

**STATEMENT OF DR. WILLIAM R. BEST, CHIEF, MIDWEST RESEARCH
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Dr. BEST. Thank you, Senator Nelson.

I have been asked to discuss chloramphenicol and some of the problems involved in its use in medicine. As Dr. Dameshek has indicated, this was originally isolated and came on the market back in 1948. Parke, Davis & Co. has been the principal supplier. It was early proven to be very effective against a wide variety of bacterial, rickettsial and viral infections.

It was only after about 3 years of wide use that it became evident that rare susceptible individuals would develop aplastic anemia, an extreme depression of the bone marrow, as Dr. Dameshek has said. Since this complication is often fatal, this knowledge led to a reassessment of the indications for its use and, in 1953, the American Medical Association established a central registry of drug-associated blood dyscrasias. "Blood dyscrasia" means "blood diseases."

Before discussing these issues further, however, it is pertinent for me to outline my qualifications for appearing before you on this issue.

I received my M.D. degree from the University of Illinois College of Medicine, Chicago, in 1947, and after this pursued 4 years of post-graduate training at its principal teaching hospital; the Illinois Research & Educational Hospital. My training was in the general field of internal medicine, and in the subspecialty of hematology, diseases of the blood. After 2 years of military service, I joined the faculty of the University of Illinois as an assistant professor of medicine at 90 percent time. The remainder of my time was as an attending physician at the Veterans' Administration Hospital, Hines, Ill., and as a hematology consultant in private practice.

I have functioned in several roles in these particular settings. As a physician in general medicine I have been responsible for treating a variety of patients in both outpatient and hospital settings and on many occasions in outlining the treatment of infections I have had to weigh the relative likelihood of good versus harm in the selection of antibiotic agents.

In hematology, as Dr. Dameshek will attest, the choice of antibiotics is terribly important because of the low levels of natural resistance characteristic of many patients with leukemia and similar conditions. On a number of occasions chloramphenicol alone or in combination has appeared to be the drug of choice in my patients, despite the known risks of adverse reactions. No serious side effects have occurred in any patient to whom I have prescribed this drug. As a hematologist, however, I have also been consulted in relation to patients who develop bone marrow depression as a result of medications given by other physicians for other diseases. Over the years the number of cases of aplastic anemia due to chloramphenicol for which I have been personally consulted is not large. My knowledge of this condition comes more from another avenue which I shall outline in a few moments.

As assistant professor and later associate professor of medicine, my responsibilities have included not only direct patient care, but