Drinking sensibly

IN the first Benno Pollak lecture, given in April 1987, Professor Kendell has tried to answer questions about how much it is safe to drink, both for individuals and for communities. First, he challenges his own question, presenting a wealth of evidence that the damaging effects of alcohol occur for many individuals at levels of consumption well below those currently recommended as 'safe'. He points out that the distribution of drinking patterns superimposed on the previous statement leads to a much heavier burden of alcohol damage in the community being contributed by moderate drinkers than by heavy drinkers.

A policy directed at 5% of the community with the heaviest drinking habits would only deal with a small proportion of the adverse effects, whereas designating all those drinking more than the royal colleges' recommended amounts of 21 units per week for men or 14 for women would put a quarter of the adult population into the high risk group. This leads directly to the argument for trying to reduce the average level of alcohol consumption for the whole population by fiscal means. A reduction to two thirds of the present consumption of alcohol would represent a return to the levels of the early 1960s and would bring considerable benefits. Doctors can congratulate themselves on beginning to set a better example than in the past: their standardized mortality ratio from cirrhosis of the liver (as well as from lung cancer) has fallen from the 1950s to the present.

The succeeding comments mostly support the argument that the government should overcome its timidity (*sic*) and take some responsibility for the nation's destructive drinking habits. Some commentators have suggested that it is too simple to see price as the sole regulator of consumption — there are numerous cultural factors at work. However, as others point out, price is one of the factors and the easiest to manipulate.

Professor Kendell admits that changing public attitudes is going to take a long time. It took 20 years for public attitudes to smoking to change markedly; the facts of the relationship between alcohol consumption in the community and alcohol-related morbidity have now been known for 10 years and perhaps it will take another 10 years before they can be turned into effective public policy.

Source: Kendell RE. Drinking sensibly (and comments). *Br J Addict* 1987; **82:** 1279-1300.

INFECTIOUS DISEASES UPDATE

Hantaan virus infection

The Hantaan river which flows between north and south Korea gave its name to the virus now recognized as responsible for Korean haemorrhagic fever. This disease, endemic in Korea, also caused problems for British forces during the Korean war. It has a mortality of around 1–20% following sudden onset of fever, vomiting, haemorragic manifestations and shock. Renal failure and liver dysfunction are commonly present. Field mice are usually the source of the infection in man and life-long asymptomatic carriers of the virus.

It has now been recognized that illness due to the same or similar viruses occurs in many other parts of the world including Europe where rats (especially in conurbations) and the common vole are the main vectors. In Scandinavia the disease was called *Nephropathica epidemica* to draw attention to the renal features and to emphasize that in this form haemorrhagic manifestations are unusual. This milder disease is now being recognized throughout western Europe. The onset of illness is usually sudden with fever, myalgia, headache and sometimes conjunctivitis. Nausea, vomiting and pain in the loins and abdomen are common. Proteinuria, haematuria and self-limiting renal failure occurs. Recovery is usually complete with a mortality of less than 0.5%. Many cases probably never require hospital admission and it seems likely that this virus is responsible for some of the unexplained cases of fever seen in general practice, particularly if urine abnormalities are detected and no bacterical causes are discovered. The disease should be considered especially when there is a known contact with rodents, such as in rural areas or gardens. Leptospirosis, also contracted through rodents can occur concurrently. Influenza, hepatitis and the causes of acute abdominal pain also enter into the differential diagnosis. Acute cases have been recognized recently in Britain and the presence of antibodies in otherwise healthy individuals suggests that the infection is more widespread than currently recognized.

Pontiac fever — Lochgoilhead

An outbreak in January of this year of an influenza-like illness in Lochgoilhead, Argyll and Clyde, would seem likely at the time of writing to have been due to a mild form of legionellosis similar to what has become known as Pontiac fever. More than 150 people were affected.

The more severe legionnaires disease which occurs sporadically and in localized outbreaks is characterized by pneumonia, fever, often confusion and diarrhoea and contrasts with Pontiac fever; an influenza-like illness, comprising fever, myalgia, headache, cough and less frequently diarrhoea and vomiting. Outbreaks of legionella infection are typically a consequence of modern technology since they are associated with air conditioning systems, industrial cooling towers and whirlpool spas. When these systems become infected fine droplets containing the organism can be distributed throughout enclosed areas, often with high attack rates among those exposed. Of the few large outbreaks of Pontiac fever that have occurred most have been due to *Legionella pneumophila* although one in Canada was due to *Legionella feelii* and *Legionella micdadei* may be responsible in Lochgoilhead. Since legionella are widely spread in soil and especially mud, it is not difficult for organisms to contaminate water supplies. Protection against infection depends upon ensuring regular and adequate chlorination of water supplies in particular when it is being recirculated in the types of equipment described above.

Japanese B encephalitis

Vaccination schedules for athletes and visitors to the 1988 Olympic games in Seoul, Korea, will soon have to be considered. Japanese B encephalitis occurs in many Far Eastern countries usually sporadically but occasionally causing epidemics. The wild pig appears to be an intermediate host and the disease is generally contracted through mosquito bites. The chance of contracting infection in Seoul itself would seem to be slight but vaccination against this infection should be considered for those intending to tour more extensively in rural parts of the country. For most of those attending the games, however, protection against tetanus, poliomyelitis and considering immunization against faecal oral spread infections such as typhoid and hepatitis A will be more relevant.

Suggestions for topics to include in future updates are welcomed and should be passed to the contributor, Dr E. Walker, Communicable Diseases (Scotland) Unit, Ruchill Hospital, Glasgow G20 9NB (041-946-7120), from whom further information about the current topics can be obtained.