



## Articles lead to resignations from *NEJM* board

In an unprecedented move, 2 physicians have resigned from the editorial board of the *New England Journal of Medicine*. The resignations followed the publication of articles critical of ongoing trials involving AIDS drugs. An editorial compared the trials, which involve more than 12 000 pregnant women in Africa, Asia and the Caribbean, with the infamous American experiments at Tuskegee, Alabama, in which poor black men with syphilis were left untreated. In the AIDS trials, some women receive AZT, while others receive a placebo.

The *New York Times* said a virologist and pediatrician resigned from the journal's 25-member editorial board because of the articles, which have led to some harsh criticism. The board, which is not routinely con-

sulted about articles, was created to provide advice on major issues and to suggest the names of authors to write editorials and reviews. The issues will be discussed when the board holds its annual meeting in December.

## Two physicians on 11-member blood board

Two physicians have been named to the 11-member Transition Bureau that will manage the country's move to a new blood-collection system. The new body will be taking over the role currently held by the Canadian Red Cross. The bureau, which will be headed by Bernard Doyle, CEO of the Canadian Blood Agency, has 3 representatives each from Western Canada, Ontario and Atlantic Canada, one from the federal government and one to represent consumers. Dr. David Mowat, a commu-

nity health specialist, will be one of the Ontario representatives, while Dr. Michael Shannon, director general of the Laboratory Centre for Disease Control, will represent the federal government.

The Red Cross continues to operate the blood-collection system, but the new organization will take over no later than next September. The new bureau has no representatives from Quebec, which refused to join the national body for political reasons. If it eventually does join, it will also receive 3 seats on the Transition Bureau, which is to manage all steps involved in making the new system operational. Confusion surrounding the new system may be the reason behind a drop in blood donations. Hospitals across Canada are reporting serious shortages, and health ministers recently urged Canadians to return to donor clinics.

## Research Update • *Le point sur la recherche*

### Bacteria usually linked to goats found in 14 Canadian patients

Researchers in London, Ont., have identified 14 human infections involving *Staphylococcus caprae*, a bacterium usually associated with goats (*J Clin Microbiol* 1997;35[10]:2537-41). Ten of the cases involved bone and joint infection, and 7 of these were in patients with orthopedic prostheses, indicating that having a prosthesis may be a risk factor. Before this study, the bacterium had been found in only a handful of human cases.

Study co-author Roger Shuttleworth of the London Health Sciences Centre says infection with *S. caprae* is probably not a new phenomenon, but instead is something that has been overlooked. "We were conducting a study in

which we were trying to identify staphylococci, which is why we found it."

*S. caprae* is not represented in the MicroScan and Vitek identification systems used in many laboratories,



and other means are needed to identify it. Shuttleworth believes this may lead to misidentification or failure to identify in many cases. "We suspect that it may be a part of the skin flora. It is uncommon, but more common than the literature

indicates." The association with bone and joint infection "struck us because the first 2 strains we identified came from synovial fluids."

Shuttleworth stresses that this infection is not cause for alarm among patients with prostheses because very few patients have been found to have the infection. In most infected patients other bacteria are also involved, although in 3 patients no other bacteria were isolated. In the 7 patients with prostheses, *S. caprae* infection followed open reduction of a bone fracture and led to osteomyelitis, sepsis or necrosis. Most of these patients were cured. The infection was also found in 3 patients who had undergone organ transplantation and were immunocompromised. These patients died, but their deaths were not attributable to *S. caprae* infection. — *C.J. Brown*