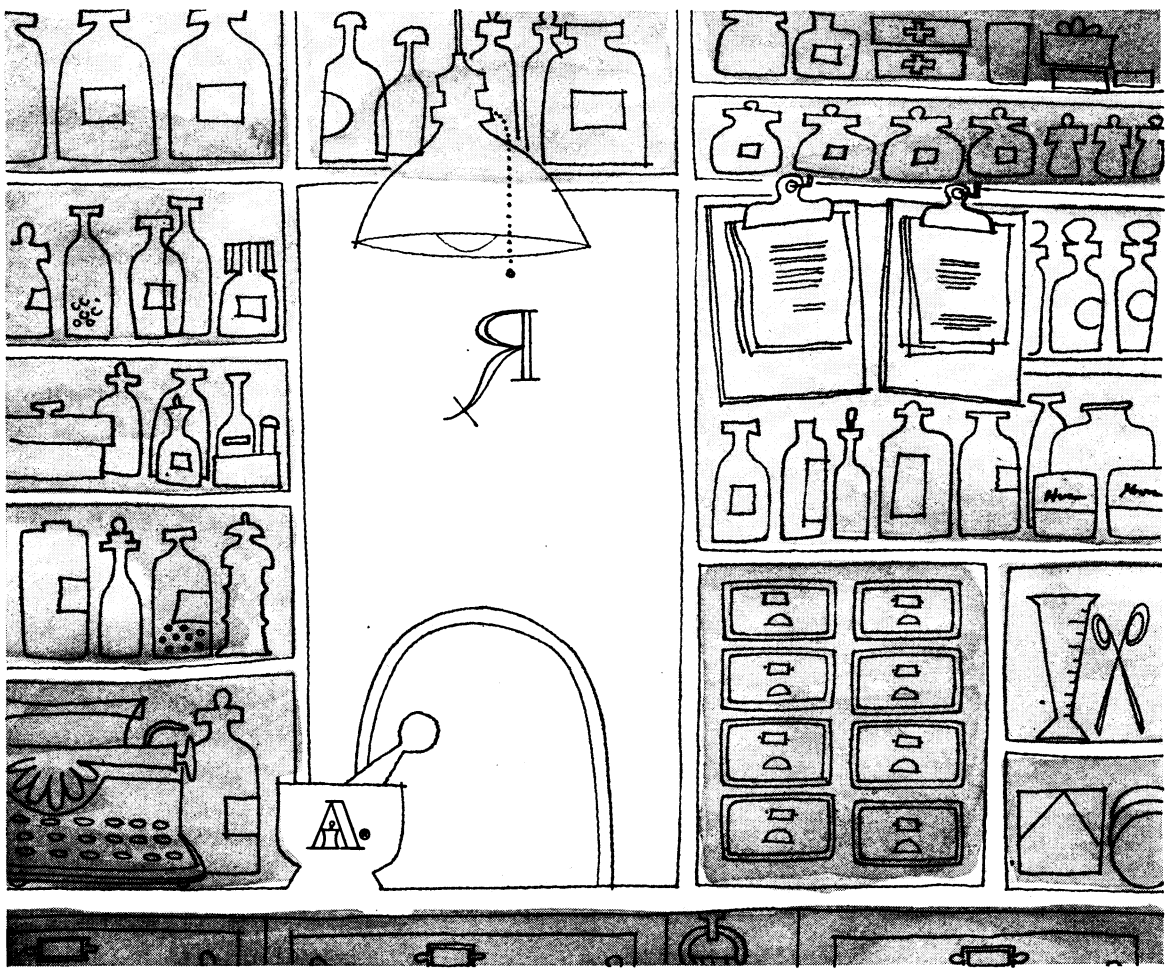

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GENERAL PRACTITIONER, 48, desires solo practice, or permanent association. Family man, excellent health, Protestant, Northwestern graduate, California license, AAGP member. Mature, proficient, 20 years' experience same Wisconsin clinic. Climate sole reason for relocation. Available personal interview after Feb. 16. Write: Edward Charles Hoyer, M.D., Hoyer Clinic, Beaver Dam, Wisconsin.

G.P. 7 years' solo practice in midwest. Age 35, AAGP, desires part time general internship and/or association with other G.P.'s in late 1960's. Calif. lic. Excellent references. Box 95,265, California Medicine.

BOARD ELIGIBLE DERMATOLOGIST JUNE, desires information full or part time association with group or dermatologist, or opportunity for private practice. J. S. Maliner, 1220½ South Saltair Avenue, Los Angeles 25, California.

OBSTETRICIAN-GYNECOLOGIST, age 33, married. 4 years' residency plus 2 years of academic work. Desires association with group or individual in Northern California. Box 95,250, California Medicine.

UROLOGIST—Board eligible, well trained, 31, married, veteran, desires association with established urologist, group clinic, or good opportunity for solo practice. Box 95,255, California Medicine.

ASSOCIATES WANTED

UROLOGIST: Board or Board qualified—to associate full time with large Los Angeles Medical Group. Outstanding opportunity. Phone Los Angeles VE 9-4381. PEDIATRICIAN: Board or Board qualified —to associate full time with large Los Angeles Medical Group. Outstanding opportunity. Phone Los Angeles VE 9-4381.

WANTED: GENERAL PRACTITIONER to associate with two GP's in the rapidy growing Anaheim-Garden Grove area near Los Angeles. New building with complete x-ray, laboratory and physiotherapy facilities. Office located next to 100-bed hospital. Percentage arrangement with a guaranteed minimum of $1,200. Write R. W. Heffner, M.D., 935 S. Gilbert Avenue, Anaheim, California.

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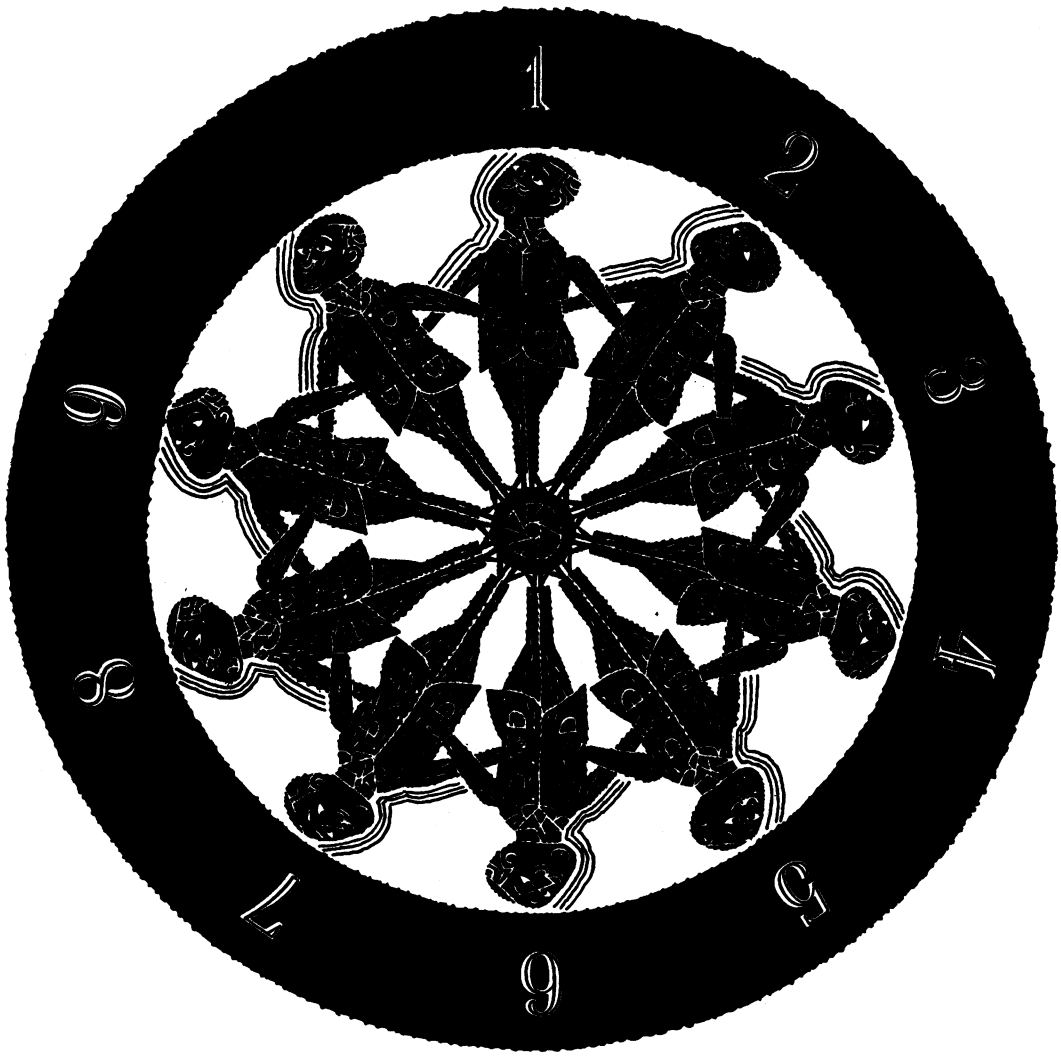
(Continued on Page 94)



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The latest ANTIVERT report confirms earlier findings: ANTIVERT relieves vertigo in 9 out of 10 patients. This combination of meclizine (an outstanding antihistamine for vestibular dysfunction) and nicotinic acid (the drug of choice for prompt vasodilation[1]) "... proved more effective than the use of either drug alone."[2] Out of 50 patients with Meniere's syndrome, only 4 failed to respond to ANTIVERT.[3]

Prescribe one ANTIVERT tablet (12.5 mg. meclizine; 50 mg. nicotinic acid) before each meal for relief of Meniere's syndrome, arteriosclerotic vertigo, labyrinthitis and vertigo of nonspecific origin.

