BRITISH MEDICAL JOURNAL

SATURDAY 6 APRIL 1968

LEADING ARTICLES

PAPERS AND ORIGINALS

PRELIMINARY COMMUNICATIONS

MEDICAL MEMORANDA

MIDDLE ARTICLES

BOOK REVIEWS

NEWS AND NOTES

CURRENT PRACTICE

CORRESPONDENCE

OBITUARY NOTICES

SUPPLEMENT

No. 5596 **Brit. med. J., 1968, Vol. 2, 1–64** **Weekly. Price 5s.**
BRITISH MEDICAL ASSOCIATION, TAVISTOCK SQUARE, LONDON W.C.1 TEL: 01–387 4499

Correspondence

Letters to the Editor should not exceed 500 words.

Medical Charities Appeal

SIR,—I am writing to you about the B.M.A. Medical Charities Appeal, which is to be launched in April 1968. The Appeal is to be directed to members of the profession only, with emphasis being laid on the covenanting of subscriptions. The Funds which will benefit from the Appeal are those which the B.M.A. Charities Trust Fund is empowered to support—namely, the Royal Medical Benevolent Fund, the Royal Medical Benevolent Fund Society of Ireland, the Royal Medical Foundation of Epsom College, the Sir Charles Hastings Fund, and the Dain Fund of the B.M.A. All these trusts are facing ever-increasing calls upon their funds, and in many instances cannot provide as much assistance as they would wish. Unexpectedly adverse circumstances resulting from sudden illness or bereavement can face any of us or our families. Not everyone is in a position to anticipate financially such a situation, and the assistance available from the profession's charitable funds might prove to be of great comfort.

For the past two years a resolution has been passed at the Association's Annual Representative Meeting asking every member of the medical profession in active practice to covenant at least £1 to the B.M.A. Charities Trust Fund or to an individual medical charity. When covenanted over seven years a contribution of £1 is worth £11 18s. 7d., and, if *every* member of the medical profession in the British Isles covenants, a total of £1,000,000 would be within reach. This sum has been fixed as the target for the Appeal over a seven-year period. If the target is achieved the ability of the trustees of the Funds to fulfil their responsibilities would be greatly strengthened.

An appeals organizer has been appointed to direct the campaign, but it is anticipated that the main impetus for fund-raising will come from local activities in the Branches and Divisions of the B.M.A., particularly through *personal* contact with all members of the profession with a request to make covenanted subscriptions.

I am most grateful to you for agreeing to bring this Appeal to the attention of the profession through the *B.M.J.* I am confident that this will contribute towards making the campaign a success.—I am, etc.,

R. V. COOKE,
President,
British Medical Association.

B.M.A. House,
Tavistock Square,
London W.C.1.

Spontaneous Pneumothorax

SIR,—May I draw attention to an interesting albeit unusual cause of spontaneous pneumothorax which was omitted from your comprehensive leading article (23 March, p. 720)? There are over 40 recorded cases of spontaneous pneumothorax associated with multiple pulmonary metastases, half of these occurring in children under the age of 16.[1] Spontaneous pneumothorax not associated with malignant disease is, in itself, commoner in young adults, but the great preponderance of males normally observed (5:1) is not reflected in the malignant group. Moreover, 76% of these pneumothoraces which occurred in children were associated with metastases from bone tumours, although bone tumours comprise less than 5% of childhood cancer of all sites.[2] This relationship between spontaneous pneumothoraces and pulmonary metastases from bone tumours in children is unexplained.

We have recently reviewed the literature on this subject[3] and contributed four new cases at Westminster Hospital, in two of which the occurrence of a pneumothorax was the first evidence of pulmonary metastases—none having been previously demonstrated, either clinically or radiologically, in the patients described.—I am, etc.,

MARGARET F. SPITTLE.
Radiotherapy Department,
St. Bartholomew's Hospital,
London E.C.1.

REFERENCES
1 D'Angio, G. J., and Iannaccone, G., *Amer. J. Roentgenol.*, 1961, **86**, 1092.
2 Handy, V. H., and Goldberg, I. D., *N.Y. St. J. Med.*, 1956, **56**, 258.
3 Spittle, M. F., Heal, J., White, W. F., and Harmer, C. L., *Clin. Radiol.*, 1968, in press.

SIR,—Your leading article on spontaneous pneumothorax (23 March, p. 720) gives a remarkably balanced account of a subject where surprising lack of agreement exists. As you indicate, there are apparently irreconcilable views concerning the management of this condition in otherwise healthy young men which the profusion of literature has so far done little to resolve. Additional information exists, however, about the rate of recurrence, which makes it possible to take a more rational attitude towards prevention. B. Andersen and J. B. Nielsen[1] reported the fate after the first pneumothorax of 178 patients from a single county in Denmark over a period of 10 years. They found that the overall incidence of recurrence was 23.5%. But of those patients who had a second pneumothorax 56.1% suffered another. Moreover, of the patients with obstructive airways disease 44.5% had a second pneumothorax, whereas in those with otherwise healthy lungs the rate was only 17%. They encountered three deaths in their series and all were in patients with obstructive airways disease.

By looking at victims of spontaneous pneumothorax in this way strong support is given to those who believe that conservative management is reasonable for young patients with their first episode, and the excessively vigorous approach suggested by Baronofsky *et al.*[2] is refuted. This evidence also provides much weight to the argument that