In retrospect, the possibility of an E.C.H.O. virus aetiology was considered, and on December 10 a faecal specimen was collected for virological examination. From this, E.C.H.O. type 20 virus was isolated in human amnion tissue culture, which, according to Duncan and Bell, may be more sensitive to this virus than monkey kidney. This was the first type 20 among over 380 typed E.C.H.O. viruses isolated in Ruchill Hospital during the past five years. This virus was isolated three weeks after onset, not at the acute stage of illness; however, excretion of this virus for up to six weeks has been recorded by Dr. L. Rosen and his colleagues. No blood was taken for serological tests.

In these circumstances we cannot prove conclusively that the boy's illness was caused by this virus. Nevertheless it seemed worth recording the isolation of E.C.H.O. 20 virus in this country from a patient whose mild respiratory disease was not dissimilar from the illnesses associated with natural infections and the experimental infections studied by Dr. Buckland and his associates. We are, etc.,

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ALISON CLARKE.
J. STOTT.

REFERENCES
1 Duncan, I. B. R., and Bell, E. J., to be published.

Selection of Medical Students

Sir,—Those of us who have children hoping to enter the medical profession can only feel profoundly depressed by the figures given by Dr. D. L. J. Bibey regarding the selection of medical students (March 11, p. 743). It would have been of additional interest if we could be told the numbers of each sex who applied and were admitted.

With such competition for entry to medical schools one wonders if the time is not ripe for uniform requirements for examination from 1st M.B. While physics, chemistry, and biology at "A" level appear to satisfy the requirements of most (if not all) universities, London University will accept either zoology or biology. Consequently some London grammar schools do not prepare for biology at "A" level (possibly owing to the low percentage of passes in this subject), and entry into some provincial medical schools is impossible. Even as things are, there is no single source from which to obtain requirements for entry to medical schools, including dates for application. Could not this information be printed annually in the B.M.J., or supplied by the B.M.A. on request?

Finally, it would be valuable to know what is considered the best preparation for entry into a medical school. Is it preferable to gain exemption from 1st M.B. or to obtain "A" level in Arts subjects? Is it better to take a large number of subjects in G.C.E. with the possibility of lower pass levels, or to concentrate on higher marks in relatively few subjects? Although one cannot expect "individual explanations" for rejection by a selection committee, some broad indication of the qualities desirable for the potential doctor would be helpful. Thus parents and teachers may discourage those who are obviously unsuitable and may reduce the number of those rejected annually.

—I am, etc.,

London S.W.16.

LORNA M. BRIERLEY.

Plastic Bags

Sir,—Recently, in both the national and the medical press, a number of deaths have been reported which have been due to asphyxia arising from respiratory occlusion by plastic bags which have been pulled over the head. This represents a new hazard of twentieth century civilization and one which is likely to take an increasing toll unless measures are taken to alert the public to the danger and to diminish the risk of such occurrences.

It is unlikely that the use of such an admirably practical device as the plastic bag will be discontinued, but it is possible that the temptation—at least to children—to pull the bag over the head might be reduced if the bag were rendered opaque. Much of the attractiveness of such temptation must lie in the fact that the bag is translucent, and if it were possible to render it opaque by colouring it with a solid colour one might hope that much of this temptation would disappear. It should be a relatively simple matter for the manufacturers to achieve this—nor need the attractiveness of the article necessarily suffer in the process.

Further, perhaps a warning could be lettered on the bag in contrasting colour—for example, "It is dangerous to stick your head in this bag"—there must be a better slogan. This would serve to caution literate children and to alert parents who were responsible for infants. Possibly the depressives, the psychopaths, and even the transvestites would be deterred by such a simple measure.—I am, etc.,

Shipley, Yorkshire.

JOHN CRAIG.

Erythromycin

Sir,—In using erythromycin more freely in general practice (February 25, p. 563) it is as well to remember that this valuable drug can on occasion have the troublesome side-effects of diarrhoea and vomiting. I can find only one previous reference to this in the B.M.J. The manufacturers in their literature make no mention of any side-effects except nausea.

This month I have had two patients showing enteritis as a side-effect. A woman, aged 82, frail and undernourished, had influenza and lobar pneumonia: erythromycin 5 g. given. A man, aged 44, with an allergic background of pollinosis, had a cellulitis of the face, not responding to penicillin injections: erythromycin 4.5 g. given. They had diarrhoea with colic for one week and three weeks respectively from the third to fourth day of administration.

In 1957 I had a female patient, aged 54, with an allergic history of mild asthma in late summer for many years, who had an acute bronchitis with purulent sputum. She had a course of erythromycin 6 g. which precipitated in one week an ulcerative colitis with bloody diarrhoea. Her symptoms persisted, and after two months she was admitted to hospital, where she had a subtotal colectomy performed.—I am, etc.,

Birmingham.

F. V. A. BOSC.

REFERENCE

Electromyographic Changes in Rheumatoid Arthritis

Sir,—It is a pity that Dr. V. L. Steinberg and Dr. C. B. Wynn Parry (March 4, p. 630) have not seen fit to include in their very interesting paper an analysis of the abnormalities detected in their 79 patients with