narcotics or alcohol may potentiate hypotension. BECAUSE OF THE POSSIBILITY OF PROGRESSION OF RENAL DAMAGE, PERIODIC DETERMINATION OF THE BUN IS INDICATED. Discontinue if the BUN rises or liver dysfunction is aggravated. HEPATIC COMA MAY BE PRECIPITATED.

Electrolyte imbalance, SODIUM AND/OR potassium depletion may occur. IF POTASSIUM DEPLETION SHOULD OCCUR DURING THERAPY, HYGROTON SHOULD BE DISCONTINUED AND POTASSIUM SUPPLEMENTS GIVEN, PROVIDED THE PATIENT DOES NOT HAVE MARKED OLIGURIA.

Take special care in cirrhosis or severe ischemic heart disease and in patients receiving corticosteroids. ACTH, or digitalis. Salt restriction is not recommended.

Adverse reactions.—Nausea, gastric irritation, vomiting, anorexia, constipation and cramping, dizziness, weakness, restlessness, hyperglycemia, hyperuricemia, headache, muscle cramps, orthostatic hypotension, aplastic anemia, leukopenia, thrombocytopenia, agranulocytosis, impotence, dysuria, transient myopia, skin rashes, urticaria, purpura, necrotizing angiitis, ACUTE GOUT, AND PANCREATITIS WHEN epigastric pain or UNEXPLAINED G.I. symtoms DEVELOP after prolonged administration. Other reactions reported with this class of compounds include: jaundice, xanthopsia, paresthesia, and photosensitization.

Average dosage.—One tablet (100 mg.) with breakfast daily or every other day.

Availability.—White, single-scored tablets of 100 mg. in bottles of 100 and 1000.

BRIEF SUMMARY

REGROTON®—CHLORTHALIDONE, 50 MG.; RESERPINE U.S.P., 0.25 MG.

(NOTE.—This revised "Brief Summary," for use in future medical journal advertising, contains additional words and phrases (printed in capital letters) taken from the official package insert.)

Indications.—Hypertension.

Contraindications.—History of mental depression, hypersensitivity, and most cases of severe renal or hepatic diseases.

Warning.—With the administration of enteric-coated potassium supplements, WHICH SHOULD BE USED ONLY WHEN ADEQUATE DIETARY SUPPLEMENTATION IS NOT PRACTICAL, the possibility of small bowel lesions (OBSTRUCTION, HEMORRHAGE, AND PERFORATION) should be kept in mind. SURGERY FOR THESE LESIONS HAS FREQUENTLY BEEN REQUIRED AND DEATHS HAVE OCCURRED.

DISCONTINUED COATED POTASSIUM-CONTAINING FORMULATIONS IMMEDIATELY IF ABDOMINAL PAIN, DISTENTION, NAUSEA, VOMITING, OR GASTROINTESTINAL BLEEDING OCCUR.

Use cautiously during pregnancy since adverse reactions (thrombocytopenia, hyperbilirubinemia, altered carbohydrate metabolism, etc.) are potential problems in the newborn.

Discontinue 2 weeks before general anesthesia, 1 week before electroshock therapy, and if depression or peptic ulcer occurs.

Precautions.—ANTIHYPERTENSIVE THERAPY WITH REGROTON SHOULD ALWAYS BE INITIATED CAUTIOUSLY in postsympathectomy patients and IN PATIENTS RECEIVING GANGLIONIC BLOCKING AGENTS, OTHER POTENT ANTIHYPERTENSIVE DRUGS, or curare. Reduce dosage of concomitant antihypertensive agents by at least one-half.

BECAUSE OF THE POSSIBILITY OF PROGRESSION OF RENAL DAMAGE, PERIODIC KIDNEY FUNCTION TESTS ARE INDICATED. Discontinue if the BUN rises or liver dysfunction is aggravated. HEPATIC COMA MAY BE PRECIPITATED.

Electrolyte imbalance, SODIUM AND/OR potassium depletion may occur. IF POTASSIUM DEPLETION SHOULD OCCUR DURING THERAPY, REGROTON SHOULD BE DISCONTINUED AND POTASSIUM SUPPLEMENTS GIVEN, PROVIDED THE PATIENT DOES NOT HAVE MARKED OLIGURIA.

Take particular care in cirrhosis or severe ischemic heart disease and in patients receiving corticosteroids, ACTH, or digitalis. Salt restriction is not recommended. BILIARY COLIC MAY BE PRECIPITATED (IN PATIENTS WITH GALLSTONES) AND BRONCHIAL ASTHMA MAY OCCUR IN SUSCEPTIBLE PATIENTS.

Adverse reactions.—The drug is generally well tolerated. The most frequent side effects are nausea, gastric irritation, vomiting, diarrhea, constipation, muscle cramps, headache, dizziness and ACUTE GOUT. Other potential side effects include angina pectoris, anxiety, depression, bradycardia and ectopic cardiac rhythms (especially when used with digitalis), drowsiness, dull sensorium, hy-