any other anaesthetic agent" stresses the need for a detailed presentation of the methods used by the committee to ensure the scientific validity of the findings reported. Surely jaundice must have been observed after anaesthetics other than halothane in the United Kingdom during the nine-year period studied.

With regard to the "Results" section of the report we are, of course, particularly interested in the statement that "the mean interval between the last exposure to halothane and the onset of jaundice was very significantly shorter for patients exposed two or more times." In view of the unquestioned qualifications of the statistical consultants available to the authors we believe that it is inappropriate for them to make such a statement without a clear description of the statistical test applied to the data and the level of probability (P value) achieved. An open discussion of the statistical aspects of this report, lacking as it does any information on the incidence of the complication and any information relating to the overall safety of the drug, might prove to be in order and be helpful to clinicians attempting to draw appropriate clinical inferences.

While on this point we feel constrained to comment on the letter sent to physicians in the United Kingdom by the Committee on Safety of Medicines on 3 January 1974. In this letter it is stated that the committee encouraged Dr. Inman and Professor Mushin to publish their report "so that anaesthetists might be made aware of this additional evidence when assessing all the relative risks of the various anaesthetic agents in the clinical circumstances of each case." We believe that such evidence is accepted by anaesthetists only after it has been held up to the scrutiny of the scientific community at large and has been accepted by it. Therefore until such time as our questions, and probably those of other interested parties, have been answered we believe that no one is in any position to evaluate the report, let alone apply the information contained in it during an assessment of "all the relative risks of the various anaesthetic agents in the clinical circumstances of each case."

We remain confident that the overall safety of halothane outweighs any hepatic or other toxicity. Unfortunately, the report by Dr. Inman and Professor Mushin cannot, by its very nature, illuminate that paramount question.—We are, etc.,

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Diabetes Mellitus and Infectious Hepatitis

SIR,—I have read with interest the article by Dr. J. C. Adi on "Diabetes Mellitus Associated with Epidemic of Infectious Hepatitis in Nigeria" (2 February, p. 167) and should like to comment on some aspects.

There is already a state of confusion in the terminology of diabetes in pregnancy, but this has been made worse by the incorrect use of the term "latent diabetes" in your first paragraph, where it is stated that "latent diabetes" defines the situation in which a normal glucose tolerance test becomes abnormal temporarily during some kind of stress. In fact latent diabetes, as agreed by the Medical and Scientific Section of the British Diabetic Association, is the situation in which a person has a normal glucose tolerance test after having had a temporary asymptomatic or clinical diabetes at some time during pregnancy, infection, or other stress or when obese. It follows that a latent diabetic in pregnancy has by definition a normal glucose tolerance at that time.

The British Diabetic Association classification did not include a definition of "gestational diabetes." According to the use of the term applied in two main centres in Britain it is impossible to diagnose gestational diabetes until it has been found that the glucose tolerance has returned to normal post partum. In the absence of such a postpartum test there is no possibility of making the diagnosis of gestational diabetes in this system of nomenclature, as indeed is stated in the final paragraph of your article. We therefore suggest that one should recognize that diabetes has been diagnosed during pregnancy at that time irrespective of what happens postpartum and use the term "gestational diabetes" for this situation, for it has important obstetric consequences. "Gestational" in this context merely describes the time of diagnosis of the diabetes and not its degree, so that it would be appropriate to subdivide gestational diabetics into chemical (subclinical, asymptomatic) or overt (clinical).

Further confusion may arise from your article in the definition of "pre-diabetes," stated by you to be "the time before diagnosis of overt diabetes." We submit that the diagnosis of pre-diabetes is retrospective and refers to the period before clinical or chemical diabetes has been diagnosed. Otherwise according to your definition an individual could have chemical diabetes during the prediabetic period.

We have tried to clarify our suggestions in the accompanying diagram and hope that this or an improvement on it can be adopted by the Medical and Scientific Section of the British Diabetic Association to avoid the sort of ambiguity which occurred before their definition of the stages of diabetes was published in 1964.3

Returning to the content of your article we would like to make points about two of the items it covered.

To your reference to the work done in Aberdeen on the significance of the individual indications for testing these potential diabetics we should like to add that there is a significant correlation between the number of indicators present in any pregnant woman and the likelihood of her being diabetic.2 There appears also to be a correlation between the number of indications to test and an increased perinatal mortality, which is higher if there is diabetes, but still present if there is none. In other words even potential diabetics in the mother carries an increased risk for the baby. Thus in centres where no glucose tolerance testing facilities are available the obstetrician should heed

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Temperature Change and Multiple Sclerosis

Sir,—Within a period of one year, two leading articles in the B.M.J. dealing with multiple sclerosis have presented incomplete accounts of our current understanding of the mechanism of temperature effects in this condition.

The omission in the first of these leading articles (2 December 1972, p. 506) was pointed out by Drs. W. I. McDonald and T. A. Sears in a letter (30 December 1972, p. 794) in which they summarized experimental studies in demyelinated nerve indicating a heightened sensitivity to thermal blockade by giving a sufficient explanation of the clinically observed temperature effects. In the more recent leading article (15 December 1973, p. 626) this clinical temperature phenomenon is discussed in an incompletely incomplete manner. I do not intend to repeat the contents of the earlier letter from Drs. McDonald and Sears; however, an additional point can be made.

In a recent study the thermal properties of demyelinated nerve have been extensively investigated by the numerical solution of a well-known set of differential equations describing conduction in a model demyelinated axon. In agreement with clinical findings in multiple sclerosis and experimental animal studies this model predicts that the temperature at which conduction block occurs is a steep function of the extent of demyelination alone, so that small temperature increments can block large numbers of conducting fibres. To put the situation in another way, given a population of nerve fibres with variation amplitudes of myelin loss (such as would be expected to occur in a real lesion in multiple sclerosis) a small increase in temperature would substantially decrease the number of conducting fibres whose blocking temperature exceeded the normal body temperature.—I am, etc.,

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