Correspondence

Letters to the Editor should not exceed 500 words.

Isolation of Viruses from Leukaemic Patients

SIR,—Isolation of an agent from cases of leukaemia was recently reported in this *Journal* by Dr. G. Negroni (11 April, p. 927). Two isolates of this agent were obtained from Dr. Negroni with a view to carrying out an antibody survey to discover its prevalence and distribution. With one of these, experiments were made to find a suitable type of tissue culture less inconvenient than primary human-embryo kidney. Fibroblastoid semi-continuous (presumed diploid) human-embryo-kidney cultures proved incompletely susceptible to the agent, but culture of primary rhesus-monkey kidney and the continuous baby-hamster kidney BHK21-C13 line¹ were fully sensitive. After one blind passage the agent became adapted to primary human amnion cultures. Primary rhesus-monkey-kidney cultures maintained in Earle's medium with 1% pooled fowl serum were chosen for convenience and as showing the cytopathic effect most rapidly and clearly.

A pool of the agent grown in epithelioid primary human-embryo-kidney cultures was checked for bacterial sterility. It was confirmed as being ether-sensitive, as reported by Dr. Negroni, but was also found to be inhibited by 0.5 µg./ml. tetracycline, 8 µg./ml. chlortetracycline, and 1.75 µg./ml. kanamycin. An organism with the properties of a pleuropneumonia-like organism was isolated from this pool and from cultures in monkey kidney and baby-hamster kidney. A similar organism was isolated directly from the original sample of the second isolate provided by Dr. Negroni. This sample was also directly infective for rhesus-kidney cultures.

These organisms were isolated by direct inoculation of a solid medium as described by Chanock *et al.*² for the isolation of *Mycoplasma pneumoniae*. Colonies having the typical "fried egg" appearance developed (in the case of the organism isolated direct from the original sample) in two days at 37° C. They were embedded in the medium, did not give rise to bacterial colonies on subculture, did not grow on subculture to a serum-free medium, and were stained by Diene's stain. The strain isolated from the pool obtained from human-embryo kidney was subcultured from solid into fluid medium³ and was passaged in serial hundred-fold dilutions to a dilution of 10⁻¹². Subculture of this final culture gave a confluent growth on solid medium showing that the organism multiplied in cell-free cultures.

Material passed *in vitro* (representing a dilution of 10⁻⁶ of the fluid inoculated with agar culture) was infective for monkey-kidney-tissue cultures, causing the same characteristic cytopathic effect as the original agent. This organism, the human-embryo kidney tissue-cultured material from which it was derived, and rhesus-kidney-cultured material, were neutralized in tissue culture by rabbit antiserum to a third isolate received from Dr. Negroni but not by normal rabbit serum.

Our results suggest that the agent described by Dr. Negroni is a mycoplasma, not a virus, but do not preclude the possibility that both are present. The ease with which this agent can be grown in readily available tissue cultures and in appropriate bacteriological media simplifies the further work of investigating its possible relevance to leukaemia, whether as a primary, secondary, or unrelated factor.

We thank Dr. G. Negroni for providing cultures and antiserum, and our colleagues, Dr. E. J. Bell, Dr. C. A. C. Ross, and Mr. E. J. Stott, for tissue cultures.

—We are, etc.,

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Alkaline Diuresis for Aspirin Poisoning

SIR,—We would regard the article on "Alkaline Diuresis in Treatment of Aspirin Poisoning" (24 October, p. 1033) giving biochemical support to the successful regime previously advocated by the same authors¹ as a valuable contribution to the study of this type of poisoning. We would wish, however, to comment on points raised in the discussion. The view is expressed that large volumes of water in gastric lavage are to be avoided, and the work of Clemmesen² is cited as lessening the mortality and morbidity by so doing. We would agree that large volumes are to be avoided, but would point out that Clemmesen was writing about gastric lavage in the treatment of unconscious poisoned patients, almost all of whom were suffering from barbiturate intoxication. He added the rider that he was disappointed with the amount of barbiturate recovered from gastric lavage. In Denmark the incidence of salicylate poisoning in cases of poisoning admitted to hospital is very low, being about 1% compared with 15% in Britain. Furthermore, patients poisoned with aspirin are almost invariably conscious; hence the dangers of aspiration pneumonitis following lavage are greatly reduced.

The authors also state, "We have, however, aspirated the stomach contents to avoid vomiting with possible inhalation of vomitus." Surely in aspirin poisoning the main purpose of gastric lavage is to remove salicylate, which lingers in the stomach for some considerable time? Beveridge *et al.*,³ working in this unit, showed the value of the procedure by demonstrating that as much as 18 g. of salicylate from a total of 67 g. ingested could be recovered by gastric lavage.

We would agree with the opinion expressed in your leading article on this subject (24 October, p. 1021)—namely, that the use of alkaline diuresis in adults requires further study—but, having employed forced alkaline diuresis in 28 patients suffering from moderate or severe salicylate poisoning during the past 10 months, few complications have been encountered and there has been no mortality. —We are, etc.,

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Early Discharge of Maternity Patients

SIR,—Sir Andrew Clave's letter (17 October, p. 1007) draws further attention to a subject about which a great deal has already been written, and over which a reasonable degree of unanimity seems almost as far off as ever. Hopefully, we may perhaps anticipate a workable solution to the chronic shortage of maternity accommodation now that a new and vigorously minded Minister has been appointed. Nor will he fail to observe that this aspect of maternity care strongly emphasizes one of the many unsatisfactory aspects of the tripartite structure, though any fair-minded individual prepared to be tolerant should not find it too difficult to agree with "conclusions and recommendations" reached at the end of Chapter 10 of the Cranbrook Report.

Possibly the most valuable side-effect of setting up local maternity liaison committees at the instigation of the Chief Medical Officer of the Ministry has been the realization that working conditions often vary greatly in different group areas and that arrangements suitable for one area may be quite unacceptable to another. Indeed, the Chief Medical Officer has recently emphasized these at regional level, and stressed that the reasons for the differences are imperfectly understood. Anyone may at any time make in a couple of lines an assertion that may require a couple of pages properly to analyse and expose. The old arguments in favour of domiciliary confinements are so well known that refuting them is unrealistic at this juncture, but Sir Andrew's statement that "the reason why delivery in hospital with short stay afterwards is better than delivery at home is that . . . emergencies which we cannot foresee are more efficiently and safely treated in hospital" is under modern conditions very hard to deny. On the other hand, there would appear to be some areas within the same region where a hospital-confinement rate of less than 70% is fairly safe and others where geographical conditions impose it, but there are many other