

448.8 B77

BRITISH MEDICAL JOURNAL

SATURDAY 5 DECEMBER 1987

LEADING ARTICLES

After the infarct PETER BLOOMFIELD	1431
Drinking drivers: the needs for research and rehabilitation ANTHONY CLARE, M BRISTOW	1432
Preventing lung cancer C J WILLIAMS	1433
Management of retinal vein occlusion PAUL M DODSON, ERNA E KRITZINGER	1434
Testing paternity: traditional methods usually adequate BARBARA E DODD, P J LINCOLN	1435
Government proposals for primary care: White hope, elephant, or sepulchre? ROBIN HULL	1436
Correction: Looking beyond oral rehydration therapy EBRAHIM	1436

CLINICAL RESEARCH • PAPERS AND SHORT REPORTS • PRACTICE OBSERVED

Differences in mortality from acute myocardial infarction between coronary care unit and medical ward: treatment or bias? ROBERT REZNIK, IAN RING, PETER FLETCHER, VICTOR SISKIND	1437
Effect of two randomised exercise programmes on bone mass of healthy postmenopausal women RAPHAEL CHOW, JOAN E HARRISON, CATHY NOTARIUS	1441
Abnormal sweat electrolytes in symptomatic human immunodeficiency virus infection in a child C H SKEOCH, N A COUTTS, K M GOEL, E A FOLLETT	1445
Cervical adenocarcinoma and oral contraceptives CLAIR CHILVERS, DAVID MANT, M C PIKE	1446
Proteoglycan concentration in synovial fluid: predictor of future cartilage destruction in rheumatoid arthritis? TORE SAXNE, FRANK A WOLHEIM, HOLGER PETTERSSON, DICK HEINEGÅRD	1447
Percutaneous lithotripsy and endoprosthesis: a new treatment for obstructive jaundice in Mirizzi's syndrome S R CAIRNS, G N WATSON, W R LEES, P R SALMON	1448
Malaria prophylaxis: postal questionnaire survey of general practitioners in south east Wales ANGELA WILLIAMS, DAVID J M LEWIS	1449

MEDICAL PRACTICE

Child sexual abuse—children and families referred to a treatment project and the effects of intervention ARNON BENTOVIM, PAULA BOSTON, ANNEMARIE VAN ELBURG	1453
Drinking and driving: choosing the legal limits JAMES A DUNBAR, ANTTI PENTTILA, JARMO PIKKARAINEN	1458
Fundamental ethical principles in health care IAN E THOMPSON	1461
Surveillance of AIDS in the United Kingdom ANNA McCORMICK, HILARY TILLETT, BARBARA BANNISTER, JOHN EMLIE	1466
Letter from Chicago: Neuromeanderings GEORGE DUNEA	1469
ABC of Dermatology: Autoimmunity and skin disease DAVID J GAWKRODGER	1471
Research Policy: Small fish in a turbulent sea RICHARD SMITH	1475
Medicine and the Media—Contribution from GORDON MACPHERSON	1478
Any Questions?	1457, 1474
Medicine and Books	1479
Personal View JEANNIE MORTON	1482

CORRESPONDENCE—List of Contents

1483

OBITUARY

1492

NEWS AND NOTES

Views	1489
Medical News	1490
BMA Notices	1491

SUPPLEMENT

The Week	1495
The income generation game JOHN WARDEN	1496
"Promoting Better Health": Government emphasises prevention and competition in primary care proposals	1497
Health and Medicines Bill	1499
Community nursing and primary care	1499
GMC warns doctors infected with HIV or suffering from AIDS	1500

CORRESPONDENCE

District cancer physicians	
R Buckman, MRCP	1483
Response to deoxycoformycin in mature T cell malignancies	
A D Ho, MD	1483
Euthanasia	
P H Millard, FRCP; M J Connolly, MRCP; P D Hooper, FRCGP; P Rubner, MB	1484
Graduated compression and its relation to venous refilling time	
A N Nicolaides, FRCS, and others	1484
Mania induced by biochemical imbalance	
U Tacke, MD	1485
Doctors and witchdoctors: Which doctors are which?	
G Sharwood-Smith, FFARCS; S R Bucknall	1485
Bacterial contamination of home nebulisers	
B A S Dale, MRCPATH	1486
The blood transfusion service and zidovudine treatment for AIDS	
C Costello, MRCP, and others	1486
OKT3 and cerebral oedema	
D M Thomas, MRCP, and others	1486
Treatment of primary biliary cirrhosis	
C Babbs, MRCP, and others	1486
Self injury and mental handicap	
P G Dale, MB	1487
Potassium citrate mixture: Soothing but not harmless?	
R Gabriel, FRCP	1487
Micrometastases in bone marrow in patients with breast cancer	
R W Blamey, FRCS, and others	1487
Disciplining doctors	
Anonymous	1487
The Soviet Union and South Africa	
A King, MB	1488
Points Adult epiglottitis (P D Whiteson and J Waldron); Impotence: treatment by auto-injection of vasoactive drugs (K M Desai and J C Gingell); Effects of maternal smoking on the newborn infant (R A Pastel); Leukaemia risks near nuclear sites (L Hawkins and D D'Auria); Testicular cancer (W G Jones); Euthanasia (Sir Reginald Murley); Coronary prevention (D S D Jones)	1488

