because such data are far more likely to be related to patient health care and so to the improvement of national health than those reported by medical scientists.

CARL J. REICH, MD, FRCP[C]
205A Medical Centre
Calgary, Alta.

Resistance of cultures of *Neisseria gonorrhoeae* to spectinomycin

To the editor: Since the discovery of increasing resistance of *Neisseria gonorrhoeae* to penicillin and of penicillinase-producing strains of this organism, more attention has been paid to other antibacterial drugs for treating gonococcal infections.[1,2]

In our laboratory in vitro susceptibility testing is performed on approximately 200 cultures of *N. gonorrhoeae* per month. These cultures are examined by the plate dilution method against various concentrations of six antibacterial drugs (penicillin, 0.2, 0.5 and 2.0 IU/mL; ampicillin, 0.5 and 1.0 μg/mL; spectinomycin, 15 and 18 μg/mL; tetracycline, 1.0 μg/mL; erythromycin, 1.0 μg/mL; and a combination of trimethoprim and sulfamethoxazole, 1.5 and 28.5 μg/mL respectively).[3]

Spectinomycin was introduced in our susceptibility testing in June 1972. Since then most cultures of *N. gonorrhoeae* have been susceptible to this drug. However, in June and July 1978 a marked increase in the percentage of cultures resistant to spectinomycin was noted.

The patterns of susceptibility of *N. gonorrhoeae* to spectinomycin from January to July 1977 and from January to July 1978 are shown in Table I. The percentage of resistant cultures was higher from January to July in 1978 than in 1977.

Spectinomycin is one of the drugs recommended when a patient is allergic to penicillin or when other antibacterial drugs fail in the treatment of gonorrhea. Most strains of *N. gonorrhoeae* that are resistant to penicillin are susceptible to spectinomycin, although there has been increasing evidence in 1978 of a more resistant pattern in the susceptibility of this organism to spectinomycin.

At present the susceptibility of *N. gonorrhoeae* to spectinomycin is being carefully monitored.

ROSA SHTIBEL, M SC
Clinical bacteriology section
Provincial public health laboratories
Ontario Ministry of Health
Toronto, Ont.

References

1. PEDERSEN AHB, WIENSER PJ, HOLMES KK, et al: Spectinomycin and penicillin G in the treatment of gonorrhea — a comparative evaluation. *JAMA* 220: 205, 1972
2. PORTER IA, WOOD WJ: Spectinomycin: minimum inhibitory concentrations for Neisseria gonorrhoeae. *Br J Vener Dis* 50: 289, 1974
3. SHTIBEL R: Resistance of *Neisseria gonorrhoeae* to antibacterial drugs in Ontario. *Health Lab Sci* 13: 49, 1976

Inappropriate placing of advertisement in Journal

To the editor: I read with interest the article by Dr. V. Cecil Wright, Nora M. Lanning and Dr. Renato Natale entitled "Use of a topical antibiotic spray in vaginal surgery" (*Can Med Assoc J* 118: 1395, 1978). The merits of the article are not at issue. However, I am alarmed by an editorial policy that allows an advertisement for a product to appear immediately after an article assessing that product. When I finished reading this article I was confronted with an advertisement for Sterispray, a sterile antibiotic powder spray.

While it is clearly important that advertisements help defray the costs of production of a journal such as the *CMAJ*, I question the validity and the propriety of placing an advertisement immediately next to the article that the advertisement uses as its principal source of support. The purpose of this letter is not to criticize the manuscript or its conclusions, which may or may not be valid, but to point out that it appears as if the Journal is supporting the use of this product by placing the advertisement in such obvious proximity to its single supporting reference.

JONATHAN L. MEAKINS, MD, D SC, FRCS[C]
Assistant professor of surgery
and microbiology
McGill University
Montreal, PQ

In reply: The Canadian Medical Association wishes to express its appreciation to Dr. Meakins for drawing this mistake to its attention. As publisher of the Journal, the association offers its apologies to our readers, the authors of the paper and Fisons Corporation Limited, Scarborough, Ont., the manufacturers of Sterispray.

It is contrary to Journal policy to juxtapose articles and advertisements that have even a potential relationship. The Journal's business and production managers (not the editors), who are responsible for the physical make-up of the Journal, have been instructed to take all steps possible to avoid any recurrence of this unfortunate breach of the association's publishing policy.

D.A. GEEKIE
Director of communications
and publications
Canadian Medical Association

Advertising breast feeding

To the editor: Recent discussions in medical journals about breast feed-

Table I—Concentrations of spectinomycin to which *Neisseria gonorrhoeae* was resistant, by month and year

Month	1977 Total no. of cultures tested	1977 No. (and %) of cultures resistant to 15 μg/mL*	1977 No. (and %) of cultures resistant to 18 μg/mL†	1978 Total no. of cultures tested	1978 No. (and %) of cultures resistant to 15 μg/mL*	1978 No. (and %) of cultures resistant to 18 μg/mL†
January	197	0 (0)	1 (0.5)	192	3 (1.6)	3 (1.6)
February	174	2 (1.2)	1 (0.6)	174	8 (4.6)	3 (1.1)
March	194	2 (1.0)	1 (0.5)	200	9 (4.5)	2 (1.0)
April	184	7 (3.8)	0 (0)	189	16 (8.5)	0 (0)
May	200	2 (1.0)	3 (1.5)	198	13 (6.6)	0 (0)
June	216	3 (1.4)	1 (0.5)	241	43 (17.8)	4 (1.7)
July	214	5 (2.3)	0 (0)	214	72 (33.6)	35 (16.4)

*All cultures resistant to 15 μg/mL of spectinomycin had a minimum inhibitory concentration (MIC) of 18 μg/mL.
†All cultures resistant to 18 μg/mL of spectinomycin had an MIC of 20 μg/mL.