

You may wonder about the results of laboratory animal studies. This type of investigation was started long before the commercial release of Chloromycetin. Only by the use of the antibiotic in exceedingly high dosages given parenterally was it possible to produce even mild reversible anemia in dogs. As you know, it is difficult to depress bone marrow function in animals. In studies aimed at detection of possible bone marrow toxicity, many procedures have been followed but with little success. Attempts were even made to depress further the function of bone marrow in animals previously subjected to repeated injections of known depressants. However, recovery occurred upon transfer to Chloromycetin therapy. These and related studies, both laboratory and clinical, as well as of manufacture control, have continued uninterrupted throughout the present time.

We ask for open-mindedness in approaching this subject. We assure you that Parke-Davis will take every means possible and exhaust every possibility in attempting to get at the solution of *this baffling problem of modern therapeutics, involving, obviously, not only Chloromycetin, but many other potent chemotherapeutic agents as well.* And we assure you also that the profession will be kept fully informed, as to the progress of this fundamental pharmacologic development insofar as Chloromycetin is concerned.

Before terminating this interview may I re-emphasize a fact which has not changed with the developments of the past year? *Chloromycetin continues to be the outstanding wide-spectrum antibiotic because of its well-tolerated nature and its high degree of effectiveness.*

(8-PP10)

Chloromycetin is definitely well-tolerated! Its relative freedom from undesirable side reactions, such as nausea, vomiting, headache, skin eruption, and enteric symptoms frequently encountered in broad-spectrum antibiotic therapy, enhances its usefulness in clinical practice.

(9-PP10)

And, as you know, Chloromycetin is highly effective as a specific therapeutic agent. You know, of course, of its singular effectiveness in typhoid fever; it is recognized as the outstanding specific therapeutic agent in that entity, *not being equaled by any other known medicinal agent. Chloromycetin is highly effective in many other conditions: in influenzal meningitis, in surgical infections, and in many other conditions in which the etiologic agents fall within the extremely broad spectrum of Chloromycetin.*

Doctor, give Chloromycetin the trial that the evidence before you justifies; we encourage you to use the antibiotic in the most difficult clinical problems that you can find assuming that Chloromycetin is indicated. *Your carrying out adequate blood studies will assure your patient that every safeguard is being taken, and you will have the opportunity thereby to prove to your own satisfaction, on the basis of your own experience, the truth about Chloromycetin.* We are confident that, again, on the basis of your own experience, you will continue to include Chloromycetin as an integral part of your armamentarium, because it is the effective, potent, therapeutic agent that it has been found to be by physicians in all parts of the world.

IDEAS AND SUGGESTIONS

CHLOROMYCETIN

In using this detail (PP10) you should carefully follow the instructions contained in Mr. Walker's accompanying letter. Start your interview with the Chloromycetin Cream Detail (PP9). The special detail (PP10) should not be introduced unless the physician brings up the subject or unless you know that he has ceased prescribing Chloromycetin. Your efforts should all be directed in a positive direction designed to provide facts which will induce physicians to use Chloromycetin in the wide range of infections in which it is effective. These fundamental points should be stressed: (1) Chloromycetin has been proved clinically effective against many of the infections due to gram-positive and to gram negative bacteria, to rickettsia, and to certain of the viruses. (2) Chloromycetin is especially noted for its relative lack of irritation to the gastrointestinal tract and of other side effects often associated with broad-spectrum antibiotic therapy. (3) High blood serum levels, in general proportionate to size of dose, are readily attainable, and since the antibiotic is able to penetrate the blood-brain and other barriers, it provides broader clinical coverage.