Supplied: In bottles of 100 blue-and-white scored tablets. Prescription only.

References: 1. Menger, H. C.: Clin. Med. 4:313 (Mar.) 1957. 2. Scal, J. C.: Eye Ear Nose & Throat Month. 38:738 (Sept.) 1959.

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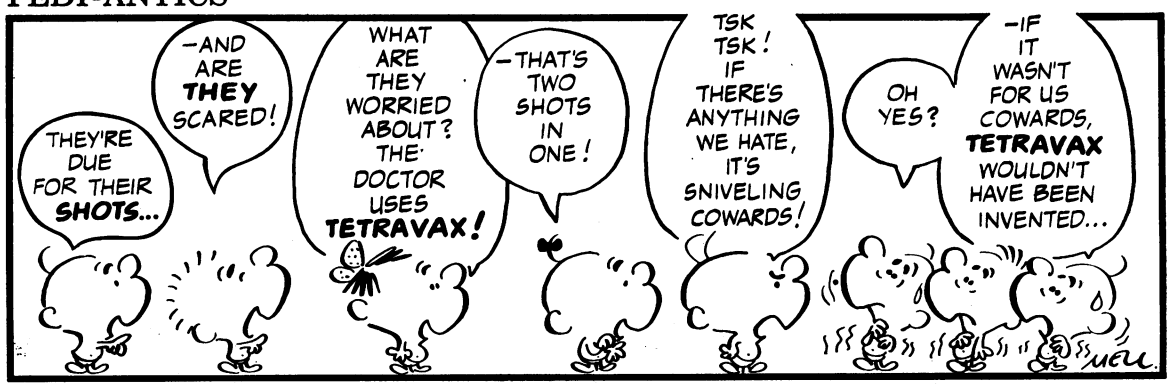

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DIPHTHERIA AND TETANUS TOXOIDS WITH PERTUSSIS AND POLIOMYELITIS VACCINES

now you can immunize against more *diseases...with* fewer *injections*

Dose: 1 cc.
Supplied: 9 cc. vials in *clear plastic* cartons. Package circular and material in vial can be examined without damaging carton. Expiration date is on vial for checking even if carton is discarded.

For additional information, write Professional Services, Merck Sharp & Dohme, West Point, Pa.

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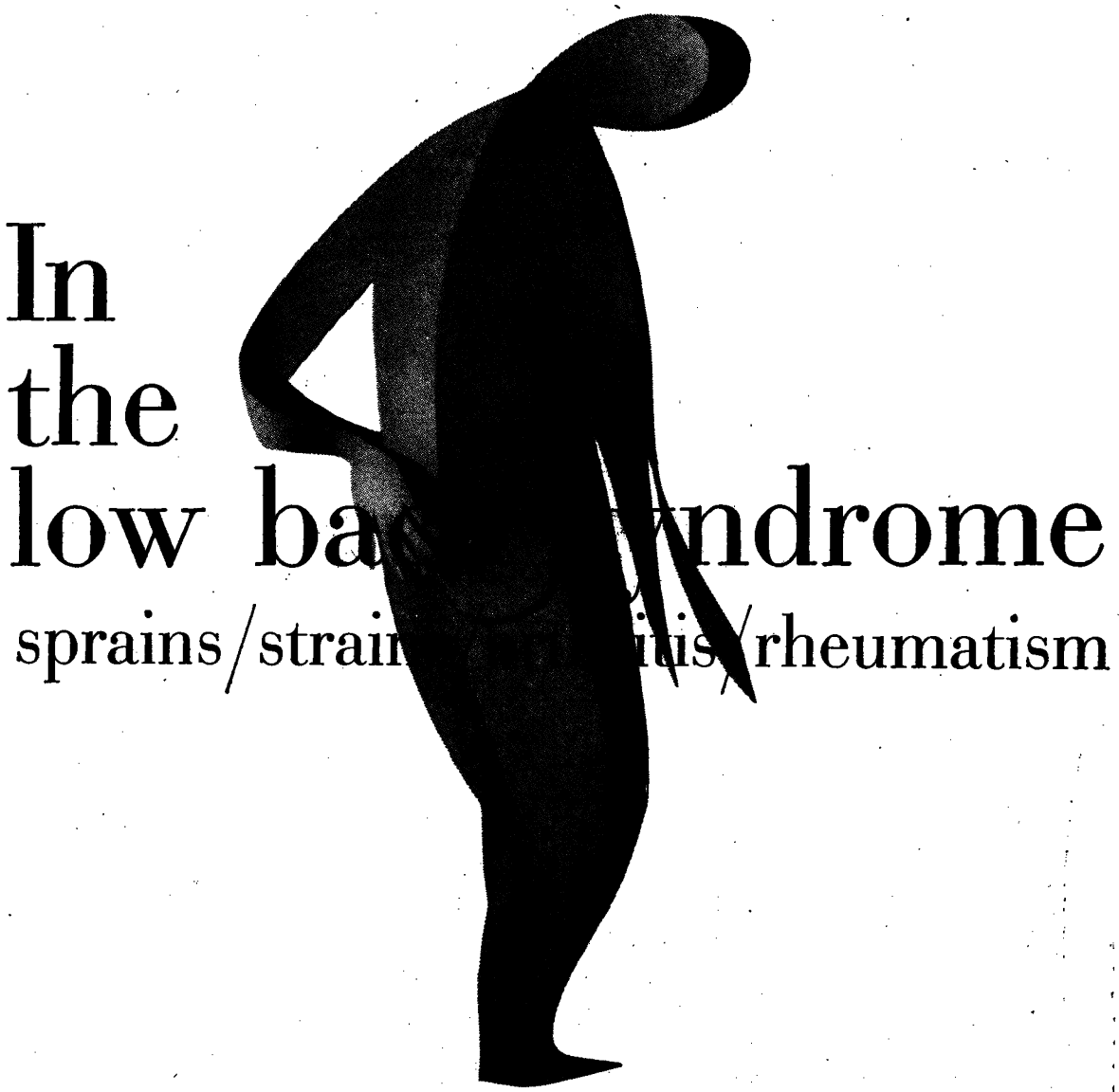

Relieves *both* pain and stiffness with speed and safety

NOTABLE SAFETY extremely low toxicity; no known contraindications; side effects are rare; drowsiness may occur, usually at higher dosage

RAPID ACTION starts to act quickly

SUSTAINED EFFECT relief lasts up to 6 hours

EASY TO USE usual adult dose is one 350 mg. tablet 3 times daily and at bedtime

Supplied *as white, coated, 350 mg. tablets, bottles of 50.* **Also available for pediatric use:** *250 mg. orange capsules, bottles of 50.*

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(carisoprodol Wallace)

Literature and samples on request

WALLACE LABORATORIES, *New Brunswick, New Jersey*

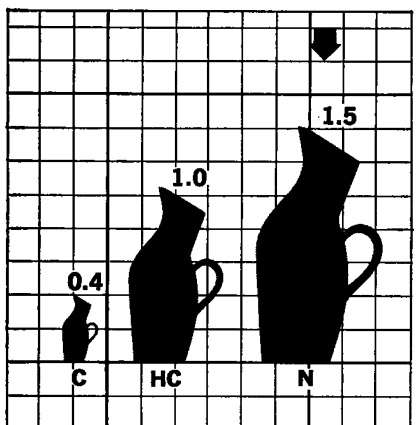
more closely approaches the ideal diuretic

