

direct questioning, did not provide information which might have helped to arrive at the correct diagnosis at an earlier stage.

4. Their manner of presentation in the guise of cerebral space-occupying lesions laid a false trail along which the clinician marched, oblivious to the iridescent corkscrew sprites dancing their sinuous way on either side.

Acknowledgement

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EPIDEMIC CERVICAL MYALGIA

An outbreak in Hertfordshire

R. G. D. NEWILL, M.B., B.S.
Chipperfield, Hertfordshire

In 1960 D. M. Davies reported two small epidemics among the nurses at a London hospital which occurred in the autumn of 1958 and the late summer of 1959. The symptoms were the same in both epidemics and consisted of general malaise for one or two days followed by pain and stiffness in the trapezius muscles and, in some cases, aching in other parts of the body. Patients were either afebrile or had mild intermittent pyrexia, and the illnesses lasted from 6 to 13 days in most cases. Although these epidemics had the characteristics of virus infections and the hospital had a pathological laboratory adequate for the investigation of viral infections, no causative virus was isolated. Earlier, Massell and Soloman in 1935, Beeson and Scott in 1941 and 1942, and Wilson in 1946 had described similar epidemics in which a virus infection appeared to be the cause of epidemics of stiff necks.

In the late summer of 1959 a similar epidemic affecting seven cases occurred in my practice in a Hertfordshire village, which had the same characteristics as those described by previous authors, and presented an opportunity to study the symptoms of this disease. This is a village of about 2,000 inhabitants, excluding about 300 personnel of the R.A.F. and U.S.A.F. stationed in the area. Some of these were involved in the outbreak. Although some occupants of the big houses travel to London daily, most of the inhabitants work locally, and the February snow has proved that it is a truly rural community. My practice list is 3,100 N.H.S. patients. Three of these cases are described fully and two briefly.

Case 1. The manageress of a ladies' hairdressing establishment, aged 43, who woke up one morning with a painful, stiff neck. When first seen her shoulders

were hunched and she was unable to turn her head without pain. She had been at work the previous day and had felt well until the evening when she noticed slight nausea and aching behind the eyes. On examination both trapezius muscles were in spasm and tender on palpation. No nodules were felt in the muscles. Active movements of the head were impossible but some passive movements were possible without severe pain. She was afebrile at the time of the examination. There was no history of trauma or excessive movements of the head which might have caused the acute reaction. She was treated with soluble aspirin and rest and the pain and stiffness subsided after six days. She has had no further attacks of stiff and painful neck.

Case 2. The wife of a n.c.o. of the U.S.A.F., aged 28, who was living in the house next to case 1, and who had attended her shop on the morning before going to a thanksgiving party at the local U.S.A.F. base. Two days after this party (and three days after the onset of the illness in case 1), she woke up with a similar stiff and painful neck. She had felt nauseated the previous day but had attributed this to a "hangover" from the party the evening before. Her temperature was normal but she had a severe headache and spasm of both trapezius muscles which were tender on palpation. Active movements of her head were impossible due to pain, but gentle passive movements were tolerated. After five days on sedatives and a proprietary brand of codeine tablets (Antoin) she recovered completely.

Case 3. A local delivery van driver, aged 31, who had not, to his knowledge, been in contact with anyone else suffering from a stiff neck, woke up during the same week as cases 1 and 2 with severe pain and stiffness in the right side of his neck. He attributed this to a draught coming through the open window of his van, but admitted that the same draught struck him on the neck every day while driving without previously having caused any pain or stiffness. On questioning, he said that he had felt cold and shivery the previous evening and that he had a headache in addition to his stiff neck. On examination, his temperature was 99.8°F (37.7°C) and his right trapezius muscle was in spasm and acutely tender. Passive movements of the head, again, were easier than active movements. He recovered completely in five days on treatment with soluble aspirin and a rubefacient cream to rub into his neck.

Two further cases were seen by me. One, (case 4) another U.S.A.F. wife who had been to the same thanksgiving party, had a unilateral stiff and painful neck following a vomiting attack the previous evening. Her symptoms commenced three days after the party and I was not asked to see her until two days after her stiff neck commenced. On examination she was afebrile but her right trapezius muscle was in spasm and still painful. The pain and stiffness subsided after treatment for six days with soluble codeine tablets (Antoin).

