with important public health implications, has given rise to a need for information on its spread. Serum residues from the study of infection A, together with the epidemiological database, provide the ideal resource. Their use is justified on the grounds that (a) further collection of serum samples from the community would be unethical while suitable samples are available, (b) the whole community would benefit from the provision of important epidemiological data on infection B to public health authorities, and (c) absolute anonymity of people who participated in the study of infection A could be assured. The study is conducted and data presented, after the use of a geographical information system, in the form of precise maps of the distribution of infection B by subpopulation within the community. Molecular "fingerprinting" through phylogenetic analysis^{3,4} reconstructs the pattern of the epidemic, with its origin and spread from sector to sector. If infection B was measles no one would raise an eyebrow; substitute HIV infection and alarm bells ring.

Although anonymity for the individual has been maintained, social stigma can apply to sections of a community and not just to individuals. International ethical guidelines advise that investigators should protect groups as well as individuals from possible harm or disadvantage, including adverse criticism relating to sensitive information.² How should these principles be put into practice? At what mapping resolution does "community confidentiality" become a problem? Does informed consent need to be obtained from communities, and, if it does, who should be their representative? We believe that more discussion is needed to determine how to disseminate and use information in ways that support community rights.

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- 1 Alberti KGM. Local research ethics committees. *BMJ* 1995; 311:639-40. (9 September.)
- 2 Council for International Organisations of Medical Sciences. *International guidelines for ethical review of epidemiological studies*. Geneva: CIOMS, 1991.
- 3 Holmes EC, Zhang LQ, Robertson P, Cleland A, Harvey E, Simmonds P, et al. The molecular epidemiology of human immunodeficiency virus type 1 in Edinburgh. *J Infect Dis* 1995;171:45-53.
- 4 Holmes EC, Nee S, Rambaut A, Garnett GP, Harvey PH. Revealing the history of infectious disease epidemics through phylogenetic trees. *Philosophical Transactions of the Royal Society of London Series B* 1995;349:33-40.

Long term care in later life

A mixed economy of care is necessary

EDITOR,—On behalf of the hundreds of thousands of residents and staff living and working in private nursing homes I take issue with the implication of one of the questions in J Grimley Evans's editorial on long term care in later life: "Should profit making nursing homes join tobacco companies and manufacturers of antipersonnel mines as industries in which decent people do not buy shares?"¹ I assume that Grimley Evans has chosen these latter two industries for comparison because they make products that maim or kill people. I know of no evidence showing that private nursing homes maim or kill elderly people. Their rates of admis-

sion, length of admission, and mortality are comparable to those of voluntary or state nursing homes, as is shown by the most authoritative survey of long term residential care.² If Grimley Evans has evidence to the contrary he should share it with us.

Grimley Evans describes private nursing homes as "inadequately regulated." Yet private (and voluntary) homes are subject to a stringent registration process and twice yearly independent inspections. State nursing homes are not bound by any such regulation, and most commentators, right across the political spectrum, agree that by far the most pressing reform is to create a "level playing field" by regulating state homes in precisely the same way as private and voluntary homes are regulated.

Perhaps Grimley Evans objects to the principle of making profit from caring for elderly people. If so, does he condemn his medical colleagues who practise privately, specialist builders, private hospitals, manufacturers of specialist equipment, and all those who provide support services to elderly people, such as caterers? Indeed, perhaps Grimley Evans should consider his own position. As a professor with merit awards he earns considerably above a bare living wage and might therefore be said to "profit" from elderly people.

Grimley Evans rightly raises the serious issue of funding of long term care. The debate has moved on, however, from the old public versus private divide. The future lies with a mixed economy of care, in which all three sectors have an important role. Each needs to teach and learn from each other in an area in which asking questions is much easier than providing real solutions.

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- 1 Grimley Evans J. Long term care in later life. *BMJ* 1995;311:644. (9 September.)
- 2 Laing and Buisson. *Care of elderly people: market survey 1995*. London: Laing and Buisson, 1995.

