

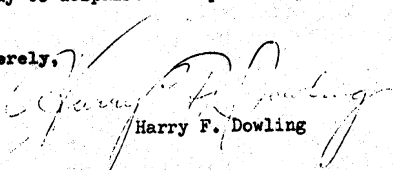
The aplastic anemias and other fatal blood dyscrasias should be separated out from the depression in the number of leucocytes which can be detected by blood counts and which disappears when the chloramphenicol is discontinued. Many people believe that these are separate entities. At any rate, it is questionable whether frequent blood counts will ever alert the physician to the appearance of aplastic anemia in time to prevent death from occurring. If the drug is to be allowed on the market at all, there should be a conspicuous warning about these serious blood dyscrasias as in the American labelling.

In my opinion, no clinical diagnosis (including typhoid fever) should lead the physician to select chloramphenicol as the drug of choice today (since some other safer drug is available for every condition in which it could be used, and the other drug is just as good or better than chloramphenicol. This includes ampicillin for typhoid fever and tetracycline for *H. influenzae meningitis*). Accordingly, chloramphenicol should be a secondary drug, to be used only when bacteriologic evidence shows that chloramphenicol is effective against the pathogenic micro-organism causing the disease while other safer antibiotics are not effective, or in cases where the patient is hypersensitive to the other antibiotic. The American labelling takes this into consideration.

In summary, I believe that the Spanish labelling is not comprehensive enough with respect to indications and adverse reactions, that it should contain a specific warning regarding severe blood dyscrasias in a conspicuous place, and that, as it stands, it suggests that the drug should be used for many infections for which I do not believe it is indicated, and that the present labelling will encourage overuse of the antibiotic.

I sympathize with you in the deep sorrow which follows the tragic death of your daughter and admire the way you are responding so constructively instead of giving way to despair. I hope that your efforts will bring much-needed reforms.

Sincerely,



Harry F. Dowling