of Copoietin Ferrous that may be in your possession in order to ensure against any therapeutic failure in your patients.

We have elected to take this course of action voluntarily in order to ensure the highest quality of drugs consistent with our standards.

We hope that this apparent mystery can be resolved with scientific facts in the near future. When this takes place, we will again offer Copoietin Ferrous for your consideration. In the meanwhile, we beg your indulgence. We sincerely appreciate your interest in Lloyd Brothers' products and assure you of our interest in supplying only the best products possible for your patients.

Sincerely,

H. R. REAMES, Ph. D., M.D.

WALLACE LABORATORIES,
Cranbury, N.J., July 30, 1963.

DEAR DOCTOR: As you know, we have periodically revised and issued copies to you of the Physicians' Reference Manual on "*Miltown*" (*meprobamate*) in order to keep you up-to-date on all information on meprobamate available in the world's literature. As part of our medical information program, also, we have periodically sent to you copies of the current package insert. Accordingly, we wish to call your attention to a revision of the package insert, and especially to the sections on "Important Precautions" and "Side Effects" of the enclosed.

The choice of any drug—any therapy—as you well know, must always involve acceptance of the drawbacks with the advantages. The continued use of meprobamate over the years is largely due, we feel, to its unusually favorable balance between high efficacy and low toxicity. In most cases of anxiety and tension, this balance has made meprobamate the drug of choice over other tranquilizers.

This favorable balance between efficacy and toxicity was reflected at the Annual Meeting of the American Medical Association in Atlantic City last month, where three physicians, practicing independently and in totally different settings, reported their work with tranquilizers and sedatives.

One physician treated psychiatric outpatients at a clinic in a large eastern city; the second reported work with hospitalized psychotics and neurotics in a southern state institution; the third, in private practice, treated anxiety and tension in professional and skilled workers.

All these physicians have been using 'Miltown' (meprobamate) for nearly a decade and were thus able to make evaluations based on long experience. All of them found meprobamate to have a favorable balance between efficacy and toxicity as compared with other tranquilizers studied.

Our facilities are available to you for summaries of the above reports, and for abstracts or complete papers on any aspect of meprobamate therapy. If you contact me directly, I will see that your request receives immediate attention.

Cordially,

MARTIN C. SAMPSON, M.D.,
Medical Director.

ROCHE LABORATORIES,
Nutley, N.J., July 3, 1963.

DRUG WARNING LETTER

Re: Intravenous use of KONAKION® (phytonadione) vitamin K_1 activity.

DEAR DOCTOR: Konakion Injectable has been in general use in the United States since early 1959. It has recently come to our attention that five patients receiving Konakion (phytonadione) by intravenous administration experienced serious reactions including one fatality.

We are therefore advocating the elimination of the intravenous use of the product. In an emergency situation, such as actual hemorrhage, the treatment of first choice is the administration of whole blood or plasma. Konakion (phytonadione) may then be administered intramuscularly.

You are requested to submit to the Company or the Food and Drug Administration reports of all side effects and all adverse reactions that you have encountered in your patients during or subsequent to the administration of Konakion (phytonadione) Injectable.

Sincerely,

ROBERT E. DIXON, M.D.,
Director, Professional Services.