

EDITOR'S COMMENT

Hard science



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Chemical pathology was one of those subjects at medical school that tended to attract the brightest of minds – probably because it is one of the only really ‘hard science’ parts of medicine at undergraduate level. The science comes in the integration of biochemistry, physiology and physics, used in the interpretation of the incredible complexity of the human body. Such things as blood gases seemed like a minefield in third year, but, such was the quality of our teaching that when faced with a print-out of the arterial blood gases taken from a ventilated patient during housemanship, it somehow seemed to make sense.

And it is not only in hospitals that chemical pathology has its uses. The discipline brings together science and medicine across the spectrum of specialties. Everyone, from a GP to a neurosurgeon, needs what a chemical pathologist can offer. It is all too easy to simply send off a barrage of tests, but those investigations must be ordered as a result of careful history taking and a good physical examination – and the results of the investigations must make a difference to how the patient is managed. To do this, we need to understand fully the reasons for asking for particular investigations and know how to interpret the results when they come back.

Professor Paiker and her team have put together an excellent overview of the use of chemical pathology in some common presentations, namely cardiac, renal and thyroid, and have also covered some of the less common problems that will still be encountered in day-to-day practice, such as short stature in children. The interpretation of thyroid function is particularly important. Far too many women are taking thyroid replacement therapy unnecessarily because the markers of thyroid function are difficult to interpret. In this time of HIV and AIDS, and with increasing access to antiretroviral therapy, the two articles on some complications of antiretroviral therapy are timely.

Elsewhere in the journal AIDS briefs cover simplification of treatment in children with a persistently high viral load, the dangers of splitting Triomune to provide a paediatric dose and the nutritional problems associated with early weaning. The Clinical Pharmacology article discusses dosing in the obese patient, and an unusual acute abdomen is presented in the Case Report.

Thanks to all those who have taken the trouble to send in responses to our reader survey. So far, it seems that we are very largely getting it right, particularly with our CPD programme, but that doesn't mean that we will rest on our laurels. We are constantly striving to improve what we offer our readers and we will publish an overview of the results in our September edition.

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