Recurring meningitis: beware the normal looking ear

Sir,—It seems that Mr Maurice Hawthorne (6 December, p 1504) has shared the same difficulties in detecting the source of infection in recurring meningitis. Scintigraphy using injected indium-111 diethylentriamine pentaacetic acid (DTPA) is a valuable diagnostic tool, but we have found computed tomography with intrathecal contrast is the investigation of choice and we have detected several small leaks using this method.

Furthermore, many cerebrospinal fluid leaks often stop spontaneously, albeit temporarily, and this only adds greater difficulty in diagnosis.

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Randomised trial of treatment of hypertension in elderly patients in primary care

Sir,—May we thank Dr Mark McCarthy (13 December, p 1570) for pointing out that the difference between the proportion of smokers in our treatment and control group was statistically significant. These smoking habits were recorded before randomisation, and therefore the difference was not due to a change of behaviour consequent on the treatment group to which the patients were assigned.

Could this asymmetry have contributed to the excess of deaths from cancer in the treatment group? Five of the 17 patients who died from cancer in the treatment group smouldered as against two of the 10 in the control group. Since the study terminated in August 1985 there have been four more deaths from cancer, all cancers of the lung. Three of these were in the control group and one in the treatment group. This gives total numbers of deaths from cancer in 18 in the treatment group and 13 in the control group. Does this suggest a tricks of the goddess of chance than any behaviour modification demanding a "paradigm shift."

With regard to observer bias in the study this is not likely to have much affected fatal strokes, where a significant difference was found. The records of all the patients were examined in the practice centres every six months by outside observers and all events were adjudicated by an independent committee that was blinded to the treatment status. Random zero sphymgmonometers were used to reduce bias in the measurement of blood pressure.

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Optimising antiemesis in cancer chemotherapy

Sir,—The finding by Ms Pamela S Warrington and colleagues that metoclopramide needs to be given in a continuous infusion to provide effective antiemesis (22 November, p 1334) is in keeping with our studies showing its brevity of action.

We found that a single 10 mg dose did not last long enough to control postoperative sickness after preoperative morphine.

We have reported the undoubted efficacy of a single acupuncture treatment at the antemiotic point P6 (Neiguan) in reducing the emetic sequence of opioids, and this work has been extended at the Auckland radiotherapy centre to control nausea and vomiting after chemotherapy. A survey of 71 patients attending the outpatient clinic showed that 54 had distressing emetic sequence on their first treatment, of whom 52 had the same symptoms on subsequent occasions. Our studies were carried out in patients who had experienced severe sickness on a previous occasion.

We treated 14 patients receiving cisplatin with five minutes' electrical acupuncture (10 Hz) at P6 point. The first was given immediately before injection of the drug, with others on the following day at the request of the patients. All had had prolonged and severe sickness after previous treatments. Eleven patients had complete absence of emetic symptoms for at least eight hours while three had some improvement. Acupuncture was performed up to six times in many patients, with beneficial effects on each occasion. This covered the expected duration of the emetic effect of cisplatin in most patients. Unknown to them five of these patients had one "dummy" acupuncture during the course of treatment and this produced no benefit.

In addition 29 assorted outpatients, who had been sick after previous cancer chemotherapy, had one to five acupuncture treatments. Twenty one of these had complete alleviation of emetic symptoms, four had considerable improvement compared with their previous treatment, and four had some improvement.

In our experience the beneficial effect of a single 10 Hz electroacupuncture lasts for eight to 10 hours. We have found no side effects for this treatment but it is time consuming. Further work is needed to evaluate non-invasive methods of antiemergence and, with hope, evolve a method which patients could use at home.

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Effect of breast conservation on psychological morbidity associated with diagnosis and treatment of early breast cancer

Sir.—Dr Lesley J Fallowfield and others rightly suggest that there has been little systematic study of the psychological outcome of breast conservation (22 November, p 1331). It is unfortunate that they could not carry out a prospective study. The retrospective design, however, presents a major problem, as measures of morbidity or operation but then improves.

The problem with much psychosocial research in oncology is that different measures are used and differing criteria applied for psychiatric "case-ness." The authors use a well proved instrument, the present state examination, and according to DSM III criteria to define psychiatric caseness. In previous papers Maguire has used the present state examination and applied other criteria. It is a pity that the Catego computer program designed to analyse symptoms exposed by the present state examination has not been used throughout his papers to facilitate comparability.

I have interviewed over 200 women in a similar, but prospective, observation study carried out at the Breast Unit, Guy's Hospital, which is currently being analysed, and it is clear that their main worry relates to the implications of a diagnosis of cancer. Unfortunately this paper gives the impression, without presenting any quantifiable evidence, that women treated by lumpectomy worry more about recurrence. Similarly, the discussion suggests that the depression experienced by the women treated by lumpectomy relates to the radiotherapy. This conclusion cannot be made from the results that are presented because no attempt has been made to analyse the relation between morbidity and treatment variables.

I fear that some readers may have been left with the idea that breast conserving treatment produces the same or even greater psychiatric morbidity as mastectomy without consideration being given to...