Naturētin

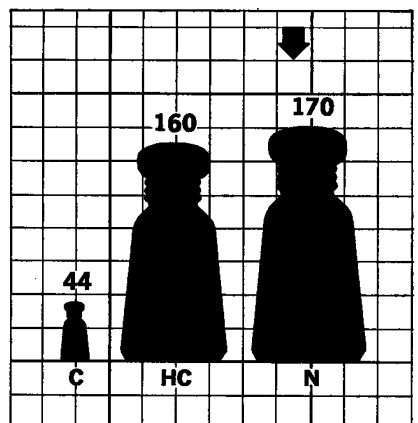
Squibb Benzydroflumethiazide

"When compared to other members of this heterocyclic group of compounds, this drug [NATURETIN] shows a significantly increased natriuresis and decreased loss of potassium and bicarbonate. In this respect it more closely approaches a natural or 'ideal diuretic.' It is effective upon continuous administration and causes no significant serum biochemical changes. It is effective in a wide variety of edematous and hypertensive states and represents a significant advance in diuretic therapy." *Ford, R.V.: Pharmacological observations on a more potent benzothiadiazine diuretic; accepted for publication by the American Heart Journal.*

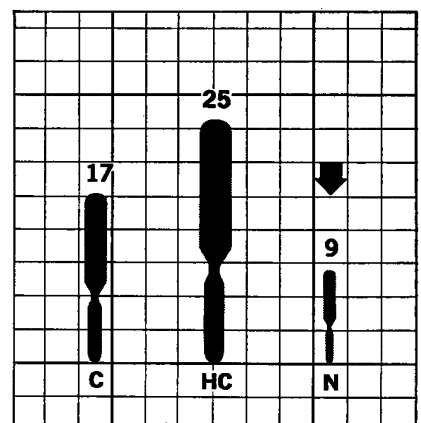
Comparison of electrolyte excretion pattern for the 24 hours following typical doses of chlorothiazide, hydrochlorothiazide, and Naturetin[1]



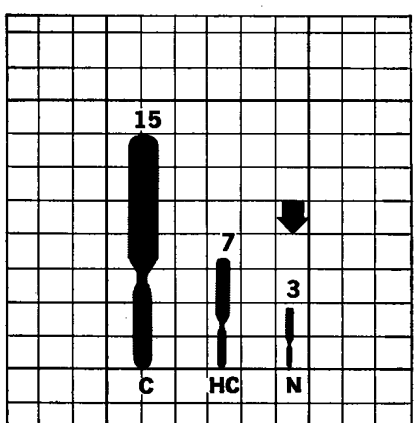
Urinary Volume (liters) significantly increased with Naturetin



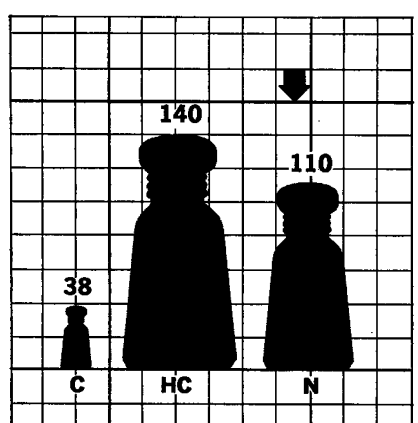
Natriuresis (mEq./24 hr.) sodium excretion significantly increased with Naturetin



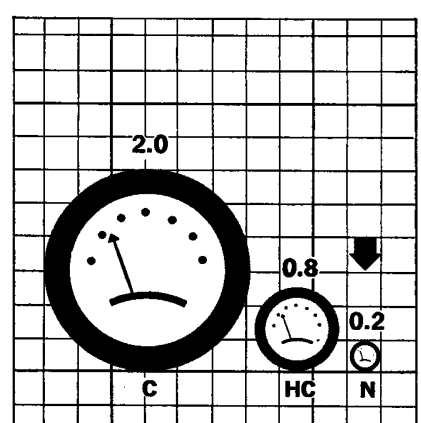
Potassium Excretion (mEq./24 hr.) least with Naturetin



Bicarbonate Excretion (mEq./24 hr.) least with Naturetin



Chloride Excretion (mEq./24 hr.) marked increases



Urinary pH least increase with Naturetin

Typical Doses: Chlorothiazide—1,000 mg.; Hydrochlorothiazide—50 mg.; Naturetin (Benzydroflumethiazide)—5 mg.

1. Adapted from: Ford, R. V., Squibb Clin. Res. Notes 2:1 (Dec.) 1959.

A single 5 mg. tablet once a day provides all these advantages[2]

- prolonged action — in excess of 18 hours
- convenient once-a-day dosage
- low daily dosage — more economical for the patient
- no significant alteration in normal electrolyte excretion pattern
- repetitively effective as a diuretic and antihypertensive
- greater potency mg. for mg.—more than 100 times as potent as chlorothiazide
- potency maintained with continued administration
- low toxicity — few side effects — low salt diets not necessary
- comparative studies with chlorothiazide, hydrochlorothiazide, and Naturetin disclose that smallest doses of Naturetin produce greater weight loss per day
- in hypertension, Naturetin, alone or in combination with other anti-hypertensives, produces significant decreases in mean blood pressure and other favorable clinical effects
- purpura and agranulocytosis not observed
- allergic reactions rarely observed

[2]Reports (1959) to the Squibb Institute for Medical Research.

Naturetin —*Indications:* in control of edema when diuresis is required, in congestive heart failure, in the premenstrual syndrome, nephrosis and nephritis, cirrhosis with ascites, edema induced by drugs (certain steroids); in the management of hypertension, used alone, combined with Raudixin (Squibb Rauwolfia Serpentina Whole Root), or with other antihypertensive drugs, such as ganglionic blocking agents.

Contraindications: none, except in complete renal shutdown.

Precautions: when Naturetin is added to an antihypertensive regimen including hydralazine, veratrum, and/or ganglionic blocking agents, immediate reduction must be made in the dosage for all preparations; the dosage for ganglionic blocking agents must be decreased by 50% to avoid a precipitous drop in blood pressure. This also applies if these hypotensive drugs are added to an established Naturetin regimen . . . in hypochloremic alkalosis with or without hypokalemia . . . in cirrhotic patients or those on digitalis therapy when reductions in serum potassium are noted . . . in diabetic patients or those predisposed to diabetes . . . when increased uric acid concentrations are noted . . . when signs—leg or abdominal cramps, pruritus, paresthesia, rash—suggestive of hypersensitivity, are noted.

Naturetin —*Dosage: in edema,* average dose, 5 mg., once daily, preferably in the morning; to initiate therapy, up to 20 mg., once daily or in divided doses; for maintenance, 2.5 to 5.0 mg., daily in a single dose. *In hypertension:* suggested initial dose, 5 to 20 mg. daily; for maintenance, 2.5 to 15 mg. daily, depending on the individual response of the patient. When Naturetin is added to an anti-hypertensive regimen with other agents, lower maintenance doses of each drug should be used.

Naturetin —*Supplied:* tablets of 2.5 mg. and 5 mg. (scored).

SQUIBB

Squibb Quality—the Priceless Ingredient

Rx Naturetin 5mg.
Disp. #30
Sig: 1 each morning

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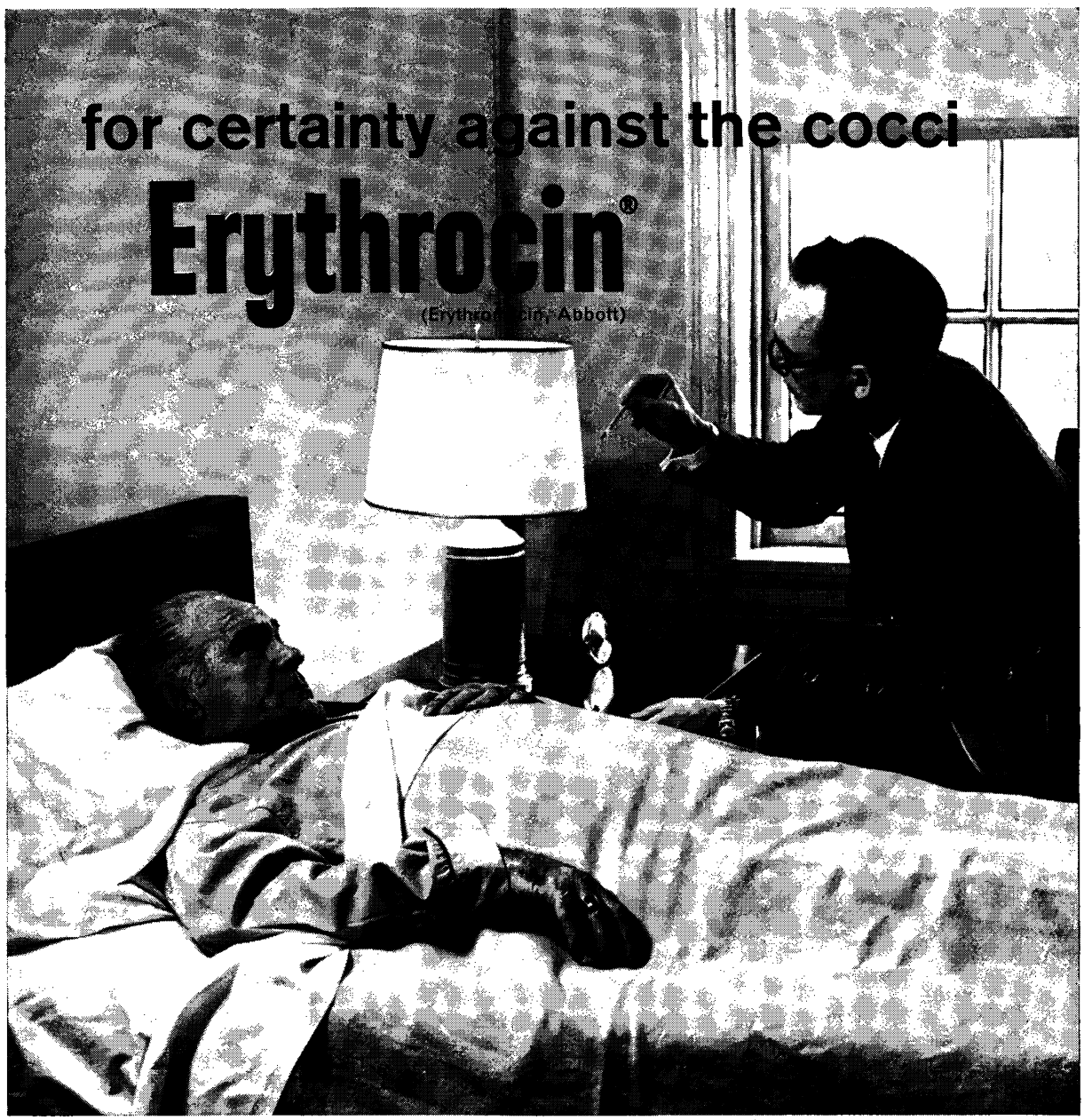

