PRACTICE OBSERVED

Practice Research

Use of cephalexin to treat glandular fever: pilot study

The treatment of glandular fever, which is caused by the Epstein-Barr virus, has so far been symptomatic and only recently has the combination of metroindazole and penicilin V shown some promise. Besides antipyrette drugs, the established symptomatic treatment is still penicilin V and erythomycin and Control of the Cont

Methods
During the year I March 1981 to 28 February 1982 I examined and investigated all patients in this practice who were suspected of having glandular fever and asked then to record their temperature twice a day on a form until they were afebrile. I completed a second form recording clinical details of each patient. Most patients were seen at the recording clinical details of each patient. Most patients were seen at the recorded: throat swah, Paul-Bunnell test, crythrocyte sedimentation rate, full blood count, and virocyte count, all of which were undertaken at the first consultation or the day after. When throat swahs yielded pathogens, sensitivity testing always included cephaleum in addition to standard antibiotics. Liver function tests were cayred out. Regrettably, sensitivity testing always included cephaleum in Regrettably, sensitivity testing always included cephaleum in gadinion to standard antibiotics. Liver function tests were cayred out. Regrettably, sensitivity testing always included cephaleum in addition to standard antibiotics. Liver function tests were cayred out. Regrettably, sensitivity testing always include caphaleum in addition to standard antibiotics.

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Results

Thry two patients were investigated for possible glandular fever, In were possible. Two were excluded owing to "insufficient dual" to were possible. Two were excluded owing to "insufficient dual" that the property of the property

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Drugs used in survey	Glandular fever-like illness			Glandular fever		
	No of patients treated	No who recovered in 1st week	No who recovered in 2nd week with cephalexin	No of patients treated	No who recovered in 1st week	No who recovered in 2nd week with cephalexin
Penicullin V	2		1	1	0	
Amouveillin	ī	1		_	-84	
Newcycline	i	i	_	_	_	_
o-trimoxazole			_		0	
rythromycin	1	1	_	4	ò	•
cobalexin	é	9		6	6	
o medication	_	_		1		_
nsufficient data	_	_		2	_	2

hen tested	Lymphocyte count	Monocyte count (+ 10*1)	Viros yte count	Total count	Day of noticeable clinical improvement			
	r.	ephalexin used in second	week after initial treatm	ent wah riker annb	egics			
Si	42	12	0	54				
21	45	19	š.	72				
Afebrile	54		ii ii	31	13			
· 1 wk	58	2	, i	60				
2 94	7.5							
SI	16	2	6.3	83				
71	53	2	29	84				
Afebrile	55	11	-1	69	1.5			
· 1 wk	48	ii	- 2	65				
- 2 wk	•			4.5				
W.E		_	-	-				
SI	25	•	51	82				
51	21	13	37	71				
Afebrile	36	14	35	73	11			
- 1 wk	51	:	29	84	17			
	64	:	- *	75				
- 2 wk	64		1					
	Cephalesin used from the star:							
		15	12	62				
1	35	15		50				
Atebrile	21	23	.6	64				
- 1 wk	27	17	20					
+ 2 wk	51		_	642				
,	44	3	33	80				
Atebrile	19	15	28	79				
· I wk	37	12	2× 30	82				
1.2 WK	63			73				
			-					
1	49	19	15	83				
Afebrile	70	- 4	- 4	78				
· I wk	46	sō	ıi	87				
1 2 WK	65	10	-1	76				

Sample a tract of first returned.
 Sample a brazing of explosion feathers.
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 Shornial impressing and disappearance of formula (see on, displagua forarmia, ervs cervical hymphaderopathy, and tender, 1995).
 See a continuous disappearance of formula (see on, displagua, forarmia, ervs cervical hymphaderopathy, and tender, 1995).

Discussion

Recovery of patients with glandular fever after treatment with opphalests a was consistent. Treatment with other antibiotics first for one week seemed only to postpone nonceable clinical recovery to 11-13 days. When used from the start cephalesus seemed to produce early clinical improvement in 5-7 days. Tonsils appeared clear, cervical lymph glands were surprisingly reduced in size, and splenic disconfort was allested. Lymph glands in the axilla and groin did not always receive simulations of the control of the co

action of cephalexin in this disease has not been investigated, nor has its action on the Epstein-Barr virus in vitro been established. I think that there is an indication for more extensive investigation of cephalexin in relation to the Epstein-Barr virus and its effect on the lymphatic system.

- New F. J. Problems in the diagnous and treatment of infectious mono-nucleous. Practitioner 1977, 248–367, 70.
 Heldston S. T. treatment of augmost infectious mononucleous with metro-ledstone S. T. treatment of augmost infectious mononucleous with metro-ledstone 1973, 1973, 1974,

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Overlapping with General Practice

Marriage guidance counsellor

ANITA BLUM

Referred patients

Referred patients

The presenting problems of patients, of course, ranges from minor ailments in themselves or their children—school phobia presenting as repeated stomach upsets, for instance—to major acute physical fileness, the origin of which doggedly resists the pathology departments as well as organic labelling. The sensitive general practitioner will probe and maybe uncover various emotional stresses that range from unhappy marriages or sexual dysfunction (which sometime follows a birth, loss of job; vacetoms, prostatectoms), histerectoms, materomy, or coloromy? In orbit, through to severe depression after, say, and above. Then there is the unhappy tenuager caught in the struggle of a family divided against itself, who might present with an unwanted pregnancy. All or some of these problems may be sent to the surgery counsellor. The choice will vary according to the general practitioner's knowledge and understanding of his counsellor's training, range of skills, and ability.

