It must be remembered that pulmonary embolism can occur without discernible inciting cause and without preceding peripheral thrombophlebitis. Nevertheless, careful studies by investigators experienced in the measurement of the extremely complex factors involved in the clotting mechanism are continuing, including an evaluation of the role of fluid accumulation sometimes seen after Enovid administration. This will be reported in a technical bulletin at an early date. At the present time the available laboratory data neither prove nor disprove a causal relationship between Enovid administration and the occurrence of thrombophlebitis.

The cases of thromphlebitis reported to us have usually occurred early in the course of Enovid administration and at the lower dosage level. Experience based on patients taking Enovid at higher doses has not demonstrated any dose response relationship.

Physicians should be as alert to the possible occurrence of thrombophlebitis in patients to whom Enovid is prescribed as they are in patients taking other medication.

The above facts should be given particular attention if Enovid is considered for administration to patients with thrombotic disease or a history of thromphlebitis.

We request that any thrombo-embolic occurrence in women receiving Envoid be reported to us and to the Food and Drug Administration.

Sincerely yours,

IRWIN C. WINTER, Ph. D., M.D.,
Vice President, Medical Affairs.

THE WM. S. MERRELL CO.,
Cincinnati, Ohio, April 17, 1962.

DEAR DOCTOR: This letter is to inform you of the Merrell decision to withdraw MER/29 (triparanol) from the market. We are today, with the cooperation of the Federal Food & Drug Administration, asking all hospital and retail pharmacies, as well as other possible outlets, to return immediately their total stock of this drug.

This decision is based on additional reports of side effects of the kind reported to you in our letter of December 1, 1961, some of which have occurred at the usual dosage. It is recommended that you have your patients discontinue use of MER/29.

As you probably know, Merrell has had and will continue to have an extensive research program in cardiovascular disease. MER/29 has been one important phase of this effort. The work on this compound by us and many others has made contributions to basic knowledge in this field.

We would appreciate any data you may be able to furnish us concerning your own past experience with this drug. Such data are most useful when supplied in case history form.

Sincerely yours,

FRANK N. GETMAN.

PFIZER LABORATORIES,
New York, N.Y., March 1962.

DEAR DOCTOR: Enclosed you will find a copy of the new Product Brochure for our multi-spectrum antibiotic, Signemycin.

In October 1961, we informed you that studies were in progress to investigate reports of changes in tests of liver function in some patients treated with triacetyloleandomycin.

Confirmatory studies have been concluded and the results have led to revisions which have been incorporated in the new Product Brochure.

Sincerely yours,

ROBERTS M. REES, M.D.,
Medical Director.

THE UPJOHN CO.,
Kalamazoo, Mich., March 15, 1962.

DRUG WITHDRAWAL—MONASE

DEAR DOCTOR: In spite of extensive pre-marketing clinical and animal studies which indicated a wide margin of safety, an occasional patient has developed