normal activity...promptly with

LOMOTIL®

LIQUID / TABLETS

Each tablet and each 5 cc. of liquid contains:
diphenoxylate hydrochloride .....2.5 mg.
(Warning: may be habit forming)
atropine sulfate .....0.025 mg.

in childhood diarrhea associated with: Gastroenteritis • Spastic bowel • Influenza-like infections • Antibiotic administration

Lomotil gets children with diarrhea off toast and tea and back to normal diets and normal activity with gratifying dispatch.

Lomotil slows the rapid propulsion of overstimulated intestines, permits absorption of excess fluid and controls diarrhea with notable promptness and effectiveness.

Moreover, lowered motility achieved with Lomotil relieves the abdominal cramps and discomfort so distressing to children.

Dosage: The recommended initial *daily dosages,* given in divided doses until diarrhea is controlled, are:

Children: Total Daily Dosage

3-6 mo. . . ½ tsp.* t.i.d. (3 mg.)
6-12 mo. . ½ tsp. q.i.d. (4 mg.)
1-2 yr. . . . ½ tsp. 5 times daily (5 mg.)
2-5 yr. . . . 1 tsp. t.i.d. (6 mg.)
5-8 yr. . . . 1 tsp. q.i.d. (8 mg.)
8-12 yr. . . 1 tsp. 5 times daily (10 mg.)
Adults: . . 2 tsp. 5 times daily (20 mg.)
(or 2 tablets q.i.d.)

*Based on 4 cc. per teaspoonful.

Maintenance dosage may be as low as one-fourth the initial daily dosage.

Precautions: Lomotil is a Federally exempt narcotic preparation of very low addictive potential. Recommended dosages should not be exceeded, and medication should be kept out of reach of children. Should accidental overdosage occur signs may include severe respiratory depression, flushing, lethargy or coma, hypotonic reflexes, nystagmus, pinpoint pupils and tachycardia. Lomotil should be used with caution in patients with impaired liver function or those taking addicting drugs or barbiturates.

Side Effects: Side effects are relatively uncommon but among those reported are gastrointestinal irritation, sedation, dizziness, cutaneous manifestations, restlessness, insomnia, numbness of the extremities, headache, blurring of vision, swelling of the gums, euphoria, depression and general malaise.

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Where did you hear this?

In Japan, stomach cancer is quite common. In the U.S., it is relatively uncommon.

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CALM

anxiety relieved...

Before prescribing, please consult complete product information, a summary of which follows:

Contraindications: Patients with known hypersensitivity to the drug.

Warnings: Caution patients about possible combined effects with alcohol and other CNS depressants. As with all CNS-acting drugs, caution patients against hazardous occupations requiring complete mental alertness (*e.g.,* operating machinery, driving). Though physical and psychological dependence have rarely been reported on recommended doses, use caution in administering to addiction-prone individuals or those who might increase dosage; withdrawal symptoms (including convulsions), following discontinuation of the drug and similar to those seen with barbiturates, have been reported. Use of any drug in pregnancy, lactation, or in women of childbearing age requires that its potential benefits be weighed against its possible hazards.

Precautions: In the elderly and debilitated, and in children over six, limit to smallest effective dosage (initially 10 mg or less per day) to preclude ataxia or oversedation, increasing gradually as needed and tolerated. Not recommended in children under six. Though generally not recommended, if combination therapy with other psychotropics seems indicated, carefully consider individual pharmacologic effects, particularly in use of potentiating drugs such as MAO inhibitors and phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions (*e.g.,* excitement, stimulation and acute rage) have been reported in psychiatric patients and hyperactive aggressive children Employ usual precautions in treatment of anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation have been reported very rarely in patients receiving the drug and oral anticoagulants; causal relationship has not been established clinically.

Adverse Reactions: Drowsiness, ataxia and confusion may occur, especially in the elderly and debilitated. These are reversible in most instances by proper dosage adjustment, but are also occasionally observed at the lower dosage ranges. In a few instances syncope has been reported. Also encountered are isolated instances of skin eruptions, edema, minor menstrual irregularities, nausea and constipation, extrapyramidal symptoms, increased and decreased libido – all infrequent and generally controlled with dosage reduction; changes in EEG patterns (low-voltage fast activity) may appear during and after treatment; blood dyscrasias (including agranulocytosis), jaundice and hepatic dysfunction have been reported occasionally, making periodic blood counts and liver-function tests advisable during protracted therapy.

