

rectal examination by several different doctors in turn. We agree that 'routine' rectal examinations in children are not justified but to ban rectal examinations and the use of suppositories is a rather extreme view. We would encourage clinicians, however, to reserve the examinations to only those for whom there is a clear clinical indication. Likewise, when prescribing suppositories consideration should be given as to whether another route for administration of the drug is not available and equally suitable.

Hepatitis syndrome in infancy

Sir,

I would like to comment on the epidemiological survey of hepatitis syndrome in infancy reported by Dick and Mowat.¹ I was interested that 4 of the 27 surviving children with idiopathic hepatitis were educationally subnormal, and in only one of these was an explanation found. Two of the children were light for the gestational age and if I read the text correctly are still underweight. I wondered if there was any possibility that alcohol consumption during pregnancy was an aetiological factor in these children's hepatitis, small birthweight, and intellectual retardation. It has certainly been suggested that alcohol consumed during the pregnancy may affect the fetal liver.²⁻³

References

- 1 Dick MC, Mowat AP. Hepatitis syndrome in infancy. *Arch Dis Child* 1985;**60**:512-6.
- 2 Newman SL, Flannery DB. Simultaneous occurrence of extrahepatic biliary atresia and F.A.S. *Am J Dis Child* 1979;**133**:101.
- 3 Habbick BF, Zaleski WA. Liver abnormalities in 3 patients with F.A.S. *Lancet* 1979;**i**:580-1.

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Drs Dick and Mowat comment:

We thank Dr Day for his suggestion that alcohol consumption during pregnancy should be considered as an aetiological factor in cryptogenic liver disease in infancy.

We had not specifically enquired about alcohol consumption during the pregnancies when these children were born. Of the two children who were 'light for gestational age' only one remains underweight. The mother of this child was educationally subnormal, she was hypertensive in the third trimester of pregnancy and hypoglycaemia occurred in the perinatal period. The child was subsequently taken into care because of non-accidental injury. Alcoholism has not featured as a factor but has not been categorically excluded.

Whether alcohol consumed during pregnancy affects the metabolically inactive fetal liver, must remain speculative. Such hepatobiliary disorders as have been reported in

association with the fetal alcohol syndrome, are in no way similar to those of alcoholic liver disease in adults and the associations may be purely due to chance.

Chronic non-specific diarrhoea

Sir,

We read with interest the paper by Savilahti and Simell¹ who suggested that children with recurrent diarrhoea comprised two major subgroups, a first with food allergy and a second who react to environmental stress with somatic symptoms. We support a view that implicates environmental influences in aetiology of the condition, but we feel the authors have not presented specific evidence.

We have shown that children with non-specific diarrhoea show significantly higher incidence of environmental and biographical indications of personal or familial stress than a matched group with other physical disorders.² Further, we have found that effective treatment of the diarrhoea may be based on (a) counselling of parental anxiety towards alleviation of environmental stress and (b) training and support of parents in consistent and effective management of the diverse behaviour difficulties that typically accompany the condition. From 21 children treated in this way, all with prolonged histories of diarrhoea, 20 were cured in a mean of 1.7 months, with not further occurrences in the following 6 months.

Hence, we agree that environmental factors are relevant to the aetiology of what may become recognised as a 'psychosomatic' complaint of young children and would welcome confirmatory evidence from the authors to support their statement.

References

- 1 Savilahti E, Simell O. Chronic non-specific diarrhoea. *Arch Dis Child* 1985;**60**:452-6.
- 2 Dutton PV, Furnell JRG, Speirs AL. Environmental stress factors associated with toddler's diarrhoea. *J Psychosom Res* 1985;**29**:85-8.

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Dr Savilahti comments:

We did not try to measure the environmental stress of our patients but they later showed a high frequency of headaches and abdominal pain which are considered to be due to stress. This led us to consider the importance of environmental factors in the aetiology of chronic non-specific diarrhoea.

Our treatment and supportive follow up of the children, was as effective as the management of Furnell, Speirs, and Dutton. In our study, 19 of 21 children who did not have food allergy had no diarrhoea by the age of 3 years. It is of interest if their treatment can inhibit the development of later symptoms, which we saw so frequently.