

Chloramphenicol resistance has been reported in individual strains of Salmonella typhi since 1950, but prior to the Mexican epidemic in 1972 no epidemic caused by a resistant strain had been reported. According to Anderson and Smith⁽¹²⁾ chloramphenicol resistance in Salmonella typhi was apparently first reported in England in 1950. It was subsequently reported in India, West Africa, Greece, Israel, Chile, Kuwait and Spain. In the cases from Kuwait, each case was suspected of being infected in a different place-- one in Aden, one in Cairo, and one in Pakistan. The resistance in the Greek and Israeli strains was caused by a transferable extrachromosomal element known as a resistance (R) factor. In the strains isolated for the three cases in Kuwait the organisms were resistant to ampicillin, chloramphenicol and tetracyclines. This resistance factor (ACT) was also transferable en bloc at high frequency to *Escherichia coli*. It was Anderson's and Smith's view that the S. typhi acquired the ACT resistance (R) factor in Kuwait, although it is possible that it is widespread throughout the Middle East. The Salmonella typhi isolated from a case in London that apparently originated in Spain was resistant to chloramphenicol, streptomycin and sulfonamides. The resistance was transferred en bloc at low frequency to *Escherichia coli*.

The problems are not limited to Europe, the Middle East and the Americas. In April 1975, drug resistant bacterial pathogens were found in stool cultures of Vietnamese children evacuated to the United States. The following bacterial pathogens were isolated from 49 percent of 367 stool specimens: