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 to chloramphenicol. This should be pointed out in the insert 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 succinate solution is recommended for intravenous use only.

The unique feature of the succinate is the delay in achieving peak concentrations of active drug because of the hydrolysis required. The material (about Steri-Vial 148) on page 2 of the insert points out the unique features of the design for the infant and instructions for each route. The instructions and dose recommendations are good. In this case, the insert pertains to the one preparation and is also good from that point of view.

Approved by Wer Kerby

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."