

### Contaminated Drip Fluids

SIR,—During the months of October to December 1971 some 25 patients in St. Thomas's Hospital had bacteraemia or bacteriuria due to a pseudomonad, related to *Pseudomonas cepacia*, that we have called *Pseudomonas thomasi*. The same organism has been found in the pharmacy's softened, deionized, and distilled water, which was distributed to many parts of the hospital and was used by the pharmacy to make up parenteral fluids in glass bottles. Some samples of these parenteral fluids were also found to be contaminated after sterilization, but usually only when sampled some 24-48 hours after the seal of the bottle was disturbed, as, for example, by tapping it or slackening and tightening the cap without removing it. Presumably the same disturbance takes place when drip sets are attached to bottles, with the same consequences.

It is strongly suspected that the immediate source of the organism was contaminated water used in the cooling cycle of the rapid cooling autoclave. This water appeared to be able to track under the foil seal on the bottles to the area of the rubber bung, where organisms survived, later to enter the bottle and multiply. Final counts were usually of the order of only 1-10/ml. We have now introduced modifications to the cooling water supply system that should ensure its freedom from bacteria, including storage of the water at 70°C.

A full report will follow, but it is thought that others might wish to check their own sterilizing systems for similar faults.—We are, etc.,

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### Community Medicine

SIR,—I should like to take issue with Dr. J. G. M. Hamilton's suggestion (4 March, p. 625) that community medicine is a new concept and that the community physician is a new "animal." The terms may well be new although I believe it more correct to say that they are being used in a new context.

Community medicine is the branch of the practice of medicine which is concerned to determine the health status of human communities and to prescribe the means by which that health may be optimally maintained. Community physicians are doctors engaged in this branch of the practice of medicine.

Between the middle of the nineteenth century and the middle of the present century the practice of community medicine was more or less the exclusive domain of the medical officer of health. With the increased importance and wider availability of medical care of all kinds—preventive, curative, palliative; in the home, the health centre, and the hospital—there has arisen the need for the practice of community medicine in contexts other than those traditionally associated with the medical officer of health. The medical administrative staff of the hospital service and of the central government departments have joined the ranks of community physicians.

Dr. Hamilton will find as succinct a definition as possible of the scope of com-

munity medicine in the report of the Royal Commission on Medical Education, para. 133.<sup>1</sup> As in all other branches of medicine a detailed account would take up considerably greater space and needs, in any case, to be continually revised and re-defined.—I am, etc.,

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<sup>1</sup> Royal Commission on Medical Education. *Report 1965-68*. Cmnd. 3569, London, H.M.S.O. 1968.

SIR,—Dr. J. G. M. Hamilton (4 March, p. 625) refers to the report (*Supplement*, 22 January, p. 19) of the *Journal's* discussion with me, in my capacity as Chairman of the Public Health Committee, on current issues affecting the public health service and the future of public health doctors, and suggests that I should amplify my remarks about the work which will be expected of the community physician or "specialist in community medicine."

I am grateful for Dr. Hamilton's concern about this important question, but it is not so easy as he seems to imply. The Public Health Committee's memorandum submitted to the Hunter Working Party on Medical Administrators (*Supplement*, 1 May 1971, p. 35) gives the Committee's opinion in some detail and I could certainly set out personal ideas at length. So, I expect, could Dr. Hamilton. The point is that, unfortunately, they would be but personal views and not necessarily the "realistic blue-print of the future specialist in community medicine" that he is seeking.

Not only Dr. Hamilton but community physicians themselves are seeking a more detailed and definite description of the work to be done by members of this specialty, and one of my main purposes at the interview which you reported was to draw attention to the absurdity, and the disadvantage to the present public health doctors, of the delay in defining their future roles and giving them satisfactory assurances about employment in the future health service. Early publication of the final report of the Hunter working party would help considerably as regards specialists in community medicine, but they are having to wait also upon the Government's involvement with its own working party on N.H.S. management.

As many doctors are aware, curiously devised field tests are now afoot, using hypotheses produced without proper consultation with the medical profession and the results are likely to influence the Government's thinking as to the future of community medicine. Whether anything as scientific as a blue-print will emerge, and exactly what it may be a blue-print of, remains obscure. In addition, there is the question of collaboration between the future N.H.S. and local government, in which specialists in community medicine will have an important part to play, and this is still in the hands of yet another working party.

Perhaps Dr. Hamilton and I should raise our voices in unison (and mine at least would be not at all melodious) in the celebrated chorus "Why are we waiting, always . . . etc." It would be even more appropriate if all those whose professional future is at stake would join in.—I am, etc.,

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### Research without Animals

SIR,—Mr. N. Bassous, Parliamentary Officer to the National Anti-Vivisection Society Ltd. (26 February, p. 568), states that a large part of the National Anti-Vivisection Society resources are being utilized to urge the Government to make a special grant to the Medical Research Council, or if preferred to some other agency, to establish a research centre to seek alternatives to the use of animals in research. He states that nearly 100 M.P.s appended their names to a Motion, tabled in June, 1971, "That this House urges the Government to set up a research institute under the auspices of the Medical Research Council to inquire into alternative methods of research not involving the use of animals."

However, Mr. Bassous made no reference to the speech in the House of Commons of the Secretary of State for Education and Science (Mrs. Margaret Thatcher) on 31 March 1971, in which she dealt at length with the proposal to establish a research institute to study and develop methods not including the use of animals (*Hansard*, vol. 814, No. 116, pp. 1642-1646). Among the most relevant points are the following: Research workers generally will always prefer experimental methods which do not involve animals where such methods are effective. The reasons are humanitarian, economic, and convenience. They would be anxious to do so for those three reasons. Any new procedures which give equally successful results are taken up rapidly. British scientists—not the least those working under the auspices of the Medical Research Council—have made steady progress in introducing alternative methods. In recent years many techniques have been developed for tracing and measuring biological substances which have helped to reduce the need for animal experiments. The M.R.C. gives active support to the development of new techniques where they show promise of improvements on existing methods. The Medical Research Council is not in favour of establishing an institute for the development of alternative techniques in isolation from other research. The M.R.C.'s policy of placing its own establishments within universities wherever possible ensures both that its staff have access to the widest possible range of scientific disciplines and also that any developments achieved by the M.R.C.'s staff are rapidly communicated to a large scientific community.

If the National Anti-Vivisection Society Ltd. wishes to accelerate the introduction of alternative methods to the use of animals, then plainly it should give a large part of its resources to the Medical Research Council rather than utilize them for propaganda among members of Parliament.—I am, etc.,

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SIR,—Mr. Bassous (26 February, p. 568) mentions that the National Anti-Vivisection Society is utilizing a large part of its resources to urge the Government to finance a research centre to collate information and study techniques that may replace animal experiments. Other similar bodies seek private funds for the same purpose.