Thanks to its stable progressive staining it requires no differentiation.

We are indebted to Dr A. D. Dayan for his encouragement to publish this technique.

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Letter to the Editor

Resistance of *Staphylococcus aureus* to Sulphamethoxazole and Trimethoprim

Nakhla in 'Resistance of *Staphylococcus aureus* to sulphamethoxazole and trimethoprim' (*J. clin. Path.*, 1972, 25, 708-712) states: 'It is not known whether trimethoprim-resistant strains of staphylococci existed naturally before the drug came into use, or whether the resistance has arisen spontaneously and been selected since.'

In December 1963, through the kindness of Dr E. W. Witherspoon, a medical director of Burroughs Wellcome & Co (Australia) Ltd, we received a supply of BW56-72 trimethoprim. In the first quarter of 1964 we tested some hundreds of strains of organisms isolated in this laboratory against trimethoprim by a plate-dilution method. Four hundred and sixty-six strains of *Staph. aureus* were inhibited by a concentration of 1 µg/ml trimethoprim; 40 grew in the presence of 1 µg/ml but were inhibited by 2 µg/ml; eight strains tolerated 2 µg/ml but were inhibited by 5 µg/ml and two strains were not inhibited by 5 µg/ml.

The medium used was blood agar containing lysed horse red blood cells. It was satisfactory for the determination of sensitivity to sulphonamides, but probably was not entirely free of substances that interfered with trimethoprim. However, I believe that these results show that trimethoprim-resistant strains of *Staph. aureus* existed here in those days.

Prior to that time Cooper and Wald had used trimethoprim at the Royal Perth Hospital in Western Australia but I do not know of any being used in this vicinity, certainly not in this hospital.

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Book review

The Bare Facts of Systemic Pathology By Joseph A. Sisson. (Pp. xii + 366. £5.25.) Philadelphia and Toronto: J. B. Lippincott Co. Oxford and Edinburgh: Blackwell Scientific Publications. 1971.

To quote from the Preface might suggest, incorrectly, that your reviewer had not read this book.

'Students will find that this book meets their needs in several ways. First, it gives succinct, clear, no-nonsense, up-to-date definitions and descriptions of essential, important concepts of pathology. It contains much relevant, current information not available in any other single textbook, particularly in the areas of molecular pathology, lysosomal diseases and immunopathology.'

These are bold assumptions, and I also doubt if concepts can possibly be transmitted in the staccato telegraphese the author employs. Admittedly the last three areas occupy a lot of space, but they certainly flout Sir Robert Hutchison's advice, 'It is always well, before handing the cup of knowledge to the young, to wait until the froth has settled' (*Brit. med. J.*, 1925).

'Students themselves suggested the novel layout of the book with the text appearing on the left and blank pages for notes on the right. They take lecture notes on the right-hand pages and expand on the "bare facts" with pertinent notes from classic pathology texts, literary articles and other sources.' One real disadvantage of a telegraphic skeleton, as of a railway timetable, is the monotonous uniformity of each gobblet of information. There is neither chiaroscuro nor perspective. It is to be hoped that the students do indeed seek truly literary articles, because this type of textbook indubitably imperils their ability to use the English language.

'A glance at the pages of this book

reveal that the key word is "communicate". To that end I have dedicated it.' Alas, the proof reader was inadequately dedicated and the misprints may not always be recognized by the students, eg, 'Cophorectomy prevents cancer' in Turner's syndrome; 'Urinary Bladder Carcinoma Etiology: key words: Analine dye workers and schistosomiasis in Egypt'; Fungi 'often cause suppurative with draining sinuses'.

Under carcinoma of cervix we find, aetiology: *SEX* (too early? too often? etc). This recalls an old school master's definition of *et cetera* as a confession of ignorance; it can here scarcely be said to communicate. Slang, the language of a group, is similarly non-communicating, eg, under Grave's (sic) disease . . . 'patients are hyperthyroid with "bug" eyes'. This contraction Rx presumably stands for therapy and under benign prostatic hypertrophy is 'Rx: TUR'. 'N. Gonorrhoea is *MOST* common cause of PID in USA'. Contraction-slang is the craziest.

There are many quaint bits of information. 'Scar = collagenised granulation tissue with few or no fibroblasts and (sic—reviewer's sic) blood vessels 'A scar is a scar, is a scar, is a scar'. Presumably Stein; here is another: 'Lesch-Nyhan syndrome is a "touchstone disease"'. 'Everybody harbors 20 or more "chronic" viruses.' 'Granuloma inguinale has Pund-Greenblott macrophages'. 'Legally intoxicated—0.15% in blood (3 highballs) some states now 0.10%.' His last entry under *AGING KEY WORDS* No. 6 is 'Sisson's rule: There are at least two pathological diagnoses for every ten years of age', and so ends this book without a full stop.

I would not commend this book to anyone with less than five years' experience in pathology, or with a taste for style in communication.

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