exception of a single patient who had undiagnosed pheochromocytoma, *every report of hypertensive reaction received to date has involved either the eating of cheese or the taking of a drug containing a sympathomimetic amine.* (Pheochromocytoma is a basic contraindication to the use of Eutonyl).

3. Our new literature contraindicates the use of other MAOI or methyldopa (non-MAOI) in patients taking Eutonyl.

Comment: The use of MAO inhibitors is contraindicated simply because of the possibility of augmented side reactions. Similarly, with methyldopa. Keep in mind, however, that Eutonyl may be used very successfully with the triazides, and most other oral antihypertensives. In such cases, the dosage of Eutonyl can and should be reduced in order to obtain the benefits of combined drug action with fewer side effects.

Finally, doctor, we'll ask you to consider these background facts on Eutonyl. Keep in mind that Eutonyl has been in widespread clinical use or more than a year.

1. *There have been no reports of organ system toxicity from use of Eutonyl.* This includes blood dyscrasias, kidney damage, liver impairment, or optic changes which have occurred with other antihypertensive drugs or other MAOI.

2. *There have been no deaths reported from use of Eutonyl.*

3. There have been no reports of hypertensive reactions resulting from use of Eutonyl *alone.*

In closing, we would like to emphasize that Eutonyl has been thoroughly reviewed by the F.D.A. * * * that it is still very much in the market * * * that it is one of the major and most effective drugs available for treatment of hypertension.

In case you missed it, a copy of the revised Eutonyl literature is enclosed. All of the new information is clearly presented.

Thank you for your interest—and your time.

LAKESIDE LABORATORIES, INC.,
Milwaukee ,Wis., March 30, 1964.

IMPORTANT : DRUG WARNING

Dear DOCTOR: We have received two reports regarding fatalities due to anaphylactic shock following injections of Imferon® (iron dextran injection). In cooperation with the Food and Drug Administration, we are informing you and all other physicians of these reports. One of these cases was called to your attention in our 1964 PDR monograph and also has been noted in our journal advertising.

Since 1954, when iron dextran injection was introduced to physicians, a total of three such fatalities, including the two above ,have been reported. One report, published in the Pharmaceutical Journal (Pharmaceutical Society of Great Britain) May, 1960, is included in its entirety in our enclosed revised package insert, under ADVERSE REACTIONS. Please note also the new WARNING section.

In regard to the reactions reported to us, one of the patients was a sixty-six year old female with no history of allergy. The reporting physician ascribed the cause of death to anaphylactic shock following ten to fifteen minutes after the first dose of iron dextran injection. The other fatality occurred approximately one hour after the fourth injection of the drug. The patient was an eighty-one year old female being treated for hypertension, heart disease, diabetes and anemia secondary to gastritis. The injection caused intense pain and slight urticaria which had not been evident previously. On the day of the injection the patient did not appear to be feeling as well as usual. Death was thought by the physician to be due to natural causes but was reported to us as a possible anaphylacic shock because of the pain, urticaria and suddenness of death.

Although the incidence of reported fatal reactions is very low—one is well over four million—we wish to make certain that members of the medical profession are fully aware of possible reactions as well as the usefulness of the drug, when its use is indicated.

We respectfully request that you submit to Lakeside Laboratories and the Food and Drug Administration reports of all side effects and adverse reactions,