

PAPERS READ BEFORE THE SECOND ANNUAL MEETING OF THE SURGICAL INFECTION SOCIETY, BOSTON, APRIL 19-20, 1982—PART II**Role of Surgical and Percutaneous Drainage in the Treatment of Abdominal Abscesses**

Mark I. Aeder, MD, MS; Jacqueline L. Wellman, MD;

John R. Haaga, MD; Toni Hau, MD, PhD, Cleveland

Criteria for percutaneous drainage include a drainage route not transverse the bowel and uncontaminated peritoneal or pleural spaces.

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Staphylococcus in Toxic Shock Syndrome and Other Surgical Infections: Development of New Bacteriophages

William A. Altemeier, MD; Sue A. Lewis; H. Stephen Bjornson, MD, PhD;

Joseph L. Staneck, PhD, Cincinnati; Patrick M. Schlievert, PhD, Minneapolis

New phages allowed typing of some previously untypeable toxic shock syndrome staphylococcal isolates.

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Prognosis in Generalized Peritonitis: Relation to Cause and Risk Factors

John Bohnen, MD, FRCS(C); Micheline Boulanger, RN;

Jonathan L. Meakins, MD, DSc, FRCS(C);

A. Peter H. McLean, MD, FRCS(C), Montreal

Lethal postoperative peritonitis was associated with an increased incidence of organ failure and delayed reoperation.

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Subeschar Treatment of Burn-Wound Infection

William F. McManus, MD; Cleon W. Goodwin, Jr, MD;

Basil A. Pruitt, Jr, MD, San Antonio, Tex

The use of subeschar antibiotics has eliminated the necessity for emergency excision of infected burn wounds.

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Gentamicin and Tobramycin Penetration Into Burn Eschar:**Pharmacokinetics and Microbiological Effects**

Ronald E. Polk, PharmD; C. Glen Mayhall, MD; Janice Smith;

Gaye Hall; Berry J. Kline, PhD; Erik Swensson, MD;

Boyd W. Haynes, MD, Richmond, Va

Aminoglycosides penetrate into burn eschar and appear to maintain some of their bioactivity.

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Effectiveness of a Surgical Wound Surveillance Program

Robert E. Condon, MD, MS; William J. Schulte, MD; Mark A. Malangoni, MD;

Mary Jane Anderson-Teschendorf, RN, Milwaukee

The trend of the infection rate during the surgical wound surveillance study was significantly downward.

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Wound Healing Accelerated by *Staphylococcus aureus*

Stanley M. Levenson, MD; Dorinne Kan-Gruber, MA;

Charles Gruber; John Molnar, MD; Eli Seifter, PhD, Bronx, NY

The increase in wound healing with *S aureus* may be due to stimulation of an inflammatory reaction.

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George T. Rodeheaver, PhD; Leonard D. Kurtz, MD; William T. Bellamy; Sharon L. Smith; Holly Farris; Richard F. Edlich, MD, PhD, Charlottesville, Va The presence of an antibiotic eliminated the infection-potentiating effect of the suture.	
Improved Survival After Pneumococcus in Splenectomized and Nonsplenectomized Mice With <i>Corynebacterium parvum</i>	328
James C. Hebert, MD; Richard L. Gamelli, MD; Roger S. Foster, Jr, MD; Bruce J. Chalmer, PhD; John H. Davis, MD, Burlington, Vt A nonspecific immunomodulator enhanced defense mechanisms in both normal and splenectomized animals.	
Nonspecific Stimulation of Host Defenses Against Bacterial Challenge in Immunosuppressed Mice	333
Robert B. Galland, FRCS; Kevin J. Heine; Hiram C. Polk, Jr, MD, Louisville Muramyl dipeptide increased survival in mice immunosuppressed by cyclophosphamide but not by steroids.	
Correction of Serum Opsonic Defects After Burn and Sepsis by Opsonic Fibronectin Administration	338
Marc E. Lanser, MD, Montreal, Thomas M. Saba, PhD, Albany, NY Replacement therapy can correct the postburn deficiency in opsonic fibronectin, but not the reticuloendothelial functional deficit.	
Plasma Kallikrein-Kinin System in Septicemia	343
Ansgar O. Aasen, MD; Nils Smith-Erichsen, MD; Egil Amundsen, MD, Oslo Significantly reduced functional plasma kallikrein inhibition was associated with fatal septic shock.	
The Influence of Hair-Removal Methods on Wound Infections	347
J. Wesley Alexander, MD, ScD; Josef E. Fischer, MD; Michael Boyajian, MD; Janet Palmquist, RN; Michael J. Morris, Cincinnati Hair removal by clippers on the morning of operation was associated with significantly fewer infections.	
Mycobacterial Infections in Renal Allograft Recipients	356
Richard K. Spence, MD, Camden, NJ; Donald C. Dafoe, MD; Gail Rabin, MD; Robert A. Grossman, MD; Ali Naji, MD; Clyde F. Barker, MD; Leonard J. Perloff, MD, Philadelphia Mycobacterial infection was a serious problem in a small number of renal transplant recipients.	
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