sumed streptococcal pharyngitis. We hypothesize that she acquired the organism from him and then contaminated the foods, but her own self-treatment with low-dose ampicillin (500mg once or twice daily for two days) prevented her from developing symptoms or a positive throat culture. Results of this investigation raise the question whether food handlers who are household contacts of persons with acute pharyngitis should be considered at increased risk for spreading streptococcal disease.

Although the reported incidence of foodborne streptococcal outbreaks is low, unidentified small outbreaks may occur periodically, and the source may be an asymptomatic food handler. This possibility should be considered in future investigations, which may generate sufficient data to determine the extent of increased risk in this situation, and whether the risk is great enough to warrant specific guidelines such as exclusion from work for these persons.

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Do Motorcycles 'Wobble' in the USA Too?

In Sweden we have noticed serious accidents, sometimes fatal, caused by modern motorcycles suddenly beginning to wobble or oscillate when ridden at high speed.¹ The concept of "wobbling" is complex. It can be divided into two subgroups; front-wheel flutter and highspeed wave. Flutter is characterized by oscillatory movements in the steering system in the speed range 40–85 km/h. High-speed wave is, however, the most dangerous. It most often occurs at speeds over 100 km/h and the whole machine then snakes around the steering line with a frequency of 2–3 Hz. A rider cannot, as with flutter, ride through the speed interval at which weave occurs.²

Wobbling accidents have been observed both in a clinical series and in a material of motorcycle fatalities.¹ In the official statistics, these accidents are classified as single vehicle accidents without further comments. During one year, 45 per cent of 1,000 interviewed motorcyclists had experienced wobbling or wobbling tendencies, and 8 per cent had experienced severe wobbling.³ The number of reported wobbling cases increased with the engine's cylinder capacity and with the riders increasing use of the motorcycles' power and speed resources. The average reported wobbling speed was 118 km/h, and severe wobbling was on average reported at 143 km/h. There was no difference between motorcycles made in different years. The big Japanese motorcycles seemed, as a group, to have a higher frequency of reported wobbling than the non-Japanese group.³

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Editor's Note: Since October 1984, the US National Highway Traffic Safety Administration has been investigating certain 1975 to 1980 Kawasaki police motorcycles, to determine if alleged high-speed instability exists and is a safety defect.

Microbiological Markers for Swimming-associated Infectious Health Hazards

It was a delight to read the renaissance of interest in the bacteriological surveillance of swimming pools in the September issue of the Journal.¹⁻³ The high academic level of these contributions prompts me to draw attention to the summary of an international symposium held in The Hague, The Netherlands, in 1981.⁴

1. There is a perennial need to differentiate between the two, divergent biotopes which contaminate swimming pool water: the enteric (mostly Gram negative) and the respiratory (mostly Gram positive) bacteria. Although man alone pollutes indoor pools, outside recreational waters are also contaminated by animals.

2. Colonization is affected by the intrinsic and extrinsic parameters of a given pool: ph and buffering power, salinity and pO_2 ; modes of filtration and disinfection; temperature and extent of absorption of ultraviolet radiation.

3. "Fecal coliforms" have never gained much acceptance in our professional circles because: this is a taxonomic rag-bag and many of the organisms are not of fecal origin at all.⁴

4. Even in 1985, most of us consider *E. coli* in the strict Eijkman-Wilson sense one of the markers of choice.

5. Examination of *E. coli*, Lancefield group D streptococci, *Pseudomonas aeruginosa* and *Staph. aureus*—on condition that it include an appropriate resuscitation step—will, in many instances, provide reliable information on the sanitary condition of pool water. There is one exception: enteric viruses which require testing for bacteriophages of *E. coli.*⁴ Moreover, when epidemiological or ecological data point to such potential risks, spot checks for *Legionella* spp. and pathogenic members of the amoeboids, particularly *Naegleria spp.* are indicated.

6. Reference Values ("Standards") should not be set rashly but should only be derived from experimental surveys, gauging levels of colonization against epidemiological risk analyses.

I hope that these points will facilitate reaching the medico-ecological consensus Dr. Favero so rightly advocates¹ and that world-wide agreement may be reached in due course.

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