The other (case 5), a female shop assistant, aged 19, was not as severely affected as the others and continued working. However, I saw her on the evening of the day when the symptoms started and found both trapezius muscles tender on palpation though not in spasm. Active movements of the head, again, were limited and painful and she was afebrile. She was treated with soluble aspirin but took longer than the others to recover completely although initially the attack had been less severe.

Later I learnt that two other people in the village, not in my practice, had suffered from a similar illness and was also told that one of the U.S. airmen had had a stiff neck during the same week, though not apparently severe enough to seek medical attention.

Comment

This outbreak of stiff necks in a country village during the course of one week is highly suggestive of an infective origin. No attempt was made to identify the causative organism because the epidemic was over before arrangements could be made with the nearest virus laboratory for the identification of the virus which was assumed to be responsible for the outbreak.

The diagnosis of epidemic cervical myalgia is suggested when several cases occur together in one locality. Sporadic cases probably occur and it should be possible to diagnose them as the disease has definite characteristics.

As in other virus diseases the victims are more commonly young adults or children, although no children were affected in this outbreak. Generally they wake in the morning with a painful stiff neck and most cases admit to some malaise, nausea, feverishness, or vomiting the previous day. In the cases seen by me the trapezius muscles alone were affected, either one or both being in spasm, though it is apparent that, during an epidemic, all grades of severity may be seen. The painful muscle spasm prevents active movements of the head, but gentle passive movements by the examiner are possible since the muscles alone are affected and not the cervical spine. Spontaneous recovery always occurs in four to ten days, the only treatment required being analgesics to relieve the pain. I am not satisfied that the new group of skeletal muscle relaxant drugs have any obvious pharmacological action and these were not used in any of these cases.

This small epidemic, like those previously reported, had all the characteristics of a virus infection. No causative virus, however, has ever been demonstrated so that it can only be inferred from the symptoms to which group of viruses the organism may belong, if indeed the cause is a virus at all. In general practice one sees numerous febrile illnesses with varying symptoms which do not conform to any recognized diseases, and which would probably be found, if submitted to virological investigation, to belong to one of the recognized groups of adenopharyngeal, ECHO, or Coxsackie viruses. From the symptoms produced during this epidemic the most probable causative organism was one of the Coxsackie B group of viruses.

Summary

A small epidemic which occurred in a Hertfordshire country village is described. The symptoms varied in severity but all consisted of unilateral or bilateral painful spasm of the trapezius muscles, of acute onset, and in most cases with some prodromal

symptoms: most were afebrile. The outbreak is considered to have been caused by a virus, possibly of the Coxsackie B group.

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DIETHYLPROPION IN THE TREATMENT OF OBESITY

G. L. W. CUNNINGHAM, M.B., CH.B.

St. Andrews

Diethylpropion (tenuate) has been shown to be a useful therapeutic aid in the treatment of obesity (Wilson and Long, 1960; Seaton *et al.*, 1961; Nash, 1961; Jaffé, 1961). and their studies have confirmed the absence of toxic effects and stimulation of the central nervous system. Appetite suppression is reported to last three to four hours (Nash, 1961).

This study reports the use of a long acting preparation, tenuate dospan, one tablet consisting of 75 mg. diethylpropion incorporated with a hydrophilic colloid which allows a continuous release of the drug in the gastro-intestinal tract over a period of twelve hours. The effectiveness of this sustained release of diethylpropion has been confirmed by Hadden and Lucey, 1961.

This is the first published controlled study of tenuate dospan in general practice, and a double blind "cross over" technique was adopted.

Scope of investigation

Sixteen patients, 15 female and one male were included in the trial and no attempt at selection was made although no patient whose health demanded urgent weight loss was accepted. The initial weights varied from 70 to 135 pounds (31.8 to 61.3 kg.), and ages from 15 to 68 years.

All the patients appeared to be in good health and no attempt was made to exclude any latent disease process. None had received treatment with anorexic drugs during the previous year, although some obese patients had attempted, unsuccessfully, to lose weight by dietary means. All patients in the series had been gaining weight prior to commencing the study. It was decided to give no dietary instructions to those taking part, in order that any weight loss might be directly attributed to the anorexic property of the drug. The patients were not told that they were taking part in a drug trial and believed that all the tablets they received