The patient referred by a doctor whom he knows and trusts to a counsellor who works in the familiar setting of the surgery will rarely be "lost in transit." Such loss sometimes occurs some patients own for counselling eager to talk and workst resolving their difficulties. Others resis giving up ther favourire physical symptoms of this means recognising a traum or an emotional pain that is even harder to bear than their familiar stomach ulcer. Recognising the overlap between the physical symptoms.

London Marriage Guidance Council, 78a New Cavendish Street, London W1 ANITA BLUM, marriage guidance counsellor

and psychosomatic distress in patients is what makes working on the primary health care team alongside the general practitioner exciting, stimulating, and rewarding for the counsellor and ressuring for the patient. There are some examples of this working relationship: in the patient. There are some examples of this working relationship with the patient. There are some examples of this working relationship with the family when she was a child, and after 18 weekly sessions she has not been in the surgery for two years; the asthma seems to have stopped troubling her after she gained some insight into the close link between her con of her parents when she was harely? years old.

A write presented with sleeping problems and rashes and the husband was causing his general practitioner some concern as he was seriously overweight. The doctor picked up the obvious marital distress and referred them to the counsellor. The couple were able to look at their anger with each other and worked successfully at resolving a sexual problem; the outcome and tranquillisers and the husband has lost weight since he no longer feels the need to drink so heavily.

A 26 year old man had never been in work since leaving school at 15. He attended with his partner—mow his wife—and their three children. After months of counseling both have been able to reach a much more adult and responsible position—the husband is no longer the infamilised "problem child" of service as a method of contracteption. In short, both have done a lot of growing, and gained much insight into their behaviour. You may wonder why 1 use the word "infantalised." This chent had come to accept himself as a "social problem." I started my working contract with him by making him responsible for attendance, time keeping, and a seed by consipence hid! of service as a method of contract with him by making him responsible for attendance, time keeping, and a weekly contribution of prots benefit all fround during the counveiling. For instance, I learnt that one of my cleant was not

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At the point of self referral the "patient" becomes the "client," and why the choice of helper is made becomes evident. Some people come because their doctor might be an old family friend and they do not wish him to know about their problem—though of course he often does know. Some clients choose the counselior because they may have put their general practitioner experience with such persons was negative they will expect their doctor to be angry. Some clients simply feel they do not have a very good personal relationship with their general practitioner.

The range of problems brought to the marriage guidance council tends to be wider since, for instance, there has been no nearous. Thus we might get a client who really needs psychiatric help, or even admission to hospital. This does not happen often, but when it does we usually refer the client to his doctor or, if there is a strong resistance to this, to the "walk-in department" of a major teaching hospital.

Some clients choose to walk through the door of the marriage non-medical. They are afraid of being ill or labelled as mad or bad. Their instinct is right in so far as we work with the "platform of health" and try to help our clients to enlarge this, rather than focus on sickness, though we do not deny its presence. Marriage guidance is ought in its lowest terms by all those who are having difficulties in relating and communicating. Many of our of referred couples with sexual difficulties, for once were with their parents, and they often come from hornes where sex was utterly taboo. Others with deeply disturbed and traumatic backgrounds are shy of wasting the doctor's valuable from extra the proper parents with their parents, and they often come from hornes where sex was utterly taboo. Others with their boctor as hely once were with their parents, and they often come from hornes where sex was utterly taboo. Others with their boctor as hely once were with their parents, and they often come from hornes where sex was utterly taboo. Others with their boctor as

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a newly "declared" homoexwal son or daughter. Or the shocked and bewildered child of recently divorced parents who is "running wild." In all such cases the work lies in separating out the generations and working with the guilt and the anger. I think that this may be good preventive treatment to forestall the possible development of ulcers, migraine, unwanted pregnancies, or decades of taking Valum—not to mention drug.

This seems to bring me back full circle to the overlap of the work of general practitioner and counsellor, both of whom are concerned for their patient client, each offering their different skills. I think the overlap is healthy because it gives the patient/client wider choice and emphasises the importance of their taking responsibility for their own physical and mental health, taking the companion of the control of the control of the control of their taking responsibility for their own physical and mental health, insights, but both need a willing patient/client either "to swallow" or "to look and hear" for treatment to be effective. The self referred client is perhaps a little more motivated than his counterpart who is referred in the surgery. Often when I ask the surgery client why he has come, the first response is "Don't know—cloent throught it a good lade," whereas the 2001 the surgery client why he has come, the first response is "Don't know—cloent throught it a good lade," whereas the appropriate of the control of t

Diary of Urban Marks: 1880-1849

Part of Miss Price's duty [as house physician] was to assist in giving anaeshetics, but Dr Elsworth had a preindice against lady doctors and professional programs of the property of the professional professional control of the professional professional

materious injection of adine. This was a foolish thing to do since as that all water any more the sense it was being pumped out through the wound along with he blood. The theater was running with blood, which was oozing underneath the door into the hall. Coloned Morgan, the chariman of the board, happened to pass at the time but of course did not come in. The coloned stammered badly and later said to me. "You-uu a papeppeared to be ded-defong; a sasured him that it was bloody in more senses than one.

As we could not stop the bleching, the important hing to do was to get the man upstaris into the ward because it he died on the operation table, an inquest would have to be held. We bound him up and rushed later. That affermoon, I went to a football match between the South Africans and Swames. But every time I saw the ball I seemed to see the unfortunate man floating and gesticulating in the air. After my marriage I went to the Carbolic Church with my wife on our return was a superior of the control of the color of the