Much has been written in the last few years about the worldwide antibiotic crisis, which, simply stated, is that although antibiotic resistance among bacteria continues to increase, the pipeline for new, systemically administered antibiotics continues to be dry. The Infectious Diseases Society of America (IDSA) and other organizations have been sounding the alarm for several years; finally, it looks as though it is starting to be heard.

The IDSA program is called the “10 × ’20 Initiative,” with the goal to develop 10 new, safe, and effective antibiotics by 2020. In a nutshell, substantial financial incentives from government and other agencies are necessary to encourage antibiotic research. As it is now, development of antibiotics is nearly nil because pharmaceutical companies recognize that they can reap greater profit from a new statin drug, antihypertensive drug, hypoglycemic drug, or agent to treat erectile dysfunction than from launching a new antibiotic.

HISTORICAL PERSPECTIVE

For me, the historical impact of antibiotics upon childhood infections has been re-emphasized by two recent experiences that recall the earliest antibiotic days of the late 1930s. The first experience was when I received a letter written by an 82-year-old woman who said she was treated at Children’s Memorial Hospital in Chicago in 1939 for pneumococcal meningitis, and she was seeking information about her treatment.

An avid stamp collector, Dr. Shulman chooses relevant stamps from his personal collection to accompany his column each month.

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The Antibiotic Crisis

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Dr. Brennemann had graduated from Northwestern University Medical School in 1900 and was one of the most famous pediatricians of his era; he was not easily impressed, but the beginning of the antibiotic era clearly made a strong impression as mortality rates for bacterial meningitis, pneumonia, and many other infections tumbled precipitously. To the practitioner of the era, antibiotics were miraculous, and much of the success of the remarkable sulfa drugs was surpassed within just 5 or 6 years by the impact of penicillin. This truly was remarkable.

**DUTY TO PROTECT**

As a society, we must do what we can to protect the gains of the past 75 years and regain our capability to develop and produce new and better antimicrobial agents.

**THIS MONTH’S STAMPS**

I have selected one of my very favorite stamps for this month: a 1978 souvenir sheet from Mauritius that celebrates the 50th anniversary of Sir Alexander Fleming’s discovery of penicillin. This sheet shows a World War I soldier being carried off with a deadly infection at the top left; Fleming’s culture plate with the *Penicillium* mold inhibiting *Staphylococcus aureus* at the top right; the microscopic appearance of *Penicillium* at the lower left; and a child receiving a penicillin shot with the background showing the colonial appearance of *Penicillium* at the lower right.