

renal disease should open up the search for other factors in parathyroid metabolism. Keynes and Caird (1970) have suggested that in cases associated with steatorrhoea and osteomalacia the hyperparathyroidism is primary but masked initially by vitamin D deficiency. This view can be criticized because it gives no explanation for the association of hyperparathyroidism with the malabsorption syndrome. The use of the word 'primary' tends to dismiss the association; the words 'secondary' and 'tertiary' endeavour to fit the association into known concepts. It would appear wise to keep an open mind at present, and even to look for other factors than variation in the plasma calcium and phosphorus levels in parathyroid metabolism.

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It appears, therefore, that studies on the composite nature of biological characters of staphylococci are helpful in evaluating the status of coagulase-negative staphylococci. The serotyping is an additional adjunct in such a situation.

We wish to thank the Director of the Institute of Post-Graduate Medical Education and Research for the facilities provided for the research work. The three Cowan type strains were obtained through the courtesy of Dr S. P. Lapage, CPHLS, Colindale, London.

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