Usual Daily Dosage: Individualize for maximum beneficial effects. Oral – Adults: Mild and moderate anxiety and tension, 5 or 10 mg t.i.d. or q.i.d.; severe states, 20 or 25 mg t.i.d. or q.i.d. Geriatric patients: 5 mg b.i.d. to q.i.d. (See Precautions.)

Supplied: Librium® (chlordiazepoxide HCl) Capsules, 5 mg, 10 mg and 25 mg–bottles of 50. Libritabs™ (chlordiazepoxide) Tablets, 5 mg, 10 mg and 25 mg–bottles of 100. With respect to clinical activity, capsules and tablets are indistinguishable.

AND CLEAR

without excessive dulling

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IF IT DOESN'T WORK IN A WEEK, FORGET IT.

Contraindications: Edema; danger of cardiac decompensation; history or symptoms of peptic ulcer; renal, hepatic or cardiac damage; history of drug allergy; history of blood dyscrasia. The drug should not be given when the patient is senile or when other potent drugs are given concurrently. Large doses of Butazolidin alka are contraindicated in patients with glaucoma.

Warning: If coumarin-type anticoagulants are given simultaneously, watch for excessive increase in prothrombin time. Pyrazole compounds may potentiate the pharmacologic action of sulfonylurea, sulfonamide-type agents and insulin. Carefully observe patients receiving such therapy.

Use with great caution is the first trimester of pregnancy.

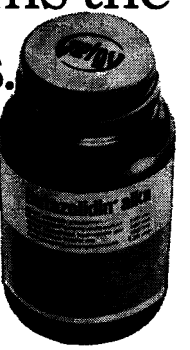
Precautions: Obtain a detailed history and a complete physical and laboratory examination, including a blood count. The patient should be closely supervised and should be warned to report immediately fever, sore throat, or mouth lesions (symptoms of blood dyscrasia); sudden weight gain (water retention); skin reactions; black or tarry stools or other evidence of intestinal hemorrhage. Make regular blood counts. Discontinue the drug and institute countermeasures if the white count changes significantly, granulocytes decrease, or immature forms appear. Use greater care in the elderly and in hypertensives.

Adverse Reactions: The most common are nausea, edema and drug rash. The drug has been associated with peptic ulcer and may reactivate a latent peptic ulcer.

In rheumatoid arthritis, Butazolidin alka needs only a week's trial. If it doesn't work in a week, forget it.

With indomethacin, the trial period may be a month or longer.

A short trial period may spare patients weeks of discomfort. That's one reason why Butazolidin alka seems the logical choice when aspirin fails.



You'll know quickly if it works. Most of the time, it will.

And with less chance of G.I. upset because of its antacid buffers.

Infrequently, agranulocytosis, exfoliative dermatitis, Stevens-Johnson syndrome, or a generalized allergic reaction may occur and require withdrawal of medication. Stomatitis, salivary gland enlargement, vomiting, vertigo and languor may occur. Leukemia and leukemoid reactions have been reported but cannot definitely be attributed to the drug. Thrombocytopenic purpura and aplastic anemia may occur. Confusional states, agitation, headache, blurred vision, optic neuritis and transient hearing loss have been reported, as have hyperglycemia, hepatitis, jaundice, and several cases of anuria and hematuria. With long-term use, reversible thyroid hyperplasia may occur infrequently. Moderate lowering of the red cell count due to hemodilution may occur. 6509-V (B)R

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Vignettes of angina pectoris—No. 4 in a series...

yesterday-nitroglycerin a drug in search of an indication

"For a moment or two there was a little mental confusion, accompanied by a loud rushing noise in the ears, like steam passing out of a tea-kettle."[1] This was followed by constriction around the lower part of the neck, perspiration, headache, stomachache and frequent yawning. Thus did A. G. Field record his own experience—the first published report on the effect of nitroglycerin. To offset the possibility that he might be unusually susceptible to this 1% solution, Field then tried it on several patients. Two women experienced marked effects and became insensible, but when they awoke their toothaches were gone. Every case of "neuralgia or spasmodic disease" in which it was administered showed significant improvement.[1]

But Harley administered nitroglycerin to himself and other physicians, in varying dosages, with very few marked effects. "The quickening of the heart's action he ascribed to fear, but the head and neck sensations were, he considered, 'too constant to be attributed to the same cause,' although he thought they were exaggerated by the imagination."[1]

Such was the nature of the controversy begun more than a hundred years ago in the pages of the *Medical Times and Gazette* on the physiologic and therapeutic effects of the then little-known drug, "nitro-glycerine."

