

8-1-1955

The Treatment of Enteric Fever by Synthomycetine (Synthetic Chloramphenicol)

Chunyo Pencharti

Follow this and additional works at: <https://digital.car.chula.ac.th/clmjjournal>



Part of the [Medicine and Health Sciences Commons](#)

Recommended Citation

Pencharti, Chunyo (1955) "The Treatment of Enteric Fever by Synthomycetine (Synthetic Chloramphenicol)," *Chulalongkorn Medical Journal*: Vol. 2: Iss. 2, Article 6.

Available at: <https://digital.car.chula.ac.th/clmjjournal/vol2/iss2/6>

This Article is brought to you for free and open access by the Chulalongkorn Journal Online (CUJO) at Chula Digital Collections. It has been accepted for inclusion in Chulalongkorn Medical Journal by an authorized editor of Chula Digital Collections. For more information, please contact ChulaDC@car.chula.ac.th.

The treatment of Enteric fever by Synthomycetine (Synthetic Chloramphenicol)

by *Chunyo Percharti M.D., D. T. M.*

During the year 1954, 99 cases of Enteric fever were admitted in Chulalongkorn Hospital. Synthomycetine was used in 31 cases. Most of them entered the hospital in the second week of fever. Positive haemoculture for *S. typhi* in 4 cases but all of them revealed positive both agglutinations i.e. O and H - agglutinations. These agglutinations belong to *S. typhi* 29 cases and *S. paratyphoid A.* 2 cases.

Synthomycetine was given routinely

as follows :- The initial dose of this drug (250 mg. per capsule) was 1.5 gm. (6 capsules) and followed by 250 mg. every 2 hours until no fever for 12 - 24 hours, then it was reduced to 250 mg. every 6 hours for 6 to 8 days.

The results of the treatment were markedly satisfactory as follows :-

From the result it is quite interesting that all of Para A. infection in this series, (2 cases) were under the control within 6 to 10 hours after the treatment.

No Fever Within 24 hrs.	No Fever Within 3 - 5 days	No Fever Within 6 days
6 Cases	23 Cases	2 Cases

The Complications of the disease before treatment were :-

Bronchitis	Diarrhea	Haemorrhage	Meningitis	Psychosis
9 Cases	6 Cases	4 Cases	2 Cases	1 Cases

Most of these complications were much improved by this drug except one case, the boy, 13 years old, had round worms and intestinal haemorrhage. He died, in spite of treatment, 4 days later because of excessive bleeding which may be due to

irritation from the worms in the intestine.

We had only one case, boy, 14 years old, who developed hypoplastic anemia after taking 8.5 gm. of Synthomycetine but this complication was quickly corrected

by blood transfusion.

The rate of relapse was 6.45% (2 cases), one case 9 days and the other 37 days had fever again after stopping this drug, however both of them, without any serious symptoms during the relapse, were cured after the second course of treatment.

References

1. R. Subramanian. The Antiseptic treatment of typhoid fever. August 1953 Madras, India.
2. B. Amffo M.D. Milan, Italy. The antiseptic—Present problems in Chloram-

phenicol therapy.

3. Lancet 2, 767 - 789, Oct. 18, 1952. Effect of Interrupted Courses of Chloramphenicol on relapse rate in typhoid fever.
4. Tr. Roy-Soc. Trop. Medicine and Hygiene 46:619 - 698 Nov. 1952. Treatment of typhoid fever with chloramphenicol—Clinical Study of 330 cases of Enteric fever treated in Egypt.
5. Basir Ray. Indian Medical Gazette - Calcutta July 1954 - Enteric fever and Antibiotics.



DEATH IN CORONARY ARTERY DISEASE

There are two types of death in coronary artery disease : one is **Mechanism** death the other is **muscle** death. **Mechanism death** occurs in those patients in whom the heart is capable of continued function. Something happens that destroys the co-ordinated beat. This factor may not be detectable upon examination of the heart. It may be brought into action by the exertion of shoveling snow, or by the excitement of an athletic contest. Blumgart Yater, reported that the specimens in one-third of all victims of coronary artery disease showed no myocardial infarcts, either old or recent. Mechanism death occurs also in patients in whom disease is present in arteries and myocardium. Continued function is possible in these hearts if the co-ordinated mechanism is not destroyed. This large group of patients are candidates for surgical operation. The "**muscle death**" group develop extensive degenerative changes in the myocardium. The myocardium gives way, the heart enlarges and failure appears. These patients are not candidates for operation.

Clande S. Beck et al.
Cleveland, Ohio.
Annals of Surger 141:25 1955.