

Guest editorial

Mircobiology

ARDERNE FORDER, MB ChB, MMedPath (Micro), FCPATH (Micro) SA

Emeritus Professor, Division of Medical Microbiology, Faculty of Health Sciences, Stellenbosch University

Arderne Forder graduated MB ChB at the University of Cape Town and completed his specialist training in medical microbiology at the same institution. He was appointed Head and Professor of the Department of Medical Microbiology (UCT) in 1983 and Deputy Dean of the Faculty of Medicine in 1989, a position he held until his retirement in 1997. He is now a part-time consultant and lecturer in the Department of Medical Microbiology, Medical School, University of Stellenbosch as well as a part-time consultant at a firm of private pathologists. Professor Forder's main interests revolve around hospital-acquired infections, antibiotics and their use, sterilisation and disinfection, hospital air-conditioning, clinical and applied microbiology and hospital design. Hospital design includes that of intensive care units, operating theatres and central sterile facilities.

It is perhaps fitting that this issue of *CME* is devoted to microbiological topics, but with an emphasis on aspects of specimen collection, interpretation of microbiological reports, modern microbiology as a comprehensive practical management service as well as important aspects of intravascular catheter-related infection, antibiotic-associated diarrhoeal syndromes and an update on the modern laboratory diagnosis of tuberculosis.

We are entering an age of litigation, with patients becoming very much more aware of their rights and demanding more of the health care worker. They now want to know the results of their investigations, with an adequate explanation as to the implications. They are being much more critical of unnecessary and often expensive investigations and as to why they were carried out.

Perhaps the problem in clinical diagnostics today is no longer one of not being able to obtain enough information about a patient, but of being able to get too much. There is increasing recognition that too much information is requested by physicians and produced by laboratories, because neither will risk being accused of overlooking the improbable, coupled with a possible fear of litigation. An attitude of dedication to the best interests of the patient has dictated that no stone be left unturned in the search for any measure that, despite added cost, could contribute to patient care.

The papers as outlined in this issue of *CME* are in essence practical and informative and provide a useful backdrop to the modern clinical microbiological laboratory and its usefulness. They also suggest a way forward in some aspects of proper and rational patient care.

The article by Mer, giving an update on intravascular catheter-related infection, is perhaps a 'wake-up call' to this very important subject, especially in the intensive care type of patient. Catheter-related infections remain among the top three causes of hospital-acquired infections, with a mortality rate approaching 25%.

Kalla, in the article looking at antibiotic-associated diarrhoeal syndromes, gives an excellent overview of this all-important subject, while the article by Bamford on the modern laboratory diagnosis of tuberculosis gives insight on new technologies coming to the fore in this age of multiple drug resistance and extremely drug-resistant tuberculosis.

Orth's paper, covering the interpretation of microbiological reports, is timely, practical and informative, while that by Wasserman is an excellent survey of how modern microbiological techniques have added immeasurably to the laboratory diagnosis of patient infections, yet without forgetting the older laboratory procedures.

This last article completes a compilation of interesting, informative and useful aspects of modern clinical microbiology and could be of interest both to the laboratory worker and to the clinician.