

LEFT PANEL

ATROPINE IS THE EMERGENCY ANTIDOTE FOR METHYL PARATHION POISONING. Consult your physician about obtaining an adequate supply of 1/100 grain atropine tablets for emergency use. CALL A PHYSICIAN IN ALL CASES OF SUSPECTED POISONING. INTERNAL: If the material has been swallowed, induce vomiting immediately. This may be done by introducing a finger into the throat or by giving warm salt water (1 tablespoon of salt to a glass of water). NEVER GIVE ANYTHING BY MOUTH TO AN UNCONSCIOUS PERSON. EXTERNAL: If the material has been spilled on the skin, immediately remove patient from the vicinity of the Methyl Parathion, remove all contaminated clothing, and wash skin with soap and running water. If the material gets into the eyes, wash immediately with running water for at least ten minutes. IF WARNING SYMPTOMS APPEAR: Administer two 1/100 grain Atropine tablets immediately. NEVER ADMINISTER ATROPINE UNLESS WARNING SYMPTOMS APPEAR. See warning symptoms below. Keep patient prone and quiet. Start artificial respiration immediately if patient is not breathing. Transport the patient immediately to the nearest physician.

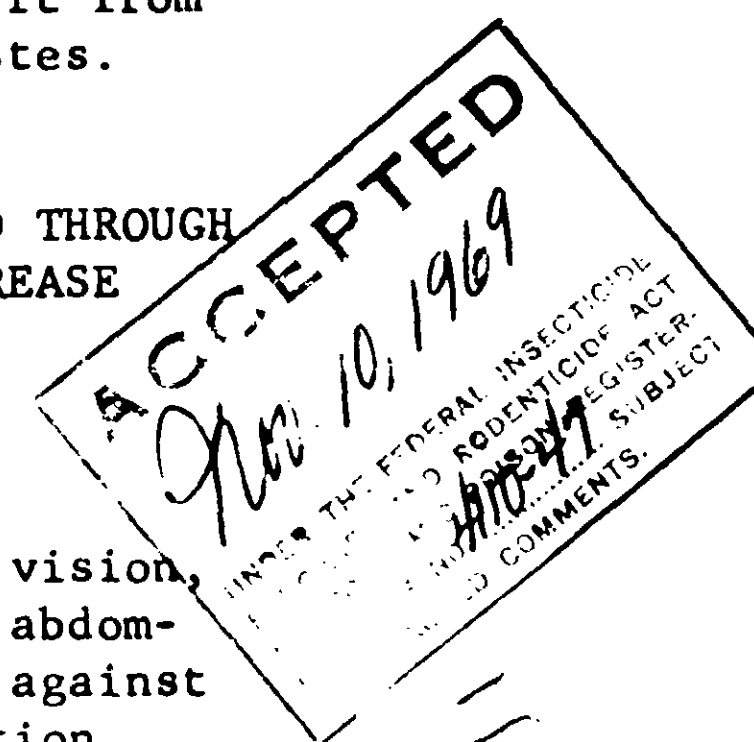
CAUTION

This product is toxic to fish and wildlife. Birds feeding on treated areas may be killed. Keep out of lakes, streams or ponds. Do not apply when weather conditions favor drift from areas treated. Do not contaminate water by cleaning of equipment or disposal of wastes. Apply this product only as specified on this label.

DANGER! POISONOUS IF SWALLOWED, INHALED OR ABSORBED THROUGH SKIN. RAPIDLY ABSORBED THROUGH SKIN. REPEATED INHALATION OR SKIN CONTACT MAY, WITHOUT SYMPTOMS, PROGRESSIVELY INCREASE SUSCEPTIBILITY TO METHYL PARATHION POISONING.

NOTE TO PHYSICIAN

WARNING SYMPTOMS: Symptoms include weakness, headache, tightness in chest, blurred vision, non-reactive pinpoint pupils, salivation, sweating, nausea, vomiting, diarrhea, and abdominal cramps. TREATMENT: Atropine is the specific therapeutic antagonist of choice against parasympathetic nervous stimulation. If there are signs of parasympathetic stimulation, Atropine sulfate should be injected at 10-minute intervals, in 1 to 2 milligrams, until complete morphine is contraindicated. Clear chest by postural drainage. Oxygen administration may be necessary. Observe patient continuously for 48 hours. Repeated exposure to cholinesterase inhibitors may, without warning, cause prolonged susceptibility to very small doses of any cholinesterase inhibitors. Allow no further exposure until time for cholinesterase regeneration has been allowed as determined by blood test.



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