Letters to the Editor

RECURRENT ROTAVIRUS GASTROENTERITIS

Sir,—To assess the relative importance of various enteropathogens isolated or detected in a routine laboratory we studied outbreaks of gastroenteritis in a closed community—namely, a Brussels creche where children were followed up clinically for 14 months (November, 1975, to January, 1977). Twice a month stools from all the children were investigated blind for bacteria, viruses, and parasites. The children varied in age from 2 months to 3 years, but this analysis is confined to those under 2 years of age.

ROTAVIRUS GASTROENTERITIS IN CHILDREN < 2 YEARS OF AGE DURING TWO EPIDEMICS IN A NURSERY

<table>
<thead>
<tr>
<th>Year</th>
<th>1975</th>
<th>1976</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of stools tested</td>
<td>19</td>
<td>14</td>
<td>33</td>
</tr>
<tr>
<td>No. of rotavirus-positive stools</td>
<td>12</td>
<td>11</td>
<td>23</td>
</tr>
<tr>
<td>No. of children with diarrhoea</td>
<td>11</td>
<td>11</td>
<td>22</td>
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</table>

There were two epidemics of rotavirus gastroenteritis confirmed by electronmicroscopy, 1 one in November, 1975, and the other in November, 1976. Each outbreak lasted about a week and two-thirds of the children were infected (see table). 5 children had rotavirus-associated diarrhoea both in 1975 (age 3-10 months, mean 6 months) and in 1976.

The severity of the symptoms in the two attacks showed a complementary relationship. The 3-month-old baby had mild symptoms in 1975, but had acute diarrhoea, high fever, and vomiting a year later. The opposite pattern of clinical severity was observed with the oldest child.

We think this is the first description of repeat infection with rotavirus. Rotavirus shedding after the first outbreak did not persist; the virus could not be detected in the stools of the infected children for more than 10 days, and its presence in large numbers was associated with clear-cut symptoms. Regular monthly examination of the stools did not reveal rotavirus particles between the two epidemics.

We have reported the existence of two types of human rotaviruses. 2 When we typed the rotavirus-positive stools we found that the 1975 epidemic was associated with type 1 while in 1976 all stool samples contained rotavirus type 2. This finding is very important, especially with regard to the production of a vaccine.

Department of Anatomy,
Medical School,
University of Birmingham,
Birmingham B15 2TJ

D. N. J. LOCKWOOD
R. D. CROFT
J. GRAFFY
J. K. CRUICKSHANK I. C. MCMANUS
C. FINK S. B. SELBY
L. H. GOLDMAN S. J. M. SMITH
C. GOODHART M. WEIR
Students or recent graduates of
Birmingham University Medical School

BICYCLE SADDLES AND TORSION OF THE TESTIS

Sir,—Little is known about the etiology of torsion of the testis. In one series of 100 cases of torsion of the testis or the appendix testis 2 6 patients had a history suggestive of trauma or strain, but no details of the injuries were given. In the past few years five teenage boys have been seen in whom torsion followed a ride on a racing bicycle with a long narrow saddle, the front of which comes forward under the perineum and scrotum. It would appear that the testis becomes twisted between the thigh and the saddle as the legs go up and down. Presumably the dropped handlebars tend to bring the legs closer up to the abdomen and increase the compression of the scrotum and its contents against the saddle.

Case I.—A 14-year-old boy was admitted to the Queen Elizabeth Hospital, Gateshead on Dec. 27, 1977, with a torsion of the testis coming on 2 h previously. He had been given a racing bicycle as a Christmas present. At operation a typical torsion of the testis was found, and both testes were fixed in the scrotum.
