

for empiric use, however, it is probably not first, because it is likely to be less effective in pneumococcal disease than is penicillin. Although many believe it is first choice in Hemophilus infections, tetracycline is probably as good and ampicillin is, too. It is likely that this claim (drug of choice in *H. influenzae* meningitis) is no longer justified. In meningitis of the newborn kanamycin is preferred as the drug of choice for empiric treatment. In older patients, when a diagnosis has been made and the organisms shown to be more susceptible to chloramphenicol than to other agents, it may be the drug of choice. As indicated, in the insert, initial treatment should be parenterally administered.

The package insert should list the specific organisms for which chloramphenicol has been proved effective therapy in meningitis.

DOCUMENTATION:

1. Parker, R.T., M.J. Snyder, R.S.J. Liu, J.W. Looper, Jr., and T.E. Woodward. Therapeutic range of chloramphenicol in purulent meningitis. *Antibiot. Med. Clin. Ther.* 1:192-200, 1955.

XII. Brucellosis.

EVALUATION: Effective, but

COMMENTS: Chloramphenicol, like other drugs, is capable of controlling symptoms of acute brucellosis, but the relapse rate is high. It does not appear to be superior to the less toxic tetracyclines.

DOCUMENTATION:

1. Knight, V., F. Ruiz-Sanchez, and W. McDermott. Chloramphenicol in the treatment of the acute manifestations of brucellosis. *Amer. J. Med. Sci.* 219:627-638, 1950.
2. Spink, W.W. *The Nature of Brucellosis*. Minneapolis: The University of Minnesota Press, 1956. 464 pp.
3. Woodward, T.E., J.E. Smadel, W.A. Holbrook, and W.T. Raby. The beneficial effect of chloromycetin in brucellosis. *J. Clin. Invest.* 28:968-976, 1949.

III. Bartonellosis.

EVALUATION: Probably effective.

COMMENTS: Chloramphenicol is reported to be an effective antibiotic in these infections. Of the references suggested by the manufacturer (see Documentation below): two are reports of studies involving a total of 25 patients whose bartonellosis was treated with chloramphenicol with good success, and two are textbook discussions of bartonellosis and its treatment. Of the latter discussions, one feels that the effectiveness of chloramphenicol is best documented, the other feels that other agents are probably as good.