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Correspondence

Letters to the Editor should not exceed 500 words.

Brucellosis Still Spreading

SIR,—Dr. R. J. Henderson's article on brucellosis (29 November, p. 550) and your leading article (p. 512) prompt me to report a death from brucellosis which recently occurred in Edinburgh and was due to the drinking of infected milk in a town in Fife. The patient, a man aged 42, had been treated by mitral valvotomy seven years previously, and remained well until contracting this lethal infection. A neighbour who drank milk from the same dairy suffered a similar infection but recovered. It is not known how many others were infected.

We were astonished to learn that there is no law against selling infected milk, nor can anything be done to prevent the farmer distributing milk known to be infected. All that can be done in the words of the medical officer of health of the district concerned is to "twist his arm." Brucellosis is certainly one of the most serious forms of endocarditis. Though death may be rare, it is a likely complication in anyone with heart disease, and, as you point out, 1,000 preventable cases occur in this country each year, and in this respect we are indeed a backward land.—I am, etc.,

RICHARD TURNER.
Department of Medicine,
University of Edinburgh.

SIR,—May I thank Dr. R. J. Henderson (29 November, p. 550) and your leader writer (p. 512) for drawing attention to the dangers and problems of brucellosis? The frustrations and expense to the farmer in its eradication are perhaps underlined by my own experience.

Every animal on my farm, Guernseys and Herefords, has been home-bred with the exception of the bulls, every female has been vaccinated with strain 19 against brucellosis, and there has not been a case of clinical contagious abortion for 25 years; so I thought that entering the Ministry of Agriculture's eradication scheme would be easy. Three milk ring tests on the Guernseys were negative, but the last of the 100-odd Herefords to be bled for evidence of infection was reported as a "roaring positive." This was a 16-year-old animal born and bred on the farm, duly vaccinated, which had had 12 healthy calves and was now penned with another old cow being fattened for slaughter. They were both sent forthwith.

After 60 days the Herefords were bled again, but whereas the first time the bleeding was free, this time I had to pay my private vet; and this time a heifer which had just had a second healthy calf and had been previously negative, which had had no contact with the first reactor for a year, was positive. She was immediately slaughtered. After the prescribed period I paid for a third bleeding which showed the herd to be clear, as were the Guernsey bulls. The whole procedure has taken about two years and many man hours.

Apart from making me wonder about positive serology in healthy animals, this has been a very unprofitable venture for the farm If one is going to make a genuine contribution to the public health from one's own pocket the Ministry might be a little more co-operative with the services of its vets, while the question of compensation for the voluntary slaughter of positively reacting but healthy animals should be seriously considered.

We managed virtually to eradicate tuberculosis from the national milk herd with the help of a bonus or incentive scheme and compensation, and only an approach more positive than that at present in operation can be expected to diminish the problems of brucellosis which Dr. Henderson so rightly highlights.—I am, etc.,

Moreton-in-Marsh, Glos. I. A. B. CATHIE.

"Five-day Courses" and Respiratory Infections

SIR,—"A cause of common Errors is the Credulity of men, that is, an easie assent to what is obtruded, or a believing at first ear, what is delivered by others." Thus wrote Sir Thomas Browne in 1672 (*Pseudodoxia Epidemica*, Chapter 5). Yet such errors continue to appear even in our scientific age, and one of the latest and most mischievous is the belief that a "five-day course" of an antibiotic is a panacea for respiratory infections.

I drew attention to this last year in your columns (7 September, 1968, p. 614) and make no apology for doing so again at the onset of another winter. Before long we will be admitting bronchitic patients who have had several "courses" of various antibiotics over a period of weeks, each followed by a relapse; before finally, in desperation, the puzzled doctor sends the patient into hospital.

As with most common errors, the origin of this one is obscure, but it is constantly being reinforced by careless and uncritical repetition, often by people who should know better, and therefore it is unfair to blame the average doctor for accepting its validity. Already it has crept into the *British National Formulary*[1] and a particularly striking example occurs in a recent paper by Dr. R. N. Johnson and others on the chemoprophylaxis of chronic bronchitis (1 November, p. 265). These authors mention that "all groups received *a five-day course of tetracycline* for any acute exacerbation" (my italics). This statement appears in the Summary which heads the paper and which (let us face it) is the only part the majority of readers are likely to study. The busy doctor reading this and then glancing at the rest of the article will put it down with the comfortable feeling that these clever, scientific chaps are approving his habit of giving five days' supply of tetracycline to patients who have an exacerbation