were found in one family and one more (in a girl of 15) in the other family. The parents did not consider there was anything wrong with the child, but both the girls complained of low backache and vague limb pains for which they had been taking aspirin tablets. Serum calcium and phosphate levels were within the normal range but all had markedly raised serum alkaline phosphatase levels.

Rickets during rapid pubertal growth has also been frequently reported^{1,2} in Asian immigrants, especially in young girls. In addition to the language problems the customary seclusion of young girls in Pakistani families put them at additional risk of missed diagnosis till the appearance of deformities of the legs and pelvis or perhaps even later.

A case, I think, therefore exists for the routine screening of young immigrant girls for rickets before leaving school and also for the screening of other children in the family when a case of rickets is found. There may be a genetic predisposition to rickets.—I am, etc.,

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¹ Ford, J. A., et al., *British Medical Journal*, 1972, **2**, 677.

² Moncrieff, M. W., Lunt, H. R. W., and Arthur, L. J. H., *Archives of Disease in Childhood*, 1973, **48**, 221.

Treatment of C.N.S. Involvement in Systemic Lupus Erythematosus

SIR,—Dr. P. H. Feng and others (29 December 1973, p. 772) reported central nervous system (C.N.S.) involvement to be the main cause of death in patients with systemic lupus erythematosus (S.L.E.). Their observation is in accordance with another recent report by Estes and Christian¹ and in contrast with previous series in which the most common cause of death was renal. Thus it seems that the pattern of death in S.L.E. has changed in the past few years.

Similar observations were reported in patients with acute lymphatic leukaemia (A.L.L.) who developed serious and fatal complications due to C.N.S. leukaemia after complete haematological remission had been achieved with modern methods of chemotherapy. To explain this phenomenon it was suggested that antileukaemic drugs failed to diffuse into the C.N.S. so that residual leukaemic cells in that site continued to replicate while their growth was controlled elsewhere. On the basis of this hypothesis treatment specifically aimed at the C.N.S., such as irradiation and intrathecal administration of methotrexate, was initiated and this treatment has proved to be highly effective in reducing C.N.S. morbidity and mortality.²

As in A.L.L., the treatment given to S.L.E. patients (in which the same drugs, corticosteroids and cytotoxic drugs, are used) does not control C.N.S. involvement as successfully as it does involvement of other systems or organs such as the kidneys, suggesting that residual C.N.S. disease in S.L.E. is probably due to ineffective levels of drugs being achieved in the C.N.S. We therefore believe that therapy directly aimed at the C.N.S., such as the intrathecal administration of immunosuppressive drugs, should be considered in these patients and might be given as preventive treatment even before the appearance of overt neurological manifestations.

Such therapy might reduce the recently observed increased mortality from C.N.S. involvement in S.L.E. patients.—I am, etc.,

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¹ Estes, D., and Christian, C. L., *Medicine*, 1971, **50**, 85.

² Hustu, H. O., et al., *Cancer*, 1973, **32**, 585.

Disruption of the Family

SIR,—I was irritated by Dr. W. J. Reilly's Personal View (17 August, p. 465). He bases his case on a social stereotype in which father dies at 60-odd leaving a selfish, introspective, and complaining old misery of a mother to be looked after by her middle-aged children who will thereby have their "freedom" curtailed. He adds that he hopes that his own sudden death will solve the problem for him.

For 3 years I had charge of the psycho-geriatric unit at Nottingham. I did not find many selfish old people, though of course those few did have the excuse of their age and waning powers. Rejection by selfish middle-aged relatives was a considerable problem and produced a good deal of misery. The reason old people objected to entering the workhouse in the past was, in my opinion, less to do with the fact that the workhouse was not up to the standard of a private hotel than with their unhappiness at losing their family, friends, and possessions. Similarly, the stigma on the family was in part due to the implication that they were not prepared to look after their old relatives and safeguard the family as a social unit. The alternative of rootless people attaching themselves to this or that mass movement is not, I would have thought, one which we would wish to encourage. Sainsbury¹ pointed out the higher suicide rates in areas with a shifting and rootless population.

