

epidemiology within industry. It is, therefore, largely an American organization. Several working parties have been formed within IEF, and the last two papers at this joint meeting were devoted to British views of two of the working parties' activities. Dr Win Castle (ICI Pharmaceuticals) talked about adverse reactions to drugs, and Dr Michael Joffe (St Mary's Hospital, London) reviewed his experience with reproductive health questionnaires. Dr Castle illustrated that the problems she faced in monitoring adverse reactions to her company's drugs were very similar to those faced by members of IEF. In deciding what information to collect, from what sources, how to structure it and how to interpret it, she had to make pragmatic choices between several theoretically reasonable alternatives. Whether she has chosen well, only time will tell. Dr Joffe described the many pitfalls to be avoided in his

area of endeavour, in particular he was concerned to make his procedures acceptable to the workforce under study.

In the space of two days, the meeting covered a wide range of topics and aroused a great deal of discussion both after the presentations and during the breaks. One was left with the feeling that the era of international collaboration on industrial epidemiology is only just beginning and that there will be a need for the subject to be revisited in the not too distant future.

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Letters to the Editor

Preference is given to letters commenting on contributions published recently in the *JRSM*. They should not exceed 400 words and should be typed double-spaced.

Bovine visna virus and the origin of HIV

Grote, in a recent letter to the editor (October 1988 *JRSM*, p 620), cited Georgiades *et al.*¹ as stating that bovine visna virus has been shown to be present in a 'high proportion of batches of foetal calf serum for cell culture'. It is true that Georgiades *et al.* wrote this, citing Kniazeff *et al.*² as the source of the information. But Georgiades appears to be misquoting Kniazeff *et al.* who reported the results of tests done on 51 lots of fetal bovine serum. Over 30% of the lots tested were found to contain bovine viruses; they were bovine virus diarrhoea virus in six samples, a parainfluenza type 3-like virus in five samples, bovine herpesvirus type 1 in three samples, bovine enterovirus type 4 in two samples and an unidentified cytopathic agent (possible enterovirus) in one sample. There was no suggestion that bovine visna virus had been specifically looked for or found. It has been known for some time that bovine virus diarrhoea virus is a common contaminant of fetal calf serum³.

As far as we are aware there has been no report of the isolation of bovine visna virus from fetal calf serum.

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References

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- 2 Kniazeff AJ, Wopschall LJ, Hopps HE, Morris CS. Detection of bovine viruses in fetal bovine serum used in cell culture. *In Vitro* 1975;11:400-403
- 3 King AA, Harkness JW. Viral contamination of foetal bovine serum. *Vet Rec* 1975;97:16

Localization of insulinoma by intraoperative ultrasonography

London *et al.* (November 1988 *JRSM*, p 663) have emphasized the interest of intraoperative pancreatic ultrasonography to locate an occult, impalpable insulinoma and correctly suggested that such procedure can reduce the number of patients with pancreatic tumours who require a 'blind' pancreatic resection. We consider that intraoperative pancreatic ultrasonography must be systematically performed even when a tumour has been located preoperatively using standard imaging procedures. Insulinoma tumours are frequently multiple and removal of a single tumour located preoperatively does not always result in correction of hypoglycemia. A 63-year-old woman was recently referred to us for fasting hypoglycemia. An insulinoma was suspected on the basis of fasting hypoglycemia (2.0 mmol/l) in the presence of inappropriately high levels of plasma insulin (37 mU/l) and C-peptide (0.554 pmol/ml). Preoperative ultrasonography and arteriography were negative. CT-scan suggested the presence of a 15 mm diameter tumour in the middle of the gland. Laparotomy confirmed the presence of this tumour; preoperative ultrasonography not only showed the presence of the tumour but also revealed two small tumours (2-3 mm in diameter) more distally located. After caudal pancreatectomy, the patient completely recovered, blood glucose returned to normal and histology confirmed all three tumours to be insulinomas. Therefore, we suggest intraoperative ultrasonography to be performed systematically over the pancreatic gland even if preoperative imaging and peroperative palpation are concordant in localizing an insulinoma tumour.

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Old age in Down's syndrome

I read with interest the report of Demissie and his colleagues (December 1988 *JRSM*, p 740) on the longevity of a mosaic Down's syndrome female.