

CORRESPONDENCE

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Correspondents are urged to write briefly so that readers may be offered as wide a selection of letters as possible. So many are being received that the omission of some is inevitable. Letters should be signed personally by all their authors.

Fulminating bacterial pneumonia complicating influenza

SIR,—It may not be widely enough known that the present influenza epidemic, at any rate in this part of South-east London, is producing a significant number of cases of fulminating bacterial pneumonia with a high mortality at all ages. Prognosis seems to be related more than anything else to the speed with which the patient deteriorates and the time it takes to reach a ventilator in a well-equipped intensive treatment unit (ITU). Patients may become moribund with respiratory failure within a few hours of their initial deterioration. The purpose of this letter is to publicise these facts and to make some suggestions which may lower the mortality.

General practitioners should ask relatives to inform them at once if an influenza patient with a chest infection—more than tracheitis—starts to deteriorate rapidly and, in particular, if he becomes increasingly breathless or mentally confused. A suspicion of fulminating pneumonia should lead to a phone call to the medical registrar on duty at the nearest hospital with an ITU to request immediate admission and to alert the hospital.

Two of the cases under treatment here are due to infection with *Staphylococcus aureus* and many GPs use ampicillin routinely, which may be ineffective. Perhaps Magnapen (ampicillin+flucloxacillin) should be prescribed if an antibiotic is thought necessary in a patient with influenza and a single intramuscular injection of Magnapen or Ampiclox (ampicillin+cloxacillin) given while waiting for the ambulance if fulminating pneumonia is suspected. This would necessitate all GPs arranging to carry a small supply of these injectable drugs with them. Junior hospital staff should appreciate that these patients may need early ventilation and that the speed of

their deterioration takes even experienced doctors by surprise.

This is not a common complication and it is obviously undesirable that hospitals should be flooded with influenza patients who feel ill and have a cough. However, awareness and a high index of suspicion may save lives.

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National Dried Milk

SIR,—The current scare about baby milks is at first sight due to misrepresentation of the facts by press, television, and radio. Over the past 30 years millions of babies have been fed successfully and safely with the milks in question. From time to time modifications to the formulae of artificial milks are recommended in an attempt to make them more like breast milk. The latest recommendations are simply for one further minor adjustment. Neither the work in Cardiff on healthy babies nor that in Sheffield on cot deaths has shown any link at all between different types of milk and the high sodium levels found in some infants. In Newcastle a careful study of cot deaths over the past two years has revealed no correlation with types of milk. It seems clear that as long as parents take care not to use more than the instructed quantity of powder when making up feeds the type of milk used is not important.

But the media can hardly be blamed for these misunderstandings in the absence of any clear statement of policy from the experts. The recommendation which has now raised

the dust was published 16 months ago, along with many other recommendations about infant feeding, in the report *Present-day Practice in Infant Feeding*.¹ The DHSS conspicuously failed to take action on these recommendations and, worse still, gave no guidance to doctors and health visitors about the attitudes they should adopt in the face of predictable public uncertainty. This procrastination is directly responsible for the impossible task now facing doctors and health visitors up and down the country as mothers bombard them with questions and fears. It is reminiscent of the similar delay in clarifying official policy on whooping-cough vaccine in 1974. The confusion resulting from these failures of communication takes a long time to clear and undermines the standing and morale of those responsible for primary health care.

Two benefits might still be salvaged by the DHSS from the mess it has got itself into. Firstly, the stage is set for a comprehensive campaign to encourage breast-feeding. Secondly, the need to review legislation concerning the composition, reconstitution, labelling, and advertising of artificial milks, is now urgent. Both these points were made 16 months ago in *Present-day Practice in Infant Feeding*, which rightly gave more emphasis to these recommendations than to the modification of milk formulae.

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¹ Department of Health and Social Security, *Present-day Practice in Infant Feeding*. London, HMSO, 1974.

Metronidazole in appendicitis

SIR,—The report by Dr A T Willis and others (7 February, p 318) about the prophylactic effect of metronidazole in appendicectomy is of great interest, but the statement that it is improper to withhold metronidazole