(mean 17 months, range four months to three years, and only two who relapsed within the first year). We adopted different criteria from Murphy et al to assess the rate of relapse: in their study recurrence of symptoms was considered to be a relapse. In five of our patients symptoms recurred but endoscopy failed to show any ulcer and none had symptoms of relapse at endoscopy. No differences were found between those who relapsed and those who did not in family history, duration of symptoms, or gastric acidity.

References

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Hearing loss due to mumps

Sir,

We share the opinion of Hall and Richards that mumps is a major cause of sensorineural hearing loss. During an epidemic of mumps in Israel in 1984, 85 children with mumps were admitted to the paediatric department of the Beilinson Medical Center, which serves an area of roughly 68 000 children (age 0–14 years). Seventy nine of the patients had symptoms or signs of meningoencephalitis. Three children (3.5%) developed unilateral profound sensorineural deafness in association with mumps.

The first was a 3 year old boy who had bilateral parotitis and meningeal irritation. Cerebrospinal fluid examination showed 1020 cells/mm³ (98% mononuclear cells), and mumps virus was subsequently isolated from this fluid. During his stay in hospital his parents noticed that he did not respond to calls, and audiometry showed right severe sensorineural hearing loss.

The second patient was a 10 year old girl with bilateral parotitis, severe headache, and vomiting. On the sixth day in hospital she complained of inability to hear a telephone conversation through her right ear, and severe sensorineural hearing loss was documented by audiometry.

The third patient was a 8 year old girl who was admitted for observation with fever of 39°C. In the ward she complained of inability to hear with the right ear, and this was confirmed by audiometry. As we were aware of the association of hearing loss and mumps this possibility was tested, and her complement fixation antibody for mumps rose from 1/20 to 1/240 within three weeks, which confirmed recent infection. Routine hearing screening tests done on these three patients before the disease gave normal results. All the other children with mumps who were in hospital were tested and no significant hearing abnormalities were found.

A postal inquiry, albeit with an incomplete response, showed three additional cases of deafness after mumps in 1984, one of them with severe bilateral hearing loss.

Enuresis in children

Sir,

I was interested to read your correspondent’s personal view of her enuresis and her observations on its management. One can’t but help sympathise with her. In my experience most parents of enuretic children are bothered not so much by the nuisance that it causes them but by whether it could be a symptom or sign of disease in soma or psyche; if they are reassured on that score they can usually cope until the child demands to be ‘cured’. As we all know, wetting can manifest a many diseases of: the urinary tract, of the upper respiratory tract (obstruction at night), of the endocrine system (diabetes mellitus, diabetes insipidus, and Addison’s Disease), of the gut (coeliac disease with intestinal water retention), of the cardiovascular system (improving renal perfusion at rest), of the hypothalamus (failure of development of diurnal rhythms), of the central nervous system (nocturnal or early morning fits), or of the psyche; these should be carefully excluded before the symptom is ‘treated’ on its own merits. For this reason, and because it represents a stigma, attendance at so called enuretic clinics may be harmful, as is the provision of a star chart—implying that the wetting is under voluntary control—or the imposition of an alarm (although this can be very helpful when managed by the child himself). Drugs like imipramine do seem to help but they bring ‘magic’ into the management, are dangerous in overdose, and do not have a convincing rationale in relation to bladder innervation, if indeed they do act by increasing capacity. In this context it is interesting that nearly all nocturnal enuretics are wet before their parents go to bed.

Perhaps as members of a profession whose practice is supposed to be science based we should confine ourselves to sorting out and acting on what we do know of the pathogenesis and leave the rest to growing up, practical sympathy, education for all concerned—particularly teachers—and common sense measures to mitigate nuisance like the provision of a washing machine, using a covered mattress and easy to wash sheets (supplemented by newspapers used as blotting paper), and a potty under the bed.