Washington, D.C., carefully reviewed the matter in late 1960 and early 1961. While it appears that Chloromycetin may be one of the causes of such blood disorders, it is likewise recognized that other drugs, as well as exposure to certain other toxic agents, may produce a similar effect. And, indeed, these disorders may occur without definable cause. Consequently, it is important to review each patient's record thoroughly in order to arrive at a decision. Even after a thorough review, it may not be possible to completely clarify the issue.

In your sister's case, it would be important to review the history from the standpoint of all the other drugs she may have received. For instance, aminopyrine and dipyrone are commonly prescribed in Europe for symptomatic reilef of infection, and since these agents are known to have a deleterious effect upon the blood, they must be taken into consideration along with other agents.

I believe that physicians are universally well educated on the possibility of association of Chloromycetin with aplastic anemia so that this point generally is taken into consideration when Chloromycetin is prescribed. With every drug a physician prescribes he must balance off the benefit to be obtained against the risk involved since there is no drug which is free of the potential of toxic reaction.

The questions asked and suggestions made in the next to the last paragraph of your letter are all good, but would be difficult to implement since these points would have to be applied against practically all drugs. As you may know, there are a number of drugs regularly used by physicians which are considerably more toxic than Chloromycetin. Even the other antibiotics carry certain risks which under appropriate circumstances may lead a physician to decide to use Chloromycetin as a lesser risk.

I hope you will consider my reply responsive to your inquiry and, as I noted above, we should be most pleased to correspond with the physicians involved.

Cordially yours,

JOSEPH F. SADUSK, Jr., M.D.

NEW YORK, *May 19, 1967.*

PARKE DAVIS & Co.,
Detroit, Mich.

GENTLEMEN: My sister, ———, died May 3, 1967 after taking, by prescription, the antibiotic chloromycetin produced by Parke Davis and Company. Marion was 44 years old. To the best of my knowledge, after discussion with the attending doctors, the medication was responsible for the complete destruction of blood platlettes at the beginning. General infection at the end because of the absence of white corpuscles in her blood was the immediate cause of her death.

A post-mortem has been authorized, the results of which are not completed.

——— took the antibiotic while on a trip to Europe. The prescription was filled in Spain, after a doctor's examination. She refilled the prescription once, twelve capsules. The total intake was 22 capsules. Two capsules were not taken.

The first administration of the drug occurred in October, 1966. The first indication of the nature of her illness was discovered state-side in February, 1967. We hope your interest in the case will prompt you to discuss the illness in detail with the doctors involved whose names I will gladly furnish on request.

I am sure you will understand that I have made attempts to become familiar with this drug since my sister's tragic illness and death. I understand that serious and fatal blood dyscrasias have been known to occur in the past. I understand that the serious consequences of the administration of the drug are published for the benefit of the medical profession. I understand precautions are urged stating blood studies are essential during treatment with the drug. Perhaps it is not practical to advise the patient in the same manner, but I assure you Marion would have weighed the advice carefully before accepting the treatment prescribed had she been given the opportunity to do so.

The illness for which chloromycetin was prescribed was not of a serious nature. Furthermore, the writing on the bottle containing the two remaining capsules is in Spanish, a language not understood by Marion.

We know that the drug is beneficial to countless more people than it is fatal to others. It is difficult to find comfort in this fact. ——— was a vital, well regarded, loved person who held a responsible, well paying job and supported her mother. I cannot be bitter or vindictive, because this fine woman has suffered a greater loss than I, and she is neither bitter or vindictive. I can, however, write to tell you of the tragic consequence of the drug taken by my sister. I can write to complain that her death seems needless to those left behind and that this drug, manufactured to cure, has taken a life.