cells never manifested similar morphology. Trophozoites grown in culture had a similar appearance when stained.

The extreme rarity of Naegleria meningoencephalitis and the similarity of its clinical presentation to that of bacterial meningitis make it impractical to perform wet mount examinations as a routine procedure in the study of spinal fluid. Although the appearance in wet mounts is highly characteristic, nevertheless most cases have not been diagnosed before death and survival has been rare (Duma, et al., 1971; Lancet, 1977; Willaert, 1974). Since the appearance in smears stained to demonstrate bacteria appears to be distinctive, it is suggested that observation of morphologically similar structures should be sufficient to mandate wet mount study and culture, as well as additional questioning for pertinent history. Definitive treatment may then be initiated earlier, with possible improvement in the survival rate.

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Flucloxacillin in bone

Although not detracting from the findings concerning flucloxacillin levels in serum and bone (Unsworth et al., 1978), we question the advisability of stating that the commonest organisms causing deep infection in prosthetic hips are coagulase-positive and -negative staphylococci (Visuri et al., 1976). Our experience and other people's findings show that a variety of bacterial species may be isolated from infected prostheses. From 42 infected hip cases collected over three years (Fitzgerald et al., 1977), 18 staphylococcal strains were isolated, the remainder being a mixture of common pathogens but including 10 anaerobic strains, eight being peptococcal species. In this hospital, eight infected hips collected over two years yielded four anaerobic species, three coliform organisms, and only one Staphylococcus aureus. In each case these organisms were isolated in pure culture.

Whether anaerobic species have figured more prominently in recent reports because interest and awareness has alerted bacteriologists of their likely presence, or whether prophylactic measures directed against staphylococci are sufficient to eliminate them but not other species, remains to be determined. Meanwhile it is perhaps judicious to consider prophylaxis in the knowledge that a wider range of organisms than staphylococci is frequently implicated in the infection of prostheses.

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We have found levels of flucloxacillin in bone after an intramuscular injection similar to those reported by Unsworth et al. (1978).

However, we should like to point out that although coagulase-positive and -negative staphylococci are frequently encountered in deep infections after total hip replacement, they are by no means the only organisms isolated.

In our experience, in reviewing 310 total hip replacements in which there was a 5% deep infection rate, we found both Gram-positive and Gram-negative organisms present in the hip joint at the time.

References


