passed back to the original product when cooked. Both imported and home-produced materials such as bone meal, meat meal, and fish meal (including pellets) are frequently found to be contaminated with salmonellae. The more infected the ingredients, the more likely is the finished product to be infected. This is not necessarily because the organisms survive the heat treatment of processing, though this can happen, but because insufficient care may be taken to avoid contamination of the finished product by the raw materials.

Evidence is growing that when flocks and herds are fed on feeding-stuffs free from salmonellae the excretion of these organisms ceases or at least falls. The Food and Drugs Act does not cover the care of such feeding-stuffs, so that the examination of samples has been possible only through the co-operation of the industry, whose members are anxious to ensure a safe product. Some countries—for example, in Scandinavia—legislate for terminal heat treatment of imported feeding-stuffs found positive for salmonellae, and they claim to have a low incidence of salmonellosis in the population.

In Great Britain waves of human infection by salmonellae of identifiable serotypes follow the introduction of feeding-stuffs contaminated with the same serotypes. It is equally true that only certain of the many serotypes found in feeding-stuffs can be isolated from the animals eating them. Techniques for the isolation of salmonellae may be imperfect, though that of R. W. S. Harvey and T. H. Price has yielded excellent results. For the first time Salmonella typhimurium has been isolated frequently from feeding-stuffs, and even Salm. dublin has been found. Endemic serotypes such as Salm. dublin in cattle, Salm. pullorum and Salm. gallinarum in poultry, and Salm. cholerae-suis in pigs have their own secure position in the animal body, and Salm. typhimurium is particularly well adjusted to the intestinal tract of man and animals, but there are many other serotypes which flare up in man owing indirectly to infection from animal feeds. They may die away again or remain endemic.

Human excreters in the kitchen are more often than not the victims of the food they handle. So also are the rats and mice which live on infected food. The root of the problem is the raw food, and it ought to be presented in a safer condition to factories, shops, and homes.

**Accident and Emergency Services**

For at least ten years a radical reorganization of our accident and emergency services has been widely recognized to be needed. Eight years ago the Platt Report spoke of a pressing need to review, reorganize, and extend the services to deal adequately with all types of injury, yet a report published this week concludes that progress has been very disappointing.

This new report was produced by a working party of the Accident Services Review Committee, under the chairmanship of Sir Henry Osmond-Clarke. Against a background of deterioration in the recruitment of staff and the poor standards of accommodation of many departments it emphasizes the importance of taking a broader view of accidents. It draws attention to the needs of commuting and holiday populations as well as aspects such as the prevention of accidents and rehabilitation. Good communications are clearly of the utmost importance, yet in practice they are often poor, and, for example, direct radiotelephone links with the ambulance services are still not universal. The report describes the secretarial help available at present as “without exception... inadequate,” and suggests that when the nursing services are

reorganized on the lines recommended by the Salmon Report there may be fewer experienced nurses willing to be in charge of a casualty department.

When the objectives are so clear, why has so little been achieved in modernizing our accident services? The report points out that other and newer specialties have been given higher priorities. At the same time, as Mr. A. E. Brenner points out in a letter at p. 113 of this week's *B.M.J.*, the accident and emergency services still do not offer any real prospect of a career in the specialty. Junior staff cannot be expected to take up appointments in a field in which there is no obvious future. Though some accident departments have made definite advances—such as radio links with ambulance services, taking part in the training of ambulance staff, and liaison schemes with other hospital departments over problems such as physiotherapy and rehabilitation—the list of advertisements for vacant posts in accident and emergency departments continues to grow.

The working party found that consultant participation in the accident and emergency services was “generally inadequate.” The consultant nominally in charge was usually a general or an orthopaedic surgeon, who attended the department to do an outpatient clinic. One possible solution to ending the second-class status might be to have a career grade supporting the consultant, with the opportunity for suitably experienced staff to achieve consultant status in the accident and emergency department itself. This might do much to improve the attractions of the service and encourage recruitment to it.

One of the common objections to appointing consultant casualty officers has been that trauma involves more than one specialty. Nevertheless, in hospital practice few of the established specialties can now deal in isolation with the investigation and treatment of any individual patient. Moreover, improvements in status and career prospects might themselves solve many presentday problems, such as the need for secretarial help, ready contact with other hospital departments, and the ability to approach related authorities, such as the ambulance service, on an equal footing. At the same time, with supervision and training recruitment of junior staff would become easier.

The “casual attender” is referred to in the report as being a major problem to accident departments in some areas, and undoubtedly some of the pressure on these departments results from their misuse by the public. This raises the question not only of education of the public but of the relation between general practitioners and the accident services. The report refers to the successful use of family doctors in one hospital and certainly more experiments are needed to determine the extent of the co-operation needed between these two important sections of the Health Service.

The need to do something about the accident and emergency services is urgent. More patients are seen every year, yet departments are closing while ambulance journeys are lengthening. That the situation is near crisis point is clear when there has been a suggestion recently that casualty departments should be kept open without medical staff immediately available. Surely it is better to attract doctors to work in this clinically rewarding field by making it attractive in terms of long-term prospects.