BRITISH MEDICAL JOURNAL

THE BRITISH MEDICAL ASSOCIATION MDCCC XXXII

SATURDAY 9 MARCH 1968

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No. 5592 Brit. med. J., 1968, Vol. 1, 591–654 Weekly. Price 5s.
BRITISH MEDICAL ASSOCIATION, TAVISTOCK SQUARE, LONDON W.C.1 TEL: 01-387 4499

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Letters to the Editor should not exceed 500 words.

Burkitt's Lymphoma in Canada?

SIR,—Dr. J. Hoogstraten[1] claims that the commonest childhood lymphoma in central Canada is histologically, anatomically, and clinically identical with Burkitt's tumour, and that there is no documented evidence that the incidence of this neoplasm is significantly higher in Africa than in Manitoba. I would suggest that a critical appraisal of this report should precede any reappraisal of the epidemiology of Burkitt's tumour (10 February, p. 332). The Canadian cases, as reported by Dr. Hoogstraten, clearly do show clinical and anatomical difference from the African cases, particularly with respect to age, incidence of jaw tumours, and incidence of leukaemic manifestations. Further, the imprint preparation of a "Winnipeg" Burkitt tumour illustrated in Dr. Hoogstraten's paper shows, in my opinion, the typical cytology of a malignant lymphoma of the poorly differentiated lymphocytic type (lymphosarcoma), and not Burkitt's tumour. I suspect that Dr. Hoogstraten, like many before him, has been overinfluenced by the presence of large clear histiocytes in his histological preparations (the so-called "starry sky" pattern), whereas the diagnosis of Burkitt's tumour is dependent on a critical evaluation of the morphology of the lymphoid cells.[2]

Even if one accepts all of Dr. Hoogstraten's cases as being examples of Burkitt's tumour, the incidence of this tumour in Manitoba would be in the region of 0.4 per 100,000 children. In Ibadan, where Burkitt's tumour accounts for 70% of all childhood malignancies, the incidence is over 15 per 100,000 for children in the 5-to-9-year age group.[3] A similar high incidence has been reported from parts of Uganda.[4] This disparity in incidence is well illustrated by the fact that at the time of writing this letter there are more children with Burkitt's tumour in the lymphoma treatment ward of Mulago Hospital than Dr. Hoogstraten claims to have seen over a period of 15 years in Manitoba.

Cases of malignant lymphoma clinically and pathologically indistinguishable from Burkitt's tumour undoubtedly occur sporadically in temperate areas of the world. While this does not necessarily imply a causal relationship with the African lymphoma, these cases might provide invaluable clues in the search for the aetiological agent or agents of Burkitt's tumour. This search is likely to be confused unless exact criteria are used in the diagnosis of this neoplasm.—I am, etc.,

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Rehabilitation after Head Injury

SIR,—I would like to commend this excellent article by Mr. W. Lewin (24 February, p. 465). As would be expected from his considerable experience, he clearly states the magnitude of the problem, the major difficulties involved, and the ways in which these may be met both currently and in the future.

His more urgent attitude to mild and moderate injuries deserves very serious consideration, as many patients in this large group at present suffer unduly prolonged periods of disability and unemployment, whereas a relatively short period of intensive treatment would suffice to return them to the community and to gainful employment. His comments on the post-concussional syndrome are particularly relevant, as many such patients respond rapidly to a well-designed rehabilitation programme, but on the other hand may continue to be incapacitated and regarded as hopeless psychiatric problems if they are not given this aid. While in no way detracting from the worth-while tasks involved with the more severely physically and mentally handicapped, one must not overlook these milder cases who are in their own way equally, though less demonstrably, incapacitated.

The management of severe head injuries represents a challenging problem to all concerned with them and requires a concerted team approach for solution. The direction of this activity by a team which each year gets larger becomes more difficult, and it is quite clear that the only solution to the problem is by an expansion of units of varying degrees of sophistication with free interchange of patients between such units. One can then progress from the virtual individual attention necessary in the early stages to group situations of varying complexity in larger centres in which such patients can be rehabilitated alongside all varieties of neurological diseases, as the problems are not dissimilar. Financial stringency imposes heavy restrictions at present, not only in terms of facilities and staff available, but also in making the resettlement of the patients in suitable employment more difficult in certain areas. Much more research has got to be encouraged, but this again requires co-ordination and planning, and one cannot but agree with his contention that unnecessary overlap could be avoided. Our own centre, which was recently opened, is concerned entirely with patients suffering neurological disability of all types and is sited in the grounds of a large neurological, psychiatric, and neurosurgical department. As a neurosurgeon also directing the centre, the necessary liaison between clinicians and rehabilitation is ensured and, one hopes, may set the pattern for the future departments, which will need to specialize to some degree, though not perhaps to the extent of ultra-specialization. It is always necessary in any