

Case 12.—A 38-year-old Negro male was admitted with decompensated cirrhosis, ascites, and "pre-coma." He was given chloramphenicol succinate intramuscularly, 2 gm. (34 mg/kg.) daily for 10 days. His course is shown in Figure 4, and serial bone marrow aspirates are illustrated in figures 2*d-f*. He also received menadione, tetracycline, and methenamine mandelate during the period of study.

Case 13.—A 60-year-old Negro male was admitted because of generalized arteriosclerosis. He had moderate liver disease, with a BSP of 16%. He was given 2 gm. (34 mg/kg.) of chloramphenicol daily for 10 days. After 4 days, a tracer dose of Fe^{59} was given intravenously and 14 days later, only 54% had appeared in the red blood cells. Serial bone marrow aspirations were performed and at the end of chloramphenicol therapy, there was a reduction in red cell precursors and the primitive rubriblasts contained vacuoles (Fig. 1*d*). Four days after therapy was stopped, there was slight erythroid hyperplasia and marrow morphology was normal. During therapy the hematocrit reading fell only 2 points but reticulocytes were 0.1% on the day chloramphenicol was stopped and rose to 2.4% five days later.

Case 14.—A 54-year-old Negro female was hospitalized for anemia and uremia due to chronic glomerulonephritis. She was given chloramphenicol 3 gm. (48 mg/kg.) daily for 28 days. Prior to therapy, the reticulocyte count was 3.6% and after 11 days of therapy it was 0.3%. There was no leukocyte depression and no clinical evidence of thrombocytopenia. Bone marrow aspirates prior to therapy showed moderate erythroid hyperplasia. None was obtained later. One day after chloramphenicol therapy was stopped, she died. No postmortem marrow specimens are available.

Case 15.—A 45-year-old Negro female was admitted with pulmonary tuberculosis. During her first 3 weeks in the hospital, she was treated with isoniazid, para-aminosalicylic acid, and prednisolone. The findings in a bone marrow aspirate were consistent with an acute and chronic infectious process. The hematocrit value remained at 25 vol.%. At the end of this period she was given a 2-week course of chloramphenicol 2 gm. (44 mg/kg.) daily because of a superimposed pneumonia. The hematocrit reading rose to 30, then fell to 28 vol.%. The day after this drug was discontinued reticulocytes, which had been about 1.0% on several occasions, dropped to 0.0%. Four days later they were but 0.1%. Six days after the last chloramphenicol administration they had risen to 1.2% and the bone marrow showed moderate erythropoietic activity. The next day reticulocytes were 4.0%. The hematocrit value had returned to pre-treatment levels by the 16th day. Isoniazid was not discontinued. No other drugs but procaine penicillin were given during the period of chloramphenicol therapy.

RESULTS

The clinical features of these patients are summarized in the table. There were 8 females and 7 males, ranging in age from 3 to 68 years. All were Negro, reflecting the preponderant patient population of the hospital. Results of hemoglobin electrophoresis were available in 13. Of these, 10 had normal hemoglobin; one had sickle cell trait; one had hemoglobin C trait; and one had sickle cell anemia.