

# Letters

## Legionellosis in British Columbia

To the editor: Legionellosis is being recognized with increasing frequency. However, its laboratory diagnosis is still largely retrospective and based on serologic findings. Commercial culture media have recently been introduced that will greatly facilitate isolation and identification. *Legionella longbeachae* was first reported in British Columbia in October 1981.<sup>1</sup> Since then two patients have died from this infection. *Legionella* was demonstrated by Gram-staining of respiratory exudate, including sputum, with 0.05% carbol fuchsin as the counterstain.

The first patient, a 67-year-old legal secretary, was admitted to hospital in October 1981 with a 10-day history of a virus-like illness complicated by diarrhea and anuria 2 days prior to admission. She had bilateral pneumonia and died 48 hours after admission. Before she died, gram-negative bacilli were detected in a direct smear of sputum. This prompted the administration of gentamicin and erythromycin. The bacilli did not grow on routine culture media. At autopsy the bronchi were found to contain a golden mucoid exudate, and the lungs were scattered with well demarcated areas of consolidation from which pus could not be expressed. Smears from the bronchial exudate and the lungs, counterstained with 0.05% carbol fuchsin, showed many gram-negative bacilli in neutrophils and extracellularly. Culture of exudate and lung tissue on BCYE (buffered charcoal-yeast extract agar; Remel, Lenexa, Kansas) yielded a pure growth of *L. pneumophila*, serotype 1. Viral cultures were negative. The organisms could also be demonstrated in deparaffinized tissue sections treated with Gram's stain and 0.05% carbol fuchsin as the counterstain. Blood taken at autopsy had a titre of 1:64 for *L. pneumophila*.

The second case was confirmed as being caused by *L. pneumophila*, serotype 2 by direct fluorescent antibody staining of a lung section obtained at autopsy. The patient, a 44-year-old logger, died of acute pneumonia in October

1981. Again the organisms were demonstrated in the lung tissue with Gram's stain.

For rapid diagnosis direct fluorescent antibody staining is the best method but may not be widely available. However, direct Gram's staining of a smear of sputum is a routine procedure, and it is easy to substitute 0.05% carbol fuchsin for other counterstains. The recognition of the organisms on such smears in these two cases raises the possibility of early detection in other cases. Gram-negative bacilli resembling *Legionella* in a smear, in the absence of cultured *Haemophilus* or coliform bacilli, would be highly suggestive of legionellosis and should lead to appropriate culture procedures and therapy. Thus, some of the deaths from this disease might be prevented.

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### Reference

1. SMITH JA, HARPER B, HUCHELL V, LAM S: *Legionella longbeachae* — British Columbia. *Can Dis Wkly Rep* 1981; 40: 197

*CMAJ tries to publish as wide a selection of letters to the editor as possible. We can accept more letters and publish them more promptly if they are short and convenient to edit. We ask that letters be no more than two typescript pages (450 words) long, and that they be typed double-spaced with wide margins, like a manuscript.*

### How to read clinical journals

To the editor: Dr. Pierre Biron's bouquet (*Can Med Assoc J* 1981; 125: 699) for the series on how to read clinical journals has just caught up with me on sabbatical here in Dublin.

I bask in his praise and remind readers that the series is a joint effort with Brian Haynes, Peter Tugwell and other colleagues who share a determination to publish such work in a Canadian journal.

The series has been used to help students, house staff and practitioners

learn how to be more critical in their assessment of clinical data, both at McMaster and elsewhere. The second workshop on teaching the critical assessment of clinical data will be held in Hamilton from Sept. 27 to Oct. 1, 1982. Those who want to learn more about this workshop should contact Ms. Kathy Bennett, Rm. 2C1, McMaster University Health Sciences Centre, 1200 Main St. W, Hamilton, Ont. L8N 3Z5.

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### Ophthalmologists and optometrists

To the editor: I would like to correct two statements that appeared in the Publisher's Page "Ophthalmologists and optometrists" in the Feb. 1, 1982 issue of the Journal.

Optometrists do not prescribe any drugs for their patients. There are no provisions under the Health Disciplines Act for them to do so, and this legal right has not been sought. Optometrists do use topical anesthetics to facilitate the measurement of intraocular pressure and for applying contact lenses. I do not have any knowledge of optometrists prescribing drugs for their patients anywhere in Canada.

Optometrists, by virtue of their training and by law, do refer and are required to refer patients to a legally qualified medical practitioner when there is a condition of the eye or adnexa that appears to require medical attention. Failure to do so becomes a matter of professional misconduct under the Health Disciplines Act.

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### Ear-crease sign and coronary artery disease

To the editor: The reaffirmation of the predictive value of the ear-crease sign by Drs. Pasternac and Sami (*Can Med Assoc J* 1982; 126: 645-649) has