

between various scientific disciplines will be encouraged, and it is hoped that the club will stimulate research.

At its meeting the club will consider the size of the problem, the importance of back pain in the community, and its incidence in various types of industry. Occupational back-ache is common, and if the factors leading to it can be accurately defined then it should be avoidable. A session is being devoted to the structure and formation of the spine. Our knowledge of the pathology of spinal disease has been limited by the relative difficulty in obtaining pathological material. Present lines of research include measurements of the pressures within the nucleus pulposus, studies of the anatomical and functional structure of the annulus fibrosus, and calculation of forces acting through the intervertebral discs. Another session will be concerned with biochemistry. Recently it has been appreciated that the strength of collagen depends on the intermolecular and intramolecular cross-linkages and that age changes in collagen are directly dependent on alteration in these. The structure of the annulus fibrosus is obviously of great interest. Finally the meeting is considering how back pain affects the lives of its sufferers. Though many forms of treatment have their advocates, none are satisfactory. Even among anecdotal reports of cures of back pain when all other treatments have failed some clues may be found to fruitful research.

¹ Lawrence, J. S., *Annals of the Rheumatic Diseases*, 1969, 28, 121.

² *Annals of the Rheumatic Diseases*, 1970, 29, 324.

³ Horal, J., *Acta Orthopaedica Scandinavica*, 1969, Supplement 118.

The Gut and Dermatitis Herpetiformis

Enteropathy may be associated with dermatitis herpetiformis. The relationship between the skin disease and the enteropathy is not clear, since each component behaves independently, responding to its appropriate treatment (the giving of dapsone or withdrawal of gluten from the diet), yet the relief of one component does not benefit the other.

Whether or how the enteropathy of dermatitis herpetiformis differs from coeliac disease is obscure. A thorough study of the histology of the small intestine of patients with dermatitis herpetiformis by means of a multiple biopsy technique¹ shows that the enteropathy is almost invariably present (21 out of 22 patients), but may be missed if a single biopsy specimen is taken, since the changes can be patchy. The same workers who carried this out² confirm that the structure of the villi of the small intestine improves when gluten is withdrawn from the diet. They failed to show any worsening when gluten was instilled, but this may have been for technical reasons.

The resemblances between dermatitis herpetiformis enteropathy and coeliac disease include the histological appearance of the intestinal mucosa, the diminishing severity of the lesions in the distal small intestine, and evidence of gluten sensitivity. Possible differences are the patchy lesions in the gut and the usual absence of intestinal symptoms in dermatitis herpetiformis, but some gastroenterologists think that the gut may be patchily involved in coeliac disease, and it is well known that overt coeliac disease may have been preceded by many years without symptoms. Nevertheless it is notable that the intestinal symptoms in dermatitis herpetiformis enteropathy, if present at all, are much milder as a rule than might be expected from the degree of histological

change, and they may be absent even when the biopsy shows subtotal villous atrophy, a paradox that might be explained by patchy involvement. Conversely the skin lesions of dermatitis herpetiformis are seldom found in patients with coeliac disease. While there is some overlap in that a few patients with the skin lesions suffer from what would be generally acceptable as coeliac disease, most of them have a symptomless enteropathy that is apparent only as a result of intestinal biopsy. Thus, though there is evidence that dermatitis herpetiformis enteropathy depends on gluten sensitivity, it is difficult in the present state of our knowledge to equate the syndrome with coeliac disease. The difficulty may be partly semantic, but it depends principally on ignorance of the precise mechanisms concerned.

There is lack of agreement about the treatment of this syndrome. Some believe that no treatment is necessary in the absence of symptoms of malabsorption; others think that it should always be treated—and that might mean treating virtually every patient with dermatitis herpetiformis. Perhaps the most reasonable line to follow at present would be to recommend that those patients showing biochemical evidence of malabsorption should be put on a gluten-free diet. In any case it is doubtful whether patients would willingly tolerate an irksome diet to control a disease that gives rise to no symptoms and requires biopsies (ideally multiple biopsies) of the intestinal mucosa for its detection and surveillance. But if dermatitis herpetiformis enteropathy is to be regarded as coeliac disease there would seem to be a good case for insisting on a life-long gluten-free diet, since the incidence of neoplasms of the small intestine is above average in coeliac disease,³ and a gluten-free diet might offer some protection. Dermatologists are not aware that their patients with dermatitis herpetiformis are specially liable to develop such neoplasms, but that is a matter that can be settled only by a long-term follow-up of patients, a measure that is likely to be stimulated by the interest aroused by this syndrome.

¹ Brow, J. R., Parker, F., Weinstein, W. M., and Rubin, C. E., *Gastroenterology*, 1971, 60, 355.

² Weinstein, W. M., Brow, J. R., Parker, F., and Rubin, C. E., *Gastroenterology*, 1971, 60, 362.

³ Harris, O. D., Cook, W. T., Thompson, H., and Waterhouse, J. A. H., *American Journal of Medicine*, 1967, 42, 899.

Alcohol on the Road

A programme on road research is administered by a Steering Committee of the Council of the Organization for Economic Co-operation and Development (O.E.C.D.) and is designed to promote co-operation between member countries in research on road construction, traffic, and safety. The programme is developed through groups of experts, and the group which is concerned with effects of alcohol and other drugs on drivers' behaviour met in B.M.A. House on 24 September. The meeting was preceded by a two-day international symposium on countermeasures, which was attended by experts from most of the O.E.C.D. countries.

Though road traffic accidents continue to increase, the public health aspects of the problem tend to be concealed by the transport statisticians, who present the figures in relation to the even greater increase in the number of motor vehicles on the road. The failure of our own Department of Health and Social Security to draw attention to the public health aspects of the problem in its annual reports was