In the late 1870's, William Murrell became interested in this controversy. One day he touched his tongue to the moistened cork of a bottle of 1% nitroglycerin solution and, shortly thereafter, observed:

"...I took my pulse and found that it was much fuller than natural and considerably over 100. The pulsation was tremendous and I could feel the beating to the very tips of the fingers. The pen I was holding was violently jerked with every beat of the heart. There was a most distressing sensation of fulness all over the body and I felt as if I had been running violently. I remained quite quiet for four or five minutes and the most distressing symptoms gradually subsided....though a splitting headache remained for the whole afternoon."[1]

On thirty or forty occasions, Murrell experienced similar effects, and when he administered the drug to 12 males and 23 females, ranging in age from twelve to fifty-eight, the patients confirmed his reactions.[1]

"...it would probably prove of service in the treatment of angina pectoris...."[1] Murrell noted its similarity in action to amyl nitrate. He compared the action of these two drugs by sphygmographic tracings, and found that they both produce "a marked state of dicrotism and both accelerate the rapidity of the heart's action" but differ in the time they take to produce these effects.[1]

"It never failed to afford relief."[1]

One of the patients with undoubted angina pectoris was given "...drop doses of the one percent nitro-glycerine solution in half an ounce of water three times a day. At the expiration of a week he reported that there had been a very great improvement...."[1]

"Patient had adopted the plan of carrying his medicine with him in a phial and taking a dose if an attack seized him in the street. It never failed to afford relief."[1]

Patients have been reported to show improvement while on Peritrate (pentaerythritol tetranitrate).

Peritrate SA Sustained Action (pentaerythritol tetranitrate) 80 mg. has been reported in clinical usage to reduce in number and severity the incidence of angina pectoris attacks, with concomitant reduction in glyceryl trinitrate intake.

Individual patterns of angina pectoris differ widely as does the symptomatic response to antianginal agents such as pentaerythritol tetranitrate. The published literature contains both favorable and unfavorable clinical reports.

Peritrate (pentaerythritol tetranitrate) has been accepted as safe for prolonged use.

Reference: 1. Murrell, W.: Nitro-Glycerine as a Remedy for Angina Pectoris, Lancet *1*:80-81; 113-115; 151-152; 225-227, 1879, in Willius, F. A., and Keys, T. E.: Classics of Cardiology, New York, Henry Schuman, Inc., Dover Publications, Inc., 1961, vol. 2, pp. 640-650.

today–to help reduce nitroglycerin needs

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(pentaerythritol tetranitrate)

See next page for full prescribing information.

in the prophylactic treatment of angina pectoris

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Sustained Action (pentaerythritol tetranitrate) 80 mg.

Each double-layer, biconvex, dark green/light green tablet of Peritrate SA Sustained Action contains: pentaerythritol tetranitrate . . 80 mg. (20 mg. in immediate release layer and 60 mg. in sustained release base)

Peritrate (pentaerythritol tetranitrate) is a nitric acid ester of a tetrahydric alcohol (pentaerythritol).

Actions: The exact cause of angina pectoris (that is, the pain associated with coronary artery disease) remains obscure, despite the numerous and often conflicting hypotheses concerning its pathophysiology. Therapy at the present time, therefore, remains essentially empiric. Customarily, clinical improvement has been measured by: reduction in (1) number, intensity and duration of angina pectoris attacks and (2) necessity for glyceryl trinitrate intake for prevention or relief of anginal attacks.

Peritrate SA Sustained Action (pentaerythritol tetranitrate) 80 mg. has been reported in clinical usage to reduce in number and severity the incidence of angina pectoris attacks, with concomitant reduction in glyceryl trinitrate intake.

