

to interpret these tests properly. For example, if we did a sensitivity test for a pneumococcus, which is an agent which causes pneumonia, against 20 different antibiotics, we might find that all 20 work perfectly well in the sensitivity test. We know from our clinical experience, however, that penicillin is the drug of choice so the sensitivity test in this case is not applicable.

In another situation we might find, for example, with a staphylococcus that this agent is sensitive to many drugs but we know from our clinical experience that only few drugs are really the drugs of choice, so that sensitivity testing in our hospitals, must be almost like a formulary system. We have to reduce the number of drugs that we would use for testing, so that they are appropriate.

Now, I will give you an example of this.

In an advertisement for methacycline, a tetracycline, this is called Randomycin, the advertisement states:

Intense activity where infection strikes most often.

It talks about in vitro susceptibility tests in the test tube. One of the points it makes is that it has intense activity against *Staph. aureus*, which is the first organism they list. Now, this is not the drug of choice against staphylococcus. This drug is a second line preparation in this area, and we would generally not use or even test our staphylococci against this particular drug or any related drug, and yet the advertisement implied that this might be a firstline drug. I think this is misleading.

(The advertisement referred to follows:)