

One unusual feature of treatment with asparaginase is that an in-vitro test is available to predict whether an individual patient will respond or not.^{10 11} Unfortunately the results of this test do not always correspond to the outcome of treatment, so that asparaginase therapy should not be withheld on the result of a negative test.

Asparaginase is now known also to affect normal cells, particularly those of the thymus and lymphoreticular system.¹⁵ Whether this effect, which has so far been seen only in animals, will prove an added hazard to therapy in man is not yet known. Infections occur so commonly in leukaemia that it is often difficult to determine their cause. The results of further work with this drug will be awaited with interest.

Crossman's Folly

When Mr. Crossman announced¹ that he was increasing the charges for spectacles and dentures he was left a somewhat lonely figure among the critics on both sides of the House. His supporters were "deeply shocked," his decision was "mean and financially irrelevant," and his statement "naive and stupid." Nor had the Opposition any good to say of him, members contenting themselves with asking awkward questions. Meanwhile Mr. Laurence Pavitt and a large number of Labour back-benchers have put down a motion condemning the proposed increases. Though the imposition of such charges was once considered a sufficient breach of principle to cause the resignation from the Government of Aneurin Bevan and Mr. Harold Wilson, and an increase in them can still cause anxiety among politicians of all parties, it is doubtful whether the general population will regard the present increase as any more irksome than the rise in bus fares announced last week. Probably less, because the needy must pay more on the buses along with the affluent, but they are exempt from the Health Service charges.

In answers he gave to supplementary questions, Mr. Crossman drew attention to two aspects of Health Service finance that seemed to underlie the decision to impose a higher direct charge for spectacles and dentures. The first of these must be related in part to the inflation that still goes unstemmed, for he said that a "rough relation between cost and charge has been maintained on three occasions." In other words, as the price of the articles rises, so the public must be asked to keep pace with larger contributions. Looked at in this light the decision is no more than a modest attempt to contain the amount of Health Service expenditure that falls on the taxpayer and to prevent inflationary rises in costs from forcing economies where expenditure on the Service is urgently needed. How desperately the Health Service needs more money if it is to function efficiently has long been apparent, and in another reply Mr. Crossman referred to "very urgent areas of the service" which should have a higher priority than remission of direct charges, notably hospitals for the subnormal.

Consequently if Mr. Crossman was simply helping the Health Service to keep pace with inflation and ensuring that it would have at least no diminution in its finance, especially

in view of the clamant needs of its underdeveloped areas, he deserved a warmer welcome than he got. But interpretation of the aims he seemed to have in mind when he made the announcement has since been confused by reports² that he agreed to raise the charges to prevent a threatened delay in providing comprehensive schools. The Minister of Education is said to have been "taken aback by his colleague's announcement,"³ and in reply to a question in the House on 19 May Mr. Crossman seemed to deny that he had any intention of handing over money to the education service, saying, "It would be folly if it was done."⁴ On which Dr. Shirley Summerskill remarked that he gave the impression of somebody "whose left hand does not know what his other left hand is doing." The N.H.S. needs every penny it can get, and this apparent muddle over the allocation of some small change in its revenue will not engender confidence in the management of the health services.

Oesophageal Dysfunction in Diabetes

Two years ago P. Mandelstam and A. Lieber^{1 2} drew attention to the frequent occurrence of oesophageal dysfunction in diabetic patients with other evidence of visceral neuropathy. Using cineradiography they demonstrated oesophageal dilatation, reduced peristalsis, and delayed emptying in 12 of the 14 patients studied. Spastic contractions were sometimes seen, yet in spite of the radiological findings only a minority of patients had any complaints.

The authors have now extended their observations by using intraluminal manometry to measure the pressures in different parts of the pharynx and oesophagus.³ They have re-examined ten of the original patients, eight of whom consented to undergo pressure measurements. It is of interest that two who originally had no radiological changes now show signs of oesophageal dysfunction, and manometry proved to be a more sensitive method of assessment than radiography. Compared with controls matched for age and sex, all the diabetic patients showed a diminution in the amplitude of pharyngeal and oesophageal contractions, and the average number of swallows which were followed by a wave of peristalsis was 45% compared with a normal figure of 89%. Spastic contractions, noted in seven patients, are a common feature in elderly people, and they were found in only one of the control patients under 40. The function of the upper oesophageal sphincter appeared to be normal, but the resting pressure in the lower sphincter was reduced although it relaxed normally.

It is important to point out that these findings apply to diabetic patients who already have clinical evidence of neuropathy. A study of diabetics without other visceral neuropathy would clearly be of interest. The abnormalities in oesophageal function bear some similarity to the changes found in nonagenarians and in patients with myotonia dystrophica, but there are differences, and the overall picture appears to be unique to diabetes. The cause remains a mystery, which might be resolved by a detailed pathological study of the innervation of the oesophagus in diabetics.

¹ *Hansard*, 5 May 1969, col. 42.

² *The Times*, 15 May 1969.

³ *Daily Express*, 16 May 1969.

⁴ *Hansard*, 19 May 1969, col. 10.

¹ Mandelstam, P., and Lieber, A., *Journal of the American Medical Association*, 1967, 201, 582.

² *British Medical Journal*, 1967, 4, 311.

³ Mandelstam, P., Siegel, C. I., Lieber, A., and Siegel, M., *Gastroenterology*, 1969, 56, 1.