scribing. Too many clinicians go into print on insufficient evidence when they have a single case. These are taken up and per- petuated by those who write articles on MAOIs as fact. A confused situation is being compounded by inaccurate and mis- leading evidence where factual and clear authoritative reporting is required for the guidance of both the doctor and the patient. —I am, etc.,

JOHN M. MCGILCHRIST
Medical Director, William R. Warner and Co., Ltd.
Eastleigh, Hants

Screening for Breast Cancer

Sir,—Though a member of the British Breast Group, I asked that my name should not be included among the signa- tories to the published statement concerning screening for breast cancer (9 August, p. 357). In their statement the members of the group affirmed that they are "convinced that the early diagnosis of breast cancer is impor- tant and improves the cure rate." I too subscribe to this conviction and, having been involved in the West London pilot study since its inception, I am now also convinced of the reliability of determined mammographic screening in the detection of early cancer. Despite all the expected administra- tive, financial, and staffing difficulties I should like to see a resolute effort made now to establish a national screening service. I had hoped that the British Breast Group would give its co-operative and authoritative blessing to this concept, but that was not to be. A great opportunity may have been lost.

I had accepted that the published statement represented the views of the majority of my colleagues in the group, however, and it was not this that has prompted my reply. The statement by the group may have been unnecessarily cautious, but it was at least factually based and might be said to have considered leading article which appeared in the same issue of the B.M.J. (p. 338) and which presumably was stimulated by the statement by the group.

How do you justify the assertion that "it is now evident that purely local treatment by surgery or radiotherapy rarely cures the disease"? Do you mean one or two per thousand treated patients by the use of the word "rarely"? If so, then this is contrary to all the accumulated clinical experience of the past 40 years. If a much larger number is meant, then why use the word "rarely" at all, unless it was done deliberately to mis- lead?

Just one fact will suffice to give the lie to this particularly unfortunate example of slipshod reporting. Over a 20-year period between 1941 and 1960 the incidence of mammary cancer consistently exceeded the mortality from the disease in New York State by 25 per 100,000 female population (incidence, 55/100,000; mortality 30/100,000). This suggests at a time when radical local surgery was standard treatment. This disparity between incidence and mortality persists to the present day. Surely if cure was rare these rates would have approximated each other by now. The in- cidence of the disease has certainly increased recently but not enough to account for the continuing marked difference between annual incidence and mortality.

Thousands of women have been cured and will continue to be cured of mammary cancer by appropriate local surgery and radiotherapy without precipitate resort to highly unpleasant forms of systemic treat- ment. Thousands will also die from the disease, irrespective of systemic therapy, owing to their cancers being diagnosed too late. There is certainly no room for complacency and that is what screening clinics and improved rates of early diagnoses are all about. Nihilistic comments such as that con- tained in your leading article help not at all. —I am, etc.,

JAN BURN
Breast Clinic, Charing Cross Hospital (Fullham), London W.6

The Aflatoxin-Hepatoma-HBAg Story

Sir,—"More on the Aflatoxin-Hepatoma Story" you entitle your leading article (21 June, p. 647); but there is more yet. If aflatoxin (AF) is the paradigm, it is but the tip of the mycohepatotoxic iceberg, which includes other aspergillus metabolites like ochratoxin and sterigmatocystin and their penicillin equivalents, luteokynin and other AF which are very frequently found contaminating stored crops. Nor do you mention other plant hepatotoxins such as pyrrolizidine alkaloids (PA), though one of the papers you quote has shown these to be synergistic with AF. They cause cirrhosis and hepatoma in primates. Best known as the putative cause of "bush-tea"- induced veno-occlusive disease, these occur throughout the world in disparate genera, sometimes contaminating grain—for example, senecios in South Africa1 and Iraq2, helio- tropiums in Central Asia,3 or even as poar- herbs, as with the leguminous crotalarias of East Africa. The single-dose interval induc- tion of hepatitis in the rat is with AF, but this is not--spleenish in the rat. The induction is even more impressive with PA,4 even delivered via the milk of a nursing mother,5 for which reason Schoental6 has suggested examination of traditional herbal medicines for pregnancy, parturition, or the newborn.

You mention hepatitis B (HB) antigenemia accompanying hepatoma yet fail to refer to the extrahepatic component of this state, namely, de-fenestrated hepatocytes. This may be due to insufficiency with the same toxin which acts directly on the hepatocyte, simultaneously perhaps with a more or less specific toxin in a cell but cytopathogenic but becoming so only in- directly, by evoking a cell-mediated immune response7 or, in default of this response, producing the persisting antigenemia you speak of.8,9 The antibody to HB is "spleen- ic,"10 as to a lesser extent are ochratoxin and sterigmatocystin, while the fusarial toxin T211 is even more so,12 halting phyto- haemagglutinin-induced lymphocyte trans- formation in dilutions as low as 1 μg/l or less. Furthermore, lymphocyte abnormalities have been noted in the wake of veno- occlusive disease, both human and experi- mental.13 And hepatitis, once established, may be a lymphocyte-inhibitory as other cases.1 HB antigenemia has been reported

References


2 Differences between incidence and mortality rates, with their inherent in- accuracies, do not give as good an assessment of cure as to the percentage of patients with the disease in a defined geographical area until their survival curve becomes parallel to that of the normal population. In that reported from Cam- bridge81 of 704 patients survived for 20 years. The calculated "cured" group, using an extrapolated actuarial model, was 17±2 ...