



The new generation broad-spectrum penicillin

INDICATIONS AND DOSAGE

Infections of the ear, nose and throat due to streptococci, pneumococci, and penicillin-sensitive staphylococci; infections of the upper respiratory tract due to *H. influenzae*; infections of the genitourinary tract due to *E. coli*, *P. mirabilis*, and *S. faecalis*; infections of the skin and soft tissues due to streptococci, penicillin-sensitive staphylococci and *E. coli*:

USUAL DOSE:

ADULTS 250 mg every 8 hours

CHILDREN 25 mg/kg/day in divided doses every 8 hours

In severe infections or infection associated with organisms where sensitivity determinations indicate higher blood levels may be advisable: 500 mg every 8 hours for adults, and 50 mg/kg/day in divided doses every 8 hours for children may be needed. This dosage should not exceed the recommended adult dosage.

Infections of the lower respiratory tract due to streptococci, pneumococci, penicillin-sensitive staphylococci and *H. influenzae*:

USUAL DOSE:

ADULTS 500 mg every 8 hours

CHILDREN 50 mg/kg/day in divided doses every 8 hours

This dosage should not exceed the recommended adult dosage.

Urethritis due to *N. gonorrhoeae*: 3 g as a single oral dose.

CONTRAINDICATION

In patients with a history of allergy to the penicillins and cephalosporins.

Product Monograph available on request.

SUPPLIED

AMOXIL-250 Capsules—each contains 250 mg amoxicillin (as the trihydrate)

AMOXIL-500 Capsules—each contains 500 mg amoxicillin (as the trihydrate)

AMOXIL-125 Suspension—125 mg amoxicillin per 5 ml, in 75 ml & 100 ml bottles

AMOXIL-250 Suspension—250 mg amoxicillin per 5 ml, in 75 ml & 100 ml bottles

AMOXIL Pediatric Drops—15 ml (50 mg/ml) in dropper bottle



AYERST LABORATORIES

Division of Ayerst,
McKenna & Harrison Limited
Montreal, Canada

Made in Canada by arrangement
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*Reg'd

asbestos.² After temperature-programed operations, when the oven lid shuts forcefully, or during maintenance and repair procedures, visible amounts of asbestos dust can be observed. Moreover, the carcinogenic potential of such dust has been repeatedly demonstrated in animals.³ Thus, the daily use of gas chromatographs with asbestos-containing insulation may expose personnel to asbestos fibres and thus increase their risk for asbestos-related disease.

It is not practical or feasible to predict the possible or potential health hazards of the countless techniques and chemicals used in research or diagnostic laboratories since many of the effects are manifested only after lengthy exposure. Nevertheless, some of the hazards could be minimized if more complete statistical studies were conducted on the incidence of cancer and teratologic and related disorders among laboratory workers. Such statistical information might then identify a reasonable number of health hazards before they are discovered by researchers by chance, as was the case with the excessive incidence of bladder cancer in beauticians.⁴

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References

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- BOGOSKI P, TIMBRELL V, GILSON JC, et al: *Biological effects of asbestos*, Lyon, International Agency for Research on Cancer-World Health Organization, 1973
- MENKART J: Excess bladder cancer in beauticians. *Science* 190: 96, 1975

Problems of breast-feeding

To the editor: I would like to comment on your editorial "Women physicians and breast-feeding" (*Can Med Assoc J* 114: 10, 1976).

I was raised in a country where breast-feeding was natural and normal and I never heard of a husband feeling insecure because his wife was breast-feeding their baby.

My advice to women married to immature husbands — still in their oral stage of personality development — is the following: give them a bottle with a nipple to suck while you are breast-feeding your baby. Later on, as you wean your baby you may also wean your husband from the bottle.

However, it seems to me that the real problem today for Canadian mothers who want to breast-feed their babies lies elsewhere — in the necessity for working mothers to obtain part-time

jobs and the leave of absence necessary to give them the opportunity and the time to feed their babies at the breast.

Besides, isn't breast-feeding the natural method of contraception?

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The great imitator

To the editor: The reference and information staff of this library has vainly attempted to find the source of the often-cited characterization of syphilis as "the great imitator".

Thomas Parran, when surgeon general of the United States Public Health Service, attributed it to Sir William Osler. He stated:

Sir William Osler called syphilis the "Great Imitator" because in its late stages it simulates almost every disease known to man. He added, "Know syphilis and the whole of medicine is opened unto you."¹

In an address given at the New York Academy of Medicine in 1897, entitled "Internal medicine as a vocation", Osler said:

So, too, with syphilis, which after the first few weeks I claim as a medical affection. I often tell my students that it is the only disease which they require to study thoroughly. Know syphilis in all its manifestations and relations, and all other things clinical will be added unto you.²

The text resembles Parran's quotation but nowhere in the address does Osler refer to the disease as "the great imitator".

The staffs of the Osler Library at McGill University and the rare book room of the New York Academy of Medicine, after thorough searches, were unable to find evidence that Osler had used this phrase, nor could they attribute it to anyone else.

Just before his sudden death we consulted Dr. Bruce Webster, professor emeritus of Cornell University Medical College and an acknowledged authority on venereal diseases. He also believed that Osler was the author but was not able to give us a specific reference in Osler's writings.

We are now addressing a larger public to find an answer to the query posed to us.

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References

- PARRAN T: *Shadow on the Land — Syphilis*, New York, Reynal and Hitchcock, 1937, p 15
- OSLER W: *Aequanimitas*, 3rd ed, Philadelphia, Blakiston, 1932, p 134