

NEWS AND NOTES

Views

Doctors who don't bother to record their patients' blood pressures might ponder the latest report from the Medical Defence Union. Damages of £36 000 were paid to a woman who had had a stroke after six years' treatment with hormone pills and no record of a measurement of her blood pressure during that time. In those circumstances the claim was indefensible.

Pulmonary function tests are said to be an objective measure of respiratory disability; but, says Keith Morgan (*Chest*, 1979, **75**, 712), the effect of breathlessness on employment seems to depend most on the gap between earnings and sick pay and whether or not the work is interesting and stimulating.

*Minerva is a Francophile (largely on the urging of her stomach) but she finds some of the differences between France and Britain inexplicable. Why, for example, have the French had no public debate about nuclear power? According to "Nature" (1979, **281**, 94), the French Government traditionally keeps its thoughts on such matters to itself, and neither the public nor scientists seem interested in ventilation of the issues.*

The stone effigies of Louis XII and his wife, Anne of Brittany (c 1515), in the abbey church of St Denis show details of the incisions and sutures used in their evisceration and embalming (*Bulletin of the New York Academy of Medicine*, 1979, **55**, 636). In the Middle Ages post-mortem examination was reserved for royalty and the nobility.

*Letters continue to appear in the "Journal of the American Medical Association" (1979, **242**, 1031) describing children shunned by friends and families because of their appalling body odour. In each case the smell disappeared dramatically with removal of an unsuspected foreign body from the nose.*

Some patients with angina seem to prefer nitroglycerin ointment to tablets—and it has definite advantages in terms of side effects. Sensitisation of the skin, however, may cause a papulovesicular eruption (*Archives of Dermatology*, 1979, **115**, 853). Fortunately the allergy does not preclude a switch back to tablets.

*Amyl nitrite, on the other hand, nowadays mostly seems to be used as a drug for intensifying orgasm. In New York it is used most widely by male homosexuals, says an account in the "American Journal of Psychiatry" (1979, **136**, 1067), some of them taking it as often as three times a week. As yet no health hazards have been reported.*

After the series of articles on road accidents our special correspondent is thinking about an investigation of the art therapies and their place in different forms of handicap and

illness. Minerva will gladly pass on information from anyone who has tried to evaluate the therapeutic effectiveness of music, poetry, painting, and other art forms.

*The early days of treating rheumatoid arthritis with corticosteroids are now said to be a classic example of the disastrous results of uncritical overenthusiasm for a new drug. But an account in the "New England Journal of Medicine" (1979, **301**, 669) of the use of cortisone to treat Raoul Dufy from 1950 onwards shows that—despite some serious side effects—steroids got him walking and painting once more: with hindsight his physicians would have done the same again.*

How many paediatricians know that the use of incubators for the care of premature infants was a highly successful side show at the Victorian Era Exhibition at Earl's Court? The showman, Dr Martin A Couney, took his apparatus to fairs and shows all over Europe and the United States (*Pediatrics*, 1979, **64**, 127), borrowing babies (and usually rearing them successfully) from charity hospitals.

The annual report of the medical services of the Nchanga Consolidated Copper Mines in Zambia recently came Minerva's way. She was surprised at the size of the undertaking: over 50 doctors, nearly 1000 hospital beds, and 23 clinics and health centres are scattered over an area the size of Wales. Since 1970 the Zambian Government has been the majority shareholder.

Nowadays, atmospheric pollution in cities comes mostly from vehicle exhausts, and the dangers to health seem much greater in communities living at altitudes of 1500 metres or more (*Journal of the American Medical Association*, 1979, **242**, 1163). The risks seem highest when dense pollution is combined with bright sunlight, when toxic amounts of ozone are formed by the action of ultraviolet light on the exhaust fumes.

*Most doctors think they are familiar with the risk factors for carcinoma of the cervix turned up by epidemiological studies— young age at first intercourse, promiscuity, social class V, and so on. Another is listed in the "Journal of the National Cancer Institute" (1979, **63**, 23): the risk of cervical cancer seems to be higher in women who use vaginal douching, with a good correlation with frequency of douche.*

A variety of problems arise in infants of mothers who are methadone addicts. The latest to be reported is thrombocytosis (*Journal of Pediatrics*, 1979, **94**, 895). There was a progressive rise in the platelet count and an increase in platelet adhesiveness in 33 infants for at least 16 weeks after birth, and seven babies had counts exceeding one million. The mechanism is not known and there was no evidence that the thrombocytosis did any harm.

