Dr. LEPPER. I discuss this a little later. It might be more appropriate there. But, for instance, to prevent postoperative infections in persons who have had, say, a ruptured appendix. This is a use that some people would recommended because the enteric organisms are involved. And we know people who have had a ruptured appendix are most apt to get a postoperative infection. This is not a valid indication in our opinion.

There are better prophylatics and, as a matter of fact, the whole area of prophylaxis is a debatable one, but it is the kind of situation in which chloramphenicol is quite frequently used.

Senator NELSON. That is what I was getting at. What kind of clearly specified instances are there in which chloramphenicol is indicated for prophylactic use?

Dr. LEPPER. In my opinion, there is no justifiable prophylactic use for chloramphenicol, but there are other opinions. It is used extensively in this way more in some hospitals than in others.

Another area, for instance, might be in prevention of infection after an indwelling urinary catheter. I think, (a) prophylaxis here is not well proven, and (b) if it is done at all, there are probably equally good agents which are less toxic which meet the criterion of the warning on the package insert.

On the other hand, it is still used by some in this area because of the early emphasis on the breadth of the spectrum. The fact that you could treat so many different things, makes it logical that, if you are trying to prevent a wide variety of things, you use the agent that will prevent the widest variety and hence the emphasis on chloramphenicol in this regard.

Now, as I say, I do not believe these are justifiable indications but they are indications and I would suspect in Dr. Best's gray zone. They are indications which some people have used and have recommended its use, and it is still being used in these situations in very many hospitals. In fact, I would be quite surprised if you went in a major hospital and did not find that some people were still using the drug in this respect because I know of none that I have looked at in which it is not being done.

Senator NELSON. Your judgment is that it is not indicated in most of these cases.

Dr. LEPPER. It is not indicated prophylactically at all. I think in the first place the whole area of prophylaxis of this kind is difficult to document. In general, when it is documented, it is documented for a few months and then the propagation of resistant organisms in the hospital, is such that it loses whatever effectiveness it had originally, and hence, there is considerable debate over the whole concept in the first place.

Now, when you add to that the fact that chloramphenicol is more toxic than many of the other drugs which can be used similarly, including tetracyclines and some of the newer penicillins, it becomes clear that chloramphenicol really has no such indication at the present time.

Mr. GORDON. Dr. Lepper, in the package inserts, under "Respiratory Tract Infections," we have the following statement:

> Chloramphenicol may be employed for severe infections of the respiratory tract due to susceptible microorganisms and in the presence of contraindications or lack of response to other agents.