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Correspondents are urged to write briefly so that readers may be offered as wide a selection of letters as possible. So many are now being received that the omission of some is inevitable. Letters should be signed personally by all their authors.

Long Survival from Acute Leukaemia in Childhood

SIR,—Your leading article (18 January, p. 111) on long survival from acute leukaemia in childhood raises some interesting points which deserve comment. You point out that with intensive combination chemotherapy and radiotherapy the percentage of patients achieving long-term remission is increasing. We wish to sound a note of caution about the possible quality of life in long-term survivors.

Recently we reviewed a series of 30 long-term survivors from intracranial neoplasms treated with surgery and irradiation. The results are disturbing because as well as physical handicaps attributable to the direct effects of the tumour 43% are mentally handicapped and we think that some children have had a progressive deterioration of intellect. In addition, all children treated before the age of 11 years are unexpectedly short in stature (only seven of the cases reviewed had had craniospinal irradiation). Further studies have indicated that these patients develop a growth hormone defect

after treatment. It may be accounted for by the delayed effect of the tumour or raised intracranial pressure, but it is also possible that it is due to the effect of radiation.

Meadows¹ has recently reported the results of a long-term follow-up of children treated for leukaemia with high dose intravenous methotrexate. These children have a high incidence of a bizarre encephalopathy with deterioration in mental ability and E.E.G. changes. While it is encouraging that significant improvements in survival from all forms of childhood malignancy are being made enthusiasm for preserving life should not lead to misconceptions about its quality. It is essential that careful prospective studies are carried out in order to evaluate the respective effects of disease and therapy. —We are, etc.,

P. H. MORRIS JONES
F. N. BAMFORD

St. Mary's Hospital,
Manchester

1 Meadows, A. Personal communication.

Tubal Transplants

SIR,—The leading article on this subject (1 February, p. 230) mentions the role of research into in-vitro fertilization designed to help the group of infertile patients with severe tubal damage. The article also discussed the possibility that the viability of tubal grafts may prove to be only temporary but may be sufficient to allow a pregnancy to be established and that once pregnancy is under way rejection of the tube would be a negligible disturbance. Later on in the article a claim is made that tubal transplants

could offer a childless woman a permanent cure of her tubal infertility. These statements appear to me to be contradictory. As yet successful tubal transplants in women with old pelvic inflammatory disease have not been achieved with subsequent uterine pregnancy. The risk of ectopic pregnancy may well be unacceptably high, and the whole article is speculative.

In-vitro fertilization and embryo transfer can be repeated on several occasions until pregnancy occurs and, indeed, can be used

to procure more than one pregnancy in the same couple. Its use may be regarded in the same way as any device which does not cure a condition but alleviates it absolutely—for example, spectacles for the use of defective vision. Surely the best approach to the problem of infertility due to tubal damage is that both of these methods of treatment should be encouraged and developed at the same time, for it is likely that some patients will be suitable for tubal transplant and others more suited to embryo transfer.—I am, etc.,

PATRICK STEPTOE

Oldham and District General Hospital,
Oldham

Liver Flukes: a Warning

SIR,—The agriculture officers warned farmers last year of the high incidence of liver fluke infestation in livestock during last year's very wet season. It is as well to remember that it is in the spring following such conditions that human cases most often occur. It is primarily a disease of country folk who contract the infestation in many ways, but also of town people who have eaten wild watercress while on holiday.

In the Tidenham epidemic of June 1972¹ the symptoms were pyrexia, anorexia, dyspepsia, loss of weight, abdominal pains especially in the hypochondrium, sometimes cough, and urticaria and dermatographia. Later in some cases obstructive biliary symptoms occurred. Most patients had eosinophilia, a definite diagnosis being made on the discovery of eggs of the parasite in the faeces or by the complement fixation test.—I am, etc.,

A. T. HUNT

Lydney, Glos

¹ Hunt, A. T., *Community Medicine*, 1972, 128, 211.