TABLE 2.—NUMBER OF PATIENTS UNDER TREATMENT AT TIME OF SURVEY, ACCORDING TO SPECIFIC BLOOD

Blood Dyscrasia		Chloramphenicol	Phenylbutazone
Erythroid hypoplasia (E)		2	
Thrombocytopenia (T)		4	1
Pancytopenia		3	ī
E and TL and T		1	1
Paroxysmal nocturnal hemoglobinuria (following pancyto	penia)	2	·- •
Total		19	4

TABLE 3.—NUMBER OF PATIENTS DYING WITH DRUG-ATTRIBUTED BLOOD DYSCRASIA, ACCORDING TO REPORTED CAUSE OF DEATH

Cause of death	Chloramphenicol	Phenylbutazone	Chloramphenicol and phenylbutazone
Hemorrhage	16 13		1
Hemorrhage and infection Leukemia "Aplastic anemia" Other	5 2 2 2	1 1 2	
Unknown Total	50	3	1

TABLE 4.—SITE OF HEMORRHAGE AND TYPE OF INFECTION AMONG PATIENTS DYING FROM CHLORAMPHENICOL-ATTRIBUTED BLOOD DYSCRASIA

	Numb	
Anatomic site of hemorrhage:	of cas	se
Cerebral Gastrointestinal		-
Generalized		;
Unspecified		•
Total		2
ype of infection: Septicemia	=	_
Peritonitis		
PneumoniaOsteomyelitis with sepsis		
Unspecified		_
Total	1	1

<sup>&</sup>lt;sup>1</sup> In 11 patients who died the following organisms were found: E coli (4 cases), Pseudomonas (3), unspecified gramnegative organisms (2), Proteus (1), and Staphylococcus (1).

Leukemia.—Six cases of leukemia were reported in the follow-up of 154 cases and are summarized in Table 5. Myelofibrosis (case 6) was considered here as "leukemia" since it is usually grouped with chronic myelogenous leukemia as a myeloproliferative disorder. The blood dycrasia preceding the diagnosis of leukemia was attributed to chloramphenicol in five patients, and to phenylbutazone in one. None of the patients had a prior history of radiation therapy. Four of the six patients were females, and the ages ranged from 2 to 71 years. Two of the cases were reported from outside the United States (cases 4 and 5).

Study of the records available on the individual cases revealed that in three

of the six patients (cases 4 through 6), leukemia had been diagnosed prior to the date on which the original drug reaction was reported to the registry. Since submission of the report might have been influenced by the development of leukemia, these cases must be excluded from the series for any calculation of

Myelofibrosis with myeloid metaplasia.
 One case had myocardial infarction; the other had pulmonary edema.