[From Postgraduate Medical magazine, July 1952]

in pelvic inflammatory disease.....

rapid response *with* **Chloromycetin®**

CHLOROMYCETIN produces prompt clinical response in the mixed infections commonly found in pelvic inflammatory disease. "In mixed infection [pelvic cellulitis and abscess] CHLOROMYCETIN appears to be superior to penicillin, streptomycin or sulfadiazine."[1]

"The clinical response to chloramphenicol consisted of marked symptomatic improvement, usually within 48 hours....

"Women who had large pelvic abscesses were treated so effectively with chloramphenicol that posterior colpotomy, with drainage of the abscess, was not necessary in effecting a rapid cure in any of our patients who were treated with this antibiotic from the start."[2]

CHLOROMYCETIN (chloramphenicol, Parke-Davis) is supplied in the following forms:

CHLOROMYCETIN Kapseals®, 250 mg., bottles of 16 and 100.

CHLOROMYCETIN Capsules, 100 mg., bottles of 25 and 100.

CHLOROMYCETIN Capsules, 50 mg., bottles of 25 and 100.

CHLOROMYCETIN Ophthalmic Ointment, 1%. ⅛-ounce collapsible tubes.

CHLOROMYCETIN Ophthalmic, 25 mg. dry powder for solution, individual vials with droppers.

1. Greene, C. C.: Kentucky M. J. *50*:8, 1952.
2. Stevenson, C. S., et al.: Am. J. Obst. & Gynec. *61*:498, 1951.

MEDICAMENTA VERA · PD & CO.

Parke, Davis + Company