Outmoded Barbiturates
G. F. B. Birdwood, M.B., and Mollie Craven

Polio Vaccination for Travellers
J. E. Banatvala, M.D., and G. T. Spencer, F.R.A.C.P.

Dangers of High-solute Infant Feeding
B. W. Lewis, M.R.C.P.

The Disc Sensitivity Test
unknown to the doctor supplies—usually with elaborate excuses—for a supply of drugs which could possibly be used for the alteration of mood or as a drug of abuse, caution is essential. One certain way of limiting abuse is for the doctor to prescribe a maximum of five tablets, carefully writing in full in block letters to avoid a skilful alteration. This would aid a genuine patient. In the more likely case of the prescription being destined for the black market it would be almost useless and might never reach the chemist's counter. That particular doctor would not be troubled again by the wide circle of the applicant's drug-abusing friends. The consulting-room of a doctor who prescribes drugs on request is often filled in only a matter of hours by a queue of young hopefuls, and there have been cases of elderly people being intimidated by aggressive and threatening "temporary patients" demanding prescriptions. Where prescribing can safely be limited we appeal to doctors to find the time and enthusiasm to give the patient confidence in a weaning process and never to prescribe more than minimal quantities of any drugs which can be abused. Many youngsters start their drug experiments from that over-stocked family medicine cupboard.—I am, etc.,

GEORGE BIRDWOOD
Chairman,
MOLLIE CRAVEN
Honorary Secretary,
Association for the Prevention of Addiction
London W.C.2

Polio Vaccination for Travellers

Dr. L. Roodyn (14 December, p. 648) states that it is still prudent to give a reinforcing dose of oral polio vaccine to children before departing to countries in which poliovirus is still endemic. However, we feel it particularly important to ensure that oral polio vaccine is offered not only to children, but also to adults if they have not previously had a full course of vaccine, if details of their polio vaccination status are in any doubt, or if they received a course of inactivated vaccine many years ago, for inactivated vaccines may not always induce persistent immunity to all three serotypes of poliovirus (personal communication from the Public Health Laboratory Service).

During the past four years we have seen five adults with poliomyelitis, one of whom died, while the others experienced severe and disabling disease resulting in permanent confinement to a wheelchair. All contracted infection while abroad on holiday or business and none had ever been immunized against poliomyelitis. In addition, general practitioners must remember that an increasing number of persons now travel on "package" holidays to non-tropical countries where poliovirus may still be prevalent—for example, parts of North Africa, Turkey, and Spain. We also feel that attention should be drawn to the need for immunization against poliomyelitis in brochures issued by travel agents, which at present is generally not done. Should there be insufficient time to provide a full course of polio vaccine, we recommend that travellers be given at least a single dose of oral vaccine before departure which, though not intended to provide adequate immunity, might prevent colonization of the gut by virulent poliovirus. The full course can then be completed either abroad if the visit is prolonged or on return.—We are, etc.,

J. E. BANATVALA
Department of Anesthetics,
St. Thomas's Hospital,
London S.E.1

Dangers of High-solute Infant Feeding

StR,—Your leading article (7 December, pp. 551-552) was timely and helpful. Our aim is to prevent the opportunities for drug abuse as well as to support health education in this field, so we are concerned that all doctors in general practice should fully appreciate the points you made. Firstly, the work in Ipswich referred to by Dr. Frank Wells, showing that the prescribing of barbiturates could be reduced by 65%, could be a prototype for all the medical profession. But only a few doctors prescribing less carefully can undo a great deal of good work. When the limitation of prescribing for sleeplessness was accepted by most general practitioners it did not take drug-abusing groups of young people long to find doctors willing to prescribe methylphenidate, and now Drinamyl is around in fair quantities because some doctors have been "conned" into prescribing it.

Almost any drug with psychotropic qualities can be abused. Hence if an applicant unborn is observed—usually with elaborate excuses—for a supply of drugs which could possibly be used for the alteration of mood or as a drug of abuse, caution is essential. One certain way of limiting abuse is for the doctor to prescribe a maximum of five tablets, carefully writing in full in block letters to avoid a skilful alteration. This would aid a genuine patient. In the more likely case of the prescription being destined for the black market it would be almost useless and might never reach the chemist's counter. That particular doctor would not be troubled again by the wide circle of the applicant's drug-abusing friends. The consulting-room of a doctor who prescribes drugs on request is often filled in only a matter of hours by a queue of young hopefuls, and there have been cases of elderly people being intimidated by aggressive and threatening "temporary patients" demanding prescriptions. Where prescribing can safely be limited we appeal to doctors to find the time and enthusiasm to give the patient confidence in a weaning process and never to prescribe more than minimal quantities of any drugs which can be abused. Many youngsters start their drug experiments from that over-stocked family medicine cupboard.—I am, etc.,

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Department of Virology,
St. Thomas's Hospital,
London S.E.1

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Department of Virology,
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pylexia for 24 hours with reluctance to feed and the passage of one loose stool. During the previous three weeks he had been fed undiluted, unmodified cows' milk ("milkman's milk") with an added protein-rich cereal. He was desperately ill but recovered only to be left with evidence of severe brain damage. It seems likely that this high-solute feeding regimen was the major factor in the production of this hyperammonia. His mother's explanation for such an unusual feeding regimen in a young infant that she could not afford the prepared dried milk powders.

