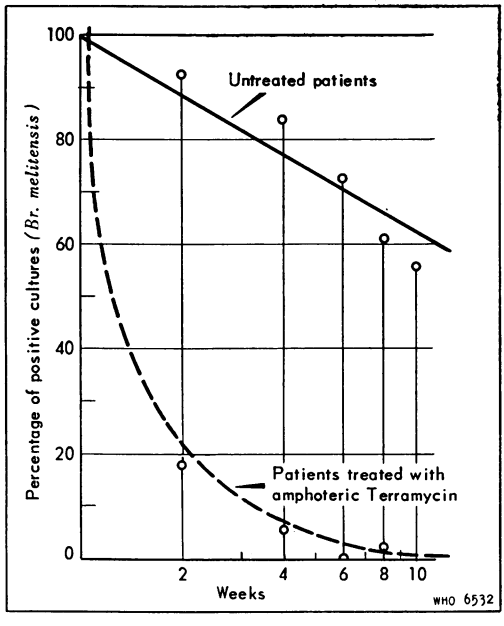
EFFECT OF AMPHOTERIC TERRAMYCIN IN PATIENTS WITH *Brucella melitensis* BACTERAEMIA



tetracycline administered *per os*, one may see that the effect of the minute doses of amphoteric material have a definite influence on the evolution of bacteraemia, and that, furthermore, once the bacteraemia is reduced, recurrences are less frequent.

Preliminary Note on the Agglutination Reaction of Buffalo's Milk with ABR-Test Stained Antigens for Brucellosis

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Since the ring test was first introduced by Fleischhauer in 1937,[a] this method has received increasing attention for detecting brucellosis and is now frequently used as an initial screening test in dairy herds, especially in the Scandinavian countries and the USA.

The report by Alivisatos & Edipides [b] on results obtained by them and by other workers with goat's milk stimulated the present writer to study the agglutination reaction of buffalo's milk with the ABR-test stained antigens.

[a] Fleischhauer, G. (1937) *Dtsch. tierärztl. Wschr.*, 53, 527

[b] Alivisatos, G. P. & Edipides, T. (1953) *Bull. Wld Hlth Org.*, 9, 871

Two hundred specimens of buffalo's milk not giving an ABR reaction were selected. Various quantities of anti-*abortus* serum were added to the milk specimens to make dilutions from 1/5 to 1/100. Two antigens were used in this experiment: haematoxylin-stained antigen and tetrazolium-stained antigen. The test was performed by adding one drop of antigen to 1 ml of the milk in a narrow test-tube (Wassermann type). The tubes were incubated for one hour at 37°C.

The milk treated with the haematoxylin-stained antigen was read and interpreted as shown below:

Definite blue cream ring, white milk column	+++	Positive
Definite blue cream ring, slightly blue-coloured milk column	++	
Definite blue cream ring, definite blue milk column (but lighter than cream ring)	+	
Cream layer only slightly bluer than, or same colour as, milk column	±	retest as suspect
White or slightly blue cream layer, blue milk column	0	negative

The reaction of the milk with the tetrazolium-stained antigen was interpreted as given below:

Intense cherry-red ring or sediment with completely decolourized milk column	++++	Positive
Intense cherry-red ring or sediment with milk column very slightly coloured	+++	
Red ring or sediment, with little decolourization of milk	++	
Slightly coloured ring or sediment but without noticeable decolourization of milk column	+	
No decolourization of milk, with white cream ring	0	negative

The reactions obtained by adding both haematoxylin- and tetrazolium-stained antigens to the different dilutions of anti-*abortus* serum with normal milk are summarized in the following table:

Antigen	Rate of dilution											
	1/5	1/10	1/20	1/30	1/40	1/50	1/60	1/70	1/80	1/90	1/100	Control
Haematoxylin-stained	+++	+++	++	++	+	±	±	–	–	–	–	–
Tetrazolium-stained	++++	++++	++++	++++	+++	++	++	+	0	0	0	0

It can be shown from the above results that:

1. The haematoxylin-stained antigen can give a positive reaction when anti-*abortus* serum is mixed with normal milk up to a dilution rate of 1/40.
2. When anti-*abortus* serum is mixed with normal milk up to a dilution rate of 1/70, a positive reaction can be obtained by adding the tetrazolium-stained antigen to the milk.

Ventilated Cabinets in a Tuberculosis Laboratory

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During the past decade increasing attention has been given to laboratory infections, one of the commonest and most important of which is tuberculosis.[a, b, c, d] Various types of tuberculous infection can be acquired in a laboratory, but the most frequent of them is pulmonary tuberculosis. Preventive measures against this form of the infection are essential, and should include devices to combat airborne transmission of tubercle bacilli in laboratories where routine tests for tuberculosis are carried out. This note is primarily concerned with ventilated cabinets designed for this purpose. The cabinets described here differ in certain respects from those in use in other laboratories.[b, e, f, g, h, i]

In 1954 the tuberculosis department of the Göteborg Bacteriological Laboratory moved into new premises, pending the completion of a building planned to house all microbiology laboratories in Göteborg. The aim of the move was not only to reduce the tuberculosis hazards for the staff but to experiment with different types of ventilated cabinets as well as with other equipment to be used in the new building. Since the present laboratory premises were expected to be occupied only for approximately five years, it was impracticable for financial reasons to provide all the technical equipment that would have been desirable.

The new tuberculosis department was housed in the former BCG department, which comprised three laboratory rooms, an autoclave room, a corridor and a dressing-room. Owing to the limited ventilation facilities (only one ventilating fan was available for the entire department), and in order to promote smooth running of the department, only two of the laboratory rooms (rooms 1 and 2) were fitted out for laboratory work proper; the third (an anteroom) was used for the reading of test results, microscopy and office work. In the corridor two incubators were placed.

[a] Fish, C. H. & Spendlove, G. A. (1950) *Publ. Hlth. Rep. (Wash.)*, 65, 466
[b] Gibson, J. (1955) *Med. techn. Bull*, 6, 181
[c] Long, E. R. (1951) *Amer. J. publ. Hlth*, 41, 782
[d] Sulkin, S. E. & Pike, R. M. (1951) *Amer. J. publ. Hlth*, 41, 769
[e] Jensen, K. A. (1954) *Bull. int. Un. Tuberc.*, 24, 78
[f] Phillips, G. B., Novak, F. E. & Alg, R. L. (1955) *Appl. Microbiol.*, 3, 216
[g] Solotorovsky, M., Robinson, H. J. & Kniazuk, M. (1953) *Amer. Rev. Tuberc.*, 68, 212
[h] Wallace, A. T., personal communication
[i] Wedum, A. G. (1953) *Amer. J. publ. Hlth*, 43, 1428