CORRESPONDENCE

Long Survival from Acute Leukaemia in Childhood Patricia H. Morris Jones, M.R.C.P., and F. N. Bamford, M.D. 510	S.L.E.-like Syndrome Associated with Mitochondrial Antibodies A. Florin-Christensen, M.D., and others ... 513	Lithium Poisoning Precipitated by Diuretics A. M. C. Macfie, M.R.C.P.SYCH. 516
Tubal Transplants P. C. Steptoe, F.R.C.O.G. 510	Reorganization in Yorkshire B. Hazell 514	Amisotriptyline and Imipramine Poisoning in Children D. C. Carpenter, B.Sc., and others 516
Liver Flukes: a Warning A. T. Hunt, M.F.C.M. 510	Genitourinary Medicine J. D. Oriel, M.D.; D. M. Grant, M.R.C.G.P. ... 514	Mycoplasma Pneumonia with Inappropriate Secretion of Antidiuretic Hormone T. M. Little, M.R.C.P., and R. H. Dowdle, M.B. 517
Anticonvulsant Osteomalacia and Vitamin D J. Linde, M.D., and others 511	Canine Smokers N. Bassous 514	Fatality after Fine-needle Aspiration Biopsy of Liver H. Riska, M.D., and C. Friman, M.D. 517
Possible Hazard of Nitrous Oxide for Hysteroscopy Judith A. Hulf, F.F.A.R.C.S., and others 511	Adverse Effects of Publicity Margaret J. Witt, F.R.C.S. 514	Abortion Service E. D. Irvine, M.D. 517
Plasma Levels of Antidepressants and Anticonvulsants E. H. Reynolds, M.D. 511	Ouabain in Heart Failure J.-U. Walther, DR.MED. 515	Owen Working Party R. D. Lowe, F.R.C.P. 517
Poisoned Children M. W. Calnan, B.Sc., and J. W. Dale, M.F.C.M.; C. P. de Fonseka, F.R.C.S. 511	Essential Thrombocythaemia, Polycythaemia, and Peripheral Gangrene A. Teien, M.D., and U. Abildgaard, M.D. ... 515	Time to See Patients J. N. Griffin, M.B. 518
Small Bowel Tumours N. R. Padley, M.R.C.PATH. 512	Overseas Doctors in the U.K. T. A. Reddy, M.B. 515	Consultant Contract N. P. Read, F.F.A.R.C.S., and F. M. Hall, M.B. J. D. Whitby, F.F.A.R.C.S. 518
Metoclopramide and Breast-feeding P. L. R. Sousa, M.D. 512	Kilopascals R. B. Roe, B.M. 515	Patients and the Work-to-Contract R. M. E. Stone, B.M. 518
Removal of Potassium from Fruit Juices by Ion Exchange G. J. van Kamp, PH.D., and others 512	Splenectomy and Susceptibility to Malaria and Babesia Infection P. G. Shute, F.R.E.S. 516	Maternity Fees J. Goldie, M.R.C.G.P. 518
Blow-out Fracture M. Harris, M.B., F.D.S.R.C.S., and others; P. Fells, F.R.C.S. 513	Surgery in Rhodesia W. O. O. Sangala, M.B. 516	Unpleasant Caricature Rt. Hon. Lord Platt, F.R.C.P. 518
	Inhibition of Prostaglandin Biosynthesis by Analgesics in Relation to Asthma J. C. Delaney, M.R.C.P. 516	
	Patient-satisfaction in General Practice D. Craddock, M.D. 516	

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.,

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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

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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.