tentative guide to what are likely to be greatly varying situations.—I am, etc.,

J. H. E. BAINES.

Health Department,
St. Helens, Lancs.

SIR,—I regard the conclusions of the Royal Free epidemic (3 January, p. 7) as nonsense.

Many of these girls were known to me. Illness was alien to their nature. The course of their illness, fever pattern duration, and sequelae can be explained if one follows the course of some of the increasing viral infections which one encounters in general practice. They get better but not, I fear, through our intervention.

Take another look at the Royal Free. I'm sure the adage "what we know we recognize" applies here. In the meantime I advise those of us who have to deal with epidemics in institutions: don't be hasty in calling in a psychiatrist, but first read the small print in your chapter on the central nervous system. —I am, etc.,

B. JUDGE.

Birmingham 29.

SIR,—I was upset to see the *B.M.J.*'s support (3 January, p. 1) for the articles by Drs. C. P. McEvedy and A. W. Beard on the concept of benign myalgic encephalomyelitis (p. 11) and studies of the 1955 Royal Free epidemic (p.7) that were presented to show "psycho-social phenomena", instead of giving suggestions as to how the situation might be investigated if it occurs in the future.

In America studies of virus antibody titres have shown that infection occurs before the patients or relatives notice anything, temperatures do not need to rise, and the doctor doesn't see the patient until long after the infecting organism has entered the host. To consider Paul-Bunnell tests, liver function tests, electrocardiograms, or white cell counts as evidence of absence of infection or organic aetiology in this decade is not satisfactory, and hysteria needs more than the points offered if it is to be an acceptable psychiatric diagnosis.—I am, etc.,

D. G. MAYNE.

Tyrone and Fermagh Hospital,
Omagh, N. Ireland.

*** Our support for the papers by Drs. C. P. McEvedy and A. W. Beard was stated in an accompanying leader in these terms: ". . . much of the positive psychiatric evidence required for a conclusive judgement on the nature of the epidemics under reappraisal is inevitably lacking. . . . The authors have performed a valuable service in drawing attention to the possible psychological origins of some outbreaks of illness that are disseminated in an explosive manner and for which a physical explanation is apt to be readily assumed."—ED., *B.M.J.*

The Influenza Epidemic

SIR,—The severity of the present influenza has not been equalled in nearly 28 years of my general practice experience. While memory is fresh, I feel the pooling of information by general practitioners may be of value in the future. I give briefly the salient features as they have affected patients in this rural practice. Perhaps other doctors from other areas will do likewise.

(1) Children have been affected rarely.

(2) In many instances the severity of symptoms was beyond all my previous experience—for example, complete prostration, severe headache, cyanosis, and "chest-tearing" cough.

(3) Length of illness has been sharply defined. Teenagers: under one week. Adults: not less than two weeks.

(4) Many adults still had facial cyanotic tinge after 10 days' illness.

(5) Universal lack of appetite in adults for over two weeks. Severe abdominal pain in those who forced themselves to eat.

(6) Lack of chest signs despite severity of cough, except in patients with pneumonia.

(7) Prophylactic tetracycline did not prevent pneumonic complications in several cases. After changing to prophylactic erythromycin no further such cases occurred.

(8) Very rapid recovery of broncho-pneumonia with severe respiratory distress, when given oxygen. (Usually discharged from hospital in 5-6 days.)

(9) Only two of my patients had recently been vaccinated against influenza, and both developed the disease.

(10) The demand for certificates both for sickness benefit and for employers has been my major burden. I would urge that some alternative arrangements be made to alleviate this in times of similar epidemic in the future, and that such measures be fully and constantly publicized to the patients.

In conclusion, I would express my deep gratitude to my hospital colleagues in this area, who helped so much by admitting the seriously ill cases.—I am, etc.,

JOHN ANDREWS.

Tetbury, Glos.

SIR,—During the current epidemic of influenza due to A2 (1968 Hong Kong strain) virus, we have been carrying out at this hospital routine estimations of the plasma electrolytes, and have noticed extremely low levels of potassium in almost every case. Levels of 1·8 mEq/l., persisting over several days, despite energetic replacement therapy, have been noticed in one patient. Several patients have died with profoundly depressed levels, and the features of hypokalaemia have been manifest in patients seen both in hospital and out. These have been depression of limb reflexes, cardiac dysrhythmias, severe lethargy and weakness, and hypotension.

The possible causes of this biochemical derangement are being studied, but factors producing this state must include the fact that these patients are not eating, many have a severe viraemia which may affect renal conservation of potassium, a few have been given diuretics, and there may be an excessive production of cortisol in response to the stress of a severe illness.

It would seem, therefore, that hypokalaemia should be considered in any severe case of influenza, and replacement therapy instituted energetically, in some cases to save the patient's life, and in most to speed recovery and shorten convalescence.—I am, etc.,

G. S. CROCKETT.

General Hospital,
Kettering,
Northants.

SIR,—The recent epidemic of influenza A2 was unusual in a number of ways.

Compared with my records of eight previous epidemics[1] it infected approximately 11% of my patients: it had the highest rate of acute chest complications, 25% of patients developing pneumonia or acute bronchitis. The maximum incidence was in the 40-60 age-groups, whereas in previous epidemics it was the younger age-groups, 0-30, who were most liable to infection. Most of those infected had no history or records of previous influenza over the past 12 years.

It is to be hoped that a profile of this epidemic will be built up and published by the Department of Health and Social Security.—I am, etc.,

JOHN FRY.

Beckenham, Kent.

REFERENCE

1 Fry, J., *Journal of the Royal College of General Practitioners* 1969, 17, 100.

SIR,—By legislation (Public Health (Infectious Diseases) Regulations 1968: S.I. No. 1366) it is no longer required to notify influenzal pneumonia or acute primary pneumonia to the medical officer of health. In view of the fact that we have recently had a considerable number of cases of these diseases throughout the country it would appear that it was premature to have removed these acute infections from those which are notifiable. Without adequate knowledge of the number of cases occurring in practice it would seem that accurate knowledge of the prevalence and effect of this group of serious illnesses is not now available to the health authorities.—I am, etc.,

T. D. RICHARDS.

Mangotsfield,
Glos.

Cigarette Smoking and Flu

SIR,—May I suggest one possible benefit of the present influenzal epidemic? A characteristic feature of the disease is the marked disaffection of the smoker for his cigarette. I feel sure that this is the moment to encourage the habitual smoker to cast away his half empty packet, to smoke no more, and restore his bronchi to a more normal atmospheric environment. — I am, etc.,

J. S. RABAN.

Reading, Bucks.

Changing Face of Medical Practice

SIR,—Dr. George Birdwood in his Personal View (20 December, p. 740) expresses a distressing and currently not uncommon pessimism about the developing concept of the health team in general practice; a pessimism which I believe is misplaced. He asks, "Can the impersonal health team of the future ever be a substitute for the personal physician? Will the individual patient with his human weaknesses, hopes and fears, have anyone to confide in?"

Why should the health team of the present or future be impersonal? Why is it assumed that the development of a team necessarily produces a dilution of the personal relationship? Why should not a highly trained auxiliary also be a kindly person,