justifiably concerned that her baby was convulsing in utero. It was subsequently noticed that her baby was frequently affected by hiccups following a feed. The hiccups occurred at a rate of one per second and lasted for several minutes at a time; this phenomenon persisted to the age of three months.

It is known that the fetus drinks liquor in utero, and hiccups have been demonstrated by real-time ultrasound scanning.¹ Hiccupping in utero might explain the observations of these mothers and such an explanation by her doctor would help to allay genuine anxieties.

Real-time scanning would be valuable to confirm this diagnosis when the technique is available.

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¹ Roberts, A B, *Midwife, Health Visitor, and Community Nurse*, 1978, **14**, 256.

Infant-feeding practices among immigrants in Glasgow

SIR,—Rickets among Asian children in Glasgow has been recognised as a serious problem for 15-20 years¹ and in their recent paper Dr K M Goel and others (28 October, p 1181) restate their earlier finding that 12.5% of Asian children in their sample had the disease. Such a high prevalence would appear inconsistent with an absence of their findings, that a high proportion (87%) of their Asian children received vitamin preparations. It is not clear, however, whether the taking of vitamin preparations necessarily includes vitamin D and also whether it refers to an adequate course, sufficient to protect against the disease throughout childhood, or merely to vitamins having been taken at some time. The fact that many Asian children still present clinically with acute rickets at Glasgow hospitals provides corroborative evidence for a continuing high prevalence of the disease and suggests that overall vitamin supplementation is grossly inadequate.

It is all too easy to believe that because a problem has been recognised for a long time and is readily preventable and measures have been previously instituted it must have been solved. There should be no such deception or complacency in the case of rickets. Prevention in Asian children is a community problem which requires a renewed and sustained initiative from the health, educational, and social services professionals acting jointly with the parents and leaders of the Asian community.

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¹ Dunnigan, M G, *et al*, *Scottish Medical Journal*, 1962, **7**, 159.

Inadequacy of information on side effects

SIR,—The letter from Drs H C Drysdale and M D Hellier (7 October p 1021) highlights a problem which faces all who attempt to provide information about the adverse effects of drugs: what should be included?

The description of adverse effects in a drug's data sheet has to serve two purposes: it should indicate those effects which have been attributed to the drug and it should give the prescriber some idea of the potential toxicity of the drug. A comprehensive list of all reported adverse effects may not be the most useful way of indicating to the prescriber what he should anticipate when using the drug. Furthermore, the medical literature is full of reports of adverse drug reactions which are poorly documented and in which the causal relationship is far from established. It is important that these should not become part of the "toxicity profile" of the drug solely on the basis of such reports.

A possible way of dealing with the problem would be to classify the adverse effects of a drug into three groups. Group 1 would be those side effects which appear to be dose-related and occur fairly predictably in a proportion of patients treated; for many of these effects it is possible to give a rough guide to how often they occur from clinical trials data. Group 2 would contain reactions which are less common but well documented and reported frequently enough for a causal relationship to be accepted. Group 3 would contain reactions which, although reported in the medical literature, have not been adequately documented and for which a causal relationship remains to be established.

From Group 1 the prescriber could obtain a rough idea of what adverse effects to anticipate when using the drug. Groups 2 and 3 he could use to help him decide whether a reaction occurring in a particular patient was likely to be due to that drug. It would be especially important to document fully any reactions described under Group 3 and to make sure that they were reported not only to the Committee on Safety of Medicines but also to the drug company concerned.

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Disentangling Kaposi's sarcoma

SIR,—Your leading article (14 October, p 1044) refers to some of the problems that are peculiar to this tumour. You state that "the endemic occurrence of an unusual neoplasm in malarial areas parallels Burkitt's lymphoma," and it has been suggested that this association might be due to the known immunosuppressive effect of malaria which may play a role in the aetiology of Burkitt's lymphoma. The distribution and clinical features of Kaposi's sarcoma have recently been reviewed in a series of papers from Malawi,¹ Uganda,² Tanzania,³ and Zambia.⁴ There is no evidence to suggest that the tumour is related to the endemicity of malaria or to any other specific parasitic disease. For example, in Tanzania the regions of lowest incidence of Kaposi's sarcoma are among the regions of highest malaria transmission. Moreover, in Uganda Kaposi's sarcoma is often seen in the mountainous, malaria-free south-west, where Burkitt's lymphoma does not occur. Unfortunately there is as yet no adequate explanation for the very large local variations in incidence in east and central Africa and, in particular, for the very high rates in western Uganda and eastern Zaire.

The sex distribution of the tumour in Africa is also difficult to explain. In children under the age of 15 the male:female ratio in three of these reports was less than 2.5:1, but there was an increasing ratio over this age, reaching 8:1-14:1 at over 40 years. It is difficult to believe that this could be due to different exposure to an environmental influence in these rural areas, although the overall geographical distribution suggests an environmental agent. It seems more likely that endogenous, possibly hormonal, factors play an increasing role with age in determining susceptibility or resistance to the causative agents.

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¹ O'Connell, K M, Borgstein, J, and Hutt, M S R, *East African Journal of Medical Research*, 1977, **4**, 59.

² Owor, R, and Hutt, M S R, *East African Journal of Medical Research*, 1977, **4**, 55.

³ Bland, J M, Mutoka, C, and Hutt, M S R, *East African Journal of Medical Research*, 1977, **4**, 47.

⁴ Naik, D G, *East African Journal of Medical Research*, 1977, **4**, 65.

Body weight and endocrine function in anorexia nervosa

SIR,—We were glad to read that the findings of Dr A Wakeling and his colleagues on endocrine function in anorexia nervosa (21 October, p 1164) are in agreement with our own (19 August, p 526) and look forward to seeing the published data. In our study the initial test was carried out as soon as possible after admission in most cases, as we wished to investigate the patients in the untreated state. Clearly the minor impairment in prolactin secretion which we demonstrated (20 August 1977, p 521) is readily reversible on refeeding, and Dr Wakeling's work appears to show that this requires as little as five days' dietary treatment. Our own observations on patients tested during the course of weight gain are in accordance with this.

With regard to the hypothesis of excessive central dopaminergic activity in anorexia nervosa, we have merely stated that this would be consistent with our findings of diminished prolactin and thyrotrophin (TSH) reserve, whereas the alternative hypothesis of dopamine depletion would be inconsistent. No implication as to the aetiology of the disease is intended. Even proved dopamine excess might well be secondary to starvation, as are so many of the other clinical, endocrine, and biochemical features of anorexia nervosa.

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Somalis with iron deficiency

SIR,—The paper by Professor M J Murray and others (21 October, p 1113) is an interesting contribution to the discussion of the interaction of iron deficiency and infection. Their findings should be noted by those who