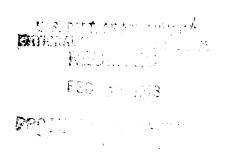
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### Viruses of Vomiting

SIR,—We have read with much interest your more antisera against these strains. Recently 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

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.,

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### 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 suggestion12 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 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 account<sup>3</sup> 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