

IAN MACLEAN SMITH

Staphylococcal Infections

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TO MY WIFE
with love
and admiration

PREFACE

IN THE HAPPY, carefree days of yesteryear when there was no specific treatment for infections, many patients survived despite their "treatment," and the doctor usually got the credit. In the past two decades many new, effective drugs have been discovered to kill the bacteria which circulate in our communities. With these powerful weapons comes added responsibility. The infection must be correctly identified, and the proper antibiotic must be given for an adequate time.

Fortunately, many infections such as streptococcal sore throat and pneumonococcal pneumonia are relatively easily recognized clinically, and penicillin is a specific cure. Recognition of staphylococcal infection is not usually difficult, although many physicians do not always verify their clinical impression. It is to be lamented that there is no single effective treatment which can be used in all cases, but there are rules and clinical impressions to guide us.

Originally, the dramatic response of these infections to available antibiotics engendered a feeling of safety. It is only in recent years that we have recognized both the renewed prevalence of staphylococcal infections and the increasing difficulty in curing them. Some of these infections we cannot cure, but the great majority can be treated with the agents now available, provided a logical regimen is carried out. This volume is an attempt to bring together the considerable knowledge available on the subject and, in part, to point out where further knowledge is re-

quired. It is for the physician in practice, and it will provide only essential references particularly to articles with useful bibliographies. To those whose articles I have not mentioned, I offer my apologies, but my aim has been to produce a clinical manual and not a reference text.

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ACKNOWLEDGMENTS

*"Hui was of no value as a friend;
he accepted all that I said."*—Confucius.

I have been fortunate in having friends who disagreed with me; they have suggested many changes. The faults and errors that remain are my own.

I owe more than I can express to Dr. William B. Bean who, as head of the Department of Internal Medicine, has created an academic atmosphere where ideas flourish and where it is a pleasure to work. He who can co-ordinate the work of a group of individualists for the greater good of the group has a gift of outstanding merit. My good friend Dr. Daniel B. Stone has read and reread my manuscript so that many unnecessary words have been eliminated and so that what appeared clear to me will also appear clear to my readers. To my parents and my teachers I owe a continuing debt. Many friends have helped me with portions of the manuscript, and I regret that all I can do to thank them is to mention their names. They are: Drs. John E. Blair, Adrian E. Flatt, John A. Gius, William B. Goddard, Mary E. Godfrey, R. S. Griffith, A. R. Hodgson, I. A. Merchant, R. A. Packer, Chris E. Radcliffe, Charles B. Thayer, Richard A. Tjalma, Mrs. Ann P. Wilson and Mr. William W. Tester. Mrs. Robert M. Hedges has given me valuable editorial advice. Figure 1 was drawn by Miss Gloma Rosenthal and the photographs were taken by Mr. S. Jack Davis. The manuscript has been typed

many times by Mrs. Phyllis J. Doane and Mrs. Lucille Amish.

In the preparation of the book the publishers have uncomplainingly made repeated changes, but nonetheless they have gone from the typewritten manuscript to the published book in a very short time. I wish to thank them for their unfailing help.

I.M.S.