CORONAVIRUS-LIKE PARTICLES IN DIARRHOEA STOOLS

Sir,—Dr Dourmashkin and colleagues (Nov. 1, p. 971) report that they have seen pleomorphic coronavirus-like particles in a specimen of human faeces and postulate that these may have derived from an intestinal yeast-like organism and suggest Blastoectris (now believed to be a protozoon) 5. We have described coronavirus-like particles in human faeces. 2, 5 These are quite different from the cellular material with ill-defined fringes which is commonly present in human faecal material. To date one strain of the coronavirus-like particle has been shown to replicate in cell and organ culture systems 1 producing ultrastructural changes which are indistinguishable from those produced by a bovine coronavirus in a similar intestinal organ culture system. 5 The sectioned particles seen inside the cells were typical of coronaviruses. We concluded that the particles were enteric coronaviruses. A common feature of these enteric coronaviruses is their pleomorphism, a finding which is not unusual with enveloped RNA viruses, especially before they are adapted to in vitro culture.

The above evidence of the viral nature of these particles must be considered against the findings of Dourmashkin et al., who concluded that the particles they saw were probably not viruses. This conclusion was based on an interpretation of structural relationships obtained from a sectioned deposit of ultracentrifuged crude faecal suspension. We believe that interpretation of findings from these pilot experiments is not only difficult but also inappropriate to the question posed.

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ORAL CONTRACEPTIVES AND POST-MOLAR TROPHOBLASTIC TUMOURS

Sir,—Dr Berkowitz and colleagues (Oct. 4, p. 752) conclude that oral contraceptives do not increase the risk of proliferative trophoblastic sequelae when taken after the evacuation of hydatidiform mole and before gonadotrophin values have fallen to normal. It is not clear how this conclusion can be drawn from a total of 50 patients "selected at random" from their files. Its statistical significance would seem highly questionable. The relevance of their data might also be questioned on the grounds that this group report only 2 deaths from post-abortal trophoblastic disease. In our experience, 83% of patients with post-molar trophoblastic disease have a tumour at least 6 months after evacuation and 12% have it before. Therefore the result of their study, if anything, indicates an increased risk of disease rather than decreasing the risk.

SIR,—Dr Hawkins and his colleagues in their study of thyroid microsomal antibodies (TMA) (Nov. 15, p. 1037) find no correlation between the antibody titre and the response to thyrotrophin releasing hormone in patients with premyxoedema. Furthermore, there is no correlation between the antibody titre and the basal TSH level. Perhaps we should have pointed out more clearly that we knew that there was a positive relationship between premyxoedema and raised TSH and that the premyxoedema group had a lower response to thyrotrophin releasing hormone.

SIR,—Dr Dourmashkin and colleagues' criterion of a raised basal thyroid stimulating hormone (TSH) level is not agreed upon in all quarters. 9 Perhaps we should have pointed out more clearly that we knew that there was a positive relationship between premyxoedema and raised TSH and that the premyxoedema group had a lower response to thyrotrophin releasing hormone.

GERRY H. BLEKKEHORST
LENNOX EALES

PREMYXOEDEMA IN BUSSELTON

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