It is conceivable that such a time lag might be essential to establish a sufficient mass of abnormal cells to result in clinical evidence of one or the other disease.

This attempt to put together in one pathogenetic package such apparently diverse abnormalities as aplastic anemia, PNH, and a form of leukemia is not meant to tear asunder the neat compartmentalization by which we, as physicians, tend to classify disease. Certainly, these "pigeonholes" have merit. On the other hand, in some circumstances they may impede at least conceptual progress. The usual tendency is to refer to the sequence of aplastic anemia-PNH as coincidental disorders, or perhaps as one condition "masquerading" for a time as another. It is conceivable that "lumping," as opposed to "splitting," might be better here. Thus, as in the myeloproliferative disorders and now perhaps in the field of aplastic anemia, PNH, and "hypoplastic" leukemia, a "vague" approach, as opposed to strict categorization, may have much in its favor. That a single "insult" to the marrow may be responsible for bringing about different kinds of abnormalities, sometimes occurring together, sometimes sequentially, deserves considerations, not only from the conceptual standpoint but from the experimental approach as well.

[From Clin-Alert, May 10, 1967]

CHLORAMPHENICOL

TOXICITY

For fifteen years the profession has been divided into those who fear the toxicity of chloramphenicol and rarely use the drug, and a large number who ignore the possibility of marrow aplasia and prescribe chloramphenicol freely. Chloramphenicol is prescribed much less frequently in Great Britain than in the United States. The British Committee on Safety of Drugs recommends that chloramphenicol not be used except for treating typhoid fever or H. influenza meningities, or, in the case of other infections, when no other antibiotic will suffice. If these recommendations are followed, the occasions for prescribing chloramphenicol would be few and far between. Leading Articles, British M.J. 1:649 (Mar. 18), 1967; Meade (London, Eng.), Ibid. 671.

[From New Drugs, 1967, ch. I, pp. 1–3]

ANTIBACTERIAL AGENTS

CHLORAMPHENICOL AND DERIVATIVES

Chloramphenicol (chloromycetin) is a broad spectrum antibiotic originally derived from *Streptomyces venezuelae*, but now produced synthetically. The drug is also available as the esters, chloramphenicol palmitate and chlroamphenicol sodium succinate. It was effective antimicrobial activity against many strains of gram-positive and gram-negative bacteria *Rickettsia*, and "viruses" of the psittacosis-lymphogranuloma group. However, because serious blood dyscrasias have occurred after therapy with chloramphenicol (see under Adverse Reactions), this drug should be used only for the treatment of typhoid fever, other salmonelloses, and infections that do not respond to less potentially dangerous agents. Chloramphenicol is highly effective in the treatment of typhoid fever, but is not so uniformly effective in other *Salmonella* infections. It also may be used in the treatment of infections of the meninges and of the urinary and respiratory tracts when the causative organism is susceptible to its action and other therapeutic agents are ineffective or are contraindicated. However, the physician should bear in mind the precautions to be exercised and the adverse reactions that may occur with chloramphenicol. As with other antibiotics that are effective systemically, there are few indications for its topical use.

ADVERSE REACTIONS

The most serious toxic effect associated with the use of chloramphenicol (chloromycetin) is *aplastic anemia with pancytopenia*. Data in the AMA Registry on Adverse Reactions indicate a disproportionately higher number of reports of aplastic anemia occurring in patients receiving chloramphenicol than in those receiving any other drug. About 75% of the blood dyscrasias associated