the tubes out significantly reduces the transfer problem, helped only by using non-absorbing material such as polyethylene, polyvinyl, or polyurethane. Polyvinyl chloride is worse than rubber in this respect.\(^1\)

While Ellis \textit{et al.} have taken the necessary precautions, unfortunately we cannot know this unless they are reported. Since we do not know the triggering dosage of halothane or any other substance in humans we must assume that these quantities are significant until proved otherwise.—I am, etc.,

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Geriatric Policies

\textbf{Sir},—The recent tragedy in a Nottingham old people’s home raises not only the issue of safety in these homes but also that of the suitability of some of these old people to be admitted to them. In those areas of this country there are active old people occupying hospital beds, while some of the residents of old people’s homes are bedfast. This can lead on occasion to acrimony between the hospital service (usually, but by no means exclusively, the department of geriatric medicine) and the social services, neither of which is able to fulfil its obligations to the community because of its limited resources.

There is a tendency for social services departments when assessing clients for part 3 accommodation to say to themselves, “This individual cannot manage in this environment, we must change the environment” without considering sufficiently, since they do not have the training, to what extent the individual can be changed—that is, habituated so that he can remain in his home environment.

In the main the primary health care physician and his team do not have the facilities or expertise adequately to carry out this function. I would therefore suggest that assessment of suitability for part 3 accommodation should be a joint undertaking between social services and departments of geriatric medicine so that correct placement and maximum habilitation can be achieved.

—I am, etc.,

A. M. BRAVERMAN

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Oral Contraceptives and the Liver

\textbf{Sir},—In your leading article on this subject (June 15) you mention was made of porphyria cutanea tarda symptomata (P.C.T.S.). This form of porphyria is now well recognized as a rare complication of oral contraceptive medication\(^1\) and as a reaction to several non-steroidal agents of liver cell damage.

In the past four years we have encountered five patients, aged 20-31, who have developed P.C.T.S. while taking oral contraceptives and in three of these the aspartate aminotransferase level was moderately raised, though other conventional tests of liver function were normal. In none of the patients was there any history of previous liver disease, porphyria being excluded in the family, or more than infrequent social drinking. In three of our patients the porphyria appeared within six months of starting oral contraceptives. In some patients it may disappear when oral contraceptives are stopped, but in others treatment by repeated venesection is necessary. Persistence of the porphyria during subsequent pregnancy has been reported.\(^2\) Though there have been a few reports of P.C.T.S. occurring in more than one member of a family, we are not aware of a familial basis of this reaction to oral contraceptives has been demonstrated.

It is probable that the oestrogenic component in the porphyria of P.C.T.S. in these patients since the syndrome also occurs in patients treated with natural and synthetic oestrogens for carcinoma of the prostate or menstrual symptoms.\(^3\) Though the mechanism of this action of oestrogen in, presumably, susceptible patients is not understood, it is clear that it is a reaction distinct from the precipitation of acute attacks of porphyria by oestrogens or progesterogens in patients with acute intermittent\(^1\) or variegate porphyria.\(^3\)

Rarely, oral contraceptives may exacerbate the cutaneous manifestations of variegate porphyria, but this effect appears to be secondary to their cholesterolic action and is associated with jaundice and diversion of porphyrins from the biliary route of excretion.

It is important to ensure that P.C.T.S. and variegate porphyria are not confused when a young woman presents with the characteristic skin lesions of the cutaneous hepatic porphyrias. This can be achieved only by appropriate laboratory investigation of samples of urine and faeces from the patient and, if necessary, other members of her family.—We are, etc.,

G. H. ELDER

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Combination Chemotherapy for Breast Cancer

\textbf{Sir},—We recently (9 February 1974, p. 218) reported our initial experience in 25 cases with a combination chemotherapy regimen for metastatic breast cancer which included cyclophosphamide, methotrexate, and fluorouracil in addition to prednisone. At the present time we have achieved a complete or partial response in 26 out of 38 cases (68%), which lasted for a median duration of eight months (range 6-34+). Eight of these patients achieved a complete disappearance of all measurable disease. The median survival for the responding group is 20 months and for the non-responding group five months. The haematological toxicity was greatest in those patients with hepatic functional impairment and extensive bone or bone marrow replacement by tumour. In these cases we recommend that the initial doses of cytotoxic drugs be reduced by 50%, with modification of subsequent cycles according to haematological tolerance.—We are, etc.,

G. P. CANELLOS

B. A. CHARNER

B. A. CHARNER

R. C. YOUNG

Medicine Branch, National Cancer Institute, Bethesda, Maryland

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