

IV. Other salmonelloses.

EVALUATION: Possibly effective.

COMMENTS: Because of variability of clinical course with each species and the large variety of species, there is little reason to presume that a generalization is possible. In a condition of short symptomatic duration like gastroenteritis, the use of the drug is most difficult to evaluate. The variable courses of the systemic forms do not allow the assurance of effectiveness that has been derived for typhoid fever, which is more uniform. These differences between typhoid and the other salmonelloses illustrate the difficulty of generalization from one species to the next. It is likely that localized salmonella infections, such as osteomyelitis, empyema or other diseases should have a therapeutic trial with chloramphenicol. The treatment of carriers with positive stool cultures should not be recommended and the insert should so state. Although the stools may be negative while the drug is continued, there is no evidence that the carrier state is terminated more frequently than would occur otherwise with a similar passage of time. Obviously, the inability to define drug effectiveness in salmonelloses also applied to other drugs, such as ampicillin; hence, a reliable comparison between drugs is not possible.

DOCUMENTATION:

1. Woodward, T.E., and C.L. Wisseman, Jr. Chloromycetin, pp. 56-58. Antibiotics Monographs No. 8. New York: Medical Encyclopedia, Inc., 1958.

V. Urinary tract infections.

EVALUATION: Effective, but

COMMENTS: As specified in the insert, outcome of treatment of urinary tract infections is influenced by anatomic factors, but these have little importance in the choice of drug except that, in situations in which cure is unlikely, the use of toxic agents is probably not justified. The susceptibilities of the organisms involved are of prime importance (chloramphenicol does not work any better against chloramphenicol-susceptible organisms than other agents work against organisms susceptible to them). Hence, when organisms are susceptible to less toxic agents, chloramphenicol should not be used even if it is effective in vitro unless the others have failed. It is unusual for chloramphenicol to succeed when other agents with satisfactory in vitro activity have failed. Of the three species singled out, Escherichia coli is often treatable with other chemotherapy, but chloramphenicol may be a secondary choice. Streptococcus fecalis infections are probably better treated with other agents, such as penicillin and streptomycin or erythromycin. Various Proteus species are different in their susceptibility to different drugs; hence, the generalization "Proteus species" should be avoided. Proteus morgani, vulgaris, and rettgeri