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TREATMENT OF ACUTE ENTERIC FEVER WITH AMOXYCILLIN

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**TREATMENT OF ACUTE ENTERIC FEVER  
WITH AMOXYCILLIN**

SIR,—With the appearance of strains of *Salmonella typhi* resistant to chloramphenicol<sup>1,2</sup> there is a continuing need for a search for other antibiotics that may be effective in the treatment of acute typhoid and paratyphoid fevers.<sup>3</sup> We have found ampicillin<sup>4</sup> and co-trimoxazole<sup>5,7</sup> to be effective; and we now report on the use of amoxycillin in the treatment of seven patients with acute enteric fever and one patient with acute brucellosis (see table).

All the patients were very sick and toxic and had a temperature of 39°C or above before treatment. Blood and stool cultures were performed before treatment, twice weekly during treatment, and for at least 3 weeks afterwards. Three patients had positive blood cultures for *S. typhi* and three were positive for *S. paratyphi A*. One patient had a positive stool culture for *S. typhi* with a rising Widal titre. The eighth patient had a positive blood culture for *Brucella melitensis*. All patients were treated with two capsules (500 mg.) amoxycillin every 8 hours (3 times daily) and treatment continued for 7 days after return of temperature to normal. The patient with acute brucellosis was treated for 3 weeks.

The seven patients with enteric fever were cured. One of these patients, though symptom-free and afebrile, had a positive blood culture for *S. paratyphi A* 10 days after ending treatment, but he did not relapse clinically and was not given further treatment. The patient with acute brucellosis became afebrile after 6 days of treatment and was symptom-free 4 days later; however, 9 weeks after treatment he had a recurrence of fever, and a blood culture was positive for *Br. melitensis*. He was successfully treated with tetracycline and streptomycin. There were no adverse side-effects from amoxycillin, and no patient had a drug rash. These preliminary results of treating enteric fever with amoxycillin are encouraging.

CASE SUMMARIES

Case no.	Sex	Age (yr.)	Days febrile before treatment	Blood culture	Stool culture	No. of days to become afebrile	Comments
1	M	15	7	<i>S. typhi</i>	..	8	Very toxic, clinical improvement within 5 days.
2	M	22	5	<i>S. typhi</i>	<i>S. typhi</i>	7	Very toxic, clinical improvement within 5 days.
3	M	18	10	<i>S. typhi</i>	<i>S. typhi</i>	10	Very toxic, clinical improvement within 7 days.
4	F	25	7	Rising Widal titre	<i>S. typhi</i>	2	Rapid clinical improvement (2 days)
5	M	22	10	<i>S. paratyphi A</i>	..	5	Rapid clinical improvement (2 days)
6	M	21	7	<i>S. paratyphi A</i>	..	10	Clinical improvement within 7 days
7	M	21	7	<i>S. paratyphi A</i>	..	4	Symptom and afebrile, but one blood culture positive 10 days after treatment
8	M	15	4	<i>Br. melitensis</i>	..	6	Low-grade fever and blood culture positive 9 wk. after treatment

Clinical improvement = disappearance of toxicity, abdominal distention, coated tongue, and headache.

and further trials are now warranted using a higher dose similar to that used with ampicillin<sup>2</sup> (100 mg. per kg. body-weight per day).

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