Multidrug and extensively drug-resistant TB (M/XDR-TB)

2010 GLOBAL REPORT ON SURVEILLANCE AND RESPONSE





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In memoriam

Sir John Crofton (1912–2009), whose pioneering work in the use of combination drug therapy for the treatment of tuberculosis has resulted in countless lives saved

"The greatest disaster that can happen to a patient with tuberculosis is that his organisms become resistant to two or more of the standard drugs. Fortunately we can prevent the emergence of drug resistance in virtually all cases if we take enough trouble to ensure that the best drug combinations are prescribed and that the patient takes them as directed. It is often not realized how venial a sin can result in ultimate disaster. It might be suggested that giving a risky combination of drugs, or even giving a drug alone, will not matter if it is only for a short time. It is true that it may not matter in a number of patients, but in some it can matter very much and may make all the difference between survival and death.

The development of drug resistance may be a tragedy not only for the patient himself but for others. For he can infect other people with his drug-resistant organisms. In such patients the disease would not be sensitive to the drug in question. A recent survey by the Medical Research Council (Fox et al., 1957) in various clinics all over the country has shown that no less than 5% of newly diagnosed patients were infected with organisms resistant to at least one of the three main drugs. If physicians come to apply thoroughly the present knowledge about preventing drug resistance, this percentage should steadily diminish".

From *Chemotherapy of pulmonary tuberculosis*, by John Crofton, read to a plenary session at the Annual Meeting of the British Medical Association, Birmingham, England, 1958 (*British Medical Journal*, 1959, 5138(1):1610–1614).

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