In the evaluation of Peritrate (pentaerythritol tetranitrate) and Peritrate SA Sustained Action (pentaerythritol tetranitrate) 80 mg. in angina pectoris, clinical improvement has been customarily measured subjectively by reduction in number and severity of attacks and necessity for glyceryl trinitrate intake for prevention or abortion of anginal attacks. Individual patterns of angina pectoris differ widely as does the symptomatic response to antianginal agents such as pentaerythritol tetranitrate. The published literature contains both favorable and unfavorable clinical reports. In conjunction with total management of the patient with angina pectoris, Peritrate (pentaerythritol tetranitrate) and Peritrate SA Sustained Action (pentaerythritol tetranitrate) 80 mg. have been accepted as safe for prolonged administration and widely regarded as useful.

Animal pharmacology: In a series of carefully designed studies in pigs, Peritrate (pentaerythritol tetranitrate) was administered for 48 hours before an artificially induced occlusion of a major artery and for seven days thereafter. The pigs were sacrificed at various intervals for periods up to six weeks. The result showed a significantly larger number of survivors in the drug-treated group. Damage to myocardial tissue in the drug-treated survivors was less extensive than in the untreated group. Pigs rather than dogs were used because their coronary artery distribution more closely resembles that of human beings. Studies in dogs subjected to oligemic shock through progressive bleeding have demonstrated that Peritrate (pentaerythritol tetranitrate) is vasoactive at the post-arteriolar level, producing increased blood flow and better tissue perfusion. These animal experiments cannot be translated to human behavior.

Indications: Peritrate SA Sustained Action (pentaerythritol tetranitrate) 80 mg. is indicated for the relief of angina pectoris (pain associated with coronary artery disease). It is not intended to abort the acute anginal episode but is widely regarded as useful in the prophylactic treatmet of angina pectoris.

Contraindications: Peritrate SA Sustained Action (pentaerythritol tetranitrate) 80 mg. is contraindicated in patients who have a history of sensitivity to the drug.

Warning: Data supporting the use of Peritrate (pentaerythritol tetranitrate) during the early days of the acute phase of myocardial infarction (the period during which clinical and laboratory findings are unstable) are insufficient to establish safety.

Precautions: Should be used with caution in patients who have glaucoma.

Adverse reactions: Side effects reported to date have been predominantly related to headache (which may require discontinuation of medication) and gastrointestinal distress which are usually transient with continuation of medication.

Dosage: Peritrate SA Sustained Action (pentaerythritol tetranitrate) 80 mg., 1 tablet immediately on arising and 1 tablet 12 hours later (on an empty stomach).

Additional Dosage Forms: Peritrate (pentaerythritol tetranitrate)—10 mg. and 20 mg. tablets with or without phenobarbital.

(**Warning:** Tablets containing phenobarbital may be habit forming.)

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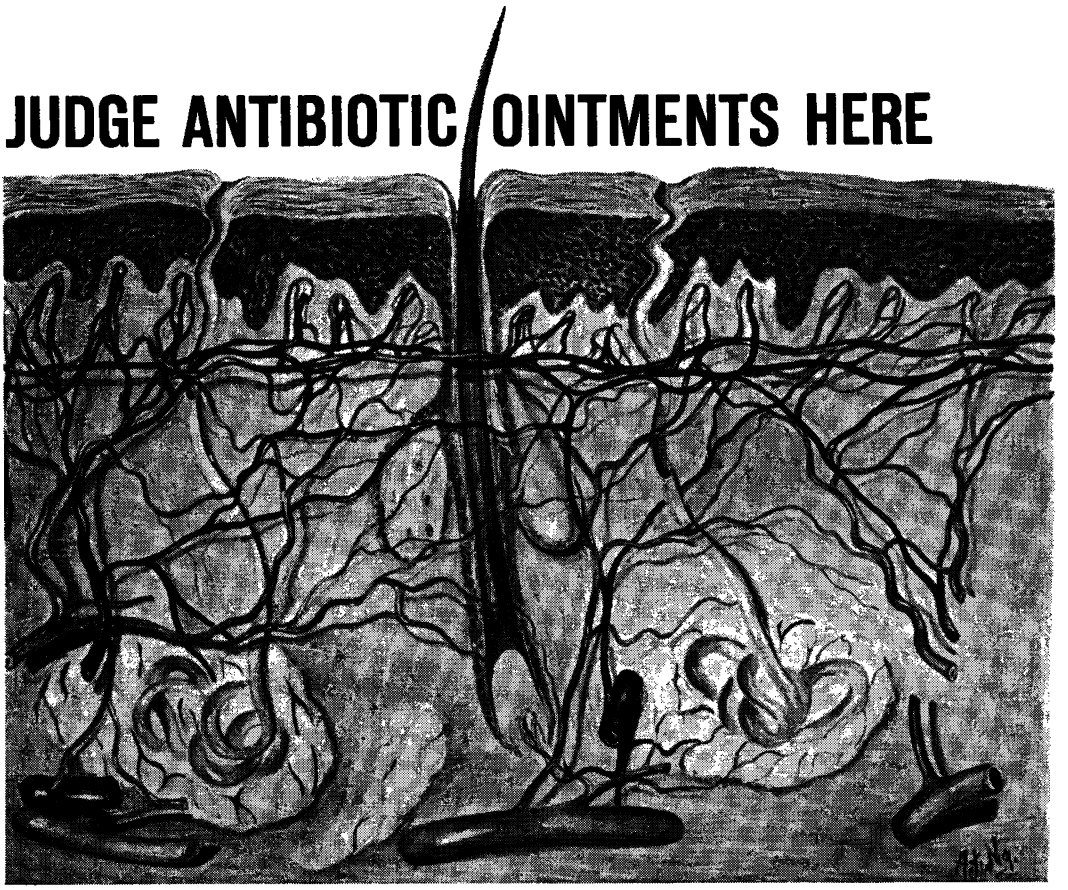

