

FIRST EXTENSIVE USE OF CHLOROMYCETIN.

First reports from a United States Army test station recently set up at Kuala Lumpur, Malaya, on the most extensive experiment yet made with chloromycetin, the so-called "miracle drug," give strong indications that the recently discovered anti-biotic, chloromycetin, may prove as effective against *scrub* typhus as was hoped.

This experiment has been eagerly anticipated as a potential landmark in the history of medicine, for until the development of chloromycetin, even typhus vaccine had proved ineffective against a disease which was reportedly making serious inroads among native Malayan plantation workers.

Dr. J. E. Smadel, director of virus research at the Army Medical Centre, in Washington, and a co-discoverer of chloromycetin, has cautiously reported from Malaya on the first results of treatment of 25 native patients, compared with a small untreated, "control" group. His findings were recently delivered in Washington to the Fourth International Congresses on Tropical Medicine and Malaria by Colonel Rufus L. Holt, Commandant, Army Medical Department Research and Graduate School.

Using controls composed of a similar number of Europeans, Malaysians, East Indians and Chinese, Dr. Smadel and his group found that chloromycetin markedly reduced duration of fever, period of hospitalisation, and incidence of complications in *scrub* fever.

The 25 patients to whom chloromycetin was orally administered averaged a fever period of $7\frac{1}{2}$ days, developed no complications, and were hospitalised an average of 19

days. In addition, it was learned during the period of experimentation that both the duration and the amount of drug therapy could be materially reduced with results equally satisfactory to those obtained at the outset. The first patients received a total of 8 to 15 grams of the drug over an average period of six days; this was eventually cut to about 6 grams administered within a period of 24 hours.

Of the untreated control group, one died, one developed serious complications, the mean duration of fever was 18 days, and the average period of hospitalisation was nearly 31 days.

Selection of Malaya as a test base followed reports of a high incidence in that region of *scrub* typhus, also known as Rickettsial tsutsugamushi and as "Japanese river fever."

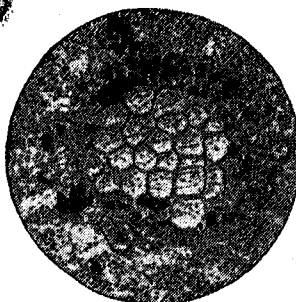
During the war with Japan, many Malayan plantations fell into disuse and were allowed to go back to brush. This resulted in an increased population of rodents, thought to be carriers of the Rickettsia-bearing mite. Native workers were sent in to clear the plantations; and a heavy mortality rate was said to have resulted.

Previous laboratory experiments with chloromycetin have showed considerable effectiveness against rickettsial diseases other than *scrub* typhus. The drug has even been found to be mildly effective against one virus disease, psittacosis (parrot fever), although it must be borne in mind that the psittacosis organism is one of the largest of the viruses and just falls short of being classified as a rickettsia.

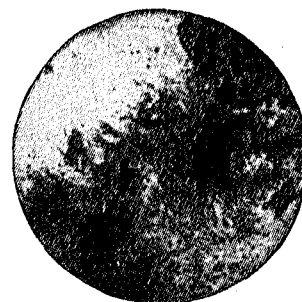
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in baby's diet

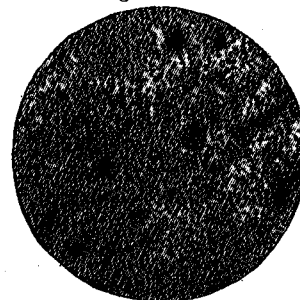
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2. Stool of infant showing ordinary vegetable debris.



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