an uncommon antibiotic for common infections

Offers fast, high blood levels—plus years of clinical effectiveness. And after all this time, an unparalleled safety record.

Available in easy-to-swallow Filmtabs® (100 and 250 mg.); in tasty, citrus-flavored Oral Suspension (200 mg. per 5-ml. teaspoonful).

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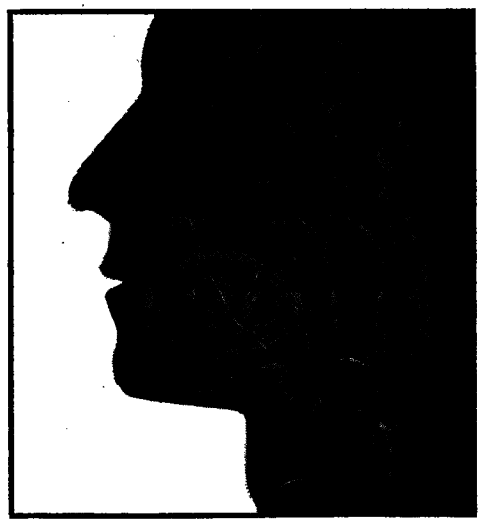
FILMTABS—FILM-SEALED TABLETS, ABBOTT. 002221

reaches all nasal and paranasal membranes *systemically*[1]



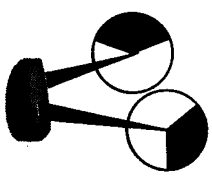
Pharmacologically balanced formula for prompt symptomatic relief

- in nasal and paranasal congestion
- in sinusitis and postnasal drip
- in allergic reactions of the upper respiratory tract

Triaminic*[2,3] *is safer and more effective than topical medication

- transported systemically to *all* respiratory membranes
- provides longer-lasting relief
- presents no problem of rebound congestion
- avoids "nose drop addiction"

Relief is prompt and prolonged because of this special timed-release action:



first— the outer layer dissolves within minutes to produce 3 to 4 hours of relief

then— the core disintegrates to give 3 to 4 *more* hours of relief

Each Triaminic timed-release Tablet provides:

Phenylpropanolamine HCl	50 mg.
Pheniramine maleate	25 mg.
Pyrilamine maleate	25 mg.

Dosage: 1 tablet in the morning, midafternoon and at bedtime. In postnasal drip, 1 tablet at bedtime is usually sufficient.

Each timed-release Triaminic Juvelet® provides: ½ the formulation of the Triaminic Tablet.

Dosage: 1 Juvelet in the morning, midafternoon and at bedtime.

Each tsp. (5 ml.) of Triaminic Syrup provides: ¼ the formulation of the Triaminic Tablet.

Dosage (to be administered every 3 or 4 hours): *Adults* — 1 or 2 tsp.; *Children 6 to 12* — 1 tsp.; *Children 1 to 6* — ½ tsp.; *Children under 1* — ¼ tsp.

1. Fabricant, N. D.: E.E.N.T. Monthly *37*:460 (July) 1958.
2. Lhotka, F. M.: Illinois M. J.: *112*:259 (Dec.) 1957.
3. Farmer, D. F.: Clin. Med. *5*:1183 (Sept.) 1958.

the leading oral nasal decongestant...

Triaminic®

timed-release tablets and juvelets
also non-alcoholic, fruit-flavored syrup

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(Continued from Page 86)

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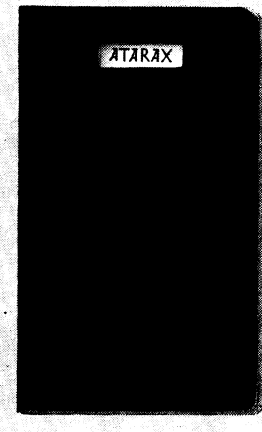

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(brand of hydroxyzine)

World-wide record of effectiveness—over 200 laboratory and clinical papers from 14 countries.
Widest latitude of safety and flexibility—no serious adverse clinical reaction ever documented.
Chemically distinct among tranquilizers—not a phenothiazine or a meprobamate.
Added frontiers of usefulness—antihistaminic; mildly antiarrhythmic; does not stimulate gastric secretion.

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IN CHILDREN unusually safe; tasty syrup, 10 mg. tablet	"... Atarax appeared to reduce anxiety and restlessness, improve sleep patterns and make the child more amenable to the development of new patterns of behavior...." Freedman, A. M.: Pediat. Clin. North America **5**:573 (Aug.) 1958.	Bayart, J.: Acta paediat. belg. **10**:164, 1956. Ayd, F. J., Jr.: California Med. **87**:75 (Aug.) 1957. Nathan, L. A., and Andelman, M. B.: Illinois M. J. **112**:171 (Oct.) 1957.
IN ELDERLY PATIENTS well tolerated by debilitated patients	"... seems to be the agent of choice in patients suffering from removal disorientation, confusion, conversion hysteria and other psychoneurotic conditions occurring in old age." Smigel, J. O., et al.: J. Am. Geriatrics Soc. **7**:61 (Jan.) 1959.	Settel, E.: Am. Pract. & Digest Treat. **8**:1584 (Oct.) 1957. Negri, F.: Minerva med. **48**:607 (Feb. 21) 1957. Shalowitz, M.: Geriatrics **11**:312 (July) 1956.
IN ALLERGIC PATIENTS useful adjunctive therapy for asthma and dermatosis; particularly effective in urticaria	"All [asthmatic] patients reported greater calmness and were able to rest and sleep better... and led a more normal life.... In chronic and acute urticaria, however, hydroxyzine was effective as the sole medicament." Santos, I. M., and Unger, L.: Presented at 14th Annual Congress, American College of Allergists, Atlantic City, New Jersey, April 23-25, 1958.	Eisenberg, B. C.: J.A.M.A. **169**:14 (Jan. 3) 1959. Coirault, R., et al.: Presse méd. **64**:2239 (Dec. 26) 1956. Robinson, H. M., Jr., et al.: South. M. J. **50**:1282 (Oct.) 1957.
IN HYPEREMOTIVE ADULTS does not impair mental acuity	"... especially well-suited for ambulatory neurotics who must work, drive a car, or operate machinery." Ayd, F. J., Jr.: New York J. Med. **57**:1742 (May 15) 1957.	Garber, R. C., Jr.: J. Florida M. A. **45**:549 (Nov.) 1958. Menger, H. C.: New York J. Med. **58**:1684 (May 15) 1958. Farah, L.: Internat. Rec. Med. **169**:379 (June) 1956.

SUPPLIED: Tablets, 10 mg., 25 mg., 100 mg.; bottles of 100. Syrup (10 mg. per tsp.), pint bottles. Parenteral Solution: 25 mg./cc. in 10 cc. multiple-dose vials; 50 mg./cc. in 2 cc. ampules.

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MAINSTAY OF RHEUMATOID ARTHRITIS

Plaquenil® SULFATE

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New Long Term Chemotherapy of **RHEUMATOID ARTHRITIS**

"Whatever else may be needed from time to time in the management of individual cases, these drugs [Plaquenil and Aralen] should always be given a prolonged trial (at least six months) as the 'mainstay' of therapy."

