This is a new, everyday penicillin for common bacterial respiratory infections with extra therapeutic coverage at no extra cost.

Clinical success. Tegopen (sodium cloxacillin monohydrate) assures you a high degree of clinical success against respiratory infections. A recent comprehensive analysis of office patients administered the drug proves the point: 96% of 259 bacterial respiratory infections treated were cured or improved.

*Kills common respiratory Gram-positive cocci. In contrast to the penicillinase-limited Gram-positive spectrum of penicillins G and V, Tegopen (sodium cloxacillin monohydrate) destroys strep, pneumo and virtually all staphylococci.

Bactericidal in action. Tegopen (sodium cloxacillin monohydrate) is bactericidal, killing the offending organism. In contrast, erythromycin² and triacetyloleandomycin³ are essentially bacteriostatic agents.

Minimal side effects. There is little likelihood of dose-related toxicity with Tegopen (sodium cloxacillin monohydrate).

Low in cost. Even with all of its extra advantages, Tegopen (sodium cloxacillin monohydrate) is priced comparably to penicillins G and V, and 33% less than either erythromycin or triacetyloleandomycin.

BRISTOL THERAPEUTIC SUMMARY: For complete information, consult Official Package Circular. Indications: Infections due to streptococci, pneumococci and staphylococci, particularly penicillin Gresistant strains of the latter. Contraindications: A history of severe allergic reactions to penicillins. Precautions: Typical penicillin-allergic reactions may occur. Safety for use in pregnancy is not established. Assess renal, hematopoietic and hepatic function periodically during long-term therapy. Adverse Reactions: Nausea, epigastric discomfort, flatulence, diarrhea, eosinophilia, and allergic manifestations. Moderate SGOT elevations have been noted. Usual Dosage: Adults: 250 mg. q. 6 h. Children: 50 mg./Kg./day. Children weighing more than 20 Kg. should be given the adult dose. Treat beta-hemolytic streptococcal infections for at least 10 days. Administer 1 to 2 hours before meals.

References: 1. Data on file at Bristol Laboratories, 2. Geraci, J.E. (Panel Discussion, M. Finland, Moderator): Antibiot. Ann. 1958-59: 1051, 1959. 3. Thompson, W.T., Jr.: South. M. J. BRISTOL BRISTOL Division of Bristol-Myers Co. 57:6844 (Aug.) 1963.

- IN TONSILLITIS PHARYNCITIS OTITIS MEDIA SINUSITIS
- BRONCHITIS PNEUMONITIS

