provide a control series. It should be possible to obtain such a group. The question of serious and sustained blood pressure reduction is much more difficult. The main importance of this projected further investigation would be the evaluation of just this type of treatment. We wish to know exactly how far the inconvenience to patient and doctor alike which is entailed by this form of therapy, may be justified by the prolongation of health and life achieved by it.

Our research committee is now considering the best way of designing a long term investigation in the light of these remarks.

Summary

In this pilot survey, general practitioners were asked to record information concerning cases of hypertension seen by them in their practices.

The incidence of cases both old and new, seen in a thirty-day period, varied between 0.1% and 5%, the majority being between 0.1% and 1%. There was an overwhelming proportion of female to male cases, the average being approximately four to one. However, these results must be interpreted with considerable caution in view of the enormous variation in the criteria used for diagnosis. The majority of participants favoured readings of over 90 diastolic and over 170 systolic as the critical levels, few relating the blood pressure readings to symptoms.

With regard to the use of hypotensive drugs, these were mainly used for the relief of symptoms and the majority considered them to be of benefit.

Those taking part in the investigation were: G. S. Adams (Ashford), C. D. Baker (Woodford), G. O. Barber (Dunmow), A. Coyer (W. Drayton), J. A. Currie (Cheshunt), D. Gregory (Waltham Abbey), B. H. de Heaume (Enfield), R. A. Haes (Twickenham), A. A. Hamza (Ilford), T. D. Lambert (Eastcote), M. E. Lampard (Colchester), J. N. Macbeth (Chelmsford), P. Mackenzie (Ilford), W. E. Macgowan (Ilford), F. S. Shepherd (Southall), M. Stratford (Hatch End), B. M. Toop (Enfield), M. A. Weller (Thaxted), D. Wheatley (Twickenham), G. B. Whitaker (Ashford), D. G. Wilson (Bushey), G. Woodroffe (Hampton), A. N. Other (unidentified return). Recorder: David Wheatley (Twickenham).

Correspondence

The Inter-relationship of Virus Diseases

Sir,

That the capricious incidence of paralytic poliomyelitis is not the result of blind chance is the suspicion of many naturalist-doctors besides myself; that the reason why the great majority of children who are infected do not get paralytic polio is that in them there are other viruses in occupation which act as 'interferers' is at least

a tenable theory. The occurrence of two cases in one household which is said to happen in this country forty times less frequently than single cases, but is much more frequent than one would expect, if the few cases of paralytic polio were distributed at random among the susceptible population, may well be due to families tending to have had the same viral infections, e.g. mumps, herpes, but not rubella nor vaccinated. In a letter to the *Lancet* some time ago there was the suggestion that recent vaccination against smallpox acted as an interferer with paralytic polio, and previously in the *British Medical Journal* a letter from Auckland, New Zealand recorded facts that indicated that Coxsackie virus there had acted in the same way.

The point of this letter is to express an opinion that research into this matter is uniquely the opportunity of the College of General Practitioners, whose members come across cases of polio, can enquire into their histories with some knowledge of their pasts, and alone have a central body who could sift, collate and possibly seek amplification of the material.

What I suggest as a start is that when a case of paralytic polio occurs in the practice of one of your members he should take a careful viral history, which will often be supplemented by his own previous notes on the child, and also a history from the sib or friend nearest in age and contact to the patient, who has probably been infected by the same strain of polio virus, but who has not developed paralytic polio. In taking a viral history it may be necessary to have recourse to a virus laboratory as many viral infections are symptomless—mumps, for instance which is said to be without symptoms in 40% of its infections. The recentness of other viral infections may be a point of importance, and I think the possibility should be borne in mind that a combination of viruses may act as an interferer where severally they do not. The comparison with the sib or friend under the same general conditions and threat of infection is obviously more intelligent than the statitician's slot-machine child chosen at random.

When your College has got a few hundred of these history couplets, Omniscience at headquarters might well be able to draw a few tentative conclusions, albeit of a negative sort, or focus attention on some points for futher investigation.

Even if the present campaign of immunisation is immediately successful, even if it does not merely raise the average age of contracting paralytic polio, nothing should prevent us from making a natural history survey of the relationship, if any, of this particular virus to the other viruses which we harbour for our safety.

Rye. C. G. LEAROYD