*Case 11.*—A 35-year-old chronic alcoholic Negro female (R.L.K.) was admitted with severe decompensated cirrhosis. She had ascites and a mental picture resembling "pre-coma." Five days after admission she was given chloramphenicol 2 gm. (44 mg/kg.) daily by mouth. Photomicrographs of the serial bone marrow aspirates are shown in figures 2*a-c*. She received no other medicaments during this period. Her course is depicted in Figure 3. There was no evidence for depression of white blood cells or platelets. When her previous record was reviewed, it was found that 3 years previously she had received 1.5 gm. (33 mg/kg.) of chloramphenicol daily for 6 days and the hematocrit reading had dropped from 38 to 30 vol.%. Again, 2 years later, she was admitted with severe cirrhosis and was given 2 gm. chloramphenicol daily for 17 days. The number of reticulocytes dropped from 3.4 to 0.1% three days prior to the cessation of therapy because of diarrhea. They were 5.2% 18 days after the last dose of the drug. The fall in hematocrit value from 33 to 25 vol.% with a need for blood transfusion was unmistakably associated with chloramphenicol, although it was not so recognized at the time. No change in white blood cell count was noted. Platelet counts and bone marrow studies were not done.

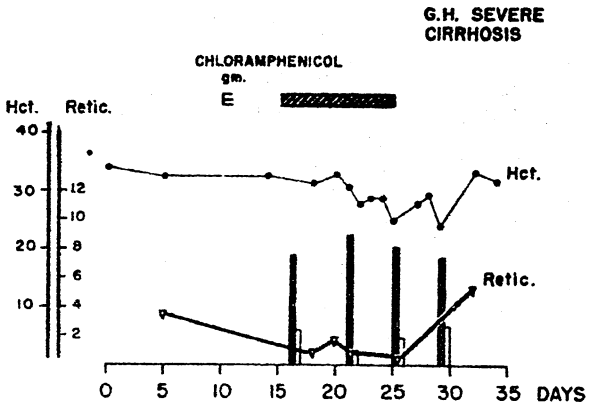


Fig. 4.—Course of marrow depression with chloramphenicol and recovery in 38-year-old Negro male with severe alcoholic cirrhosis (Case 12).