agranulocytosis in association with the administration of Monase. Because of this unforeseen and nonpredictable occurrence, The Upjohn Company in cooperation with the Federal Food and Drug Administration is withdrawing Monase from the market.

It has not been possible to establish definitely that Monase was the sole causative agent in every case since other drugs were sometimes administered concurrently. However, in each instance, Monase was the common factor.

We request that you instruct your patients to discontinue Monase. Refund for returned tablets will be arranged through the dispensing pharmacist.

Very sincerely yours,

EARL L. BURBIDGE, M.D.

THE WM. S. MERRELL CO.,
Cincinnati, Ohio, February 21, 1962.

DEAR DOCTOR: On December 5th, 1961 we advised you of the possible relationship of congenital malformations observed abroad in offsprings of certain patients who had taken thalidomide (Kevadon in Canada) early in pregnancy. This letter is to summarize the current status.

There still is no positive proof of a causal relationship between the use of thalidomide during pregnancy and malformations in the newborn. Reports are now appearing in the medical literature indicating only that thalidomide was employed in certain cases where malformation developed. The research necessary to determine whether or not such malformation may indeed be related to the drug is continuing and because of the complexity of the problem will require considerable time.

It is encouraging to note that studies in pregnant rats have not shown a single malformation in more than 1,100 offsprings of thalidomide-treated animals.

Additional surveys are under way to determine if there has been an increase in the incidence of malformations both in countries where thalidomide has been extensively employed as a sedative/hypnotic and in certain other countries where it is not marketed.

In view of the complexity of the problem and the time required to delineate the facts, the contraindication stated in our December 5th letter is still necessary. A new and fully descriptive brochure containing the contraindication to the use of Kevadon in women of child-bearing age will reach you shortly.

Sincerely yours,

JOHN N. PREMI, M.D.,
Medical Director.

WYETH LABORATORIES,
Philadelphia, Pa., January 23, 1962.

NEW INFORMATION—TRIACETYLOLEANDOMYCIN

DEAR DOCTOR: In October 1961, I informed you of the occurrence of jaundice and hepatic biochemical abnormalities resulting from the administration of triacetyloleandomycin administered in doses of one gram (1 Gm.) per day for periods of two weeks and longer.

These observations have been confirmed by further studies and appropriate changes have now been incorporated in our directions for use of triacetyloleandomycin, Wyeth, Cyclamycin®. A copy of the revised directions for use is enclosed for your study and reference.

Additional studies of triacetyloleandomycin, Cyclamycin, administered in doses of one gram (1 Gm.) per day for one week reveal no significant hepatic abnormality and that the drug is safe for use by the recommended dosage schedule.

The effectiveness of triacetyloleandomycin, Cyclamycin, is such that prolonged therapy is seldom required in the treatment of most common susceptible infections for which it is recommended.

Sincerely yours,

GEORGE E. FARRAR, Jr., M.D.,
Medical Director.

J. B. ROERIG & CO.,
New York, N.Y., January 1962.

DEAR DOCTOR: We are pleased to report to you in the enclosed new prescription information the current status of our antibiotic products TAO, and TAOMID. These revised brochures are based on extensive, carefully controlled clinical