

FIGURE 1. Front of gown. Note that the entire front and sleeves are made of a liquid restrictive material.

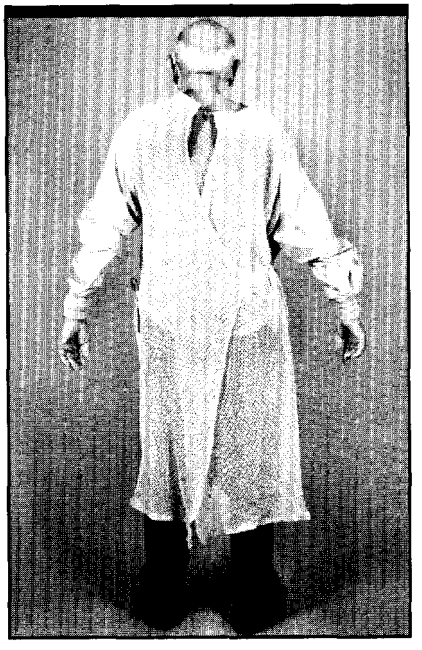


FIGURE 2. Back of the gown made of fish net. This fish net should be of a distinctive color to remind everyone that it is not sterile.

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exposes the back of the wearer to splash and thus might expose him or her to viral infected patient body liquids. I concede this, but counter that I have never seen the back of the surgeon blood stained, except when he or she sat down on a bloody stool. This could, I believe, be avoided by an observant circulating nurse.

William C. Beck, MD
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REFERENCES

1. Beck WC, Collette 'I False faith in the surgeon's gown and drape. ***Am J Surg.*** 1952;83:125.
2. Smith J, Nichols R. Barrier efficiency: are we really protected from patient's pathogens? ***Arch Surg.*** In press.
3. Beck WC, Carlson W. Aseptic barriers. ***Arch Surg.*** 1963;87:288.



FIGURE 3. Front of undershirt made of the same material as we presently use. This could also be made of fish net, although I believe that the see-through aspect might discourage this.

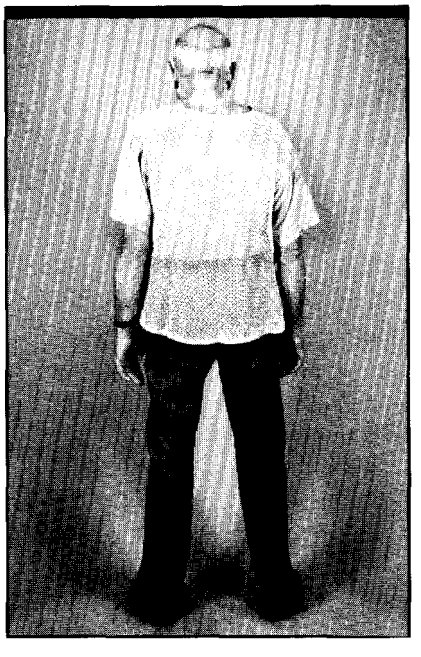


FIGURE 4. Back of undershirt made of same fish net material.

Urinary Tract Colonization With Methicillin-Resistant Staphylococcus aureus

To the Editor:

The Topics in Long-Term Care column entitled "Methicillin-Resistant *Staphylococcus aureus* in Long-Term Care Facilities" by Kauffman, Bradley, and Terpenning (1990;11(11):600-603) was extremely helpful both in its content and form.

There was one item that was overlooked that in the southern California area has been a continuous and increasing problem. That is the problem of methicillin-resistant *Staphylococcus aureus* (MRSA) cultured from the urinary bladder in patients with or without a catheter. What is the treatment of choice if the patient meets the criteria on being only

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*American Society for the Testing of Materials [ASTM] D3577-78a

"Occupational Safety & Health Administration (OSHA) instruction PUB 8-1.1 "Work Practice Guidelines for Personnel Dealing with Cytotoxic (Antineoplastic) Drugs" January 29, 1986

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colonized versus the patient with clinical and laboratory signs of being infected with MRSA?

Harry J. Silver, MD
Los Angeles, California

The authors were asked to respond to this letter.

Urinary tract colonization or infections with methicillin-resistant *Staphylococcus aureus* (MRSA) has not been a common problem in our experience in our long-term care facility, even though we have large amounts of wound and anterior nare colonization with MRSA. We might also add that we rarely use indwelling urinary catheters in our patients and prefer intermittent catheterization. Our practice is that colonization of the bladder in the patient who is asymptomatic and without significant pyuria should not be treated. In the rare patient who actually has urinary tract infection with MRSA, vancomycin would be the treatment of choice. If the strains in southern California are sensitive to TMP/SMX or ciprofloxin, either of these drugs could be effectively used to clear a urinary tract infection. Unfortunately, most of our endemic strains of MRSA in southeastern Michigan are now resistant to TMP/SMX and ciprofloxin.

Carol A. Kauffman, MD;
Suzanne F. Bradley, MD;
Margaret S. Terpenning, MD
University of Michigan
Ann Arbor, Michigan

PARADIGM Software

To the Editor:

Dr. David Reagan provides a very balanced and comprehensive review of PARADIGM, the annotated index of hospital epidemiology literature, as well as useful constructive criticism (1991;12(3):191). Those unfamiliar with this product may, however, misunderstand one of the weaknesses described.

PARADIGM does not allow subscribers to modify or overwrite its data base files, which summarize approximately 1,700 citations spanning the past 30 years. Data base search results can be saved in user-named files, and if unique names are not provided, it is these results files that may be overwritten without warning while saving subsequent searches.

PARADIGM's scope, features, and documentation will evolve in response to suggestions from subscribers and independent reviewers. Many such changes are already under consideration.

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Letters to the editor should be addressed to INFECTION CONTROL AND HOSPITAL EPIDEMIOLOGY Editorial Offices, C41 General Hospital, University of Iowa Hospitals and Clinics, Iowa City, IA 52242, All letters must be typed, double spaced, and may not exceed four pages nor include more than one figure or table. The editors reserve the right to edit for purposes of clarity or brevity.

Correction

In the supplement to the October 1990 issue, an article by Sue De Laune, RN, MN, CIC, identified *Plasmodium* as a virus instead of a protozoan. The author and editors regret the error.

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