like to summarize today, the important reasons why MER/29 should be a routine part of your treatment for patients with any manifestation of hypercholesterolemia.

First, MER/29 is a proven drug. It has been administered under controlled conditions to more than 2000 patients for periods up to three years. There is no longer any valid question as to its safety or lack of significant side effects. There is no longer any doubt about its ability to lower significantly the total sterol content of the human body.

But, here is what is most important. Here is the fact that recommends MER/29 for your routine use. You want to help sick people feel better while they are getting better . . . that is what is important to you. Mounting evidence makes it increasingly clear that MER/29, in some but certainly not all cases, affects for the better such manifestations of hypercholesterolemia as intermittent claudication, angina pectoris, myocardial infarction or ischemic ECG patterns.

As evidence of concurrent benefits obtained by lowering cholesterol in some patients, let me illustrate what I mean with some case histories which might parallel cases you see in your practice . . .

(Insert at least two case histories . . . local if you can and as many as you can . . . until he gets restless in his chair!!!)

These results are occurring not because of some temporary change, but as the Wilkins' group at Massachusetts Memorial Hospitals and others have pointed out, because MER/29 by lowering cholesterol may actually improve the adequacy of circulation.

Reports from all over the United States, to our Medical Research Department, underline that this must be the change that is occurring. We have had verified reports of improvement in anginal pain, less need for nitrates, greater tolerance to exercise, reversal of ECG patterns of a type that has never occurred before. In peripheral vascular cases, there are verified reports of lessened leg pain and ability to walk greater distances. I don't mean to infer that all . . . or even a majority of patients on MER/29 will get such results, but if you select patients whose history of hypercholesterolemia is relatively recent, there may be chances of such improvements occurring.

It will take time because the action of MER/29 is too basic to work superficially . . . but a number of these patients will volunteer, after a month or two, that the little gray capsule, taken once daily, is helping them and they're glad to be taking it.

Doctor, with such encouraging results a part of the background of MER/29, we feel it warrants personal evaluation by every physician who sees such patients. Using MER/29 need not mean doing extensive determinations when there are such direct benefits to be looked for. Because of this, I would like to recommend a course of action to you:

Select five patients from your practice with a recent history of some manifestation of atherosclerosis. As part of the therapy for these patients, initiate MER/29 one capsule daily for a minimum of two to three months. Be patient and have confidence in MER/29, and suggest to the patient that he cannot expect immediate improvement.

Then, after three months, judge MER/29 on the basis of the improvement your patients report to you. If you will do that, I'm confident you'll become one of the biggest users of MER/29 in this area—to the benefit of yourself and your patients.

FROM THE DESK OF PHILIP RITTER III

The above detail is as carefully worded, as carefully structured, as our original detail was. Again, as I did at French Lick, I ask you to follow this presentation word for word.

It represents the present ultimate in positive presentation of our basic MER–29 claims.

Please practice it until it becomes a part of your selling personality.

PHILIP RITTER III.

NEW MER/29 HOSPITAL EXHIBIT UNIT

The highly successful "Announcing MER/29" hospital exhibit unit has served its purpose and now goes into honorable retirement.