EPIDEMIOLOGY

Gastroenteritis associated with wild birds in a hospital kitchen

JOHN B PENFOLD, H C C AMERY, PAMELA J MORLEY PEET

The following notes are compiled by the Communicable Disease Surveillance Centre (Public Health Laboratory Service) and the Communicable Diseases (Scotland) Unit from reports submitted by microbiologists, community physicians, and environmental health officers.

Outbreaks of infection in which the distribution of cases is haphazard are often the most difficult to investigate. In the following case the investigators had to wait four years for confirmation of their suspicions.

First outbreak

On 10 March 1975 an outbreak of gastroenteritis began in ward A of a large mental hospital. Within two days further outbreaks of diarrhoea occurred in other wards, with eight cases in ward B, six cases and one death in ward C, and one case in ward D. Wards A-C were psychogeriatric wards, and ward D was an ordinary psychiatric ward. On 13 March one case developed in ward E (psychiatric) and two in ward F (psychogeriatric).

A male nursing assistant on the psychogeriatric unit fell ill with diarrhoea during the weekend 8-9 March. He worked only at weekends and admitted eating ward food, including cold chicken, during the weekend of 1-2 March. He may also have eaten ward food on 8-9 March, but did not admit to this.

Sporadic cases continued to occur in the next week, with no more than one case in each ward; the last case occurred on 25 March. *Salmonella typhimurium* was isolated from the stools of 45 of about 60 patients with gastroenteritis.

In the course of routine bacteriological screening *S typhimurium* was recovered from the faeces of four staff members—a staff nurse, a night nursing assistant, a domestic assistant, and a food porter, all of whom worked in the psychogeriatric unit or had regular contact with it. A further case occurred in an infant aged 21 months belonging to a couple, both nurses who worked at the hospital but lived outside it. *S typhimurium* was isolated from the infant and the mother, but the stools of the father were consistently negative for salmonellas. Both parents denied having diarrhoea.

Measures instituted at the onset of the epidemic included examination of the faeces of all patients in the affected wards and of relevant staff, including all kitchen staff. Attempts were made to find and examine remains of suspect meals. Only some gibles

from one chicken meal were found, and no salmonellas were isolated. Chickens from the kitchen deep freeze were examined, also with negative results. Ward hygiene was tightened, and visiting and interchange of staff was restricted. Strict hygiene measures were reviewed with the staff concerned with food preparation and handling and washing up.

The kitchen was a large barn-like building. Many wild birds, mainly sparrows, were seen flying about among the rafters, beams, and windows, and food lay unprotected as it waited to be taken by trolleys to the wards. Environmental swabs and samples of bird droppings were taken and examined with negative results; arrangements were, however, made to have the unprotected windows netted, and for traps to be fitted at the large doors to the yard where lorries and vans came to deliver foods. These doors remained open during delivery.

All salmonellas isolated were typed at the division of enteric pathogens at Colindale, and all proved to be *S typhimurium* phage type 40, except for those from the nurse-mother and her 21-month-old daughter. They both had *S typhimurium* type 18 infections. The division of enteric pathogens commented that type 40 was associated with small birds such as sparrows and finches. In the meantime the birds in the kitchen had been destroyed, but unfortunately none were sent to the laboratory for investigation. The cause of the outbreak was never fully explained; but the "hit-and-miss" distribution of cases, the presence of sparrows and their droppings in the kitchen, and the known association of the organism with small birds, coupled with the fact that the outbreak ended with the elimination of the birds, suggest that uncovered food was contaminated by organisms from bird droppings.

Second outbreak

On 21 February 1979 in the same hospital a 68-year-old man who was a patient in the psychogeriatric unit on ward B fell ill with bronchitis and was transferred to ward J. Here it was noticed that he had loose stools, and a specimen was sent for bacterial examination. He recovered rapidly from his bronchitis on antibiotic treatment and was returned to ward A. On 23 February the laboratory reported the isolation of *S typhimurium* from his faeces. Samples of faeces from all patients in the three wards A, B, and J, the staff, and the kitchen staff were again examined. Only a man aged 84 years without diarrhoea in ward A was found to have *S typhimurium* in his stools. The division of enteric pathogens reported both these as phage type 160, and again commented that the type was associated with small birds, particularly sparrows and finches.