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Caution: As with other antibiotic preparations, prolonged use may result in overgrowth of nonsusceptible organisms and/or fungi. Appropriate measures should be taken if this occurs. Articles in the current medical literature indicate an increase in the prevalence of persons allergic to neomycin. The possibility of such a reaction should be borne in mind.

Contraindications: This product is contraindicated in those individuals who have shown hypersensitivity to any of its components.

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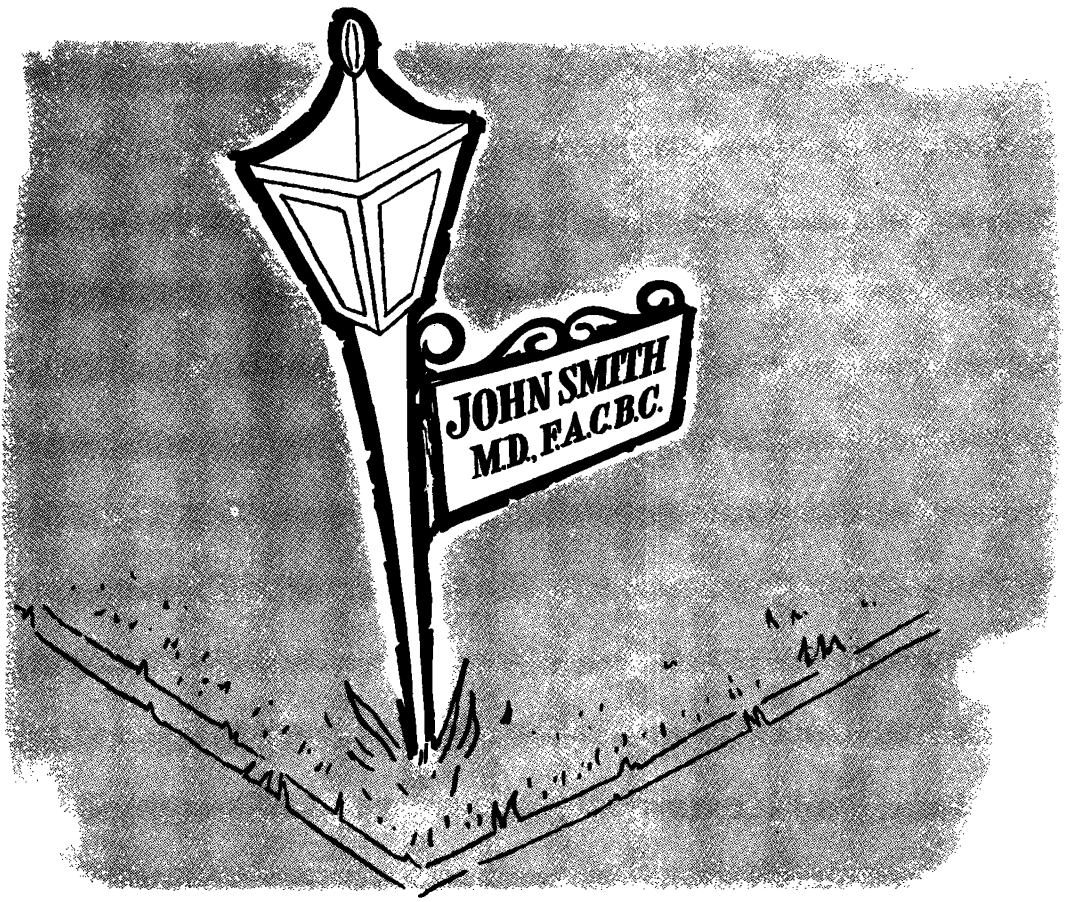

