marketing of MER/29. These cases have recently been observed following the widespread use of MER/29.

There have been a number of reports of hair loss, changes in color and texture of hair, and dermatitis. More recently, less opacities have been observed in four patients following severe dermatitis.

MER/29 should be immediately withdrawn if changes in hair or skin occur. Your patient should be informed to watch for hair or skin changes and directed to stop therapy and report to you if they should occur.

For your information, the dermatitic usually is a dry, scaly type which may be associated with mild itching. It regresses following discontinuation of the drug. In a few patients, this mild dermatitic has progressed into a more severe ichtyoid type which is the type in which the four cases of loniticular changes have been reported. This has only occurred when drug therapy has been continued for a period after the dermatitics appeared.

The hair loss consists of a diffuse thinning unlike aleposia oreata or totalio. In some cases, hair loss has become catonoivo; and in a few of these, the thinning has involved body regions other than the scalp. Regrowth of hair occurs after varying periods of time following discontinuance of therapy.

This letter is sent as part of our continuing policy of fully informing the medical profession about MER/29. Your adherence to the cautions presented here will permit you to use MER/29 effectively in your practice.

Sincerely,

CARL A. BUNDE, PH. D., M.D.,
Director of Medical Research.

OCTOBER 31, 1961.

W. FREUD, M.D.
Skokie, Ill.

DEAR DR. FREUD: I have heard recently from your Merrell representative, Mr. Steven Andre, who reports that two of your patients who are on MER/29 therapy have complained of "black spots before their eyes."

This is so unusual a report that I would like to ask you to provide us with additional details about these patients. In fact, we have never before heard of anything remotely resembling this. It would be important, for example, to know whether ophthalmologic examination has revealed anything of interest which may help to explain this phenomenon. It would also be important to learn whether these "black spots" are fixed or floating and whether the patients have experienced anything of this sort previous to MER/29 therapy. Also, have either or both of them had other possible side reactions—for example, dermatologic involvement? This would be important inasmuch as the eye and skin are both of ectodermal origin.

Any information you might be able to provide would be very much appreciated.

Sincerely yours,

ROBERT H. MCMASTER, M.D.,
Associate Director of Clinical Research.

WHITE PLAINS, N.Y., *July 8, 1964.*

BENJAMIN HERSH, Esq.,
Peekskill, N.Y.

DEAR MR. HERSH: At the request of Mrs. Elizabeth Ostopowitz I wish to send you the following report:

She was first seen in this office in September, 1963, complaining of difficulty in reading a newspaper in the three months prior. She stated that she took the drug known as MER 29 for seven or eight months following which there was loss of hair which has gradually returned.

Examination showed her vision limited to the counting of fingers in each eye because of cataracts. The lenses were diffusely involved with degenerative cortical changes including clefts and scattered opacities. There was no view of the fundus of either eye but light projection was accurate. The diagnosis of bilateral cataracts was made and considering the patient's age and the history it was felt that these cataracts were very likely related to drug ingestion.