The kitchen was visited immediately. There did not appear to be much change from 1975. Some windows had been netted but others had not, and the bird traps at the doors to the

yard were unfinished. Flying around in the kitchen were many small birds. Food was still lying uncovered during and after preparation. It was immediately ordered that the birds should be destroyed, and this was done on 12 March 1979. All the bodies, two starlings and 30 sparrows, were dispatched to the laboratory for examination. Rectal contents taken with fine swabs were cultured, and three strains of *S typhimurium* were isolated from the sparrows. The laboratory reported that two were phage type 160, the same as in the affected patients, and the other was phage type 110. Uncovered food seems likely to have been sporadically contaminated by bird droppings, some of which contained salmonellas, and to have infected the two patients. Presumably there was some opportunity for the salmonellas to multiply in the food, or there was a sufficient dose in the avian faeces to make the old people ill.

At the same time as the birds were culled another barn-like kitchen at a mental handicap hospital about a mile away was also cleared of its avian inhabitants. No salmonellas were obtained from the rectal swabs of the sparrows there.

While much work has been done on the incidence and transfer to humans of salmonellas from some birds, notably poultry, there are few reports on the incidence of salmonellas in wild birds,¹ and none to our knowledge have been found describing the transfer of these organisms from wild birds to man. Clearly opportunist birds in kitchens may constitute a danger to health.

¹ MacDonald, J W, and Brown, D D, *Veterinary Record*, 1974, **94**, 321.

MEDICAL NEWS

Inadequate services for alcoholics

Services for alcoholics are sadly inadequate, states the Federation of Alcoholic Rehabilitation Establishments' (FARE) Working Party at the House of Commons in its report *Community Services for Alcoholics* (price £2). In England and Wales the NHS operates 26 alcoholism treatment centres, which between them can accommodate 537 patients. The report points out that only a small proportion of Britain's estimated half a million alcoholics can expect to receive help in this way. To determine what services were provided by local authorities questionnaires were sent to 108 social services departments. Of the 86 replying, only six had any residential facility for alcoholics, only 12 any day-care facility, and only five a specialist counselling service. Disagreement between national and local authorities about who is responsible for providing services seems to be the main reason for deficiencies.

Voluntary organisations make up to some

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extent for the failure of statutory authorities and provide about 80% of the available services. Yet co-operation between statutory and voluntary bodies is poor. The working party wants much more to be done for alcoholics by local authorities and voluntary organisations working together on an equal basis: services must be expanded, diversified, and evaluated; and staff and volunteers working with alcoholics should be better trained. In the conclusion of the report the working party wryly observes that it is "somewhat strange" for a country that receives over £2000m through direct taxation on alcohol and spends £50m on advertising alcohol to provide so miserably for those damaged by alcohol.

Cambridge Sports Injury Clinic

Sports injuries are increasingly common in all age groups; and even the less severe ones, say the organisers of the new Cambridge Sports Injury Clinic, need prompt diagnosis with intensive physiotherapy and advice about training for an early and safe return to sporting activities. Consisting of a medical centre and physiotherapy facilities, the new clinic has been set up at the Kelsey Kerridge Sports Hall as a self-supporting enterprise resulting from an initiative by the Eastern Region Sports Council. Physiotherapists from Addenbrooke's Hospital will treat patients with soft-tissue injuries referred by a doctor, a fee of £2.50 being charged to cover running costs. This is one of the first such sports injury clinics and the Sports Council is studying its development to see whether it might be a model to be used nationally.

Private pathology practice

A symposium on private pathology practice is being organised by the BMA Consulting Pathologists Group Committee in conjunction with Private Patients Plan. It will be held on 25 October at the Royal Chance Hotel, Enfield, Middlesex, hospitality and participants' travelling expenses being provided by PPP. The programme will include a visit to a private laboratory, and a booklet on private pathology practice has been prepared by the organisers. Attendance will be restricted to 30 pathologists, so those interested are advised to apply as soon as possible to Dr J P Lee-Potter, chairman of the committee's private practice subcommittee, BMA House, Tavistock Square, London WC1H 9JP.

