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**in urinary tract infections...
the most common pathogens
respond to**

CHLOROMYCETIN®

(chloramphenicol, Parke-Davis)

That the urinary tract is especially vulnerable to invasion by gram-negative pathogens is an observation often confirmed. Also amply documented¹⁻⁵ is the finding that many common offenders in urinary tract infections remain susceptible to CHLOROMYCETIN.

In one investigator's experience, chloramphenicol has maintained a wide and effective activity range against infections of the urinary tract. "It is particularly useful against the Coliform group, certain *Proteus* species, the micrococci and the enterococci."² Other clinicians draw attention to the "frequency for the need" of CHLOROMYCETIN inasmuch as "...a high percentage of *Escherichia coli* and *Klebsiella-Aerobacter* are sensitive to it."¹ Moreover, enterococci, other streptococci, and most strains of staphylococci exhibit continuing sensitivity to CHLOROMYCETIN.¹

Successful therapy in urinary tract infections is dependent upon accurate identification and susceptibility testing of the invading organism, as well as the prompt correction of obstruction or other underlying pathology.⁶

CHLOROMYCETIN (chloramphenicol, Parke-Davis) is available in various forms, including Kapseals® of 250 mg., in bottles of 16 and 100. See package insert for details of administration and dosage.

Warning: Serious and even fatal blood dyscrasias (aplastic anemia, hypoplastic anemia, thrombocytopenia, granulocytopenia) are known to occur after the administration of chloramphenicol. Blood dyscrasias have occurred after both short-term and prolonged therapy with this drug. Bearing in mind the possibility that such reactions may occur, chloramphenicol should be used only for serious infections caused by organisms which are susceptible to its antibacterial effects. Chloramphenicol should not be used when other less potentially dangerous agents will be effective, or in the treatment of trivial infections, such as colds, influenza, or viral infections of the throat, or as a prophylactic agent.

Precautions: It is essential that adequate blood studies be made during treatment with the drug. While blood studies may detect early peripheral blood changes, such as leukopenia or granulocytopenia, before they become irreversible, such studies cannot be relied upon to detect bone marrow depression prior to development of aplastic anemia.

- References:** (1) Katz, Y. J., & Bourdo, S. R.: *Pediat. Clin. North America* 6:1259, 1961. (2) Malone, F. J., Jr.: *Mil. Med.* 125:836, 1960. (3) Ullman, A.: *Delaware M. J.* 32:97, 1960. (4) Petersdorf, R. G.; Hook, E. W.; Curtin, J. A., & Grossberg, S. E.: *Bull. Johns Hopkins Hosp.* 108:48, 1961. (5) Whitaker, L.: *Canad. M. A. J.* 84:1022, 1961. (6) Martin, W. J.; Nichols, D. R., & Cook, E. N.: *Proc. Staff Meet. Mayo Clin.* 34:187, 1959.

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