

BRITISH MEDICAL JOURNAL

U.S. DEPT. OF HEALTH
NATIONAL INSTITUTES OF HEALTH
FEB 15 1973
PROCESSED

SATURDAY 3 FEBRUARY 1973

LEADING ARTICLES

- Dangerous Patients** page 247 **Herpes Hepatitis in Adults** page 248 **Pathology of**
Malignant Hyperpyrexia page 249 **Dermatitis from Applied Medicaments** page 250
Occupational Medicine? page 250 **New Cause of Tennis Elbow** page 251 **Progress**
Report on N.H.S. Reorganization page 252

PAPERS AND ORIGINALS

- Speech Defects in Children Aged 7 Years: A National Study** NEVILLE R. BUTLER, CATHERINE PECKHAM, MARY SHERIDAN 253
Early Mobilization after Myocardial Infarction: a Controlled Study
H. J. LAMERS, W. S. J. DROST, B. J. M. KROON, L. A. VAN ES, L. J. MEILINK-HOEDEMAKER, W. H. BIRKENHÄGER 257
Efficacy of Whooping-cough Vaccines used in the United Kingdom before 1968
FINAL REPORT TO THE DIRECTOR OF THE PUBLIC HEALTH LABORATORY SERVICE BY THE PUBLIC HEALTH LABORATORY SERVICE WHOOPING-
COUGH COMMITTEE AND WORKING PARTY 259
Puerperal Thromboembolic Disease in "High Risk" Cases PETER JACKSON 263
Hyperinfection Syndrome with Strongyloides Stercoralis in Malignant Lymphoma
MALCOLM ADAM, OWEN MORGAN, CLEMENT PERSAUD, WILLIAM N. GIBBS 264
Comparison of Corticotrophin and Corticosteroid Response to Lysine Vasopressin, Insulin, and Pyrogen in Man
J. J. STAUB, J. S. JENKINS, J. G. RATCLIFFE, J. LANDON 267
Defects and Disabilities of Thalidomide Children R. W. SMITHELLS 269
Central-core Disease and Malignant Hyperpyrexia M. A. DENBOROUGH, X. DENNETT, R. MCD. ANDERSON 272

MEDICAL PRACTICE

- Some Diseases Characteristic of Modern Western Civilization** DENIS P. BURKITT 274
Role of the School Eye Clinic in Modern Ophthalmology R. M. INGRAM 278
Technique of Oil Myelography JAMES BULL 280
Significance of Literacy in the Performance of Students in the First Year of the Nottingham Medical Course
I. A. OLSON, H. DIACK, PAMELA J. HARROLD 282
A New Look at Infectious Diseases: Gastroenteritis of Infancy A. G. IRONSIDE 284
Any Questions? 287
Personal View G. A. R. GIRI 288

CORRESPONDENCE—List of Contents 289

BOOK REVIEWS 300

NEWS AND NOTES

- Epidemiology**—*Listeria monocytogenes* 301
Parliament—N.H.S. Reorganization 301
Medical News 303

OBITUARY NOTICES 298

SUPPLEMENT

- N.H.S. Reorganization: B.M.A. Letter** 29
Hospital Junior Staffs Group Council
Talks with Government to Resume 30
Inquiry into General Practice 31
Association Notices 32

