

BCG vaccine was routinely given at birth in East Germany (6), and the incidence of type 1 diabetes resembled that of countries listed above that give BCG at birth. We believe the findings of Neu et al. can be explained by BCG immunization status and believe this factor should be considered in any study on the incidence of type 1 diabetes.

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Response to Classen and Classen

Incidence of IDDM in Germany higher than expected

As a result of an epidemiological study, incidence rates of childhood diabetes in Germany according to internationally accepted standards were presented for the first time (1).

Previously reported incidence estimations referred to a registry kept in the for-

mer German Democratic Republic (2). Although these incidence rates were not validated by a secondary data source, the data were commonly quoted assuming the incidence to be 7.5 per 100,000 for Germany as a whole. With 10.6 and 11.6 per 100,000, the Baden-Wuerttemberg incidence rates were markedly higher than those reported from former East Germany.

The hypothesis of Classen and Classen according to which bacille Calmette-Guérin (BCG) immunization status could explain these differences is interesting, although other studies could not confirm this observation and reported incidence rates unaffected by BCG vaccination (3).

In fact, BCG immunization was done more frequently in East Germany than in West Germany. However, there are considerable differences between various regions. In Baden-Wuerttemberg, the federal state in which our incidence study was done, 60.7% of all children are vaccinated with BCG (4). Therefore, it is definitely not correct to put Baden-Wuerttemberg in a line with countries not using BCG.

Many environmental factors such as coffee intake (5) and rainfall (6) as well as immunization status (7) have been associated with the occurrence of type 1 diabetes. Yet the complex pathogenesis of the disease seems to be ignored by Classen and Classen, reducing this process to one single cause. As a matter of fact, between federal states in East and West Germany, many environmental conditions are obviously different and could be correlated with the incidence of diabetes. Whether there is a causal relationship is, however, questionable.

The first objective of an epidemiological study is the collection of data on the frequency of a disease. A further step is to consider underlying causes for the data found. At present, we are concentrating our work on the documentation of incidence rates and not the analysis of the cause of the disease. The preliminary results of our ongoing study indicate a rising incidence in Baden-Wuerttemberg in the last decade without any change in BCG immunization activity in this area.

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Mitochondrial DNA 3243 Mutation Is Infrequent in Japanese Diabetic Patients With Auditory Disturbance

In a recent article, Di Leo et al. (1) concluded that cochlear dysfunction is common in type 1 diabetes. Sensorineural auditory disturbance has been indicated to be associated with diabetes with mitochondrial mutation at an A-to-G transition at position 3243 of tRNA^{Leu}(UUR) (2-4). The frequency of the diabetic patients with this mutation has been reported to be ~0.9-2.0% in Japanese patients with type 2 diabetes (5,6). A previous report (6) has shown that as many as 3 out of 5 (60%) diabetic patients with auditory disturbance