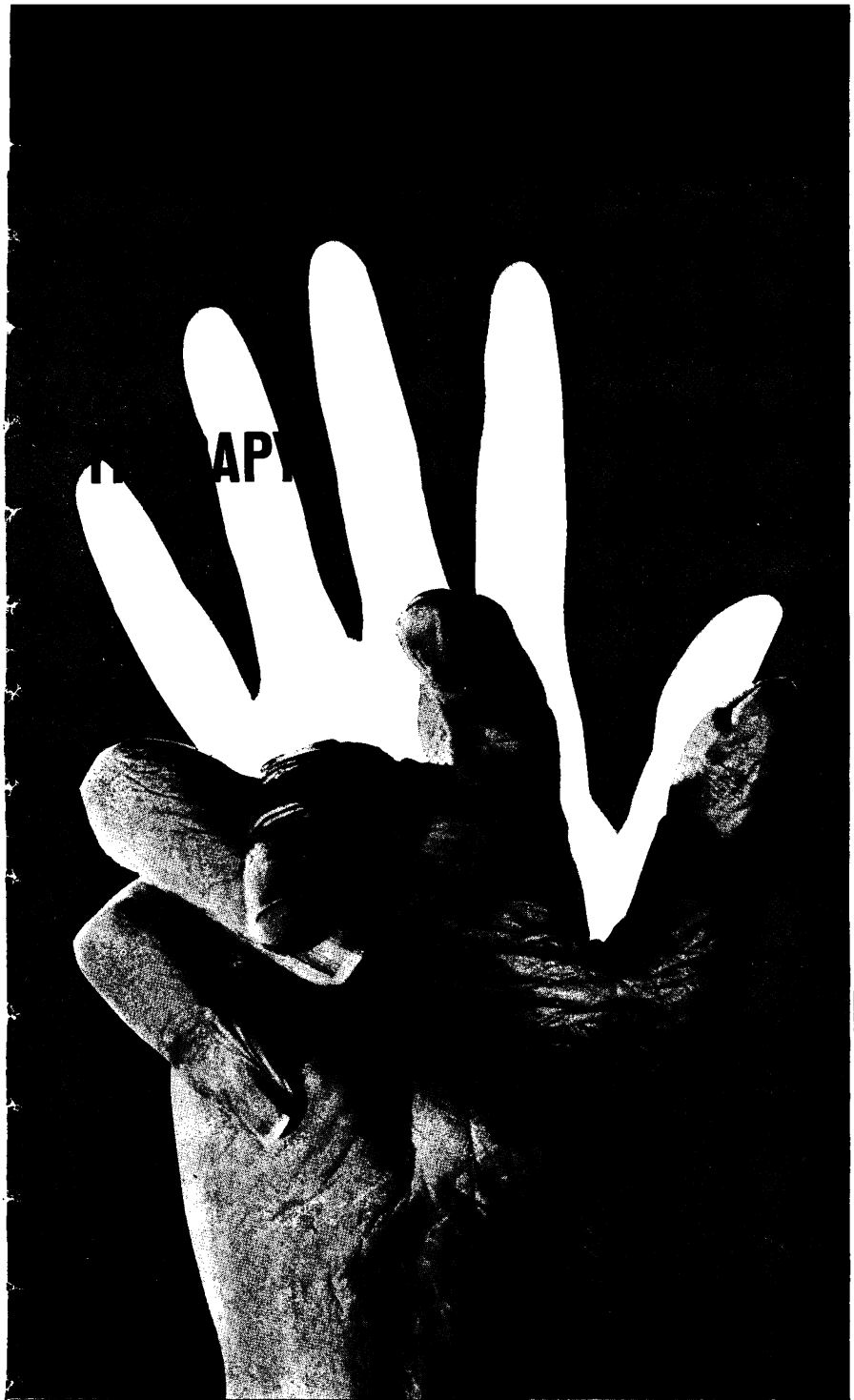
Bagnall, A. W. (Univ. British Columbia, Vancouver, B.C.): A.M.A. Clinical Meeting (Scientific Section, Exhibit No. 124), Minneapolis, Minnesota, Dec. 2-5, 1958.

"The 4-aminoquinoline drugs (Plaquenil and Aralen) together with supplemental agents administered in nontoxic doses effectively maintained suppression of the disease in 83 per cent of 194 patients followed for 18 months."

Scherbel, A. L.; Harrison, J. W., and Atdjian, Martin: **Cleveland Clin. Quart. *25:95, April, 1958.***

"When used in tolerated dosage and over a sufficient period of time, there appears to be a tremendous therapeutic potential in the antimalarial drugs. . . . Plaquenil in this study did not have as many side effects as Aralen and thus appears to be a more practical compound."

Cramer, Quentin (Kansas City): **Missouri Med. *55:1203, Nov., 1958.***



is the hydroxy derivative of Aralen®
and is available as Plaquenil sulfate
in tablets of 200 mg. (bottles of 100).

Average Dose:

INITIAL—400 to 600 mg. (1 tablet 2 or 3 times daily).

MAINTENANCE—200 to 400 mg. (1 or 2 tablets daily).

Plaquenil (brand of hydroxychloroquine) and Aralen (brand of chloroquine), trademarks reg. U.S. Pat. Off.

Write for Plaquenil booklet discussing clinical experience, dosage, tolerance, precautions, etc., in detail.

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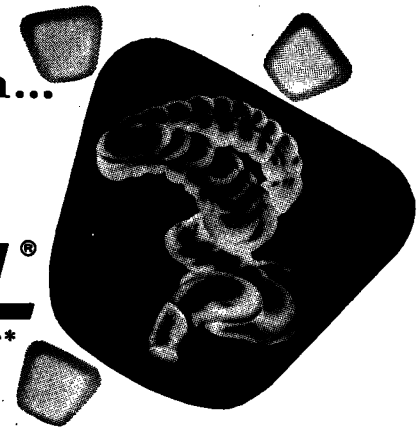
new concept for chronic constipation...

and especially that associated with the irritable bowel syndrome



DECHOTYL®

TRABLETS*

safe, gentle transition to normal bowel function

DECHOTYL provides gentle stimulation of the bowel and helps restore normal consistency of the intestinal contents to gradually re-establish normal bowel function in your chronically constipated patients.

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DECHOLIN®, dehydrocholic acid, AMES, (200 mg.), the most potent hydrocholeretic available, is a chemically pure bile acid and has been used effectively in the treatment of biliary tract disorders for many years. It produces an increased flow of thin bile which helps to lower surface tension of intestinal fluids, promotes emulsification and absorption of fats and mildly stimulates intestinal peristalsis.

Desoxycholic Acid (50 mg.), a choleretic, also is a chemically pure bile acid and stimulates an increased flow of bile, lowers surface tension and stimulates peristalsis. By emulsifying fat globules, desoxycholic acid aids the digestive action of the fat-splitting enzyme, lipase. DECHOLIN and desoxycholic acid thus favorably influence the constitution and the movement of the intestinal contents.

Dioctyl Sodium Sulfosuccinate (50 mg.) is a wetting agent which lowers surface tension and aids the penetration of intestinal fluids into the fecal mass, providing a moist stool of normal consistency.

EFFECTIVE: Bile influences the constitution as well as the movement of the intestinal contents. The ingredients of major importance are DECHOLIN and desoxycholic acid which increase the flow of bile, lower surface tension, promote emulsification and absorption of fats and mildly stimulate intestinal peristalsis. With dioctyl sodium sulfosuccinate, a good therapeutic effect can be obtained without the danger of toxicity or decreasing effectiveness even when used regularly.

SAFE: Clinical evidence indicates that the constituents of DECHOTYL cause no systemic sensitivity, drug accumulation, habituation or interference with nutrition. Orally, in therapeutic amounts, DECHOTYL is without significant toxic effect. The only side effect following oral administration is diarrhea if the dosage is excessive.

Dosage: *Average adult dose*—Two TRABLETS* at bedtime. Some individuals initially may require 1 to 2 TRABLETS three or four times daily. *Contraindications:* Biliary tract obstruction; acute hepatitis.

Available: TRABLETS,* coated, yellow, trapezoid-shaped; bottles of 100.

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*T.M. for AMES trapezoid-shaped tablet.

