

in 1911(2), but due importance to this causative factor has hardly ever been given.

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## Chloramphenicol-Furazolidone Combination in Enteric Fever

Enteric fever is an important pediatric problem in developing countries. Emerging drug resistance of *S. typhi* to conventionally used antimicrobials like Chloramphenicol, Cotrimoxazole, ampicillin, etc. is of great concern all over the World. Furazolidone has been used by some pediatricians with equivocal results(1). We tried Chloramphenicol 75 mg/kg/day in 4 divided doses initially intravenously and then orally in combination with furazolidone 8 mg/kg/day in three divided doses orally in 25 widal positive enteric fever cases. Other illness were excluded by thorough clinical examination and necessary investigations. Cases were between 3-12 years of age. Blood, urine, stool, CSF, and bone marrow culture was not feasible. All cases were admitted with fever of more than a week's duration, hepatosplenomegaly and anemia.

Thirteen (52%) children become asymptomatic within 48 hours, 10 (40%) within 7 days of treatment and the remain-

ing 2 cases responded to ciprofloxacin therapy. Chloramphenicol-furazolidone combination therapy was given for 2 weeks. No relapse and no side-effects of drugs were noted during the 3 months follow up.

Although ciprofloxacin is the drug of choice for treatment of multidrug resistant typhoid fever(2), a combination of chloramphenicol—furazolidone may be an alternative therapy for the treatment of typhoid fever.

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