

Complications seen are recorded in Table IV by type of sequelæ and method of therapy. Again, it is apparent that no significant difference is present between the two groups. A strong association was found with coma, shock and/or convulsions on admission and fatal outcome or serious neurological residual. This was the case in both therapeutic groups. None of the 42 patients admitted without the above serious clinical signs had a fatal outcome or neurological sequelæ of consequence. Among the 28 patients admitted with coma, shock or convulsions, four of 18 treated with chloramphenicol died and one had a serious residual. One of 10 in the ampicillin series died, and an additional two patients had severe residual involvement (hydrocephalus).

The status of the patients at the time of discharge by age group and type of therapeutic response is recorded in Table V. Although minor differences were noted among the various age groups, the numbers were small and of doubtful significance. In the total group, the proportion with entirely satisfactory response was 22 of 44 control patients and 14 of 26 ampicillin patients. These proportions may be regarded as nearly identical.

Possible drug reactions or complications of therapy are listed in Table VI. These findings were not proven to be due to the specific antibiotic therapy in any instance. The high incidence of local phlebitis in both groups accompanied the frequent use of polyethylene, indwelling, venous catheters. Twelve patients with some evidence of hematologic depression are also listed in Table VI, although the findings were minimal in most. Eleven cases accompanied the administration of chloramphenicol. One three-month-old patient treated with ampicillin had a peripheral white blood cell differential count of 15% polymorphonuclears and no bands on the seventh day of therapy. This finding was of doubtful significance in view of the age of the patient, lack of accompanying anemia or leukopenia, and a reticulocyte count of 1.6%. The other patient with hematologic depression included in the ampicillin group was treated initially with ampicillin with prompt sterilization of C.S.F. However, the pleocytosis failed to clear, and subdural effusions and hydrocephalus were noted. The marrow depression appeared two weeks after chloramphenicol had been substituted.

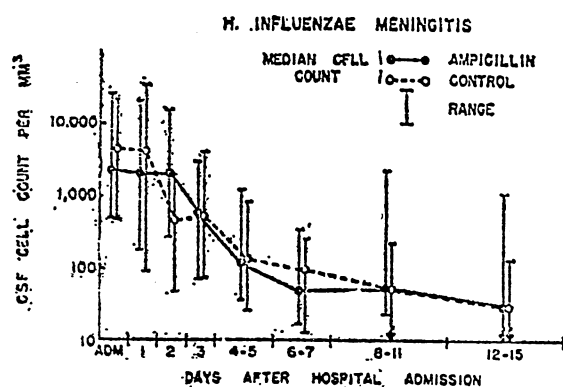


FIGURE 1.—C.S.F. cell counts during the treatment period.

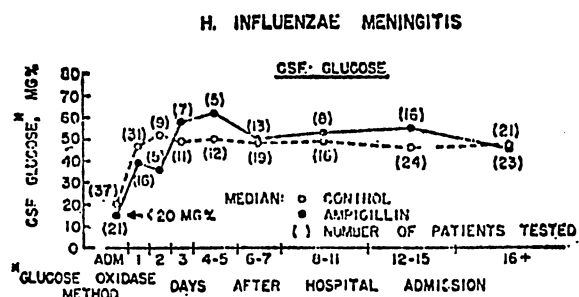


FIGURE 2.—C.S.F. glucose levels during the treatment period.