Best providers should win contracts irrespective of their ownership

EDITOR,—Although J Grimley Evans's editorial on long term care in later life raises important issues, some of his assumptions and emotive language undermine the spirit of the open and informed debate that we so desperately need on the future of long term care in Britain.¹ Although it is useful for commentators to acknowledge the diversity and range of philosophies of ownership in the independent sector—indeed, much of Britain's independent health and social care sector relates to such traditions as cooperation, mutuality, and charity—the debate should surely be the best way to ensure that people's needs are met. Indeed, the future demands a move away from the old and sterile world of the "them versus us," "public versus private" rhetoric beloved of politicians and activists on all sides.

Three quarters of all nursing and residential care homes in Britain are now provided by the independent sector,² and a recent study by the University of Kent based on costs for 1993-4 found that NHS care for elderly people was over 92% more expensive (residential care provided by a local authority was found to be 31% more expensive).³ Accordingly, one must ask whether Grimley Evans should not instead be calling for a boycott of all statutory providers.

I believe that when statutory authorities fund care they must guarantee real choice and start to contract for care packages and not simply buy beds. A nationally agreed system for scoring dependency should also be introduced throughout Britain, which would be used to assess need and specify treatment and packages of care. Above all else, commentators should be primarily concerned

with quality and cost irrespective of ownership: in the future, the best providers should win contracts irrespective of their ownership.

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- 1 Grimley Evans J. Long term care in later life. *BMJ* 1995;311:644. (9 September.)
- 2 Laing and Buisson. *Care of elderly people: market survey 1994*. London: Laing and Buisson, 1994.
- 3 Netten A, Dennett J. *Unit costs of community care*. Canterbury: Personal Social Services Research Unit, University of Kent, 1994.

Accessing the Internet is far from easy

EDITOR,—According to Andrew Millman and colleagues, "accessing the Internet is very easy,"¹ but tales of woe in articles and correspondence in British magazines devoted to the Internet tell another story. Who is telling the truth?

My attempts to get dial up connection to the first Internet service provider I tried took several weeks because of an almost complete lack of advice, difficult access to a helpline, and overloading of the service provider (one of the major ones). The email software was cumbersome and almost unusable. When it proved impossible to log on, the automatic redialling facility was an advantage, but I abandoned this provider after several occasions on which over 500 attempts to log on failed.

A second service provider supplied an incorrect password, which prevented me from logging on, and a helpline was repeatedly engaged. There was no reply to two faxed requests for help, but I obtained a response after sending a letter by post. I abandoned this provider after repeated inability to log on and access the system.

A third service provider could not be contacted by telephone (it was repeatedly engaged) and failed to reply to fax or posted requests for information.

With a fourth service provider, for reasons that it could not explain, email was selectively undeliverable to Manchester University and there were frequent problems with logging on.

I am currently trying a fifth service provider; the early signs are promising. I have not counted the many hours spent in this exercise, but at present I would advise only serious computer enthusiasts with plenty of spare time to attempt to access the Internet from home. The truth is that access to the Internet is at present far from easy. The reasons include rapid expansion in the number of people wishing to access the Internet, which exceeds the ability of service providers to expand their services; user unfriendly software; and poor support.

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- 1 Millman A, Lee N, Kealy K. The Internet. *BMJ* 1995;311: 440-3. (12 August.)

"Probiotic" remedies are not what they seem

EDITOR—"Probiotics," usually called "acidophilus," are claimed to contain "friendly" intestinal lactic bacteria, regular consumption of which confers health benefits.¹ As a previous report showed that dietary products sold in the United States as containing *Lactobacillus acidophilus* either contained no viable lactobacilli or contained organisms other than *L. acidophilus*,² we investigated the microbiological content of 13 brands of probiotics bought over the counter in Britain.