

Guest Comment

by Dr G Davie

The treatment of fever is . . . antibiotic

Being of a doggedly investigative nature, I have finally managed to piece together the standard lecture apparently given to South African undergraduate medical students on the treatment of infectious diseases.

From the strict adherence by my colleagues to the precepts enunciated in this case, I am convinced that I must have the basic lecture almost word perfect.

The professor would say: "Ladies and Gentlemen, the treatment of fever is conducted by means of the judicious use of antibiotics. Of this there is no doubt. In training hospitals, this may not always seem so. However, in practice, it is well known that scientific premises held in the ivory tower have no value whatever. It is even debatable whether the same germ outside of the hospital setting does not undergo a special mutation. Many astute observers in private practice feel that viruses, for example, become susceptible to an-

tibiotics. Even if you do not come to believe this, it is still advisable that you treat any fever with antibiotics immediately you are consulted. If a patient should inquire as to the nature of the agent involved, it is wise to say, 'a virus'."

"A detailed explanation of possible organisms may embarrass you if the patient's disease does not respond within a few days."

"In the unlikely event of a patient questioning the use of antibiotics, the clever use of terms like 'the prevention of possible secondary invaders' quickly precludes further opposition."

"The initial antibiotic prescribed by the GP should be broad-spectrum, (preferably the latest one recommended by the most vociferous pharmaceutical house. If an impatient patient has not responded within 24 hours a second antibiotic of a similar nature may be prescribed. The duration of any one antibiotic dose should

not exceed three to five days, depending on the packaging of the drug. It is careless to waste expensive drugs thoughtlessly."

"The specialist will usually inherit a virus infected patient on about the third or fourth day of fever, that is, one day away from remission. Usage of narrow spectrum antibiotics at this stage can both impress the patient and confound the referring GP into greater admiration. Where a specialist has the misfortune to have an untreated patient sent to him with negative culture reports, a broad spectrum antibiotic must immediately be prescribed before the fever spontaneously subsides. An acceptable explanation to the GP could be the fear, on clinical grounds, of possible mycoplasma infection."

"Adherence to these few tenets, Ladies and Gentlemen, will keep you on the right side of medical exactitude throughout your career." □