I think that it is arguable that many of our psychiatric and social troubles stem from disruption of the family and denigration of the elderly. People would find the future much less gloomy if status and affluence increased with age. The riddle of the Sphinx should be reinstated.—I am, etc.,

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¹ Sainsbury, P., *Suicide in London, an Ecological Study*, p. 70. London, Chapman and Hall, 1955.

B-Lymphocytes as Target Cells for E.B. Virus Transformation

SIR,—Though several investigators¹⁻⁴ have recently suggested that B-cells may be the possible target for Epstein-Barr (E.B.) virus transformation, direct evidence has not yet been achieved.

We prepared T- and B-cells from human umbilical cord blood lymphocytes as described by Yata et al.⁵ The separated T- and B-cells were exposed to E.B. virus derived from a B95-8 cell line⁶ and then seeded in semisolid agar medium according to the method of Hinuma and Grace.⁷

About 200 colonies developed in each agar dish when 1×10^5 infected B-cells were seeded. These colonies were composed of lymphoblastoid cells with B-cell markers⁵ and positive for E.B. virus-associated nuclear antigen.⁸ No colonies were seen in T-cell dishes exposed to the virus. Infected B-cells also grew readily in fluid culture, forming clumps but not T-cells. Even early events of E.B. virus transformation,⁹ such as cellular DNA synthesis and mitosis, were not evident in T-cells.

Thus we feel that our findings indicate that B-cells are exclusively responsible for the target for E.B. virus transformation.—We are, etc.,

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¹ Pattengale, P. K., Smith, R. W., and Gerber, P., *Lancet*, 1973, **2**, 93.

² Pattengale, P. K., Smith, R. W., and Gerber, P., *Journal of the National Cancer Institute*, 1974, **52**, 1081.

³ Jondal, M., and Klein, G., *Journal of Experimental Medicine*, 1973, **138**, 1365.

⁴ Moore, G. E., Minowada, J., *New England Journal of Medicine*, 1973, **288**, 106.

⁵ Yata, J., Desgranges, C., Tachibana, T., and de The, G., *Biomedicine Express*, 1973, **19**, 475.

⁶ Miller, G., and Lipman, M., *Proceedings of the National Academy of Sciences of the United States of America*, 1973, **70**, 190.

⁷ Hinuma, Y., and Grace, jun., J. T., *Cancer*, 1968, **22**, 1089.

⁸ Reedman, B. M., and Klein, G., *International Journal of Cancer*, 1973, **11**, 499.

⁹ Aya, T., and Osato, T., *International Journal of Cancer*. In press.

Emergency Bed Service

SIR,—I would heartily disagree with Dr. C. J. Bennett's proposal (17 August, p. 469) to abolish the Emergency Bed Service, since this fulfils a most valuable role in enabling us to continue visiting other patients rather than sitting on the end of a telephone while the hospital tries to bleep the house officer or his deputy. I think many of us will have found that if the patient is turned down on a direct inquiry to the house officer he is often sent through the E.B.S. into the same hospital.—I am, etc.,

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Meeting the Need for Doctors

SIR,—Attention is drawn intermittently to the situation in Britain where we have fewer doctors than we need, so that we have to fill the gap by importing doctors from developing countries whose need is already greater than our own. The situation becomes tragically absurd when we realize that at the same time our universities will have just rejected over 6,000 students who achieved adequate "A" level results and whose wish was to start studying medicine this September.

Existing medical schools have increased their intake to the limit (with little or inadequate improvement of facilities) and new medical schools are being suggested to bridge the gap between our needs and our own production. Nottingham and Southampton exist, Hull and Reading are hoping to be approved. But new medical schools require years of planning, they are prodigiously