**Content Excerpt**

**Description:** Alvor® (lorazepam) Injection, a benzodiazepine with anxiolytic and sedative effects, is intended for IM or IV use. It has the chemical formula C7H11NO2. (3-chloro-1-propyl)-1-(4-(1-propyl-3-hydroxy-1H-pyrazolo[3,4-b]pyridin-1-yl)ethyl)amine (IV) or IM administration of recommended dose of 2 to 4 mg lorazepam injection to adult patients is followed by dose-related effects of sedation (sleepiness, drowsiness), relief of procedural anxiety, and anterograde amnesia. Lorazepam injection is usually given by slow IV injection of maximum recommended dosage will produce loss of lid reflexes within 15 minutes.

Pharmacology:** Lorazepam belongs to the class of medications known as benzodiazepines. Benzodiazepine drugs may be habit-forming. However, a person who does not have a drug problem is unlikely to become addicted to lorazepam injection.

**Contraindications:** Known sensitivity to benzodiazepines or to polyethylene glycol, propylene glycol, or other components of lorazepam injection. Patients with a history of abuse or dependence on alcohol or other drugs. Lorazepam injection is contraindicated in patients with severe respiratory depression.

**Warnings:** Lorazepam injection is not recommended for patients with severe respiratory depression, chronic obstructive pulmonary disease, or prostatic hypertrophy. Lorazepam injection is not recommended for use in patients with severe hepatic or renal impairment.

**Overdosage:** Lorazepam injection is not recommended for use in patients with severe hepatic or renal impairment.

**Adverse Reactions:** Lorazepam injection is not recommended for use in patients with severe hepatic or renal impairment.

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**Precautions:** Lorazepam injection is not recommended for use in patients with severe hepatic or renal impairment.

**Indications:** Lorazepam injection is not recommended for use in patients with severe hepatic or renal impairment.

**Interactions:** Lorazepam injection is not recommended for use in patients with severe hepatic or renal impairment.

**Other Information:** Lorazepam injection is not recommended for use in patients with severe hepatic or renal impairment.

**Pregnancy:** Lorazepam injection is not recommended for use in patients with severe hepatic or renal impairment.

**Nursing Mothers:** Lorazepam injection is not recommended for use in patients with severe hepatic or renal impairment.

**Geriatric Use:** Lorazepam injection is not recommended for use in patients with severe hepatic or renal impairment.

**Drug/Laboratory Interactions:** Lorazepam injection is not recommended for use in patients with severe hepatic or renal impairment.

**Patient Counseling:** Lorazepam injection is not recommended for use in patients with severe hepatic or renal impairment.
During the 1940s Teilum (Acta Obstet. Gynecol. Scand., 24: 480, 1944) and Friedman (Mil. Surg., 99: 573, 1946), working independently, arrived at almost identical concepts of the morphogenesis and interrelationships of the germ cell tumors of the testis. The realization that the germinoma was the precursor of the embryonal carcinoma, teratocarcinoma, teratoma, and choriocarcinoma allowed for a neoplastic homology with the development of the normal conceptus with its somatic, trophoblastic, and germinal components from the fertilized ovum. The recognition of spontaneous maturation was based on the changes in patterns between primary testicular growths and metastases, which were best explained by continued differentiation. Melicow’s (J. Urol., 44: 333, 1940) description of embryoid bodies in testicular tumors fitted in with these histogenetic sequences. Teilum [Cancer (Phila.), 12: 1092, 1959] later characterized the yolk sac tumor and added it into the overall scheme.

The obvious homologies between testicular and ovarian cell neoplasms were extended to include the extragonadal teratoids of the pineal and thymus [Cancer (Phila.), 4: 256, 1951]. Russell [Lancet, 1: 3, 1932] had long before been the first to point out the similarities between “pinealoma” and “seminoma.”

It became clear that both the genital and extragenital germ cell tumors evolved from primordial germ cells and then the monocellular growths gave rise to a variety of “differentiated” tissues in complex tumors. Thus the stage was set for the experimental work of Pierce and others portrayed in the cover of Cancer Research of October 1982. The interpretations based on the natural history of the human tumors were substantiated by the studies of comparable neoplasms in animals.

Pictured are: left to right, Dorothy Russell (1895–1983), Meyer Melicow (1895–1983), Gunner Teilum (1902–1972), and Nathan B. Friedman (b. 1911).

The histological sections are: left to right, germinoma, yolk sac tumor, and teratoma.

We are indebted to Dr. Nathan B. Friedman for the material and the illustrations.

M. B. S.