- All letters must be typed with double spacing and signed by all authors.
- No letter should be more than 400 words.
- For letters on scientific subjects we normally reserve our correspondence columns for those relating to issues discussed recently (within six weeks) in the *BMJ*.
- We do not routinely acknowledge letters. Please send a stamped addressed envelope if you would like an acknowledgment.
- Because we receive many more letters than we can publish we may shorten those we do print, particularly when we receive several on the same subject.

District cancer physicians

SIR,—As a medical oncologist who has emigrated to Canada, I am a spectator at the debate on the future of cancer services in Britain. Even so I should like to add my strong support to the comments of Professors T J McElwain and J S Malpas (31 October, p 1136).

On behalf of the Association of Cancer Physicians McIlmurray put forward a carefully constructed, thoughtful, and realistic blueprint for improving the delivery of cancer care.¹ Dr Liam Donaldson's leading article (19 September, p 682) was extremely disappointing. Britain has too few radiotherapists and far too few medical oncologists. Dr Donaldson's suggestion of strengthening and coordinating services is meaningless unless numbers of physicians in both disciplines are increased. Improvements in cancer services cannot be achieved with a handful of hard pressed medical oncologists. The choice is simple: either the consultant grade must be expanded or the public must be told that cancer services will not be improved. Any improvements will incur some expense (although a cancer physician's job includes identifying patients who will not benefit from expensive or toxic treatment, and the careful evaluation of the efficacy—or inefficacy—of current treatment).

Canada has about 200 cancer physicians for a population of 25 million; Britain has about 70 for a population of 55 million. The model proposed by the Association of Cancer Physicians is very similar to the current system operating in Ontario, and the coordinated care delivered by cancer centres linked to cancer physicians in district general hospitals here is impressive. The proposals put forward by the Association of Cancer Physicians are both realistic and modest—they can work and will work if they are implemented. These

proposals deserve serious consideration rather than the combination of mean spiritedness and flippancy put forward by Dr Donaldson, who, perhaps, might be interested to see the Canadian system in action before drawing any further conclusions.

Had these plans been in effect eight or nine years ago many of the British trained senior registrars in medical oncology who have emigrated to Australia, New Zealand, Canada, and the United States

might have reconsidered. British medical oncologists all share two characteristics: individual talent and scarcity. They—and British patients with cancer—deserve better.

ROBERT BUCKMAN
Toronto-Bayview Regional Cancer Centre,
Toronto, Canada M4N 3M5

1 McIlmurray MB. District cancer physicians: report of a working group of the Association of Cancer Physicians. *J R Coll Physicians Lond* 1987;21:117-21.

Response to deoxycoformycin in mature T cell malignancies

SIR,—Dr Claire Dearden and colleagues (10 October, p 873) suggested that remission in response to deoxycoformycin correlated with immunological phenotype. According to their observation, remissions were obtained "only" in patients with CD4+, CD8- membrane markers (five complete remissions and two partial remissions out of 10), and no responses were achieved in nine patients with a different phenotype.

The relatively high rate of "complete" responses is encouraging. No definition of complete remission, however, was given in this paper. Complete remission, as defined by disappearance of all objective evidence of disease in peripheral blood and bone marrow, could rarely be achieved in patients with T chronic lymphocytic leukaemia and prolymphocytic leukaemia.¹ Deoxycoformycin was given "weekly or twice weekly" but no stipulations for administering once or twice a week were defined. Is it possible that response correlated with administration twice weekly instead of with phenotype?

In the leukaemia cooperative study group of the

European Organisation for Research into Treatment of Cancer, we are concurrently conducting a phase II trial on the efficacy of deoxycoformycin in refractory lymphoid neoplasms.² The drug is given at a dose of 4 mg/m² intravenously once weekly for the first three weeks then once every 14 days for the next six weeks. At present, 15 patients with chronic T cell leukaemia can be evaluated for response. A partial remission, defined as a greater than 50% reduction in all measurable tumour indices for at least four weeks, was achieved in three of eight patients with Sézary syndrome, two of five patients with T chronic lymphocytic leukaemia, and one of two patients with T prolymphocytic leukaemia. No patient attained a complete remission. Immunological phenotypes were available in nine patients and the correlation to clinical response is summarised in the table.

Thus according to our experience, patients with CD8+ or CD4+, CD8+ phenotypes respond to deoxycoformycin as well as patients with CD4+ phenotype. Our preliminary data suggested a correlation between biochemical indices and