

The Shiga dysentery epidemic subsided almost as quickly as it developed. The hazard of a possible future epidemic is not only the severity of the disease, but the fact that strains may develop which are resistant not only to chloramphenicol and the sulfonamides, but also to ampicillin, which is the drug of choice in patients with Shiga dysentery.

The epidemic of typhoid fever in Mexico in 1972 illustrates the problems that arise when the organisms causing the disease are resistant to the drug of choice, in this case chloramphenicol. In May 1972, Mexican authorities announced the existence of a widespread outbreak of typhoid fever. A total of 6,342 cases was reported in 1972, a 100 percent increase over the 1971 total. The epidemic in Mexico subsided in mid-1973. Isolates of Salmonella typhi from the epidemic demonstrated R-factor-mediated resistance to chloramphenicol, streptomycin, tetracycline and sulfonamides; a phenomena similar to that previously found in other Latin American enteric (intestinal) pathogens. In a report from the United States Center for Disease Control it was noted:

At the outset of the epidemic the case-fatality rate was greatly elevated, averaging 13.5 percent for March and April of 1972. Ninety-six percent of all Salmonella typhi strains isolated at the time were later determined to be resistant to chloramphenicol. The fact that this drug was then still considered the treatment of choice for typhoid fever probably accounted for the initially high fatality rate. However, where