M.D., St. Paul, Minn. Analysis of blood samples submitted by the child's physician to G. D. Searle and Co. for serum diphenoxylate levels (Searle analytical #A–7202) revealed values for the sample of 3.9 mg. or 4.4 mg. per l. depending on whether the standard reference sample was a 2 mg. or a 1½ mg. standard, respectively. The former figure was believed to be the most accurate value (3.9 mg.). No conclusions regarding the blood level figures were made by the firm.

Autopsy of patient T. J. E., age 3, male at The Childrens Hospital, 311 Pleasant Avenue, St. Paul, Minn. 55102, yielded the following final diagnosis:

1. Complete bundle branch block with acute cardiac decompensation.
2. Diphenoxylate (Lomotil) toxicity.
3. Pulmonary edema.
4. Pneumonia.
5. Cerebral edema.
6. Acute passive congestion of the liver.

B. Searle Case #LO 3–66 dated 6/6/66.

Report of urinary retention in a 2 year old child (male with initials C. S. F.) following 4 doses of approximately ½ tsp. of Lomotil liquid given at 6 hour intervals because of diarrhea. The drug was discontinued and the child catheterized. Recovery followed.

Impression: Drug related adverse reaction.

C. Searle Case #LO 4–66 dated 5/17/66

A case of aplastic anemia in a 73 year old housewife (initials L. B. F.) was reported by George E. Clark, Jr., M.D., No. 1 Medical Arts Squire, Austin, Texas. The only drug taken by the patient prior to onset of the disease had been Lomotil tablets 1 to 2 daily taken intermittently since 5/10/65 for chronic diarrhea. A bone marrow study on 4/4/66 showed marked hyperplasia. The patient died on 4/30/66.

No past report similar to the above have been reported to this drug.

Impression: Cause and effect relationship considered uncertain.

D. Searle Case # LO 5–66 datel 5/24/66 and 6/15/66

Report of a death of a 2 year old child by Fred Heaton, M.D., 7000 Cutler Street, N.E., Albuquerque, N.M., who accidentally ingested between 12 to 22 tablets of Lomotil. (Death occurred despite intensive symptomatic and supportive therapy carried out at St. Joseph Hospital, Albuquerque, N.M.).

Impression: Cause due to accidental Lomotil overdosage.

Autopsy report on patient F. M. H., age 2, female from the Presbyterian Hospital, Albuquerque, N.M.

1. Intrapulmonic hemorrhages, moderate, bilateral.
2. Petechial hemorrhages, epicardium.
3. Reactive lymphadenitis, moderate, mesenteric.
4. Medullary and cerebral edema, moderate with a few petechial hemorrhages of the cerebellum.

No anatomical cause of death ascertained.

E. Searle Case # LO 6–66 dated 6/14/66

Report of a fatality involving a 3 year old child who ingested an overdosage of Lomotil and Hydrodiuril. (Two vials containing 30 Lomotil tablets and 10 Hydrodiuril tablets were found empty and it was assumed that the child had ingested them). Despite heroic measures at the local hospital in Elk River, Minn. and later at the University of Minn. Hospital, the child expired.

Death was considered to be due to an overdosage of Lomotil, with hydrochlorothiazide dosage a contributing factor.

F. Searle Case # LO 7–66 dated 6/20/66 and 7/14/66

Ingestion of 20 to 30 Lomotil tablets by a 19 month old child 12 hours prior to examination by Dr. A. P. Hartman, Box 2555, Billings, Montana on 6/15/66. Hospitalization, use of Nalline and artificial ventilation were advised. On 7/15/66, a follow-up report stated that the child had recovered.

Impression: Reaction from accidental Lomotil overdosage.

G. Searle Case # LO 8–66 dated 6/20/66 and 7/14/66

Ingestion of 10 Lomotil tablets by a 2 year old girl approximately 3 hours prior to hospital E. R. visit at Lutheran General Hospital, Park Ridge, Ill. Gastric lavage carried out and the patient was hospitalized. Nalline administration ad-