Chemoprophylaxis of meningitis

Sir,
I found the article by Dr Hillas Smith on 'Chemoprophylaxis of meningitis' both interesting and informative.1

I was, however, a little puzzled by the statement in paragraph three, 'A case can be made for routine chemoprophylaxis in patients before discharge from hospital when curative treatment of meningococcal or influenzal meningitis is completed'. In the previous paragraph you say, 'but it should be pointed out that penicillin, which is so effective in treatment of cases, does not prevent carriage or indeed the development of invasive disease when it is used prophylactically'.

Are you suggesting that even after aggressive intravenous treatment with big doses of penicillin or ampicillin, the patient remains a carrier and needs chemoprophylaxis on discharge from hospital? If this is so, we might all have to change our present policy regarding the duration of barrier nursing of meningitis.

Dr Hills Smith comments:
Dr Rajan is quite correct in suggesting that even after appropriate curative treatment some patients may still harbour the infective organism in the nasopharynx. Because of this, the idea has grown up that treated patients may well require eradication with a drug such as rifampicin. An alternative course would be for routine cultures to be taken at the end of treatment and to await positive results before embarking on rifampicin chemoprophylaxis.

Vancomycin and necrotising enterocolitis

Sir,
During recent months we have been trying to prevent necrotising enterocolitis in intensive care babies by giving a two day course of oral vancomycin before introducing oral feeds. We have also used oral vancomycin in addition to metronidazole and other systemic antibiotics in the treatment of necrotising enterocolitis. We are not as yet in a position to say whether this has been a helpful treatment, but we have been established to conclude that it is not a harmful one in terms of aminoglycoside toxicity. There is evidence for absorption of orally administered vancomycin in adults with enterocolitis,1 2 and we felt that the

Reference

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Dr Taitz comments:
I agree that most doctors are inadequately trained to handle cross examination in court. Often, too, they seem to have insufficient grasp of the evidence they are presenting. How to correct these deficiencies represents a serious challenge to medical educators.
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