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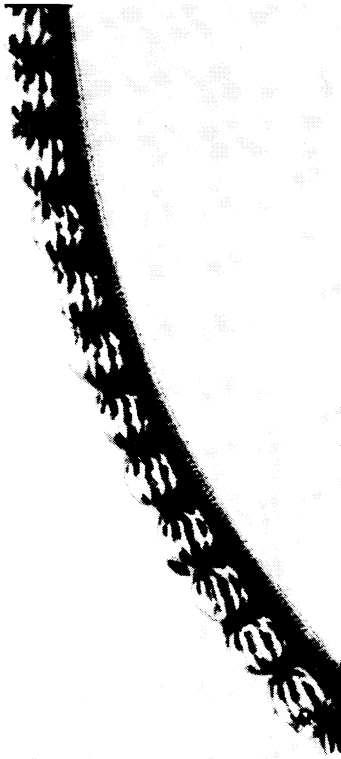

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patients welcome the convenience of once-a-day dosage. And its economy, too. You might even say the single dose helps avoid a mix-up with digitalis or other drugs your patient is taking at the same time.

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1. Hutcheon, D. E.: J. New Drugs 5:13, 1965.
2. Bowlus, W. E., and Langford, H. G.: Clin. Pharmacol. & Therap. 5:708, 1964.

agranulocytosis, impotence, dysuria, transient myopia, skin reactions, including urticaria and purpura, epigastric pain, or G.I. symptoms after prolonged administration. *Average Dosage:* One tablet (100 mg.) with breakfast daily or every other day. *Availability:* Tablets of 100 mg. in bottles of 100 and 1000.
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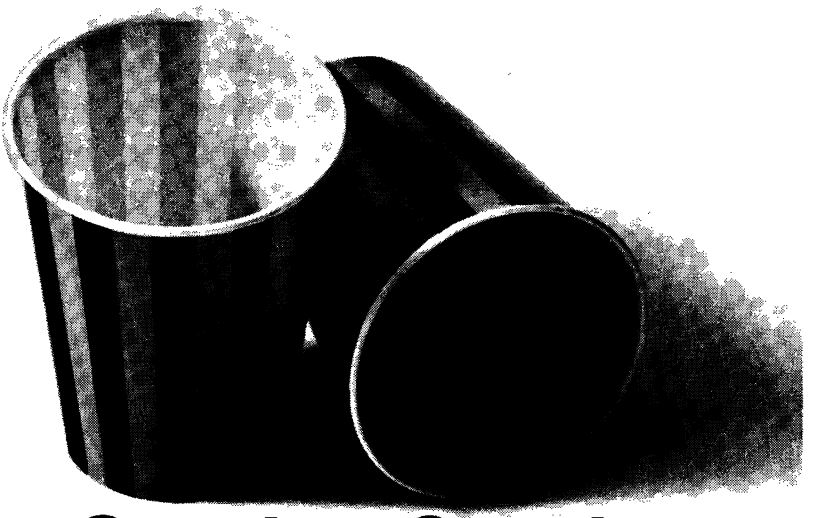

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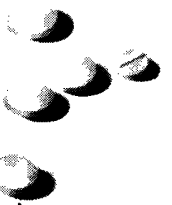
50 mg. hydrochlorothiazide
100 mg. hydralazine



0.25 mg. reserpine
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750-1000 mg. methyldopa

