than in other types of leukemia and remission occurs more frequently in children than in adults.

The sodium retaining properties of cortisone and hydrocortisone prevented the use of these agents in large doses. However, since Mdtol (methylprednisolone) demonstrates a lesser propensity for salt retention, the administration of massive doses of this compound may be less likely to be associated with troublesome fluid retention. It has been found that large doses of corticoids may be effective in producing remissions in some patients with acute granulocytic, acute monocytic, and chronic lymphocytic leukemia. Such therapy has been particularly helpful in controlling thrombocytopenia and hemolytic anemia associated with chronic lymphatic leukemia and other chronic lymphomas.

Dosage—Dosage varies with the individual patient and the condition being treated and ranges from 1 to 2 tablets (16 mg. size) 1 to 3 times daily. In some cases, doses of the order of 300 mg. daily have been employed. Following symptomatic control of production of a remission, the daily dose should be reduced by decrement to maintenance level or discontinuation.

LUPUS ERYTHEMATOSUS: Large doses of cortocoids may be necessary to control the manifestations of acute systemic lupus erythematosus. When a rapid onset of action is desired, Solu-Medrol (methylprednisolone sodium succinate) may be injected intravenously for the first two or three doses. When therapy is initiated orally, daily doses as high as 32 to 96 mg. (two 16 mg. tablets 1 to 3 times daily) may be necessary to control symptoms. After symptoms have been controlled, the daily dose should be reduced by decerments to a maintenance dose of 8 to 20 mg. daily.

CONTRAINDICATIONS: Medrol, like other corticoids, is usually contraindicated in patients with latent, questionably healed or active tuberculosis. However, Medrol administered with antituberculosis agents may be life saving in certain cases. Absolute contraindications to corticoid therapy include herpes simplex keratitis and acute psychoses. Relative contraindications include: peptic ulcer.

HOW SUPPLIED: White, scored 16 mg. tablets in bottles of 50. White, scored 4 mg. tablets in bottles of 30, 100 and 500. Pink cross-scored 2 mg. tablets in bottles of 30 and 100. Medrol Dosepak—21 four mg. tablets with patient instructions for 6 days of countdown therapy.

(Shown in Product Identification Section.)

MEDROL® (METHYLPREDNISOLONE): ADMINISTRATION AND DOSAGE TABLE

Disease	Initial daily dose	Daily maintenance dose
Rheumatoid arthritis:		
Severe	12 to 16 mg	6 to 12 mg.
Moderate	6 to 8 mg	2 to 6 mg.
Children	6 to 10 mg	2 to 8 mg.
Lupus erythematosus	20 to 96 mg	8 to 20 mg.
Allergic diseases	12 to 40 mg	4 to 16 mg.
Ocular inflammatory diseases	12 to 40 mg	2 to 12 mg.
Adrenogenital syndrome		4 to 12 mg.
Ulcerative colitis	16 to 60 mg	
Nephrosis	20 to 60 mg. (for 10 to 14 days until diuresis occurs).	12 to 40 mg. (3 consecutive days of each week for 6 to 12 months).
Refractory congestive heart failure	16 to 24 mg. (concurrently with other accepted therapy).	4 to 12 mg.
Tuberculosis: Pulmonary and meningeal (concurrently with antituberculous agents).	16 mg. for 10 to 12 weeks	Reduce by decrements in a period of 2 to 7 weeks.
	or	
	48 mg. for 14 days	Reduce by decrements over 2-week period.

ARMOUR PHARMACEUTICAL CO.,
Chicago, Ill., November 16, 1967.

DEAR DOCTOR: The Food and Drug Administration has requested that we call your attention to the monograph for H.P.*ACTHAR® GEL in the current (1967) *Physician's Desk Reference.* The FDA considers this monograph to be incomplete in presenting necessary information for the safe and effective use of this drug and, therefore, potentially misleading.