COMMENTS: These infections are often caused by mixed flora from the intestinal content . In the acute stage of peritonitis, a drug often must be selected empirically for surgical preparation or immediately postoperatively. Judged by statistical probability chloramphenicol is a good choice in such a situation. It should be given parenterally, however, because oral therapy in these infections is probably inappropriate. In other less acute complications listed in the insert, chloramphenicol should be shown to be the most effective agent against the organisms isolated before it is used, or other less toxic agents should have failed or be contraindicated.

The specific causative organisms for which chloramphenicol has been proved effective therapy (in these conditions) should be listed.

DOCUMENTATION: Same as for Indication VIII.

X. Respiratory tract infections.

EVALUATION: Possibly effective.

COMMENTS: This heading is ambiguous. The package insert should list specific organisms (and the site of respiratory infection) for which chloramphenicol has been proved effective therapy.

In general, the etiology of these conditions is varied and chloramphenicol is the best agent for only a few. In streptococcal, pneumococcal, and staphylococcal diseases of the respiratory tract, other drugs are preferable. Chloramphenicol should be used only in Klebsiella infections and perhaps other necrotizing pneumonias caused by E. coli or related organisms when they are shown in vitro to be resistant to ampicillin, cephalothin, and kanamycin. Hemophilus influenzae infections of the respiratory tract respond well to ampicillin; hence, chloramphenicol is best used only when ampicillin is not tolerated or fails.

DOCUMENTATION:

1. Woodward, T.E., and C.L. Wisseman, Jr. Chloromycetin, pp. 63-72. Antibiotics Monographs No. 8. New York: Medical Encyclopedia, Inc., 1958.

XI. Meningeal infections.

EVALUATION: Probably effective.

COMMENTS: The three most common causes of meningitis are the meningococci, pneumococci, and Hemophilus influenzae. All are susceptible to chloramphenicol, as are many staphylococci and the gram-negative aerobic rods that often infect newborns. Moreover, it is true that the drug does get into the spinal fluid well. As a drug of choice