

Nominations should be sent by any member of the ISC, including affiliated societies, to the office of the Secretary General. This shall consist of a statement of the basis on which the nomination is made, a brief biographical sketch of the nominee, a list of publications, special awards and other pertinent information such as supporting letters. Each such completed dossier must be submitted in six copies.

Nominations must be received by the Secretary General of the ISC by 1 September, prior to the next International Congress of Chemotherapy. He shall determine their validity and forward them promptly to the Committee. This Committee will be appointed by the President of the ISC.

The recipient of the Award is selected from the nominees by an Award Committee specifically selected for this purpose consisting of four members of the Executive Committee and one member of the Council. The Committee will collectively evaluate the nominations in order to reach a final decision on the nominee to receive the Award.

The members of the Award Committee are as follows:

Executive Committee:

Prof. Dr. *H. P. Kuemmerle* (Head)

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Dr. *G. Werner*

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Prof. Dr. *A. Jeljaszewicz*

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Letter to the Editor

Sir, Data presented in a recent article on *Haemophilus* endocarditis (1) suggest that previous antimicrobial therapy could slow the growth of microorganisms in blood cultures. Since this factor was not examined in our study of *Staphylococcus aureus* bacteremia (2), we subsequently determined detection times in relation to antibiotic treatment. In the "significant" and "possible" categories, mean detection times were actually slightly (though not significantly, $p > 0.05$) shorter in blood cultures drawn one to several days after the start of therapy (with antibiotics effective in vitro) than those drawn before the start of therapy. In the "doubtful" category, mean detection times of blood cultures from patients not on therapy were—also not significantly—shorter than from patients on therapy begun after the first blood culture had been drawn. The figures for the categories are: "definite", 1.6 (after) vs. 1.8 (before); "possible", 2.7 vs. 3.5; and "doubtful", 3.0 vs. 3.8 days. There were no significant differences in the detection times between Tryptic Soy Agar and Thioglycollate, either. Thus, antibiotic therapy obviously did not delay overall growth rates of *S. aureus* in our blood cultures.

1. *Geraci, J. E., Wilkowske, C. J., Wilson, W. R., Washington, J. A.*: *Haemophilus* endocarditis—report of 14 patients. *Mayo Clin. Proc.* 52 (1977) 209–215.

2. *Horvitz, R. A., von Graevenitz, A.*: Interpretation of blood cultures yielding *Staphylococcus aureus*. *Infection* 4 (1977) 207–210.

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Analysis by Country of Origin of Articles published in INFECTION 1974–77

Country	1977	1976	1975	1974	Total
Germany	20	21	13	18	72
USA	6	1	6	2	15
Britain	–	9	2	3	14
Austria	3	5	3	1	12
Belgium	3	–	5	2	10
Israel	4	–	2	3	9
Italy	2	1	4	–	8
Sweden	3	1	1	3	8
Switzerland	2	2	1	2	7
Hungary	2	1	1	2	6
Czechoslovakia	2	1	1	–	4
Denmark	1	–	2	–	3
Chile	–	1	–	1	2
Finland	1	–	–	1	2
France	1	–	1	–	2
Holland	1	–	1	–	2
India	1	–	–	1	2
Norway	–	–	–	2	2
Yugoslavia	–	1	–	1	2
DDR	–	1	–	–	1
Egypt	–	1	–	–	1
Ireland	–	–	–	1	1
Japan	–	–	1	–	1
Roumania	–	–	1	–	1
USSR	–	1	–	–	1
Totals	53	47	45	43	188

Errata

Zur Arbeit *H. Lode, U. Nistrath, P. Koeppe, H. Langmaack*: "Azlocillin und Mezlocillin: Zwei neue semisynthetische Acylureidopenicilline", *INFECTION* 5 (1977) Seiten 163–169: Die dargestellte Regressionsgrade in der Abbildung 1 entspricht dem Mezlocillin und die Regressionsgrade in der Abbildung 2 entspricht dem Azlocillin.

The English title of the article by *R. Heymès, A. Lutz* and *E. Schrinner* in the list of contents in *INFECTION* 5 (1977) No. 4 should read as follows: "Experimental Evaluation of HR 756, a New Cephalosporin Derivative: Pre-Clinical Study"