

The roles of organisms other than candida and staphylococci in resistance and superinfection have been demonstrated, particularly Pseudomonas and some other gram-negative aerobic rods that are resistant. This should be pointed out in the section discussing resistance.

Intravenous administration of chloramphenicol produces a rapid peak in blood levels and is preferred over oral or intramuscular administration in critically ill patients. Because the oral form is so highly absorbed, as soon as the patient can take it, there is little reason to continue the I.V. use. This buffered solution is recommended for intravenous use only.

It may be less ambiguous if there were a specific package insert that eliminated the references to the succinate and the intramuscular form. The lag in the use of the succinate is probably of little clinical importance, but if the insert were designed specifically for this form of the drug there could be little difficulty in making clear that there is a little lag in hydrolysis with a somewhat lower level of antibacterial activity at 15 min. Only the paragraph on page 3 (concerning ampoule No. 258) is needed in this insert.

Approved by Wm. K. Keady
Chairman JHW

The Drug Efficacy Study of the National Academy of Sciences -

National Research Council has requested that the following

qualifying addendum be conveyed with their reports to the

ultimate recipients of these reports:

"Drugs of identical chemical composition (so-called generic drugs) formulated and marketed by numerous individual firms under generic or trademarked names have been evaluated for efficacy as a group without consideration of 'therapeutic equivalence.' In the event that no evidence for pharmacological availability or therapeutic efficacy in man can be presented for any of the indications claimed for the use of any of the drugs in the attached listing, their classifications of effectiveness may need to be modified if regulations of the Food and Drug Administration require such proof."