COMING EVENTS

BMA/MIA Music Society—Rehearsals start on 2 October at BMA House for the carol concert at St Pancras Church—all voices urgently required. Details from Mr R Woods, 01-387 4499, ext 121.

Birmingham Medical Institute Section of Psychiatry—Details of the 28th annual dinner, 9 October, and symposium "Disorders of appetite and weight," 26 October, Birmingham, are available from the institute, 36 Harborne Road, Edgbaston, Birmingham B15 3AF. (Tel 021-454 5007.)

Lord Dowding Fund for Humane Research—Film premiere of "Quantum pharmacology" and symposium on alternative techniques, 11 October, London. Details from Edward Parry, 01-580 4034.

Royal Society of Health—Details of meetings on "The Royal Commission on the NHS," 9 October, London; and "The new education training and the future role of the district nurse," 23 October, London, are available from the society, 13 Grosvenor Place, London SW1X 7EN. (Tel 01-235 9961.)

Nuffield Department of Orthopaedic Surgery, Oxford University—Postgraduate course on "The

basic sciences of the musculoskeletal system," 12 October-15 December. Details from the department, Nuffield Orthopaedic Centre, Oxford.

Institute of Laryngology and Otology—Sunday morning seminar for general practitioners, "Head and neck cancer," 14 October, London. Details from the institute, 300-332 Gray's Inn Road, London WC1X 8EE. (Tel 01-837 8855.)

Royal Institution of Great Britain—Details and copies of the October-December programme are now available from the institution, 21 Albemarle Street, London W1X 4BS.

British Institute of Radiology—Details and copies of the 1979-80 calendar are available from the institute, 32 Welbeck Street, London W1M 7PG. (Tel 01-935 6237/6867.)

Glasgow Orthopaedic Training Committee—Details and copies of the Martinmas term programme are available from Mr G Waddell, University Department of Orthopaedic Surgery, Western Infirmary, Glasgow G11 6NT.

Manchester Medical Society—Details and copies of the October meetings are available from the society, Coupland Building, University of Manchester, Manchester M13 9PL. (Tel 061 273 6048.)

Royal College of Psychiatrists Psychotherapy Specialist Section—Details of 1979-80 open meetings are available from the section, 17 Belgrave Square, London SW1X 8PG. (Tel 01-235 2351.)

Royal Society of Medicine—Details and copies of the calendar with section programmes 1979-80 are now available from the society, 1 Wimpole Street, London W1M 8AE. (Tel 01-580 2070.)

St George's Hospital and SW Metropolitan Orthopaedic Training Scheme—Details and copies of the winter term 1979 teaching calendar are now available from Mr S C Gallannaugh, FRCS, St George's Hospital, Blackshaw Road, London SW17 0QT. (Tel 01-672 1255.)

Society of Chemical Industry Food Group—Details and copies of the 1979-80 syllabus are available from Mr D Hicks, Beecham Products, Beecham House, Brentford, Middlesex TW8 9BD. (Tel 01-560 5151 ext 1217.)

SOCIETIES AND LECTURES

For attending lectures marked * a fee is charged or a ticket is required. Applications should be made first to the institutions concerned.

Monday, 1 October

ROYAL COLLEGE OF SURGEONS OF ENGLAND—6 pm, Mr C Wastell: Operations for peptic ulcers.*

Tuesday, 2 October

ROYAL COLLEGE OF SURGEONS OF ENGLAND—6 pm, Mr J Alexander Williams: Crohn's disease and ulcerative colitis.*

Wednesday, 3 October

ROYAL COLLEGE OF SURGEONS OF ENGLAND—5.15 pm, Mr Crawford Jamieson: Arterial disease.* 6.30 pm, Professor J D Hardcastle: Surgery of anal conditions.*

Thursday, 4 October

ROYAL COLLEGE OF SURGEONS OF ENGLAND—6 pm, Lieutenant-Colonel Professor M S Owen-Smith: High velocity bullet wounds.*

Friday, 5 October

ROYAL COLLEGE OF SURGEONS OF ENGLAND—6 pm, Sir Douglas Ranger: Head and neck surgery.*

BMA NOTICES

Central Meetings

OCTOBER	
3 Wed	EEC Subcommittee (CCHMS), 2 pm.
4 Thurs	Central Committee for Hospital Medical Services, 10 am.
4 Thurs	General Purposes Subcommittee (GMSC), 10.30 am.
9 Tues	Hospital Junior Staff Committee, 10 am.
9 Tues	Scottish Joint Consultants Committee (7 Drumsheugh Gardens, Edinburgh EH3 7QP), 10.15 am.
10 Wed	BMA Council Executive, 10 am.
11 Thurs	Scottish General Medical Services Committee (7 Drumsheugh Gardens, Edinburgh EH3 7QP), 10.30 am.