CORRESPONDENCE

Correspondents are asked to be brief

Viruses of Vomiting

J. A. Dudgeon, M.D., F.R.C.PATH., and W. C. Marshall, D.C.H. 289

Coxsackie B Virus and Diabetes

D. R. Gamble, M.R.C.PATH., and K. W. Taylor, PH.D. 289

Anaesthesia in Sick-cell States

H. Lehmann, F.R.C.P. 290

Rh Immunization in Ruptured Tubal Pregnancy

J. Katz, F.C.PATH.(S.A.), and R. G. Marcus, M.R.C.O.G. 290

Diet and Congenital Defects

C. O. Carter, F.R.C.P.; Sir Dugald Baird, F.R.C.O.G. 290

Gastric Ulcer after Highly Selective Vagotomy

C. G. Clark, F.R.C.S.; H. W. Burge, F.R.C.S. 291

Radiography of Potentially Pregnant Females

L. A. Gillanders, M.R.C.P.ED., F.F.R. 291

Vitamins in Illness

G. F. Taylor, M.R.C.P. 292

Staffing of Accident and Emergency Departments

J. C. Scott, F.R.C.S. 292

Shortage of Radiologists

J. P. Grier, M.R.C.G.P. 292

Working of the Mental Health Act

J. A. Cooke 292

Deaths Associated with General Dental Anaesthesia

J. G. Bourne, M.D., F.F.A.R.C.S. 293

Anthrax

A. B. Semple, M.D. 293

Suicide Rate

B. M. Barraclough, M.R.A.C.P. 293

Radiological Pseudotumour in Chronic Ulcerative Colitis

B. N. Brooke, F.R.C.S., and D. R. Cave, M.B. 294

Sponsored Hospitality

K. Norcross, F.R.C.S. 294

Anticholinergic Blocking of Prostaglandin-induced Bronchoconstriction

K. Alanko, and H. Poppius 294

Working of Health Centres

M. C. Hardie, M. A., and M. D. Warren, M.D. 294

Afternoon Surgeries

R. E. G. Sloan, M.B.; E. M. Rosser, M.R.C.G.P. 294

Ampicillin Rash and Influenza

I. Gregg, F.R.C.G.P. 295

Digestive Disease: The Changing Scene

Reverend H. C. Trowell, F.R.C.P. 295

Side Effects of the Pill

M. J. V. Bull, M.R.C.G.P. 295

Corticosteroid Withdrawal in Asthma

J. C. Batten, F.R.C.P., and others 296

Paralytic Ileus in Strongyloidiasis

M. J. World, M.B. 296

Colleagues in Africa

D. K. Masters, D.T.M.&H. 296

Toxicity of Benorylate

R. E. Hope-Simpson, F.R.C.G.P. 296

Cervical Carcinoma in Young Women

E. Ann Tait, M.B. 296

Antibiotic Sensitivity of *Escherichia coli*

R. F. Williams, M.R.C.PATH. 297

Cholera in the Nineteenth Century

A. J. Duggan, M.D. 297

Source of Extrarenal Renin

D. E. Barnado, M.R.C.P. 297

Future of the B.M.A.

J. G. Ball, M.B., and others; O. Ross, M.B., and others 297

Oxford Street Traffic Regulations

F. V. Griffiths, M.R.C.G.P. 297

Viruses of Vomiting

SIR,—We have read with much interest your leading article (25 November, p. 442) in which you indicate that a virus of the picornavirus or parvovirus type may be responsible for the syndrome known as "winter vomiting disease." While we would agree with you that in many cases of diarrhoea and vomiting in children, whether they be sporadic or in outbreaks, pathogenic bacteria are frequently not isolated, we feel that a distinction should be made between infantile gastroenteritis and the disease in older children. Your suggestion that the virus associated with winter vomiting disease might be responsible for gastroenteritis in children may well be true, but we feel that there are important clinical differences between the conditions infantile gastroenteritis and winter vomiting disease. In the latter vomiting is the predominant feature, the onset is abrupt, it has a high infectivity rate, spreading through families and schools with great rapidity, and it is no respecter of age. In infantile gastroenteritis, although vomiting does occur, diarrhoea is the predominant feature and is frequently very severe. The onset is variable—it may be abrupt but can also be insidious—and although infection may spread to older children and adults, in them it is generally asymptomatic, symptoms being almost exclusively confined to the very young. In this age group it may spread with alarming rapidity in nurseries and infant wards. In such situations mortality may be high.

Enteropathogenic strains of *Escherichia coli* are recognized as important causative agents of infantile gastroenteritis, but in many clinically similar cases pathogens cannot be identified by means of the 18 or

more antisera against these strains. Recently it has been shown that there are a number of strains of *Esch. coli* which produce an enterotoxin but which are not identifiable as enteropathogenic by existing antisera. These may be responsible for some of the cases of infantile gastroenteritis of "unknown aetiology." We would agree with your view that "it is impossible to contradict the substantial number of paediatricians and bacteriologists who think that bacteria are the main causes" of gastroenteritis but, as in the case of acute respiratory infections, we are almost certainly dealing with a considerable number of aetiological agents which are responsible for a variety of clinical syndromes. Until recently virological investigations employing the somewhat traditional approach of tissue culture have been largely unrewarding. It might be, however, that with the more sophisticated techniques that you refer to in your article a combined bacteriological and virological approach to the whole problem might reveal other aetiological agents if reliable and specific tests can be made generally available.—We are, etc.,

J. A. DUDGEON
W. C. MARSHALL

The Hospital for Sick Children,
Great Ormond Street,
London W.C.1

Coxsackie B Virus and Diabetes

SIR,—We were interested to read the letter from Dr. D. R. Hadden and others (23 December, p. 729) about their failure to confirm our suggestion^{1,2} that there may be an association between Coxsackie B virus

infection and the onset of diabetes mellitus. We are concerned, however, lest a misinterpretation should discourage the physicians who are supplying material for our current survey, and we would be glad of the opportunity to comment on Dr. Hadden's results.

Fifty-eight diabetics were investigated, of whom 30 were over the age of 40 years and 24 did not require insulin. Since our investigation drew attention to the possibility of an association between Coxsackie B4 virus infection and the onset of diabetes of the insulin-dependent "juvenile" type, the antibody titres in this group would be of particular interest. Unfortunately, the relevant data were not provided in the letter, but it would appear from an earlier account³ that 12 (35%) of 34 insulin-dependent diabetics had antibody titres of 1/100 or more to Coxsackie B4 virus compared with about 20% of 121 controls. This difference is of a similar order of magnitude to that found in our investigations and although it is not statistically significant ($\chi^2=3.56$) it is not far short of significance. Indeed, if five more diabetics had been tested and two found positive, the results would have been significant at the 5% level ($\chi^2=3.84$). It is to be hoped that these investigators will not abandon their project when they may be close to obtaining a significant answer to this important problem.

Dr. Hadden's conclusion that they had been unable to find any evidence of an association was perhaps unfortunately worded; it might have been fairer to say that they had been unable to obtain evidence either for or against it. Indeed, we would say that, as far as their results go, they suggest the presence rather than absence of an association, but only a larger series could