

Panalba* product information

Supplied: Capsules, each containing Panmycin* Phosphate (tetracycline phosphate complex), equivalent to 250 mg. tetracycline hydrochloride, and 125 mg. Albamycin,* as novobiocin sodium, in bottles of 16 and 100.

Usual Adult Dosage: 1 or 2 capsules three or four times a day.

Side Effects: Panmycin Phosphate is well tolerated clinically and has a very low order of toxicity comparable to that of the other tetracyclines. Side reactions are infrequent and consist principally of mild nausea and abdominal cramps.

Leukopenia has occurred occasionally in patients receiving novobiocin. Rarely, other blood dyscrasias including anemia, pancytopenia, agranulocytosis and thrombocytopenia have been reported. In a recent report it was observed that three times as many newborn infants receiving novobiocin developed jaundice as control infants. For this reason, administration of novobiocin to newborn and young infants is not recommended, unless indication is extremely urgent because of serious infections not susceptible to other antibacterial agents.

The development of jaundice has also been reported in older individuals receiving Albamycin. Serious liver damage has developed in a few patients, which was more likely related to the underlying disease than to therapy with novobiocin. Although reports such as the above are rare, discontinuance of novobiocin is indicated if jaundice develops. If continued therapy appears essential because of a serious infection due to microorganisms resistant to other antibacterial agents, liver function tests and blood studies should be performed frequently, and therapy with novobiocin stopped if necessary.

In a certain few patients treated with this agent, a yellow pigment has been found in the plasma. The nature of this pigment has not been defined. There is evidence that it may be a metabolic by-product of novobiocin, since it has been reported to be extractable from the plasma (pH 7 to 8.1) with chloroform while bilirubin is not. These properties have been employed to differentiate the yellow pigment due to the metabolic by-product of novobiocin and bilirubin. However, recent reports indicate that this method of differentiation may be unreliable.

Urticaria and maculopapular dermatitis have been reported in a significant percentage of patients treated with Albamycin. Upon discontinuance of the drug, these skin reactions rapidly disappeared.

Warning: Since Albamycin possesses a significant index of sensitization, appropriate precautions should be taken in administering the drug. If allergic reactions develop during treatment and are not readily controlled by antihistaminic agents, use of the product should be discontinued.

Total and differential blood cell counts should be made routinely during the administration of Albamycin. If new infections appear during therapy, appropriate measures should be taken; constant observation of the patient is essential. If a yellow pigment appears in the plasma, administration of the drug should be continued only in urgent cases, and the patient's condition closely followed by frequent liver function tests. In case of the development of liver dysfunction, therapy with this agent should be stopped.

*TRADEMARK, REG. U.S. PAT. OFF.
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DECEMBER, 1961

REFERENCES AND REVIEWS

(Continued from Page 29)

WEIGHT GAIN AND SERUM TRIGLYCERIDES IN NORMAL MEN—
M. J. Albrink, J. W. Meigs, and M. A. Granoff. *New Engl. J. Med.*—Vol. 266:484 (March 8) 1962.

Weight gain during adult life was associated with high serum triglyceride concentration in normal men. Serum lipids were examined in 215 apparently healthy male factory employees between the ages of 30 and 69 years. Serum triglyceride concentrations for the 78 men who had gained 10 pounds or less since the age of 25 years was 4.6 mEq/liter, that for the 137 men who had gained more than 10 pounds was 7.1 mEq/liter, a highly significant difference. Men with a positive family history of coronary artery disease or diabetes had higher triglycerides than men with negative family histories. The differences for cholesterol were in the same direction, but less marked.

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CAREERS IN MEDICINE TODAY—A. G. W. Whitfield. *Lancet*—Vol. 1:99 (Jan. 13) 1962.

The present employment of all those graduating in medicine from The University of Birmingham (England) in 1953, 1954, and 1955 was ascertained. Forty-six per cent are engaged in general practice and of these over $\frac{3}{4}$ are in partnerships. Thirty-three per cent are engaged in the hospital service, and anesthetics and psychiatry account for nearly half of these. Six per cent (mostly married female graduates) are not working medically, and the remainder hold university appointments or public health appointments, or are in the Colonial, or Navy, Army, or Air Force Medical Services. Just over 6 per cent have emigrated, 1/3 to the United States and most of the remainder to Australia or Canada. Forty-four per cent of the graduates have taken some form of higher qualification.

COOK COUNTY graduate school of medicine

CONTINUING EDUCATION COURSES STARTING DATES—SUMMER-FALL, 1962

Surgical Technic	Two Weeks, June 4, July 23, Sept. 10
Surgery of Colon & Rectum	One Week, June 4, Sept. 17
General Surgery	One Week, Sept. 17
Vaginal Surgery	One Week, June 25, Aug. 6
Obstetrics, General & Surgical	Two Weeks, July 16
Pain Relief in Childbirth	3 Days, July 11
Proctoscopy & Sigmoidoscopy	One Week, July 16
General Practice Review	One Week, Oct. 8
Advanced Electrocardiography	One Week, June 18
Gallbladder Surgery	3 Days, June 18, Oct. 8
Surgery of Hernia	3 Days, June 21, Oct. 11
Neuromuscular Diseases	Two Weeks, June 11
Hematology	One Week, June 4
Advances in Medicine	One Week, Oct. 15
Blood Vessel Surgery	One Week, Oct. 22
Fractures & Traumatic Surgery	Two Weeks, June 11, Oct. 1
Diagnostic Radiology	Two Weeks, Oct. 29

Information concerning numerous other continuation courses available upon request.

TEACHING FACULTY:

Attending Staff of Cook County Hospital

ADDRESS:

REGISTRAR, 707 South Wood Street,
Chicago 12, Illinois