In moderate hypertension

Average dosage: One tablet daily with breakfast.
Contraindications: History of mental depression, hypersensitivity, and most cases of severe renal or hepatic diseases.
Warning: With administration of enteric-coated potassium supplements, the possibility of small bowel lesions should be kept in mind. Discontinue 2 weeks before general anesthesia, 1 week before electroshock therapy, and if depression or peptic ulcer occurs.
Precautions: Reduce dosage of concomitant antihypertensive agents by one-half. Discontinue if the BUN rises or liver dysfunction is aggravated. Electrolyte imbalance and potassium depletion may occur; take particular care in cirrhosis or severe ischemic heart disease, and in patients receiving

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chlorthalidone 50 mg., and reserpine 0.25 mg.

corticosteroids, ACTH, or digitalis. Salt restriction is not recommended. Use with caution in patients with ulcerative colitis, gallstones, or bronchial asthma.

Side effects: Nausea, vomiting, diarrhea, muscle cramps, headaches and dizziness. Potential side effects include angina pectoris, anxiety, depression, drowsiness, hyperglycemia, hyperuricemia, lassitude, leukopenia, nasal stuffiness, nightmare, purpura, urticaria, and weakness.

For full details, see the complete prescribing information.

Availability: Bottles of 100 and 1000 tablets.

*Finnerty, F. A., Jr., et al.: Circulation 32:13, 1965.

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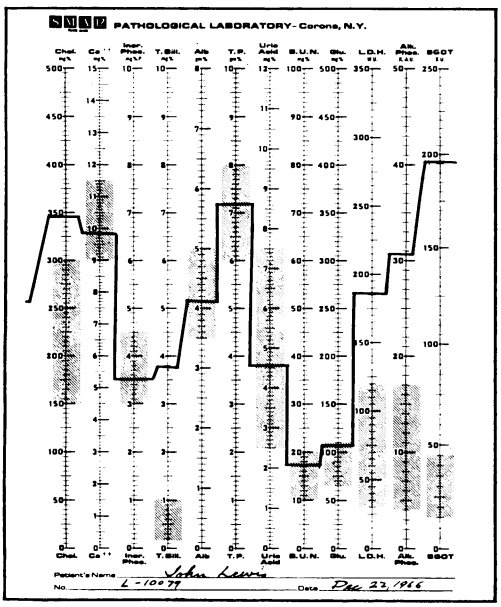

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DOSAGE: OBEDRIN-*LA*—1 daily, usually at 10 a.m. OBEDRIN Tablets and Capsules—1 tablet or capsule at 10 a.m. and 3 p.m. If necessary to suppress late evening hunger, another tablet or capsule may be taken at 8 p.m. OBEDRIN tablets are grooved so a half tablet can be taken if it is found sufficient for appetite control.

SUPPLY: OBEDRIN-*LA*—Tablets, two-layer in bottles of 50 and 250. OBEDRIN—Tablets and Capsules in bottles of 100 and 1000.

Caution: Federal law prohibits dispensing without prescription.

CAUTION: Should not be given concurrently with monoamine oxidase inhibitors. It should be used with caution in patients having a sensitivity to sympathomimetic compounds or barbiturates and in cases of coronary or cardiovascular disease or severe hypertension. Excessive use of amphetamines by unstable individuals has been reported to result in a psychological dependence. In such instances, withdrawal of the medication is necessary. All medication should be used with caution in pregnant patients especially in the first trimester.

SIDE EFFECTS: Insomnia, excitability, nervousness may occur if dosage is excessive. These occur infrequently and are mild with the recommended dosage.

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Each tablet contains: Methamphetamine HCl, 12.5 mg.; Pentobarbital, 50 mg. (Barbituric Acid derivative; Warning: May be habit forming); Ascorbic Acid, 200 mg.; Thiamine Mononitrate, 1 mg.; Riboflavin, 2 mg.; Niacin, 10 mg.

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Tablets and Capsules

Each tablet or capsule contains: Methamphetamine HCl, 5 mg.; Pentobarbital, 20 mg. (Barbituric Acid derivative; Warning: May be habit forming); Ascorbic Acid, 100 mg.; Thiamine Mononitrate, 0.5 mg.; Riboflavin, 1 mg.; Niacin, 5 mg.

