

public or by the medical profession.

This little book, as Sir Arthur Porritt in his foreword states, is a challenge to doctors and other interested people.

General practitioners are amongst the worst offenders who slump at their work and a perusal of this book will possibly benefit their own well being and certainly that of their patients.

The illustrations by Mrs Audrey Besterman are quite excellent and deserve special commendation.

Control of Communicable Disease in Man. An official report of the American Public Health Association. Ninth edition. New York. 1960. Pp. i + 234. Price 7s. 6d.

This book is not a report in the sense with which we are familiar with the term. It is a compendium of information on epidemic diseases and the sanitary measures which may be taken to control them throughout the world. It is a book for the bookshelf, and for reference when occasion arises, rather than light reading by the evening fireside.

This, the ninth edition of a work that has already made its mark and been translated into nine languages, is the result of a five-yearly revision of an earlier volume and contains new material some of which will be of value to workers in this country. In particular the adenovirus diseases—now coming under the scrutiny of the Epidemic Observation Unit—receive appropriate attention.

The section on terms and definitions is worthy of study by practitioner epidemiologists since the phraseology is international and the definitions are already in widespread use. Future revision will no doubt contain accounts and definitions of the as yet undefined virus diseases which the College is investigating and if we learn to think in the accepted terms as we work the assimilation of our results and actions based thereon will be the easier.

A Survey of Staphylococcal Infections of the Skin and Subcutaneous Tissues in General Practice in Australia. A. JOHNSON, PHYLLIS M. ROUNTREE, KATHERINE SMITH, N. F. STANLEY and K. ANDERSON. *The National Health and Medical Research Council.* Special Report Series No. 10. Canberra. 1960.

In 1958, a survey was carried out on the incidence of *Staph. aureus* in lesions of soft tissues in 2,164 patients seen by doctors in general practices in 19 localities situated throughout Australia.

There was no selection of cases, consecutive patients with these lesions being examined.

Nasal swabs were also taken from all patients.

Strains of *Staph. aureus* isolated from these patients were phage-typed and their antibiotic sensitivities determined.

There was a steady decline in the incidence of infection with increasing age, with one exception; the age group 30-39 years, which had the highest incidence of infection of all age groups.

There were 3 male patients for every 2 female ones. The most common lesion was furuncle in 32 per cent of patients followed in frequency by abscess in 11.9 per cent of patients.

There were some differences in the relative frequency of the sites of the lesions in male and female patients. The hand, arm, groin, perineum, neck and chest were more frequently affected in males while the axillae and breasts were more frequently affected in females.

Furuncles, carbuncles, infected lacerations and pulp space infections were relatively uncommon in infants and children under the age of 5 years.

Sixty-four per cent of all strains from lesions were penicillin resistant; 1.4 per cent were resistant to streptomycin, 0.8 per cent to erythromycin, 0.5 per cent to chloramphenicol and 2.3 per cent to tetracycline.

In only 1 in every 5 cases in infants was the infecting strain penicillin sensitive.

Only 48 strains of a total of 1,657 tested were resistant to more than one antibiotic. Only one strain was resistant to 5 antibiotics.

The phage group distribution of strains from lesions showed that 46.6 per cent of all strains were type 80/81 or closely related to this type.

There were no significant differences in the phage group distributions in the various localities.

Ninety-point-six per cent of all type 80/81 strains were penicillin resistant, as were 69 per cent of strains belonging to phage Group III.

Type 80/81 strains were isolated from 58 per cent of all pathognomonic lesions such as furuncles, carbuncles and styes but from only 27 per cent of cases of paronychia, impetigo, pustules and infected lacerations. The nasal carrier rates were low, only 34.9 per cent of patients being carriers. There was an unexplained geographical variation in nasal carrier rates, 24 per cent of patients in the northern half of the continent being carriers, compared with 43.8 per cent in the southern half.

In some localities there was evidence of the occurrence of infection with type 80/81 strains after hospitalization but in many patients no history of recent contact with hospitals was found.

The significance of these findings are discussed in relation to the epidemiology of staphylococcal infection and to the correct use of antibiotics.

(Author's summary.)

Correspondence

Are Facilities at Health Centres a Luxury?

Sir,

Your recent editorial on the last Annual Report of Darbshire House calls for some observations.

You state that a student receiving his general practice training in the "luxury of a health centre" is likely to be disappointed at his unfulfilled expectations of what general practice can offer in the way of ancillary help and apparatus.

Why are the facilities of the health centre considered a luxury? The craftsman requires the best of tools and facilities to do his work properly. Is not the student then to be shown the best in the way of equipment and co-operation from the ancillary services, so that he may go out into the world and demand that only the best is good enough?

For too long have general practitioners practised their art on a shoe string. We do not take students and show them a practice of surgery or medicine in some little country cottage hospital, although I would agree that some are good, but many indifferent. Why then do you advocate that students be shown general practice away from a medical school, which body alone is responsible for student education?

The ideal system demonstrating general practice is a period in a health centre, plus a period in a practice acceptable to the university, by reason of the standard of work performed therein. Thus will the student be able to compare the advantages and disadvantages of both and so obtain a fuller comprehension of the problems involved.

Manchester.

H. W. ASHWORTH.