

RICKETTSIAL DISEASES:

The response of patients with rickettsial infections, including epidemic and murine typhus, Brill-Zinsser's disease, scrub typhus, Rocky Mountain Spotted Fever [spotted fever, tick fever, tick typhus (England); Fiebre Patequial (Colombia), Febre Maculosa (Brazil)], Q fever, and rickettsial pox has been dramatic with virtual elimination of mortality and marked shortening of the course of illness. Average length of febrile period after administration of chloramphenicol is 2 days in patients with epidemic typhus fever and 3 to 4 days in those with other rickettsial fevers. Treatment should be carried out for a minimum of 6 days or 4 days after the temperature returns to normal. Patients in relapse respond as readily to treatment as do those with primary infection.

In patients with Rocky Mountain Spotted Fever, defervescence of fever occurs about the fourth day after therapy is started. Treatment should be continued for 24 hours after normal temperature is attained.

TYPHOID FEVER:

Chloramphenicol is considered by many authorities as the drug of choice for this disease. After therapy is started, fever generally subsides in 3 or 4 days regardless of age, severity of illness or stage of disease. To lessen possibility of relapse, it is important that therapy be continued for from 8 to 10 days after reaching the afebrile period. Chloramphenicol is not recommended for routine treatment of the typhoid "carrier state".

OTHER SERIOUS INFECTIONS:

When facilities are available for the accurate performance of *in vitro* bacterial sensitivity tests against the infecting organism, the medical practitioner may wish to be guided in his use of chloramphenicol by the results of such testing. He should remember, however, that the disc and other sensitivity methods are to be regarded only as a guide to appropriate therapy since *in vitro* tests may, under certain circumstances, be unreliable such as with *S. typhi*.

OTHER SALMONELLOSIS:

While chloramphenicol has proved to be a useful therapeutic agent in ameliorating and shortening the clinical course of salmonella infections other than typhoid, results are not as uniform. Recommended duration of treatment is the same as for typhoid fever.

DYSENTERY DUE TO SHIGELLA OR OTHER ENTERIC PATHOGENS:

While supportive measures such as electrolyte and fluid replacement are most important, chloramphenicol has served to eradicate the infectious agent and to control the infection.

VENEREAL INFECTIONS:

Chloramphenicol is effective in some venereal infections such as granuloma inguinale, lymphogranuloma venereum, and cases of gonorrhea resistant to other antibiotics.

SEPTICEMIAS:

Chloramphenicol has proved useful in septicemias due to microorganisms susceptible to its action. It is particularly valuable in gram-negative bacterial septicemias.

RESPIRATORY TRACT INFECTIONS:

Because of its wide antibacterial spectrum and its ability to diffuse into infective foci, chloramphenicol may be of value in the treatment of severe respiratory tract infections due to susceptible microorganisms.

SURGICAL INFECTIONS:

Surgical infections such as severe post-operative wound infections, peritonitis, or intraabdominal abscess from ruptured intestine, diverticula, or appendix, usually are due to microorganisms sensitive to chloramphenicol. Again, because of its wide antibacterial spectrum, including particularly all strains of clostridia and bacteroides, and ability to diffuse into infective foci, chloramphenicol may be of value in such complications.

Administration in the recommended dosage should be adjunctive to surgical intervention.

MISCELLANEOUS INFECTIONS:

Chloramphenicol has also been found effective in the treatment of brucellosis, bartonellosis, relapsing fever, plague, psittacosis, trachoma, bacteroides, and clostridial infections.