

ANTIBIOTIC USE

antibiotics, they were not able to apply this information properly to most patients treated for infection. This can be explained by the large number of new antibiotics, the complexities of microbiological diagnosis and the extensive literature concerning treatment of different infectious diseases. In spite of these factors, these physicians used infectious disease consultations rather sparingly: in 15 percent of therapeutic cases in this study. As a result of consultations, the antibiotic regimens of several seriously ill patients were changed from *inappropriate* categories to *appropriate* ones.

The clinical significance of this study is not clear; a much larger audit based on patient outcome would be required. Many of the patients who received therapeutic antibiotic therapy were treated for mild infections. The efficacy of prophylactic regimens of antibiotics is largely undetermined for *clean* cardiac or orthopedic surgical procedures. However, our judgment of proper antibiotic use was based on extensive published experiences with therapeutic and prophylactic antimicrobial use. Therefore, *correct* antibiotic

therapy should ultimately be highly beneficial to all hospital patients receiving antimicrobial drugs.

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Acupuncture as a Placebo

It's THOUGHT PROVOKING to evaluate our competitors and, in the recent past, acupuncture has been something that has been considered a very effective competitor of the physician, at least in some cultures. . . . Would the acupunctures do almost as well with a lot of our patients as we do? . . . I think it is fair to say, without even tongue in cheek, that 35 percent of the patients that come into your office or mine would be substantially benefitted—a lot of them even would be cured in a month or two—with almost any eye problem. . . . There are a lot of different kinds of placebo therapy. . . . Every action that you take upon a patient has a placebo effect in addition to a specific effect.

—WILLIAM H. HAVENER, MD, *Columbus, Ohio*

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