

in lower respiratory infections¹⁻⁷

including pneumonia, bronchitis, and complications of influenza or common cold

caused by Staph-, Strep- and Pneumococci

practically painless on injection—therapy may be initiated parenterally and then followed through orally without switching antibiotic.

reactions rare, even for patients sensitive to penicillin—does not share antigenicity with the penicillin group of compounds.

no reports of serious renal or neurologic abnormalities; no ototoxicity.

no tooth discoloration to date: tests by 40 investigators involving 2,500 patients show no tooth discoloration with Lincocin.

References:

1. Holloway, W. J., and Scott, E. G.: *Am. J. M. Sc.* 249:691 (June) 1965.
2. Duncan, I. B. R., and Jeans, B.: *Canad. M.A.J.* 93:685 (Sept. 25) 1965.
3. Kaplan, K.; Chew, W. H., and Weinstein, L.: *Am. J. M. Sc.* 250:137 (Aug.) 1965.
4. Nunnery, A. W., and Riley, H. D.: *Antimicrobial Agents and Chemotherapy-1964*, Ann Arbor, Michigan, Am. Soc. Microbiol., p. 142.
5. Holloway, W. J.; Kahlbaugh, R. A., and Scott, E. G.: *Antimicrobial Agents and Chemotherapy-1963*, Ann Arbor, Michigan, Am. Soc. Microbiol., p. 200.
6. Walters, E. W.; Romansky, M. J., and Johnson, A. C.: *Ibid.*, p. 210.
7. Harnecker, J.; Contreras, J.; Gilabert, B., and Ubilla, V.: *Ibid.*, p. 204.

Lincocin®

(lincomycin hydrochloride monohydrate)

Contraindications: Patients previously found hypersensitive to drug; patients with known pre-existing monilial infections; and, until further clinical study is made, the newborn. **Precautions:** Use of antibiotics occasionally causes overgrowth of nonsusceptible organisms. If superinfections occur, take appropriate measures. An occasional patient has developed jaundice while receiving lincomycin, although this has not been definitely shown to be drug-related. Patients receiving treatment for longer than one or two weeks should have liver function tests. One case of irreversible toxicity to the hematopoietic system and only a few cases of neutropenia and/or leukopenia have been reported; however, it is recommended that blood counts be obtained early in course of therapy. Safety for use in pregnancy not yet established. Limited experience with 345 women receiving the drug during various stages of pregnancy revealed no ill effects on mother or fetus. Due to lack of adequate clinical data, use in patients with pre-existing kidney, liver, endocrine or metabolic diseases not recommended unless special clinical circumstances so indicate. Efficacy in rheumatic fever not established. **Side Effects:** Most frequent—loose stools or diarrhea. Cases of severe diarrhea causing drug discontinuance have been reported. Side effects of small proportion: nausea, vomiting, abdominal cramps or pain, skin rash, rectal irritation, vaginitis, urticaria and itching. A few cases of hypersensitivity reactions reported. If an allergic reaction occurs, discontinue drug. The usual agents for emergency treatment should be available. **Supplied:** 500 mg. capsules and pediatric capsules, 250 mg., in bottles of 24 and 100; 2 cc. disposable syringes; 2 cc. and 10 cc. vials—each cc. of sterile solution contains lincomycin hydrochloride monohydrate equiv. to lincomycin base, 300 mg.; also 9 mg. benzyl alcohol and water for injection, q.s.; Lincocin syrup equiv. to 250 mg. per 5 cc. lincomycin base in 60 cc. and pint bottles. Lincocin pediatric drops equiv. to 250 mg. per 5 cc. lincomycin base in 30 cc. bottles with dropper. **For more detailed prescribing information on this product, see the package circular or consult your Upjohn representative.** ©1966 by The Upjohn Company 246-6176-1

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