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In Front of the Public

SIR,—Some days ago, while in non-medical company, I watched a well-known weekly television programme during which three medical participants discussed the possible dangerous effects of the contraceptive pill on the female body.

I would not wish to go into the ethics of medical men allowing their names and appointments to be publicly broadcast, or into the advisability of leaving countless women with grave doubts about the dangers or otherwise of the pill. I am, however, deeply con-

cerned with the sight of eminent medical men criticizing each other's views and experience publicly in front of a lay audience. The cut-and-thrust of medical argument on a combined ward round, or at a medical meeting, can be informative often and amusing occasionally; but similar repartee broadcast by television can only help to drag British medical prestige to an even lower level than that which it has already reached.—I am, etc.,

Waltham Cross, Herts. C. C. CRAMPTON.

Penicillin in Poultry Feed

SIR,—The Government has accepted the recommendation of the Swann committee that the use of the medically important antibiotics penicillin, chlortetracycline, and oxytetracycline as feed additives for the promotion of growth in pigs and poultry be discontinued (29 November, p. 511).¹ In the case of the tetracyclines a basis for the recommendation is the fact that *Escherichia coli* from the faeces of tetracycline-fed pigs and poultry is almost entirely tetracycline-resistant, the resistance being transmissible to other intestinal bacteria including human pathogens.²

In the case of penicillin a similar basis would be the emergence of ampicillin-resistant intestinal bacteria in penicillin-fed livestock (Report, para. 9–15). Anderson and I³ suggested that penicillin might have had this effect when we found R factors giving ampicillin-resistance in cultures of salmonella isolated from pigs, but we had no direct evidence that penicillin in pig feed was responsible for the ampicillin-resistance. The high incidence of ampicillin-resistance in salmonella subsequently found by Anderson⁴ most probably resulted from the prophylactic and therapeutic use of ampicillin in calves, rather than from penicillin as a food additive.

Penicillin at a "nutritional" dose level does not lead to the development of ampicillin resistance in the normal intestinal *Escherichia coli* of chicken. As part of a study intended to look for any enhanced incidence of infection with resistant bacteria in poultry packers, cloacal swabs were recently taken from 48 broiler chickens, fed all their lives on pelleted food containing 10 g. penicillin/ton, and from 30 breeder fowl which had never received penicillins. Neither group had ever been fed tetracyclines. The birds came from several different farms, and specimens were collected at the packing station where they were to be killed. The swabs were cultured on media for the selection of drug-resistant *E. coli*. No ampicillin-resistant strains were detected from any specimen, although *E. coli* with multiple and transmissible drug-resistance, not including ampicillin-resistance, was common in both groups.

The proposed ban on penicillin as a feed additive thus rests only on the raised rate of carriage of penicillin-resistant *Staphylococcus aureus* by penicillin-fed livestock and their human attendants⁵ and on the possibility, not directly demonstrated, that penicillin-feeding may lead to the emergence in

livestock of ampicillin-resistant salmonella. Penicillin is cheap, home-produced, and effective in promoting growth in young animals. Should legislation preventing its use in feeds be introduced without clearer evidence for undesirable side-effects?—I am, etc.,

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Brucellosis Still Spreading

SIR,—Your leading article (29 November, p. 512) and the article by Dr. R. J. Henderson (p. 550) highlight a problem which should cause us all concern. Brucellosis is a disease which can be prevented, but the regulations at present in force are so difficult to administer that it is unlikely we shall eradicate it in the foreseeable future. Indeed, the voluntary eradication scheme may lead to dissemination of infection, as Dr. Henderson rightly points out. The following saga illustrates these points.

A year ago a routine raw milk sample examined in this laboratory gave a positive milk ring test (M.R.T.) for antibodies to brucellosis. To confirm infection individual cow samples were examined and one of these yielded *Br. abortus* on culture. Before action could be taken, indeed before the medical officer of health had been informed of the result, the cow was sold; a perfectly legal step for the farmer to take even if he knew it was infected. A month later the incident was repeated and was followed by a request from the farmer for milk to be examined from six recently purchased beasts. *Br. abortus*