

View Point

A call to action by Dr. Abdul Ghafur, Apollo Hospital, Chennai

I arrived on our blue planet - one dominated by its microbial life - as a blizzard tore through New York City during the winter solstice in 1945. That final year of World War II was coming to an auspicious close. Penicillin became readily-available in the United States and the world at large for the treatment of Gram-positive infections. At age 5, it actually saved my life. Penicillin was a second major advance in antimicrobial therapy following the introduction of sulfa drugs in the late 1930's.

The German aniline dye industry had inadvertently begun the eventual political and social independence of India from Great Britain by replacing its apparently endless need for plant-based indigo dye grown in India. Out of this aniline dye explosion, the antibiotic, *Prontosil*, appeared as the first sulfonamide – one of many drugs we referred to as the sulfa drugs. Among the early patients to be treated for serious streptococcal infection was the son of President and Mrs. Franklin D. Roosevelt while he was still a student at Harvard University. As the 1940's drew to a close streptomycin had been introduced for the treatment of serious Gram-negative infections, and triumphantly utilized as the first active antimicrobial agent effective against tuberculosis, particularly tuberculous meningitis.

My life has spanned the antimicrobial era, and having been entranced at a very early age by works such as Paul de Kruif's *Microbe Hunters* and Berton Roueché's *Eleven Blue Men*, it should be no surprise that I came to the practice of Infectious Diseases early in my medical career. However, times have altered the infectious disease landscape considerably, and we must admit to having contributed to those changes, but in ways that were not entirely positive in their consequences.

Dr. Abdul Ghafur sounds a clear call to *all* who practice medicine and utilize the myriad antimicrobial agents now available to health providers. To oncologists who are especially challenged by an undeniable need to utilize a wide range of antibiotics in the treatment of severely immunosuppressed patients, their value is known firsthand. Listen carefully to the caveat of one consultant who often relies upon some of the most important, wide spectrum agents that nature and technology have provided for us. Use them as sparingly as possible, and with the greatest

attention to issues of infection control. Simple measures will pay large dividends for our patients who are immersed in a world of microbes, and are at their most vulnerable times during chemotherapy and resultant neutropenia:

Walk around feeling like a leaf.
Know you could tumble any second,
Then decide what to do with your time.

Naomi Shihab Nye, poet

Frank J. Bia

Medical Director, AmeriCares,
Professor of Internal Medicine, Yale University School of Medicine,
New Haven, USA. E-mail: fbia@americares.org

Access this article online

Quick Response Code:



Website:

www.sajc.org

DOI:

10.4103/2278-330X.96511