not include atropine at the time. In other words, the toxicity data were not obtained from the drug as it is marketed in a combination of atropine sulfate and diphenoxylate hydrochloride. It is obtained only on the diphenoxylate hydrochloride.

Under the heading Clinical Evaluation it points out that 31 clinicians have submitted observations on 521 patients. When I review these in detail it will be seen that very few individual case histories were submitted and these were glossly inadequate. It will also be seen that most of the data were submitted in the form of tabulations which gave us absolutely no information of any significance about the clinical course of these patients.

Under the heading Types of Diarrhea and Response to R–1132 it recounts how the drug was used in all types of diarrheas, specific and nonspecific.

Under age range it refers to the drug as being given to patients as young as 3 months of age and that 89 of the patients ranged in age from 3 months to 14 years. The oldest patient in this series was 80 years of age. Again, as I will point out later, the data on children is grossly inadequate and incomplete.

Under the heading discussion of clinicians report in referring to the work of Dr. David Cayer was pointed out that some patients had nausea, itching of the skin and skin rashes. There were two episodes of hepatic coma which occured in one patient with advanced cirrhosis during medication and recovery occured in each instance when the drug was stopped. This of course, suggest that the drug is toxic to the liver. It also indicates clearly that the clinical trials were performed with only one ingredient of the drug as it is now on the market.

The work of E. C. Texter, Jr., also indicated that patients had nausea, drowsiness and light headedness.

Dr. H. C. Moeller noted that his patients developed nausea, vomiting and numbness of the extremities all of which disappeared when the medication was stopped. A Dr. W. H. Bacharach noted that in addition to two patients who complained of nausea, one patient developed a progressive anorexia.

One of the clinical investigators was a Dr. A. J. Modlin, a pediatrician from Laurel, Maryland who submitted patient record forms on 27 patients, 14 of whom were 3 to 21 months of age and 13 were in the age range from 2 to 9 years. It is interesting that the company did not submit these individual case histories of Dr. Modlins' but merely listed them in the tabulation. It is also interesting that Dr. Modlin was a close friend and neighbor of Dr. Bennett A. Robin who just today, May 4, 1964 pleaded nolo contendere to charges of falsifying data that came into the Food and Drug Administration. Certainly the least we can do is demand that we be furnished these individual case histories on the 27 patients of Dr. Modlin.

A Dr. C. H. Brown who treated 50 patients described an episode of hypotension in 1 patient while undergoing anesthesia who had received the drug up to the time of the operation. The patient had also received an anime oxidase inhibitor and it was believed that this drug rather than the drug under discussion percipated to hypotension. A Dr. Frank McGlone had a patient who developed ataxia confusion and hallucination when also receiving a barbiturate.

A Dr. Hugo Moeller had a patient who had a similar response so the statement is made that it might seem desirable to include in the Physicians Reference Manual on Lomotil a statement to the effect that the preparation should be administered with caution to patients taking barbiturates concomitantly.

A Dr. David Cayer had a patient who developed two episodes of hepatic coma in a patient with cirrhosis of the liver.

Under the heading Discussion of Addiction Liability it was concluded that the product R–1132 possesses abuse liability. This seemed definitely less than that of morphine and greater than that of d-propoxyphene. It seemed about comparable with codeine in several respects. Some of these patients experience insomnia.

It seems that the atropine sulfate was added not exert any clinical effect but to make it much more difficult if not impossible to extract the drug R–1132 for purposes of abuse. However, it seems obvious that this mixture of atropine sulfate and the dyphenoxylate hydrochloride which is the R–1132 is an entirely different drug from the R–1132 alone. Under the heading Other Studies not in the United States, it quotes the Janssen Laboratories, Belgium, as providing a summary of observations made on 830 patients by 89 clinicians and these included 122 children ranging in age from 1 month to 12 years. It is stated that the results of these observations were in general the same as those obtained