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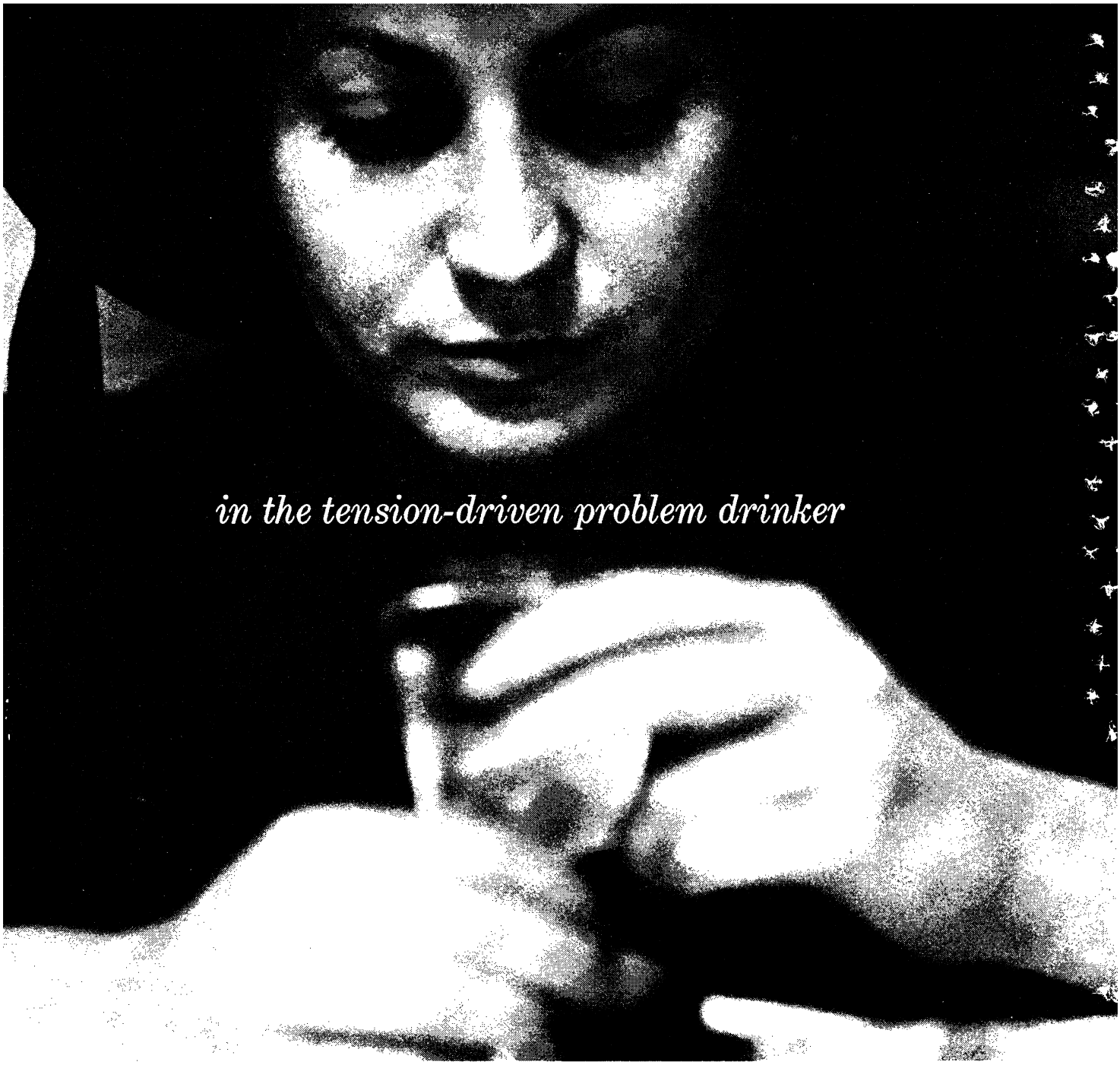
a dependable solution to
commonest gynecologic office problem"
LVOVAGINITIS, CAUSED BY TRICHOMONAS VAGINALIS, CANDIDA
ICANS, Haemophilus vaginalis, or other bacteria, is still the
mmonest gynecologic office problem . . . cases of chronic or
infection are often extremely difficult to cure." Among 75
s with vulvovaginitis caused by one or more of these
TRICOFURON IMPROVED cleared symptoms in 70; vir-
ere severe, chronic infections which had persisted
ous therapy with other agents. "Permanent cure by
ory and clinical criteria was achieved in 56. . . ."
Obst. 77:155, 1959
ICOFURON
Improved
elieves itching, burning, malodor and leukorrhea
Trichomonas vaginalis, Candida (Monilia) albicans,
is vaginalis ■ Achieves clinical and cultural cures
hers fail ■ Nonirritating and esthetically pleasing
s to lasting relief:
for weekly insufflation in your office. MICOFUR®,
of nifuroxime, 0.5% and FUROXONE®, brand of furazoli-
0.1% in an acidic water-dispersible base.
SITORIES for continued home use each morning and
first week and each night thereafter—especially during
ortant menstrual days. MICOFUR 0.375% and FUROXONE
in a water-miscible base.
w box of 24 suppositories with applicator
ore practical and economical therapy.
FURANS—a unique class of antimicrobials
LABORATORIES, NORWICH, NEW YORK



Vistaril® helps bring tranquility

hydroxyzine pamoate

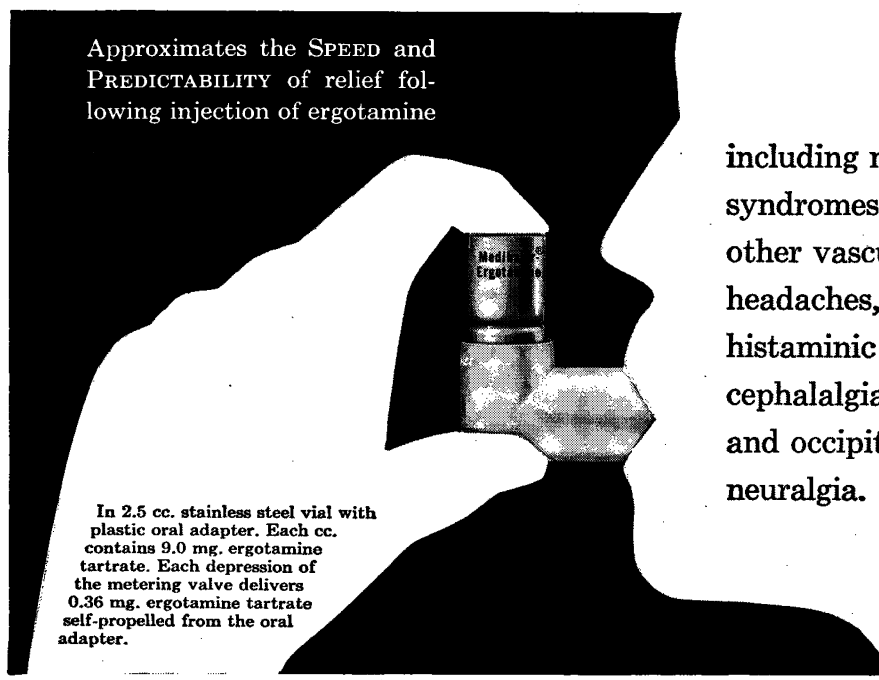
When she drinks to relieve her tensions, VISTARIL can help restore perspective. By maintaining tranquility, VISTARIL helps patients to accept counsel more readily, and encourages abstinence from drinking.

VISTARIL has shown a wide margin of safety, even in large doses, over prolonged periods. Clinical studies have shown that VISTARIL produces no significant lowering of blood pressure, pulse, or respiration in chronic drinkers.

Available as: *Capsules*—25, 50, and 100 mg. *Parenteral Solution (as the HCl)*—25 mg. per cc., 10 cc. vials and 2 cc. Steraject® Cartridges; 50 mg. per cc., 2 cc. ampules. Professional literature available on request from the Medical Department, Pfizer Laboratories. Brooklyn 6, New York.

Science for the world's well-being™ Pfizer

A New *More Convenient* Route for Relief of Recurrent Throbbing HEADACHES



including migraine syndromes, other vascular headaches, histaminic cephalalgia, and occipital neuralgia.

Medihaler®-Ergotamine

Oral Inhalation of Micronized Ergotamine Tartrate

Dosage: A single inhalation at onset of headache. Repeat in 5 minutes if not relieved. Any additional inhalations should be spaced at intervals of not less than 5 minutes. Not more than 6 inhalations should be taken in any 24-hour period.

More Effective and **Faster Acting** than 1 mg. oral or sublingual ergotamine with or without caffeine.

Convenient...relief readily available anywhere, any time, without delay, without embarrassment—vest-pocket size unit travels with the patient.

Economical...each vial delivers at least 50 doses.

Riker
Northridge, California

When you want to prescribe a diet to lower serum cholesterol, is a low-fat low-cholesterol diet the best way?

No, not according to today's thinking. A more efficient way is to control the type and amount of fat in the diet.