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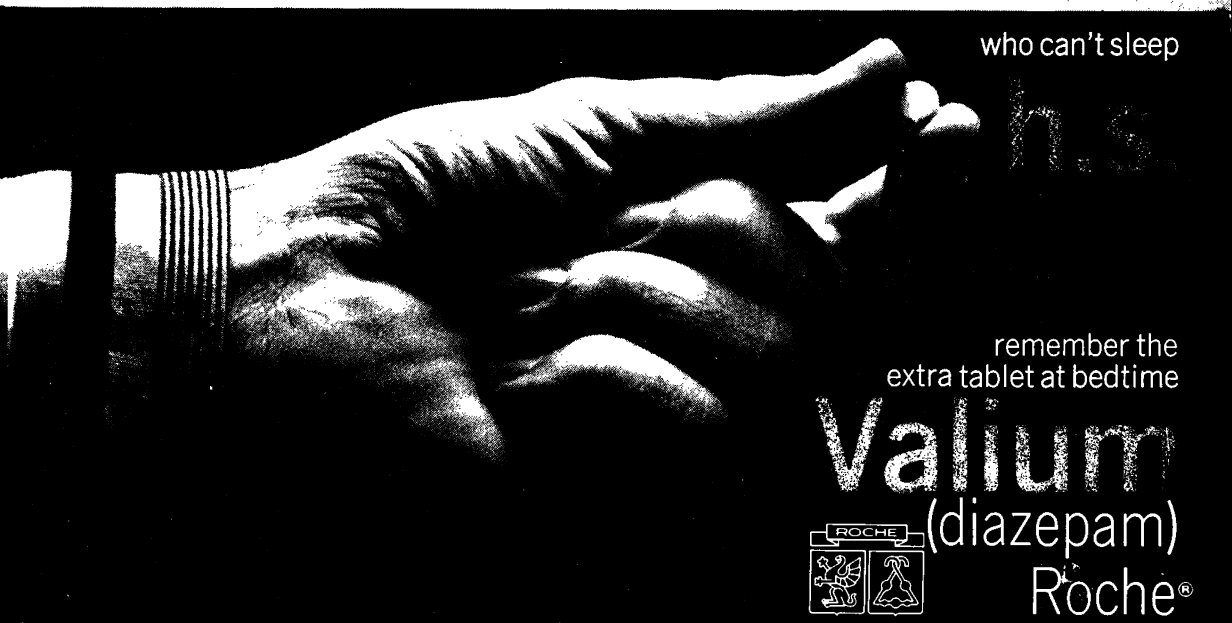

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Valium
(diazepam)
Roche®

Before prescribing, please consult complete product information, a summary of which follows:

Contraindications: Infants, patients with history of convulsive disorders or glaucoma.

Warning: Not of value in the treatment of psychotic patients, and should not be employed in lieu of appropriate treatment.

Precautions: Limit dosage to smallest effective amount in elderly patients (not more than 1 mg, one or two times daily) to preclude ataxia or oversedation. Advise patients against possibly hazardous procedures until correct maintenance dosage is established; driving during therapy not recommended. In general, concurrent use with other psychotropic agents is not recommended. Warn patients of possible combined effects with alcohol. Safe use in pregnancy not established. Observe usual precautions in impaired renal or hepatic function and in patients who may be suicidal; periodic blood counts and liver function tests advisable in long-term use. Cease therapy gradually.

Side Effects: Side effects (usually dose-related) are fatigue, drowsiness and ataxia. Also reported: mild nausea, dizziness, blurred vision, diplopia, headache, incontinence, slurred speech, tremor and skin rash; paradoxical reactions (excitement, depression, stimulation, sleep disturbances, hallucinations); changes in EEG patterns. Abrupt cessation after prolonged overdosage may produce withdrawal symptoms similar to those seen with barbiturates, meprobamate and chlordiazepoxide HCl.

Dosage—Adults: Mild to moderate psychoneurotic reactions, 2 to 5 mg b.i.d. or t.i.d.; severe psychoneurotic reactions, 5 to 10 mg t.i.d. or q.i.d.; alcoholism, 10 mg t.i.d. or q.i.d. in first 24 hours, then 5 mg t.i.d. or q.i.d. as needed; muscle spasm with cerebral palsy or athetosis, 2 to 10 mg t.i.d. or q.i.d. Geriatric patients: 1 or 2 mg/day initially, increase gradually as needed.

Supplied: Tablets, 2 mg, 5 mg and 10 mg; bottles of 50 for convenience and economy in prescribing.

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