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CHLORAMPHENICOL

SIR,—The indiscriminate use of chloramphenicol in many countries has been the subject of much concern and attention.[1-3] Ryrie et al.[4] warned particularly against the dangers of chloramphenicol being dispensed without prescription in Spain and reported the case of a woman who died of aplastic anæmia, some time after treating herself for a minor respiratory infection with a bottle of medicine containing chloramphenicol bought from a chemist's shop. This sad story clearly illustrates the danger of unrestricted dispensing, and even prescribing by the chemist's shop attendant, of chloramphenicol-containing drugs, but does not offer what could be called a quantitative view of the problem. In order to evaluate this, the following experiment was performed.

30 pharmacies in Barcelona were selected at random but in areas of different social class. A 32-year-old woman walked into each of these pharmacies and told the following story: "My 7-year-old boy has been ill with a fever of 38°C since yesterday. His throat is sore and there are white spots on his tonsils. What could I give him?" The attendants at 2 of these shops refused to indicate any treatment and suggested that she should call a physician. In the remaining 28 some type of remedy was prescribed, and sold. The most commonly dispensed remedies were:

(1) 11 cases: chloramphenicol, 100 mg.; plus sulphadiazine, 150 mg.; plus sulphamerazine, 150 mg.; plus aminopyrine, 75 mg.; plus camphocarboxylic acid, bismuth salt, 50 mg.

These ingredients were present in a brand of suppositories, to be used every twelve hours. In 6 cases, two days of treatment were recommended, while in 5 other cases four days of treatment were indicated. In 1 of these cases ampicillin (750 mg. daily for three days) was also given.

(2) 6 cases: chloramphenicol, 250 mg.; plus quinine sulphate, 120 mg.; plus phenylbutazone, 120 mg.; plus methampyrone, 250 mg.

This was also a fixed-dose drug combination presented as suppositories (to be used every twelve hours). In 4 cases a four-day course was prescribed and in the remaining 2, two days of treatment were indicated. In 1 of the last cases a further 700 mg. per day of aminopyrine was recommended; and in the other, 800 mg. of tetracycline phosphate complex daily, for two days, was also prescribed.

(3) 4 cases: chloramphenicol, 150 mg.; plus sulphadiazine, 100 mg.; plus sulphamerazine, 100 mg.; plus sulphamethazine, 100 mg.; plus camphocarboxylic acid, bismuth salt, 125 mg.; plus aminopyrine, 150 mg.; plus dexamethasone, 0·2 mg.

These were the ingredients of a brand of suppositories dispensed to be taken every twelve hours for two days. In 1 of these cases 750 mg. per day of an oral preparation of phenethicillin was recommended simultaneously. In another, extra tablets of aminopyrine were also sold.

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1. *Lancet*, 1972, ii, 1298.
2. Dunne, M., Herheimer, A., Newman, M., Ridley, H. *ibid.*, 1973, ii, 781.
3. Verwilghen, R. L., Verstraete, M. *ibid.* p. 1217.
4. Ryrie, D. R., Fletcher, J., Langman, M. J. S., Daniels, H. E. *ibid.* 1973, i, 150.