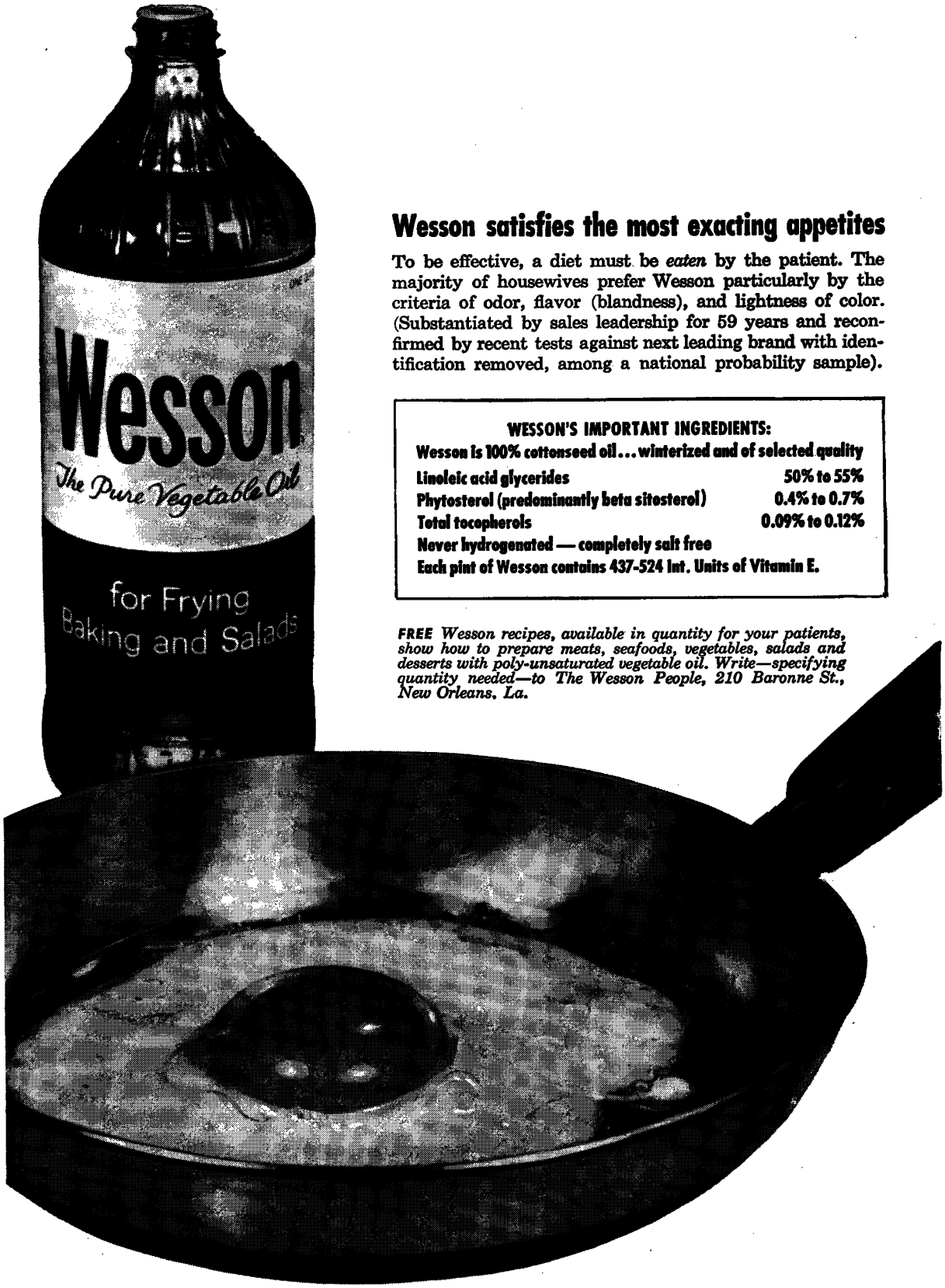
This means to control the total calories and to replace the saturated fats wherever possible with poly-unsaturated vegetable oil.

There is a considerable agreement among heart research workers that a low-fat diet does not by itself consistently reduce beta lipoproteins and blood cholesterol or sustain a low level. Many low-fat diets merely eliminate the visible fats. The *invisible* fat, inherent in meat and dairy products, is basically *saturated fat,* so that a low-fat diet quite frequently is actually relatively high in saturated fat. Consequently, the patient does not get the proper percentage of the *poly-unsaturated fatty acids* that help to lower blood serum cholesterol and to maintain it at proper levels.

We know today that a low-cholesterol intake (dietary cholesterol) has little or no bearing on serum cholesterol. Too, that it would be most undesirable to eliminate all cholesterol-containing foods from the diet, because they carry with them so many important accessory nutrients.

When a vegetable (salad) oil is medically recommended as part of a cholesterol depressant regimen, Wesson is unsurpassed by any readily available brand.

Uniformity you can depend on. *Wesson has a poly-unsaturated content better than 50%. Only the lightest cottonseed oils of highest iodine number are selected for Wesson and no significant variations in standards are permitted in the 22 exacting specifications required before bottling*



Wesson satisfies the most exacting appetites

To be effective, a diet must be *eaten* by the patient. The majority of housewives prefer Wesson particularly by the criteria of odor, flavor (blandness), and lightness of color. (Substantiated by sales leadership for 59 years and reconfirmed by recent tests against next leading brand with identification removed, among a national probability sample).

WESSON'S IMPORTANT INGREDIENTS:

Wesson is 100% cottonseed oil... winterized and of selected quality

Linoleic acid glycerides	**50% to 55%**
Phytosterol (predominantly beta sitosterol)	**0.4% to 0.7%**
Total tocopherols	**0.09% to 0.12%**

Never hydrogenated — completely salt free

Each pint of Wesson contains 437-524 Int. Units of Vitamin E.

FREE *Wesson recipes, available in quantity for your patients, show how to prepare meats, seafoods, vegetables, salads and desserts with poly-unsaturated vegetable oil. Write—specifying quantity needed—to The Wesson People, 210 Baronne St., New Orleans, La.*

The diet prescribed to lower cholesterol can include a breakfast egg cooked in poly-unsaturated Wesson.

in every arthritic state
long-term therapy
with maximum relief of pain
without steroids

Buffered

®

Tablets
improved salicylate therapy

SMITH-DORSEY • a division of The Wander Company • Lincoln, Nebraska

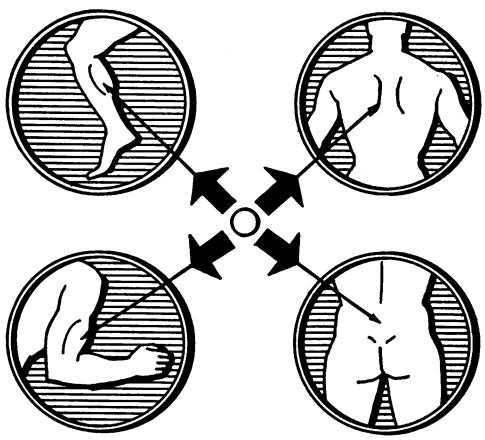
Each tablet contains: Acetylsalicylic acid (5 gr.) 300 mg.; Para-aminobenzoic acid (5 gr.) 300 mg.; Ascorbic acid 50 mg.; Dried aluminum hydroxide gel 100 mg. All Buffered Pabirin is sodium- and potassium-free. Dosage: Two or three tablets 3 or 4 times daily.

For Dependable Relief of Skeletal Muscle Spasm...

Two Tablets Per Day

Norflex™*

orphenadrine citrate



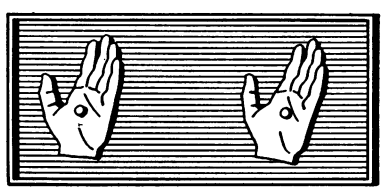
ADVANTAGES

- Mobility is restored quickly and associated pain relieved by prompt relaxation of muscle spasm.
- Prolonged action and potency provide round-the-clock benefits—including uninterrupted sleep.
- Impairment of general muscle tonus has not been reported when the recommended standard dosage is followed.

INDICATED IN ALL TYPES OF ACUTE MUSCLE SPASM following sprains, strains, whiplash injuries, intervertebral disc syndrone, chronic osteoarthritis, etc.

STANDARD DOSAGE Only one tablet b.i.d. for all adults regardless of age, weight, or sex. Simple dosage assures maximum patient cooperation.

Norflex™ for prompt, safe spasmolytic action



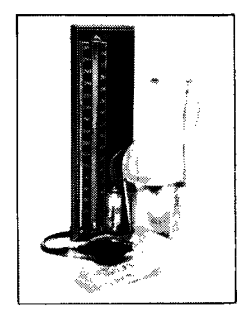
*Trademark U. S. Patent No. 2,567,351
Other patents pending

Riker
Northridge, California

potentiated therapy for advancing hypertension: Apresoline®-Esidrix®

Esidrix potentiates the action of Apresoline, producing good blood pressure response with low dosage, minimal side effects. Added benefits: Improves renal blood flow; relaxes cerebral vascular tone; provides diuresis in decompensated cases. Each combination tablet contains 25 mg. Apresoline and 15 mg. Esidrix.

