

highly reminiscent of those reported in some schizophrenics.

Hitherto it has been difficult to account for the excess of births in winter or the sex difference in age of onset in schizophrenia. Similarly, arguments over the importance of soft neurological signs, cognitive impairment, and abnormalities of laterality have not been resolved. But a model that regards early neurodevelopmental deviance as one of several risk factors does provide a unifying explanation for what until now have been regarded as curious epiphenomena of schizophrenia.

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District cancer physicians: integration or fragmentation?

Health services change in response to shifts in the demographic and social structure of populations, movements in the size of disease pools, advances in medical technology, increases in public awareness and expectations, and alterations in resources. They are also influenced by the way professions seek to group their skills. These groupings can lead generalists to relinquish patients to specialists and alter the way in which different specialties see their responsibilities. These issues are raised by a proposal from a

working party of the Association of Cancer Physicians that a network of cancer physicians should be established.¹ The proposal is that the physicians should have appointments either within district general hospitals or (if distance and population size preclude it) at a regional cancer centre, from which they would deliver a visiting service.

Without a strong medical oncology service in districts the working party thinks that some patients with malignant disease could receive unnecessary or inappropriate chemotherapy, fail to be treated with cytotoxic drugs when they should be, or receive inadequate dosages or regimens that depart from established protocols. The district cancer physician should remedy these deficiencies and also encompass other aspects of care such as supporting the families of patients with cancer and taking responsibility for the district's terminal care facility.

If such a proposal were to be implemented one repercussion would be on the consultant expansion programmes of regional health authorities—the working party envisages 63 posts in England and Wales. Another repercussion would be on the drug budgets of district health authorities: cytotoxic drugs could add so substantially to a hospital's annual expenditure that the district budget would be jeopardised. Health authorities are thus likely to be wary of this proposal. But when planning health services we should first consider the desired endpoint and only then consider the means of achieving it.

An earlier working party that deliberated on acute services for treating cancer described the ends succinctly²: "The underlying aim of cancer services should be to ensure that cancer patients, whether potential or confirmed, have speedy access to the diagnostic and treatment services their condition demands. . . . This must be the baseline on which the efficacy of services in any region is judged." The report went on to identify the hallmark of such a service as "integration." The Association of Cancer Physicians' report does not use this word, though a cap is doffed to it when medical oncology and radiotherapy are described as "complementary." Few would dispute that the medical oncologist has an important part to play in a modern cancer service, but so do radiotherapists, surgeons, gynaecologists, paediatricians, and haematologists. Moreover, some of these specialists are specialising still further, and we see the advent, for example, of surgical and gynaecological oncologists.

The concept of a district cancer physician as proposed is not fully consistent with the need to build within a well structured pattern of care. A preferable model would be a closer integration of clinical oncology and radiotherapy to provide strong specialist subregional centres of expertise that could then respond flexibly to the needs of the district general hospitals. Moreover, the idea that the district cancer physician might take responsibility for terminal care services and the suggestion that each district should have a designated oncology health visitor or district nurse could introduce too great a rigidity into local services.

The ground may, however, shift and force a reappraisal of the system. Ehrlich's magic bullet may be found, and we do not know what sort of doctor will be required to fire it and from what range.

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