LETTERS

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Patients' attitudes to deputizing services

Sir,

There has been heated discussion of the advantages and disadvantages of deputizing services in general practice[1] and patients' use of deputizing services has been studied.[2] It has often been assumed that patients are not in favour of deputizing services and we attempted to assess the attitudes of patients in an established inner city practice of four partners which makes regular use of local deputizing services for out-of-hours work.

Two hundred and fifty patients were asked to fill out a questionnaire asking about their knowledge of the practice organization and their attitude towards the practice. One question related to the use of the deputizing service — 110 (44%) thought the deputizing service was a good idea, 17 (7%) thought it was a bad idea and 123 (49%) thought it had good and bad points. Patients' attitudes were not related to their age, sex, the doctor they were registered with or the length of time they had been registered with the practice.

Patients were also asked to comment on the deputizing service. Out of 266 comments 123 (46%) were favourable, 114 (43%) were against the service and 29 (11%) were neutral. The most common comments in favour were: a doctor was always available; a doctor could be seen quickly; and their own doctor needed some time off. The majority of adverse comments were related to the fact that patients preferred to see their own doctor who knew them and had access to their records.

It would appear that patients are more understanding of the need for deputizing services and are less critical of them than might be anticipated.

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Nasal carriage of sodium fusidate resistant *Staphylococcus aureus*

Sir,

A previous study in the *Journal*[1] found no nasal carriage of *Staphylococcus aureus* resistant to sodium fusidate following the topical use of the drug. This prompted a local investigation involving general practitioners because in this area of Leeds sodium fusidate resistant *S. aureus* make up approximately 4% of the isolates of the organism, higher than the 1% or less reported in other areas.[2]

Fifty patients from whom a sodium fusidate resistant *S. aureus* was isolated in the laboratory during 1986–87 were followed up. Two to three months after the initial isolation a nasal swab was obtained from 25 of these patients. Only 15 were carriers of *S. aureus* of which eight were the same phage type and still fusidic acid resistant. Data on previous treatment was only available for 17 patients. Of these only four had received sodium fusidate in the previous year and none continued to carry sodium fusidate resistant *S. aureus*.

Sensitivity tests showed that minimum inhibitory concentrations of the drug were in the range 2–16 g ml^{-1} in the resistant strains. These values are relatively low for chromosomally mediated resistance[3] but more similar to that of plasmid mediated resistance,[3] such as that found in burns and dermatology wards. All of the strains tested were sensitive to methicillin and mupirocin and the cause for their resistance to fusidate is not clear. The widespread use of sodium fusidate dressings has been suggested but this could not be assessed.

The conclusion of this study is that sodium fusidate resistant *S. aureus* continued to be carried by the patients in the community, that they were pathogenic, but that there was insufficient evidence to relate carriage of resistant *S. aureus* with the use of fusidate.

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2. Noble WC, Naidoo J. Evolution of antibiotic resistance in *Staphylococcus aureus:* the role of the skin. *Br J Dermatol* 1978; **98:** 481-489.
3. Chopra I. Mechanisms of resistance to fusidic acid in *Staphylococcus aureus. J Gen Microbiol* 1976; **96:** 229-238.

Needs of general practitioners in providing stroke care

Sir,

A stroke is the commonest neurological emergency seen by general practitioners and the most frequent cause of serious disability in the community.[1] Furthermore, at least 40% of stroke patients are cared for at home[2] so the role of the general practitioner in their care is crucial. We therefore decided to ask two groups of general practitioners what they perceived to be their needs in stroke management.

Questionnaires were sent with the routine family practitioner committee mailing to 300 general practitioners in the catchment area served by the Nottingham hospitals and to 200 general practitioners in the Oxford hospitals' catchment area. Freepost envelopes were provided for the