APRESOLINE® hydrochloride—ESIDRIX® (hydralazine hydrochloride and hydrochlorothiazide CIBA)



CIBA
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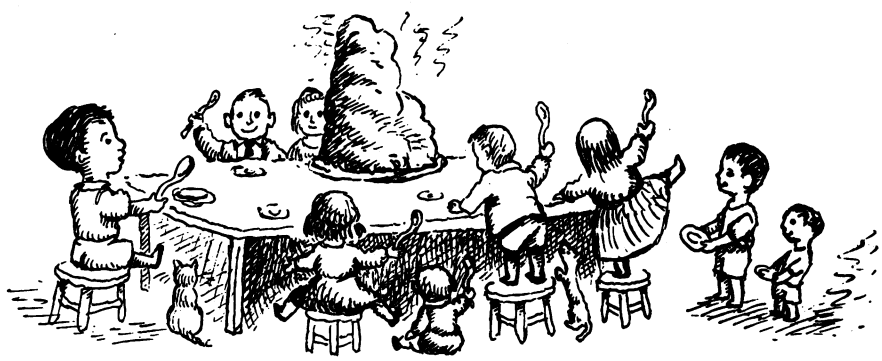
a book is to look at

buttons are to keep people warm

cats are so you can have kittens



REDISOL® is so kids have better appetites

Redisol (Cyanocobalamin, crystalline vitamin B_{12}) often stimulates children's appetites with consequent weight gain. Tiny **Redisol Tablets** (25, 50, 100, 250 mcg.) dissolve instantly in the mouth, on food or in liquids. Also available: cherry-flavored **Redisol Elixir** (5 mcg. per 5-cc. teaspoonful); **Redisol Injectable,** cyanocobalamin injection USP (30 and 100 mcg. per cc., 10-cc. vials and 1000 mcg. per cc. in 1, 5 and 10-cc. vials).

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For additional information, write Professional Services, Merck Sharp & Dohme, West Point, Pa.

MSD MERCK SHARP & DOHME, DIVISION OF MERCK & CO., INC., PHILADELPHIA 1, PA.

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Most new public schools are financed by bonds. James Wiley and others in our Municipal Bond Departments in key financial centers, have purchased millions of dollars worth of school bonds for distribution to investors.

Meet a man who buys "schools"

With over thirty years experience in the bond business, James Wiley knows schools. He heads an experienced staff whose full time is devoted to buying not only school bonds but many other municipal issues which finance hospitals, bridges, flood control and other civic improvements. These bonds are reoffered by our 43 Partners and 373 Account Advisors from coast to coast to investors seeking ***tax-free income.****

Underwriting and distributing municipal bonds calls for experienced judgment, a sound knowledge of community finances, taxes, money rates and the current demand and supply for all types of securities. Our staff must bid competitively with other purchasers for these bonds at a price which will make them attractive to investors like you.

For a sample of the attractive tax-free municipal bonds we offer, call or write for our latest "Weekly Bond List." There's no obligation.

**A 4% tax-free yield is equivalent to a taxable yield of 8% if you pay individual Federal taxes on income between $16-18,000.*

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THOROUGH ANALYSIS • EXPERIENCED JUDGMENT
COMPLETE FACILITIES FOR INVESTORS

A SPOON LICKIN' GOOD SULFA!

it's delicious cherry-flavored

for children

KYNEX®

ACETYL PEDIATRIC SUSPENSION

N¹ Acetyl Sulfamethoxypyridazine Lederle

just 1 dose a day . . . achieves rapid therapeutic levels . . . sustained for 24 hours . . . extremely low incidence of sensitivity reactions and renal complications . . . convenient, highly economical . . .

ALWAYS ACCEPTABLE . . . WHENEVER SULFAS ARE INDICATED

Recommended dosage: first-day dose is 1 teaspoonful (250 mg.) for each 20 lbs. body weight up to 80 lbs. For each day thereafter, ½ teaspoonful for each 20 lbs. For 80 lbs. and over, use adult dosage of 4 teaspoonfuls (1.0 Gm.) initially, and 2 teaspoonfuls (0.5 Gm.) daily thereafter. Administer immediately after a meal.
Supplied: Each teaspoonful (5 cc.) contains 250 mg. of sulfamethoxypyridazine activity. Bottles of 4 and 16 fl. oz.

LEDERLE LABORATORIES, a Division of AMERICAN CYANAMID COMPANY, Pearl River, New York

Established Standard Therapy in Hypertension*

alseroxylon, 2 mg.

Just two tablets at bedtime

After full effect one tablet suffices

*Because

Rauwiloid provides effective Rauwolfia action virtually free from side effects... the smooth therapeutic efficacy of Rauwiloid is associated with significantly less toxicity than reserpine... and with a lower incidence of depression. Tolerance does not develop.

Rauwiloid is initial therapy for every hypertensive patient. ...Dosage adjustment is never a problem...

•

When more potent drugs are needed, prescribe one of the *convenient single-tablet combinations*

alseroxylon 1 mg. and alkavervir 3 mg.

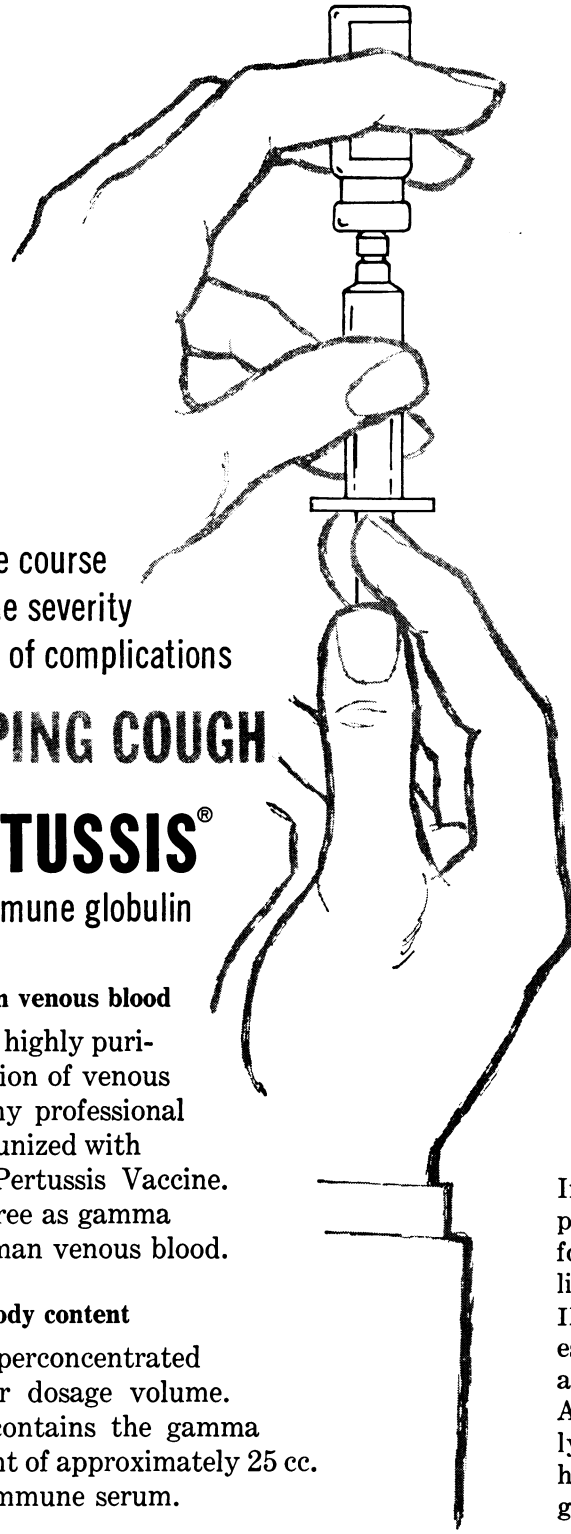
or

alseroxylon 1 mg. and hexamethonium chloride dihydrate 250 mg.

Many patients with severe hypertension can be maintained on Rauwiloid alone after desired blood pressure levels are reached with combination medication.

Riker

Northridge, California



to shorten the course
lessen the severity
reduce the rate of complications

IN WHOOPING COUGH

HYPERTUSSIS®

pertussis immune globulin

derived from human venous blood

Hypertussis is the highly purified globulin fraction of venous blood from healthy professional donors hyperimmunized with Cutter Phase I Pertussis Vaccine. It is as reaction-free as gamma globulin from human venous blood.

high immune antibody content

Hypertussis is superconcentrated to permit smaller dosage volume. A 1¼ cc. dose contains the gamma globulin equivalent of approximately 25 cc. of human hyperimmune serum.

Supplied in 1¼ cc. vials.

for prevention
or modification

OF MEASLES

Polio IMMUNE GLOBULIN

gamma globulin

derived from human blood

In measles prevention effective passive immunity of three to four weeks duration is established. In modification, Polio IMMUNE GLOBULIN reduces severity while allowing full active immunity to develop. Also for prevention of paralytic poliomyelitis, infectious hepatitis, treatment of hypogammaglobulinemia.

Supplied in 2 cc. and 10 cc. vials.

For further information see PDR page 664,
Ask Your Cutter Man
or write to Dept. 05 B

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Leaders in Human Blood Fractions Research