I believe that a major campaign is required to alert mothers to dangerous feeding practices and this could be part of a national drive to encourage breast-feeding. There may also be a case for further subsidies on low-solute milk powders when breast-feeding is impracticable.—I am, etc.,

BARRY LEWIS

Whips Cross Hospital, London E.11


The Disc Sensitivity Test

SIR,—Your leading article on this subject (13 July, p. 74) has come to our attention. It contained a number of misapprehensions about the Federal Food and Drug Administration (F.D.A.) and International Collaborative Study (I.C.S.) recommendations for diffusion susceptibility testing. The most important is the statement that these procedures are "uncontrolled." Specific recommendations for the use of two recognized control strains and the statistical limits of acceptable results with them have been published in several places.1,4 The question of quality control has also been broadly reviewed.1,4 Medium control at the manufacturer level is feasible to resolve finally the problem with Pseudomonas aeruginosa and the gentamicin group of organisms. It should be provided by the disc, evidence for which has so far been released for use in the United States and thus the issue of separate control strains has not yet arisen here. As to a separate minocycline disc, evidence to date is insufficient to recommend this agent for the treatment of tetracycline-resistant staphylococcal infections, and discs are not applicable to slow-growing organisms such as Nocardia asteroides. However, we know of no fixed positions as to restriction of discs and new congeners which have significantly different antibacterial spectra and would expect their licensure by the F.D.A. as and when the need arises and is supported by the necessary scientific data and the recommendations of their expert committees.

We agree with you on the desirability of further studies to determine current interlaboratory reproducibility with these techniques, and several involving the F.D.A. diffusion test are underway or are in the process of being reported. It is, however, equally important to be concerned about what can be achieved and we believe that results of both dilution and diffusion tests will be more meaningful only by the acceptance and use of standardized methodology at the very least for reference procedures.—We are, etc.,

JOHN SHERRIS

Department of Microbiology, University of Washington, Seattle, Washington

Clyde Thornberry

Antimicrobics Investigation Section, Clinical Bacteriology Branch, Bacteriology Division, Center for Disease Control, Atlanta, Georgia

ARTHUR L. BARRY

Chairman, Subcommittee on Antimicrobial Sensitivity Tests, National Committee for Clinical Laboratory Standards, University of California, Loma Linda, and U.C. Davis-Sacramento Medical Center, Sacramento, California


7 Rober, R. J., et al., Journal of Infections Diseases, in press.

Quality Evaluation in Histopathology

SIR,—Opinions have recently been expressed about the desirability of a quality control system in histopathology. Many factors affect the quality of histopathological examination, and it is of the least of these that the quality of the surgical specimen, the technical processing of the tissue, and clinical pathological considerations interfere. However, we are interested in particular with quality evaluation of the pathologist's opinion and consistency of diagnosis by a group of pathologists.

An ideal system of quality evaluation of histopathology is the histopathology testing programme of the American College of Pathologists which uses randomly selected sections from five types of tissue. Consensus among the participating pathologists is reached when 50% or more of the participating pathologists agree on the same diagnosis, and 3 diagnosis variation in terminology. The Royal College of Pathologists of Australia base their system on sets of sections illustrating uncommon conditions, the diagnosis being "established" by acknowledged experts. Specialist histopathologists obtain an average of only 75% "correct" answers.1 The histopathology proficiency testing programme of the American College of Pathologists uses randomly selected sections from five types of tissue. Consensus among the participating pathologists is reached when 50% or more of the participating pathologists agree on the same diagnosis, and 77% of cases was reached in only 77% of cases.

Both of these surveys suggest a disturbing disparity in histopathological opinion. For this reason a quality evaluation system has been developed in which every pathologist in the United Kingdom week 10 random sections from 1970 are used. The participating pathologist is informed of the age and sex of the patient and the site of the lesion. He is asked to make a diagnosis, and these diagnoses are collected before group discussion, at which time full clinical information, including follow-up details, are available. Consensus is reached when all the participating pathologists agree on a final diagnosis after review of the clinical and pathological information. A final consensus diagnosis has