

MILTOWN® (MEPROBAMATE)

(Continued from the preceding page.)

Precautions: Carefully supervise dose and amounts prescribed. Consider possible dependence or habituation (reported occasionally after excessive use), particularly in severe psychoneurotics, alcoholics, ex-addicts. Withdraw gradually (1 or 2 weeks) after excessive dosage for weeks or months to avoid recurrence of pre-existing symptoms (e.g., anxiety, anorexia, insomnia) or withdrawal reactions (e.g., vomiting, ataxia, tremors, muscle twitching; rarely, epileptiform seizures, more likely in those with CNS damage or latent convulsive disorders). If drowsiness or visual disturbance occurs, reduce dose and advise against activity requiring alertness (driving, machinery operation). Effects of excess alcohol may be increased. Grand mal seizures possible in persons with both petit and grand mal. Prescribe cautiously in small amounts to patients with suicidal tendencies.

Side Effects: Drowsiness, sometimes with ataxia, usually controlled by decreasing dosage, occasionally with aid of central stimulants (e.g., amphetamine). Rarely, allergic or idiosyncratic reactions (usually after 1-4 doses); in mild form: itchy, urticarial or erythematous, maculopapular rash, generalized or confined to groin. Acute nonthrombocytopenic purpura with cutaneous petechiae, ecchymoses, peripheral edema and fever, transient leukopenia, and 1 fatal bullous dermatitis (after meprobamate and prednisolone) reported. More severe, very rare hypersensitivity: fever, chills, fainting spells, angioneurotic edema, bronchial spasms, hypotensive crises (1 fatal), anuria, anaphylaxis, stomatitis and proctitis. Treat symptomatically (e.g., epinephrine, antihistamines, possibly hydrocortisone); stop and do not restart the drug. Isolated agranulocytosis, thrombocytopenic purpura, 1 fatal aplastic anemia reported, but only in presence of known toxic drugs. Fast EEG activity, usually after excessive dosage. Impairment of visual accommodation reported by 1 observer. Suicidal attempts may produce drowsiness, lethargy, stupor, ataxia, coma, shock, vasomotor and respiratory collapse, and death. Excessive dosage has led rapidly to sleep, then reduction of vital signs to basal levels. Empty stomach, and if respiration becomes very shallow and slow, cautiously give CNS stimulants (e.g., caffeine, pentylenetetrazol, amphetamine); also pressor amines if indicated.

Usual Adult Dosage: One or two 400 mg. tablets three times daily. Doses above 2400 mg. daily not recommended.

Supplied: 'Miltown' (meprobamate) in two strengths: 400 mg. scored tablets and 200 mg. coated tablets. *Mepro-tabs*® (meprobamate): 400 mg. white, sugar-coated, unmarked tablets.

Before prescribing, consult package circular.

THE MASTERS MARK

This mark on the lapel of a Wallace Representative means enrollment in an intensive 3 year study program in his effort to better serve the Medical Profession.



Wallace Pharmaceuticals
Cranbury, N.J.

U.S. Makes LSD More Available —for Research

While "acid heads" can easily get all the LSD they want on street corners, distinguished researchers in pharmacology and psychiatry have had a difficult time during the past two years in obtaining the hallucinogen for legitimate studies. But in recent months, investigators have begun to see some light at the end of the tunnel, thanks to a new government committee that processes applications for supplies of the federally controlled drug.

The government obtained the entire legal supply of LSD in this country in April 1966, when Sandoz Pharmaceuticals, the only legal U.S. manufacturer of LSD-25 (D-lysergic acid diethylamide tartrate), voluntarily turned over its entire stock to the National Institute of Mental Health. For the next year and a half, many research projects withered on the vine. Scientists who wanted the drug had to have their applications approved by both the NIMH and the Food and Drug Administration. Of 70 independent projects that had been getting LSD from Sandoz, only nine survived the dual screening procedure and received the drug for study.

When questioned at Senate hearings about the low project survival rate, FDA Commissioner James L. Goddard said that most of the studies were examples of "bad research." But he promised to simplify the method whereby researchers obtain hallucinogens for investigation.

The result was the formation last September of an expert committee charged with advising the FDA and the NIMH on the merits of each application and with expediting the approval or rejection of proposals for research. Bearing the imposing title of Joint FDA-PHS Psychotomimetic Agents Advisory Committee, the new group meets six times a year. Although its reaction to requests for LSD is far

from instantaneous, the agency moves far faster than the system it replaces.

The committee consists of two government coordinators and a group of seven to 12 nongovernmental consultants who represent such disciplines as psychology, social service, pharmacology, and psychiatry. The names of the consultants, like those of the applicants, are well-kept secrets.

But the names of the two government coordinators have been made public. They are Dr. Jean Paul Smith, director of the division of drug studies and statistics in the FDA Bureau of Drug Abuse Control, who acts as liaison between the committee and the

NEW PENALTIES FOR ABUSE?

Illegal possession of LSD will be punished by longer prison terms if Congress passes a bill now being drafted by the Justice Department. President Johnson proposed the stricter penalties in his State of the Union message.

At present, the maximum sentence is one year. The Administration plans to ask for a higher maximum for both pushers and users of the hallucinogen.

FDA; and Dr. John A. Scigliano, pharmaceutical services consultant to NIMH's Center for Studies of Narcotic and Drug Abuse. All requests for psychotomimetic drugs are channeled through these two men and then brought to the attention of the advisory committee.

In its first two bimonthly meetings, Dr. Scigliano says, the committee processed 44 applications for LSD from researchers. It approved 32, deferred six pending clarification of research goals, and rejected six as poorly conceived projects. By contrast, the old system took a full year to consider 65 projects and to approve 49.

Nearly all the projects approved by the new committee are for research with animals and plants. Only two projects involve human beings, and these are investigations of LSD as an adjunct to psychotherapy that began some time ago.

In the future, requests for supplies of LSD will be processed and answered in two or three months, says Dr. Scigliano. This, he notes, is more than twice as fast as before. ■