

come to the attention of various doctors in the country." I am fully aware of the reports in the references which you write me about. Most of the information that I based the *few* remarks that I made about chloromycetin at the Massachusetts Medical Society on was obtained from a discussion with Dr. Joseph F. Ross, the hematologist to the Massachusetts Memorial Hospitals. Some of the information which he gave me with respect to the instances of bone marrow depression is strictly confidential, and *none* of this was cited specifically in the talk that I gave. Dr. Ross himself has one patient who developed pancytopenia which was apparently related to chloromycetin. Dr. Ross tells me that he has knowledge of instances in which bone depression appeared to be produced by chloromycetin other than the case with which he had personal experience.

I might point out to you that I am rather surprised by the attention which my remarks on chloromycetin drew because this part of my talk occupied no more than about two minutes out of the total of twenty which I spent discussing the untoward effects of all the antibiotics. As a matter of fact, in discussing chloromycetin I pointed out that the few cases which have been reported should not keep physicians from using this drug in any instances where it was indicated but that in patients receiving chronic chloromycetin treatment, it would be wise to examine the blood once or twice a week. This is in agreement with the statement made in the article in the J.A.M.A. of last week in which were reported two instances of bone marrow depression which were thought to be related to chloromycetin administration. I pointed out at the meeting, also, that we have not and do not intend to give up using chloromycetin on my service at the Haynes Memorial Hospital in any instances where this agent was indicated.

I hope this gives you the information you would like.

Sincerely yours,

LOUIS WEINSTEIN, M.D.

(Dr. Gray has written Dr. Joseph F. Ross, mentioned in the above letter, but a complete report has not been received from him to date.)

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If you are asked about the attitude and position of the Food and Drug Administration, I know you will be interested in this statement taken from the Washington Report on the Medical Sciences, Number 259, May 26, 1952:

"Dr. Henry Welch, chief of antibiotic division, pointed out that evidence clearly fixing culpability on chloramphenicol is still lacking, many of the two score affected patients having been on other drugs as well. He observed further that followup studies conducted at Gallinger and Childrens Hospitals in this city have disclosed no resultant anemias, also that the 40 cases reported nationally represent a statistically insignificant ratio of 1/400,000."

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We are interested in facts, not rumors, and this letter is written with one purpose in mind, namely to give you factual information to present to any physician, pharmacist or hospital official who might bring up the question. In such cases, please show them this letter and make sure that it is read in its entirety.

Yours very truly,

W. J. LOYND, *President.*

[From the Journal of the American Medical Association, June 28, 1952, pp. 15839-15840]

BLOOD DYSCRASIA FOLLOWING THE USE OF CHLORAMPHENICOL

Chloramphenicol (chloromycetin®) has been accepted by the Council on Pharmacy and Chemistry for inclusion in New and Nonofficial Remedies. Its antibiotic properties are well known, and when the council accepted this product there was much evidence to demonstrate its therapeutic value. At the same time there then was little reason to believe that serious or fatal side-reactions would be demonstrated. Nevertheless, following a study of the chemical structure of the drug, the Council issued a warning at the time of acceptance even though there was meager evidence to prove that such a warning was necessary. Thus, on page 116 of New and Nonofficial Remedies, 1951, there appears the following statement:

"Changes in the peripheral blood or the blood-forming organs have been reported only during the use of chloramphenicol. Mild hemolytic anemias,