Febrile reactions have been reported.

A reaction of the Jarisch-Herxheimer type has been reported following therapy in syphilis, brucellosis, and typhoid fever. Typhoid fever patients have exhibited a "shock-type reaction" characterized by circulatory collapse attributed to sudden release of endotoxin, neurotoxic reactions, including optic and peripheral neuritides, headache, mild depression, "dazed feelings," internal ophthalmoplegia, mental confusion, and delirium have been reported. Symptoms of peripheral neuritis or decreased visual acuity call for prompt withdrawal of the antibotic and possible use of large doses of oral or parenteral vitamin B complex. When prolonged high dosage is necessary, toxic side effects may occur which call for dosage reduction or discontinuance of chloramphenicol therapy. Adults and children with impaired liver or kidney function, or both, may retain excessive amounts of the drug. In such instances, dosages should be adjusted accordingly.

Toxic reactions, the signs and symptoms of which have been referred to as the "gray syndrome," with some fatalities, have resulted from high concentrations of the drug in the premature and newborn age groups. One case of "gray syndrome" has been reported in an infant born to a mother having received chloramphenicol during labor. The following summarizes the clinical and laboratory studies that have been made on these patients: (1) in most cases therapy with chloramphenicol had been instituted within the first 48 hours of life. (2) Symptoms first appeared after 3 to 4 days of continued treatment with high doses of chloramphenicol. (3) The symptoms appeared in the following order: (a) abdominal distention with or without emesis; (b) progressive palad cyanosis; (c) vasomotor collapse, frequently accompanied by irregular respiration; and (d) death within a few hours of onset of these symptoms. (4) The progression of symptoms from onset to exitus was accelerated with higher dose schedules. (5) Preliminary blood serum level studies revealed unusually high concentrations of chloramphenicol after repeated doses. (6) Termination of therapy upon early evidence of the associated symptomatology frequently reversed the process with complete recovery.

Precautions: See "warning box" for precautions.

The use of this antibiotic, as with other antibiotics, may result in an overgrowth of nonsusceptible organisms, including fungi. Constant observation of the patient is essential. If new infections caused by nonsusceptible organisms appear during therapy, the drug should be discontinued and appropriate measures should be taken.

Monitoring of liver and kidney function should be accomplished during therapy in patients with existing liver or kidney disease.

Supplied: Chloromycetin is available in a variety of forms including Kapseals® of 250 mg.

Senator NELSON. Our next witness is Dr. Paul D. Hoeprich. Doctor, we appreciate very much your patience in waiting to appear. We appreciate your taking the time to come here today.

STATEMENT OF DR. PAUL D. HOEPRICH, DIRECTOR, SECTION OF CLINICAL MICROBIOLOGY AND IMMUNOLOGY, DEPARTMENT OF INTERNAL MEDICINE, SCHOOL OF MEDICINE, UNIVERSITY OF CALIFORNIA, DAVIS, CALIF.

Senator NELSON. Have you submitted a biography?

Dr. HOEPRICH. No; I did not.

Senator NELSON. Would you, then, for the record, summarize your professional background?

Dr. HOEPRICH. Surely. At present, I am professor of medicine in the School of Medicine at the University of California at Davis. I have been in this position since September 1, 1967. Prior to that time I was on the faculty of the Department of Medicine, University of Utah College of Medicine, where I was for 10½ years, coming there from the medical faculty of Johns Hopkins. I got my degree in medicine at Harvard Medical School and had postgraduate training in bac-