salts. These lesions may occur with enteric-coated potassium tablets alone or when they are used with non enteric-coated thiazides or certain other oral diuretics.

These small bowel lesions have caused obstruction, hemorrhage and perforation. Surgery was frequently required and deaths have occurred.

Based on a large survey of physicians and hospitals, both American and foreign, the incidence of these lesions is low, and a causal relationship in man has not been definitely established.

Available information tends to implicate enteric-coated potassium salts, although lesions also occurred spontaneously. Therefore, coated potassium-containing formulations should be administered only when indicated and should be discontinued immediately if abdominal pain, distention, nausea, vomiting or gastrointestinal bleeding occurs.

Coated potassium tablets should be used only when adequate dietary supplementation is not practical.

ENDO LABORATORIES, INC.,
Garden City, N.Y., October 1964.

DEAR DOCTOR: Since the introduction of Numorphan (oxymorphone) some five years ago, clinical experience has shown that it is a very useful drug in the relief of severe pain. We enclose a file card, brought up-to-date, giving full product information, including precautions, side effects, indications and dose recommendations.

We call your special attention to the fact that the safe use of Numorphan (oxymorphone) in children under 12 years of age has not been established.

Among the advantages of Numorphan for pain relief are the following:

1. Prompt onset of action (10 to 15 minutes).
2. Prolonged duration of effect.
3. Ten times as effective as morphine and 100 times as effective as meperidine, weight for weight.
4. Broad therapeutic index.
5. Tranquility with only slight soporific effect—patients remain alert, capable of cooperation and self care.
6. Infrequency of side effects with recommended therapeutic doses.

Please do not hestitate to write us should you wish to obtain reprints of published articles on the use of Numorphan.

Very truly yours,

ROSS SAYERS, M.D.,
Medical Director.

E. FOUGERA & CO., INC.,
Hicksville, N.Y., April 1964.

IMPORTANT—DRUG RECALL—ORABILEX

Because of reports that Oliguria, renal insufficiency, and death may be associated with repeat doses of Orabilex, this product was withdrawn from the market in January. However, the Food and Drug Administration has advised us that some physicians have failed to return their supplies of Orabilex. In the event that you or your referring physicians have Orabilex on hand, please immediately return all supplies to your vendor for return to us for credit.

DEAR DOCTOR: In 1958, after several years of chemical, pharmacologic and clinical investigation, we introduced the new gallbladder contrast medium, Orabilex. Since that date this product has been employed by physicians throughout the world in several million patients. More than thirty papers have appeared in the medical press of this country alone, attesting to its excellence in providing accurate gallbladder studies.

As you are aware, there have been reports alleging that in rare instances the use of Orabilex has been associated with the development of renal insufficiency. In many of these cases recommended dosage was exceeded or Orabilex was used when cholecystography was contraindicated. In other instances Orabilex was administered concomitantly with other preparations. Also, past extensive toxicity studies under various conditions and at different dose levels failed to reveal any evidence of a nephrotoxic property of Orabilex.

Whereas medical opinion has failed to establish a cause-and-effect relationship, we nevertheless deemed it advisable to withdraw Orabilex from the market pend-