

infections often require doses up to 100 mg./kg. body-weight daily; in *children* however, this dosage should be reduced to 50 mg./kg. body-weight daily as soon as clinical response occurs. In typhoid fever it is important that therapy be continued for 8 to 10 days after reaching the afebrile period.

Administration of CHLOROMYCETIN to infants and young children is best accomplished by means of Suspension CHLOROMYCETIN Palmitate, a pleasantly flavoured suspension of a bitterless derivative of CHLOROMYCETIN containing in each teaspoonful (4 ml.) the equivalent of 125 mg. CHLOROMYCETIN.

SIDE REACTIONS AND TOXICITY

Patients on treatment may complain of dry mouth and less often of nausea, diarrhoea or vomiting, although these are seldom sufficiently severe to justify withdrawal of the drug. Drug sensitivity reactions are also sometimes encountered. Cases of optic and peripheral neuritis have been reported in patients receiving high total dosage during prolonged therapy. While the incidence of blood dyscrasias associated with systemic CHLOROMYCETIN therapy is rare, cases of serious disorders including aplastic anaemia have been reported. As with certain other drugs adequate blood studies should be made when the patient receives prolonged or intermittent therapy.

Further literature on request

PARKE, DAVIS & COMPANY
HOUNSLOW, LONDON, ENGLAND

No. 1188 T

Senator NELSON. Doctor, I want to thank you very much for your very fine contribution to these hearings. We appreciate your taking the time to come today.

Dr. DAMESHEK. Thank you, Senator.

(Dr. Dameshek subsequently submitted the following information:)

FEBRUARY 7, 1968.

Dr. WM. DAMESHEK,
Mount Sinai Medical School,
New York, N.Y.

DEAR DR. DAMESHEK: This morning, while in Milwaukee, Wisconsin, I read an article in the Milwaukee Sentinel concerning your testimony before a Senate subcommittee, concerning the Parke, Davis drug, Chloromycetin. Frankly, this news release brought back to me all the unhappy memories and frustrations of the illness my daughter Marilyn, age five, suffered for nine weeks in 1955.

The diagnosis was, of course, aplastic anemia, and the patient passed on May 3, 1955.

Our physician, now deceased, had prescribed this particular drug for three years prior to Marilyn's final illness. *Sore throats, colds, minor fevers* were all handled with Chloromycetin. The drug, as you know, eventually destroyed totally her bone marrow, and the child's ability to manufacture proper blood was destroyed.