is not simply one of courtesy, but of practical importance.—We are, etc.,

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Prolonged Effect of Antihypertensive Agents

SIR,—In their article on the antihypertensive effect of prazosin (11 May, 298), Dr. G. S. Stokes and Dr. M. A. Weber mention that in their experience with this drug the blood pressure, once controlled, may remain within normal limits for up to a month after stopping treatment. We have recently observed the same phenomenon after discontinuing therapy with indoramin in hypertensive patients,¹ when normotension may continue for considerably longer than four weeks. Indoramin also has adrenoceptor blocking activity;^{2,3} Since prolonged normotension is seen after discontinuing other antihypertensive agents however,⁴⁻⁶ this effect may well be due to a common mechanism such as "barostat" resetting⁵ rather than a direct action of the drugs themselves.

This phenomenon complicates the design of clinical trials, as Drs. Stokes and Weber point out. It also suggests⁴ that morbidity due to antihypertensive agents could frequently be avoided by stopping or reducing the dose of these drugs after long periods of satisfactory blood pressure control.—We are, etc.,

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- 1 White, C. de B., Royds, R. B., and Turner, P. *Postgraduate Medical Journal*, In press.
- 2 Alps, B. J., et al., *British Journal of Pharmacology*, 1972, 44, 52.
- 3 Royds, R. B., Coltart, D. J. and Lockhart, J. D. F., *Clinical Pharmacology and Therapeutics*, 1972, 13, 380.
- 4 Page, I. H. and Dustan, H. P., *Circulation*, 1962, 25, 433.
- 5 Thurm, R. H. and Smith, W. M., *Journal of the American Medical Association*, 1967, 201, 301.
- 6 Persson, I. and Ulrich, J., *European Journal of Clinical Pharmacology*, 1973, 6, 217.

Contamination of Blood Cultures from a Commercial β -Lactamase Preparations

SIR,—We wish to report an unusual source of contamination in blood cultures which led to clinical confusion in this hospital and may well have confused other microbiologists.

Between 15 March and 19 April 1974 blood cultures from eight patients yielded a variety of oxidase-positive Gram-variable and Gram-negative bacilli with different antibiotic sensitivities. The organisms from two pairs of patients were apparently identical. In every case the bacteria were recovered only after several days' incubation and there appeared to be no possible epidemiological connexion between the two pairs of patients with similar organisms.

It was then realized that all eight patients were receiving penicillin or cephalosporin therapy at the time their blood was taken for culture and that "penicillinase" had therefore been added to the culture medium in

each case. We had recently begun using a new "penicillinase" preparation manufactured by Whatman Biochemicals, a broad-spectrum β -lactamase with both penicillinase and cephalosporinase activity obtained from *Bacillus cereus* 569/H9. One batch of this product (10B) had been used for all the blood cultures and we still had three unused vials. We tested these for sterility by adding five drops of the β -lactamase to our usual blood culture medium and subculturing after one week's incubation at 37°C. From five of the 12 cultures set up bacteria were recovered and in three cases they were identical with those isolated previously from blood cultures. We finally identified the organisms, with some difficulty, as *Bacillus* spp. and it became clear that the Whatman β -lactamase was the source of the contamination.

The β -lactamase preparation is tested for sterility by the manufacturers by incubation in nutrient broth for 48 hours at 37°C. When β -lactamase is added to blood culture media it will frequently be subjected to incubation for considerably longer than 48 hours. Whatman Biochemicals have now assured us: firstly, that they were unaware that their β -lactamase might be used in this way and had considered that most users would incubate the preparation for only 24 hours, as for instance in antibiotic assay work; secondly, that in future their sterility tests on the product will be much more stringent; and thirdly, as a result of tests which they have carried out, that only batch 10B had been contaminated.

We have had no further trouble with contamination from this source, but have taken the precaution of filtering the β -lactamase through a 0.22- μ m Millipore filter.—We are, etc.,

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Minors and Contraception

SIR,—Dr. J. D. Beale (8 June, p. 563) treats the whole subject of family planning within the Health Service as though Mrs. Barbara Castle had reversed or changed the policy of the previous Government. This is not so. Neither can it be said that Health Service family planning was decided upon without a great deal of discussion and debate in both Houses. Furthermore, it must be pointed out that completely free services in respect of family planning were being provided in many large cities and boroughs in Great Britain long before Mrs. Castle's announcement. These included Birmingham, Sheffield, Glasgow, and the London Boroughs of Camden and Islington, to name but a few. These local authorities had made it clear to both the Conservative and Labour Governments that they considered it a retrograde step to start levying charges where there were none before, because they knew that any sort of charge would deter the very people who needed their services most. Mrs. Castle therefore wisely extended what the most progressive and far-sighted of the local health authorities had already done to the rest of the country.

The Family Planning Association's wholehearted support for the decision to impose no age limit on supplies of con-

traceptives, following appropriate consultations, is based in part on the knowledge that 95% of the young people who come to our clinics are already sexually active.

Allegations that the availability of contraceptives increases promiscuity are unsubstantiated. In fact, such evidence as does exist points the other way. A report produced in 1971 on a survey of 3,000 unwanted pregnancies¹ showed that the more fleeting the relationship the less likely were those involved to use contraceptives. Of those in stable relationships, 25% used contraception; 16% in temporary relationships used it, and only 4% of those involved in casual sexual relationships did so.—I am, etc.,

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Family Planning Association

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- 1 Lambert, J., *British Medical Journal*, 1971, 4, 156.

Tests for Immigrant Doctors

SIR,—Dr. M. Sim's letter (15 June, p. 614) on tests for immigrant doctors, like his earlier article on the E.C.F.M.G. (*Supplement*, 8 December 1973, p. 65) has ignored a number of matters which the General Medical Council, in devising its proposed mode of testing, has felt bound to take into account.

The G.M.C. concluded that the E.C.F.M.G. examination was unsuitable for British needs. It tests a doctor's power of factual recall and to some extent his comprehension of the spoken word. It does not test his ability to speak English. Further, the examination uses only multiple choice questions and thus does not test the doctor's ability to write English.

The council is able to form some idea of a doctor's basic knowledge from the information which it has about the institution where he qualified. It was felt, however, more than 18 months ago that it would be desirable to supplement this by testing the doctor's ability to speak, write, and understand the sort of English used in the course of medical practice in Britain. Early in 1973 the Council invited the three non-university examining bodies to see whether arrangements could be made to test and assess these matters. These bodies, with the aid of linguistic experts, have made considerable progress in devising these tests. The tests will also include components designed to test the doctor's professional knowledge. The Department of Health appears favourably disposed to proposals to supplement the tests by an improved scheme of attachment to consultants whereby the ability of the doctor to practise acceptably in British hospitals will also be assessed. Plans are advanced to introduce these tests and to make the necessary improvements in the clinical attachment scheme during 1975.

Until the law is changed these tests can be applied only to doctors applying for temporary registration. The G.M.C. has indicated to the Morrison Committee that the G.M.C. would favour an end to the present system of reciprocity but, even if the Morrison Committee and the Government endorse these recommendations, legislation will be needed to accomplish the change. The formal tests and assessments