

than conventional treatment. In terminal renal disease<sup>4</sup> and perhaps some hepatic disorders<sup>5</sup> transplantation offers the patient a prospect of a life of improved quality and length. In diabetes mellitus, however, conventional treatment produces an acceptable control of carbohydrate metabolism; so that, until a method of immunosuppression is developed which is safe and selective, pancreatic transplantation in man seems hard to justify.

## Patients in the News

Relations between doctors and the press can never be easy, for there must be a conflict of interest between the patient's need for a confidential relationship with his doctor and the editor's need to grip the attention of as large a public as possible. It has become a truism that medicine is news—not medicine as practised 99% of the time, not the medicine and surgery that have made Britain one of the healthiest countries in the world—but rather the dramatic novelty applied in the highly exceptional case. Thus even a helpful and well-informed journalist writing for the lay public can usually do no other than provide a picture of medical affairs that is remote from the experience of most medical men and women.

When interests diverge so considerably, it is not surprising that sharp criticisms are made from time to time. Last Sunday Professor Roy Calne, of Cambridge, one of the leading surgeons in developing operations for the transplantation of the kidney and the liver, told a gathering of newspaper editors that in his view deaths had been caused by irresponsible reporting.<sup>1</sup> He considered that untruthful reports about his work had deterred relatives from giving their permission for removal of organs from dead next-of-kin, with the result that patients had died without being given the chance of receiving a transplanted organ.

While any assessment of the effects on public conduct of newspaper reports must be problematical, the misleading treatment of news can only be deplored. But, if a special obligation rests on newspapers not to put difficulties in the way of the treatment offered to sick people, so too every doctor owes a duty to his patient, and his colleagues also, to avoid undesirable publicity. It is a matter for regret that not all members of the profession have so scrupulously followed its traditional precepts in dealing with the mass media as have Professor Calne and his colleagues.

This year's annual report of the B.M.A. to the Representative Body<sup>2</sup> restates the principles that should guide doctors:

"Doctors are reminded that every precaution should be taken to protect the anonymity of patients, whether donors or recipients. Much distress has in the past been caused to the relatives of donors, following their own consent lightly given, by reason of publicity far beyond what they might reasonably have expected, and it is wise to mention this aspect to them.

"Equally, excessive publicity might well occasion feelings of guilt in the recipient."

As these words suggest, in the protection of his patient's confidences the medical man does not always get the help

he might expect from the patient himself. Moreover, it is generally accepted that the profession has a duty to help in the education of the public on the nature of medical developments, for if doctors shun this role others less informed will play it for them. Confusing requests can thus suddenly inundate a medical man engaged in the care of a patient whose condition or treatment excites the attention of the press. In addition to guidance from the General Medical Council he can find help in a report approved last year by the Representative Body of the B.M.A.<sup>3</sup>

## Acute Infective Gastroenteritis

For the second year running outbreaks of gastroenteritis have occurred at about the same time of the year in children's hospitals in different parts of the country. The mortality rate has been high. The term acute infective gastroenteritis or infectious diarrhoea is applied to cases of gastroenteritis with frequent loose stools, with or without vomiting, in young children in whom an infection of the gastrointestinal tract is presumed or known to be the cause. This differentiates cases of so-called parenteral diarrhoea associated with respiratory, urinary-tract, and other infections, though differentiation on clinical grounds may be very difficult.

The principal micro-organisms causing infective gastroenteritis are shigellae, salmonellae, and enteropathogenic strains of *Escherichia coli*. Extensive studies carried out on a world-wide basis have shown that specific bacterial pathogens could be isolated from between 22 and 64% of such cases.<sup>1</sup> Thus about 50% could not be diagnosed by conventional bacteriological techniques. What about other causes? In the absence of a bacteriological diagnosis it is customary to look for a virus cause, but whether this is justified on present evidence is not clear. Over the past two decades several groups of viruses—for example, enteroviruses and adenoviruses—have been isolated from infants and children with diarrhoea. Some of these have had mixed infections with pathogenic bacteria and viruses.<sup>1 2</sup> These studies have certainly shown a higher isolation rate of enteroviruses, notably certain strains of E.C.H.O. virus, from patients with diarrhoea than from age-matched controls, but conclusive evidence of causation is lacking. Furthermore, cases in which a virus has been suspected of causing the disease have seldom exhibited the severe symptoms associated with bacterial infection. Viruses tend to get blamed for disease for which they are not responsible, and this may divert us from looking for bacterial and other pathogens.

This is seen in the case of the enteropathogenic strains of *E. coli*. The first recognition of a specific antigenic type of *Bacterium coli* (now *Escherichia*) associated with infantile diarrhoea was made by J. Bray in this country nearly 25 years ago.<sup>3</sup> Later, strains of the same organism were consistently isolated during outbreaks of infantile gastroenteritis in maternity units, residential homes, and wards of a children's hospital.<sup>4-6</sup> *E. coli* comprise the largest group of micro-organisms inhabiting the intestinal tract. Differentiation of *E. coli* serotypes was made possible by the work of F. Kauffmann<sup>7</sup> on the basis of three principal antigens—

<sup>1</sup> *The Times*, 28 April 1969.

<sup>2</sup> *British Medical Journal, Supplement*, 1969, 2, 40.

<sup>3</sup> "Report on Advertising and the Medical Profession," *British Medical Journal Supplement*, 1968, 2, 22.