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I want to make two points - one concerning urinary tract infection (UTI) and one concerning treatment. We often talk about UTI as though it was a specific disease, but I think UTI is, almost always, a complication of another underlying condition. We cannot talk of UTI as though it is just one single entity and we must always regard the underlying disease in the host as a major factor. We have only got to list the wide range of conditions in which UTI manifests itself to realise that. We have UTI occurring as a
major problem in neonates with septicaemia. We have the problem of young children with reflux, of young women, of young pregnant women, of old women, of old men, men with prostatic obstruction. We have people with renal stones and polycystic disease, and in all of these conditions the underlying disease is quite distinct.

The point I would like to make about treatment is that what we hear about antibiotic treatment these days are complaints. People complain about antibiotic treatment. They say it is very toxic with many side effects, very expensive, patients do not need half of it, patients do not take half of it, they throw most of it away. This has led to doctors aiming for the minimum effective dose. How much do we really need? Are we giving the drugs for their effect on the microorganisms or are we giving the drugs to have some pharmacological effect on the tissues? Of course the answer is that antibiotics are drugs acting on bacteria, they are not for treating patients directly.

In this symposium we will be talking mainly about single-dose therapy. We have to bear in mind the very wide range of diseases which are encompassed within the term UTI. In some of these groups it may be that a single dose is equivalent to the minimum effective dose; the minimum effective dose is what we would like to establish in endocarditis, in gonorrhoea, in every infection. In some other groups, however, it could be that a single dose is not the most suitable form of minimum effective therapy. I am afraid I do not know the answers to these questions which will be addressed by the papers which will be given during the symposium, but I hope by the end of the meeting we will have been able to clearly define which groups of patients are the most suitable for this form of treatment.

J.D. Williams