

EDITORIAL : VAN DIE REDAKSIE

### TYPHOID FEVER

The use of chloramphenicol in the treatment of typhoid fever still predominates over the use of all other antibiotics. There is, however, still no final decision about the most effective way to use this drug.<sup>1</sup> The large initial dose first advocated is no longer recommended, since it was noted that this is liable to produce acute circulatory collapse from the release of bacterial endotoxin in large amounts. Many workers advocate initial doses of 1.5-2 G. a day, reduced by one-third after 2 or 3 days when the temperature has fallen to 100°F., with a further reduction in dose when the patient has become afebrile. Maintenance of treatment for a further 14 days is generally adopted. When treatment is carried out for a shorter period, there is a risk of relapse. Some workers have given interrupted courses of treatment on the grounds of economy and to reduce side-effects. Thus, doses may be given for 7 days, and after an interval of 5-10 days a second course is given for 5-7 days at a dosage of 1-2 G. a day.

There has also been controversy with regard to the spacing of doses. Spacing is often on a 4-hourly basis while the fever lasts, but there are many who have given the drug at 12-hourly intervals. The inhibitory effect of chloramphenicol on antibody formation has led several workers to inject T.A.B. vaccine in the later stages of treatment; here too further information is needed about the number of doses required and the efficacy of this inoculation.

Steroid therapy during the early stages of treatment has produced impressive effects, for instance in the toxic crisis that may follow the initial chloramphenicol treatment.

The incidence of ileal perforation has not been notably reduced by chloramphenicol therapy. For this complication conservative measures are used. Chloramphenicol therapy is continued by injection, gastric suction is per-

formed, and continuous intravenous administration of saline, blood, and nutriment is given. Intestinal haemorrhage is also still liable to occur, for which blood transfusion minimizes the dangers. Acute haemolysis with haemoglobinuria is a rare complication of typhoid fever, which may precede therapy, but may develop during the toxic crises of early treatment with the antibiotic. Other toxic effects associated with the use of chloramphenicol are rashes, nausea, vomiting, and moniliasis; while diarrhoea, caused by resistant staphylococci, may be fatal. Avitaminosis (B-complex) and agranulocytosis may be produced by prolonged administration of the drug.

In the treatment of typhoid carriers chloramphenicol has not proved satisfactory. Combined therapy with a tetracycline has been recommended, and large doses of penicillin have also been used. Chronic urinary carriers may respond to chloramphenicol alone given in large doses, but chronic biliary carriers present a more difficult problem; and when intensive chemotherapy fails, cholecystectomy becomes necessary.

In the treatment of typhoid fever, chloramphenicol does not abolish the serious complications of the disease, nor does it reduce the incidence of the carrier state; nevertheless, it is the important drug used in this disease. In acutely toxic patients corticosteroid is a valuable adjunct to the antibiotic and, in the later stages of treatment, multiple doses of T.A.B. vaccine may reduce the incidence of carriers. While urinary carriers will usually respond to intensive antibiotic treatment (unless hydro-nephrosis, stone, or chronic schistosomiasis have caused structural defects and urinary stasis) cholecystectomy may still be necessary in many biliary carriers.

1. Fairley, N. H., Woodruff, A. W. and Walters, J. H. (1961): *Recent Advances in Tropical Medicine*. London: Churchill.

### DIE TWEETALIGE MEDICON-KATALOGUS

Op die gebied van die Afrikaanse geneeskundige terminologie moet elke publikasie wat 'n nuwe gebied op 'n bevredigende manier dek, as 'n besondere bydrae beskou word. Dit is dan ook die geval met die nuwe katalogus van chirurgiese instrumente wat onlangs deur die firma Medicon-Meister-instrumente in samewerking met die firma Protea Holdings vrygestel is. Hierdie (sesde) uitgawe van hul katalogus is die eerste in sy soort wat in Afrikaans en Engels opgestel is en wat uitsluitlik met die oog op die belang van geneeshere en van die hospitale in die land uitgegee is.

Dit gee 'n gevoel van besondere bevrediging om te sien in hoe 'n mate honderde chirurgiese instrumente, wat

voorheen aan die meeste geneeshere slegs deur middel van hul Engelse name bekend was, nou ook in Afrikaans benoem is. Daarby moet ook aangemerkt word dat die opstellers hulle nie net van transliterasie bedien het nie. Hulle het in 'n groot mate ook gebruik gemaak van die buigbaarheid en soepelheid van die Afrikaanse segswyse — dikwels met verrassende en treffende resultate, soos gesien kan word uit die volgende voorbeelde: Naaldvoerders (needle holders), klepmes (valvutome), knabbeltange (Rongeur forceps), snytange (cutting forceps), oordeurslag en neusdeurslag (Attic ear punch, nasal punch), spilmesse (swivel knives), deppertange (sponge-holding forceps), ens.

Die stelsel wat by die spelling gevolg is, is die aanvaarde

spelreëls van die Akademie in verband met die skryfwyse van vreemde woorde en baster-vorme (veral van Grieks-Latynse herkoms). Desnieteenstaande het daar tog 'n aantal foutjies ingesluip, soos byvoorbeeld *urethra* i.p.v. *uretra*, *ofthalmoskop* i.p.v. *oftalmoskoop*, ens., wat afwykings van die spelreëls is. Ook is daar sulke foutjies soos die verkeerde gebruik van die woord *lus* i.p.v. *lis* (vreemdevoorwerplus) en 'n effense verwarring wat betref die aanmeakaarskryf van selfstandige naamwoorde, wat soms los geskryf word as twee woorde (trommelvlies lansette), soms met 'n koppelteken (uterus-sondes), en soms as een woord (histerektomieklemme).

By 'n bydrae soos hierdie sou dit egter vitterig wees om die betreklike klein aantal foutjies te veel te beklemtoon.

Hulle word aangetoon met die doel om die opstellers se aandag op moontlike verbeteringe te vestig wanneer 'n volgende uitgawe van die katalogus oorweeg word.

Die firma wat hierdie onderneming aangepak het, sowel as die kollegas wat daarmee behulpsaam was (maar wat ongelukkig anoniem moet bly), moet met hierdie poging gelukgewens word. Dit kan sekerlik as 'n goeie voorbeeld dien vir baie ander persone en instansies om elkeen op sy eie manier en binne die perke van sy eie gebied 'n waardige bydrae te probeer maak tot die skepping en bestendiging van 'n Afrikaanse geneeskundige terminologie wat die hele gebied van die mediese wêreld, in al sy baie uiteenlopende rigtings en fasette en afdelings, dek.