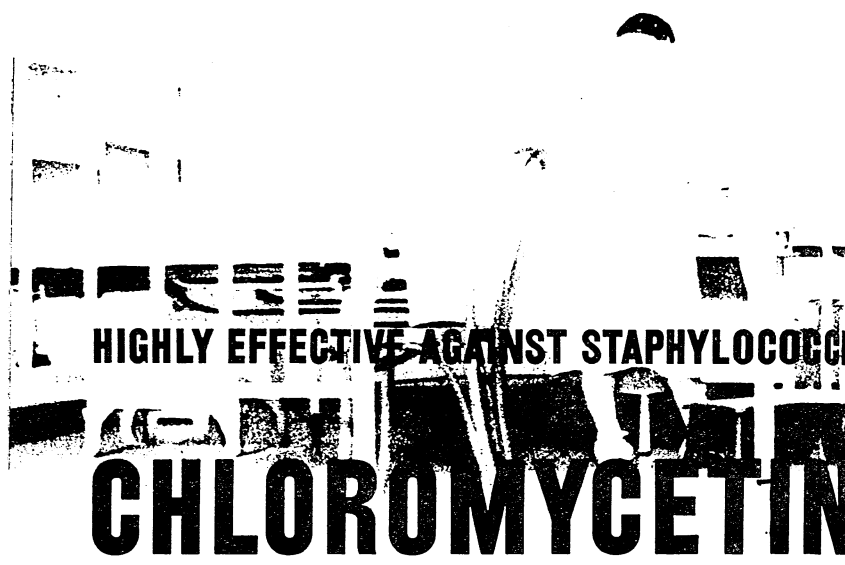


[From General Practitioner magazine, Dec. 1958]



Reports on studies of *in vitro* activity of CHLOROMYCETIN over the past few years indicate that this antibiotic has maintained its effectiveness against most strains of staphylococci.¹⁻⁴ "...Staphylococci do not acquire resistance to chloramphenicol [CHLOROMYCETIN] as they do to other antibiotics, in spite of heavy use of chloramphenicol [CHLOROMYCETIN]."¹

These *in vitro* studies are borne out by excellent clinical results with CHLOROMYCETIN in treatment of patients for severe staphylococcal infections, including staphylococcal pneumonia,⁵ postoperative wound infections,⁶ postoperative parotitis,⁷ and puerperal breast abscesses.⁸

CHLOROMYCETIN (chloramphenicol, Parke-Davis) is available in a variety of forms, including Kapseals* of 250 mg. in bottles of 16 and 100.

CHLOROMYCETIN is a potent therapeutic agent and, because certain blood dyscrasias have been associated with its administration, it should not be used indiscriminately or for minor infections. Furthermore, as with certain other drugs, adequate blood studies should be made when the patient requires prolonged or intermittent therapy.

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