Division Meetings

Members proposing to attend meetings marked * are asked to notify in advance the honorary secretary concerned.

Birmingham—At Birmingham Children's Hospital, Wednesday, 3 October, 8.30 pm, clinicopathological meeting.* (7.30 pm refreshments.)

Brighton and Cuckfield—At Brighton General Hospital, Tuesday, 2 October, 8.30 pm, agm.

Bury—At Bolholt Residential Club, Saturday, 6 October, 7.30 for 8 pm, annual dinner dance.* (Guests are invited.)

Instructions to authors

The following are the minimum requirements for manuscripts submitted for publication.

A stamped addressed envelope or an international reply coupon *must* accompany the manuscript if acknowledgment of its receipt is desired.

(1) **Typing** should be on one side of the paper, with double or triple spacing between the lines and 5-cm margins at the top and left-hand side of the sheet.

(2) **Two copies** (or preferably three) should be submitted.

(3) **Spelling** should conform to that of *Chambers Twentieth Century Dictionary*.

(4) **References** must be set out in the style used in the *BMJ*, and their accuracy verified before the manuscript is submitted.

(5) **SI units** are used for scientific measurements. In the text they should be followed by traditional units in parentheses. In tables and illustrations values are given only in SI units, but a conversion factor must be supplied. For general guidance on the International System of Units, and some useful conversion factors, see *The SI for the Health Professions* (WHO, 1977).

(6) **Authors** should give their names and initials, their current appointments, and not more than two degrees or diplomas. Each author must sign the covering letter as evidence of consent to publication.

(7) **Letters to the Editor** submitted for publication must be signed personally by all the authors.

(8) **Acknowledgments** will *not* be sent unless a stamped addressed envelope or an international reply coupon is enclosed.

(9) **Detailed instructions** are given in the *BMJ* dated 6 January 1979 (p 6).

Durham—At Dryburn Hospital, Monday, 1 October, 8.30 pm, agm followed by Brian Primmer: "From a dean's window."* (Preceded by supper, 7 pm.)*

Halifax—At Halifax Club, Thursday, 4 October, 7.30 for 8 pm, snooker evening with buffet.*

Kingston/Richmond/Epsom—At Kingston Medical Centre, Wednesday, 3 October, 8 for 8.30 pm, buffet supper, speaker Dame Josephine Barnes: "Women's health in a changing society."* (Wives and guests invited.)

Manchester and Salford—At Boyd House, Tuesday, 2 October, 8 for 8.30 pm, scientific meeting, speaker Mr E S Rosen: "Glaucoma."* (Supper provided.)

North Warwickshire—At Chase Hotel, Nuneaton, Tuesday, 2 October, 7.30 for 8 pm, annual valedictory dinner, speaker Mr Tom Coyne: "The other side of the camera."* (Guests very welcome.)

Oldham—At Oldham and District General Hospital, Monday, 1 October, 8 pm, agm.

Redbridge and Stratford—At East Ham Memorial Hospital, Tuesday, 2 October, 7.30 for 8 pm, Dr Gregory Stewart: "Caring for the handicapped and retarded."*

South-east Essex—At Southend Hospital, Wednesday, 3 October, 8 pm, ordinary meeting.

South Warwickshire—At Glebe Hotel, Barford, Monday, 1 October, 7.30 for 8 pm, agm.

Swansea and West Glamorgan—At Dragon Hotel, Swansea, Thursday, 4 October, 7.30 for 8 pm, dinner and chairman's address.* (Guests are invited.)

West Sussex—At Set-Jet, Brighton, Saturday, 6 October, 9 am, day trip to France.* (Guests are invited.)

Wolverhampton—At Goldthorn Hotel, Tuesday, 2 October, 7.30 for 8 pm, joint Law Society and BMA annual dinner.* (Guests are invited.)

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