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We may return unduly long letters to the author for shortening so that we can offer readers as wide a selection as possible. We receive so many letters each week that we have to omit some of them. Letters must be signed personally by all their authors. We cannot acknowledge their receipt unless a stamped addressed envelope or an international reply coupon is enclosed.

Correspondents should present their references in the Vancouver style (see examples in these columns). In particular, the names and initials of all authors must be given unless there are more than six, when only the first three should be given, followed by *et al*; and the first and last page numbers of articles and chapters should be included. Titles of papers are not, however, included in the correspondence section.

Medical charities and prevention

SIR,—Most research on diseases, including especially cancer, must be aimed at the possibilities of both prevention and cure. The increasing tendency in some quarters to put prevention in opposition to cure is naive and disturbing and I find it amazing that your distinguished medical journal should give this view almost unqualified editorial support in the leading article on medical charities and prevention (22-29 December, p 1610). I should like to respond to your comments on cancer and on the Imperial Cancer Research Fund, while others more appropriately placed will no doubt comment on the many questions surrounding the role of diet in heart disease and on the importance of genetic factors.

Though up to 80% of the incidence of cancer may, as is now commonly assumed, have in some sense an environmental basis, it seems most unlikely that environmental control could even begin to approach reducing overall cancer incidence to the same extent. For a cancer research charity to place undue emphasis on either prevention or cure would

be an abrogation of its responsibilities. We continually seek any opportunity for worthwhile research in any area that can contribute to either of these aims.

The Imperial Cancer Research Fund has had a longstanding interest in numerous aspects of preventive cancer research, however that may be defined, and its activities extend well beyond our distinguished unit in Oxford directed by Sir Richard Doll and the recently endowed readership in cancer studies held by Dr Richard Peto. It is hardly possible, nor is it sensible, to try to apportion specifically that part of our expenditure devoted to prevention as compared with care and treatment; nor should the importance of a research area be measured simply by the amount of money spent on it. Money earmarked for a particular area of applied research is surely often simply wasted because there are not enough relevant worthwhile projects. And how does one predict which area is relevant? Who would have thought that fundamental research into molecular genetics would give rise to the simple

bacteria-based screening assays for carcinogens; or that fundamental studies on growth control, leading to work on the interaction between tumour promoters and retinoids, would provide clues to what might turn out to be important dietary factors in cancer incidence?

In asking British charities to follow those overseas in spending more on health education, you seem to ignore the fact that we have in this country a health service whose responsibility this is through the Health Education Council and through other means. The annual research expenditure on cancer is about 1% of expenditure on the National Health Service. These are comparatively meagre resources, to be guarded jealously for the purposes for which they are made available—namely research, on which all hope of future progress lies—and not to be lost in the limitless ocean of health care expenditure.

A charity is almost by definition accountable to the public on whose donations it depends, for if they do not like what is done, whether