

Mr. GORDON. Thank you very much.

Senator NELSON. Dr. Weston, we appreciate very much your very valuable and useful testimony and I appreciate your taking the time from your busy schedule to come here and appear before the committee. Thank you very much.

Dr. WESTON. Thank you, sir.

(The supplemental information submitted by Dr. Weston follows:)

ATTACHMENT No. 1

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 on to detect bone marrow depression prior to development of aplastic anemia.

INDICATIONS

Oral and Parenteral. Chloromycetin (chloramphenicol) is a broad-spectrum antibiotic having specified therapeutic activity against a wide variety of organisms.

Chloromycetin (chloramphenicol) is indicated in the treatment of patients with rickettsial infections, including epidemic and murine typhus fevers, scrub typhus fever, Rocky Mountain spotted fever, and rickettsialpox; typhoid fever and certain other salmonella infections; urinary tract infections due to susceptible organisms; surgical infections such as postoperative wound infections, cellulitis, infected sinus tract, and peritonitis or intra-abdominal abscess from ruptured intestine, diverticula, or appendix, usually due to microorganisms sensitive to chloramphenicol; severe respiratory tract infections due to susceptible organisms, in those instances when contraindications to other drugs exist or when there is lack of response to other agents; meningeal infections due to susceptible organisms; and certain other miscellaneous infections, wherein other therapeutic agents have been found ineffective.

The antibiotic is supplied in a number of product forms, of which the palmitic ester and the sodium salt of the succinic acid ester of chloramphenicol require conversion to free chloramphenicol before exhibiting marked antimicrobial activity. Chloramphenicol diffuses rapidly, but its distribution is not uniform. Highest concentrations are found in the liver and kidney; lowest concentrations are found in the brain and cerebrospinal fluid.

Parenteral. Parenteral therapy with Chloromycetin (chloramphenicol) is recommended for patients too severely ill to take therapy orally. After symptoms subside, treatment may be continued with the oral preparation of choice for the individual.

Topical (dermal, ophthalmic, otic). Chloramphenicol ophthalmic preparations *without* steroids have given good therapeutic results in bacterial conjunctivitis caused by *Esch. coli*, *H. influenzae*, *Staph. aureus* (*Micrococcus pyogenes*), *Strep. hemolyticus*, and *Morax-axenfeld*.

Chloramphenicol ophthalmic preparations *with* steroids have given good results in nonpurulent conjunctivitis. Hydrocortisone is intended to suppress inflammatory reaction when desirable.

Chloramphenicol when used topically may be supplemented by appropriate systemic medication when necessary.