Care and caring are by very nature personal. The entire concept of general practice, family medicine, primary care, call it what you will, in Britain is the continuing care of the patient as a whole. Once the patient is fragmented among a team of specialists, the concept of primary responsibility and care lose their meaning.

The recent publication by the Office of Health Economics must have either amused or angered some of our colleagues in the "academic" analysis of primary medical care with little reference to real life. Pray come down from the clouds and look at life as it is, not as it is assumed to be by whatever boards lawyers or bureaucrats emanate the chairman be in his own field.—I am, etc.,

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E.B. Virus and Treatment of Lymphomas

Sir,—Dr. R. Salm (25 May, p. 435) concludes that E.B. virus, as a passenger parasite of lymphomatous cells in Burkitt's tumours, is responsible for the sensitivity of the lymphoma cells to cytotoxic drugs. He then suggests the inoculation with E.B. virus of patients in temperate zones before chemotherapy to try to induce drug sensitivity. As we are conducting a comprehensive prospective serodiagnostic study on the relationship between E.B. virus and Burkitt's lymphoma we are prompted to comment on Dr. Salm's views.

To assume that E.B. virus is a passenger parasite in Burkitt's lymphoma in Africa is as presumptuous as it is to take for granted that this virus is the cause of the tumour. The evidence for an association between E.B. virus and Burkitt's lymphoma is both serological and virological. The serological response of African Burkitt lymphoma patients to E.B. virus antigens is not always found in lymphoma patients from temperate areas, but when pathologically evaluation and age are taken into account the serological picture is similar in Burkitt-type lymphomas in young children and in sarcoidosis. In addition, E.B. virus is not found in a pre-existing, stable, or latent state in Burkitt's lymphoma. Moreover, the sensitivity of the lymphoma cells to adriamycin, which is inhibited by E.B. virus fingerprints in the tumour cells. E.B. virus is not a passenger parasite of Burkitt's lymphoma (E.B.-N.A.) are found in African Burkitt lymphoma tumour cells1 and search in American Burkitt-type lymphomas is in progress. Arguments for and against the etiological role of E.B. virus in Burkitt's lymphoma have been reviewed by Klein.1 Dr. Salm seems to have read only part of the literature on the subject, as 20 out of his 28 references are to one journal.

The E.B. virus has oncogenic properties, contrary to Dr. Salm's statement. E.B. virus infection in experimental animals has induced lymphoma, and cytotoxic results in the establishment of lymphoblastoid lines having characteristics of malignant transformed cells (infinite life, ability to hetero- graph, and tumour production).4,5 E.B. virus is also in primary infected cells in the marmoset results in the development of lymphomas.10,11 On the other hand, animal herpesviruses are oncogenic in frogs, fowl, and primates, and to dismiss the potential oncogenic activity of E.B. virus could lead to dramatic consequences.

The International Agency for Research on Cancer has based its study of the etiological role of E.B. virus in Burkitt's lymphoma on the review of H. E. de-The, J. Gessner, and A. de-Thé, entitled "Oncogenesis and Lymphomas" in "Herpesviruses." It is important to note that the extensive studies on E.B. virus in primary infected cells was begun 30 months ago in the West Nile district of Uganda.12 Their sera are being kept in liquid nitrogen until Burkitt lymphoma cases arise among them, which is already happening. The results will be analysed in the context of seroepidemiological data being obtained simultaneously in the general population of the same district of Uganda and in other populations in Hong Kong, Singapore, and Europe, where Burkitt's lymphoma is less common.13 Dr. Salm's hypothesis that malaria may be a causative factor in Burkitt's lymphoma and that E.B. virus infection in regions of Burkitt's lymphoma to have been observed outside the endemic regions of Africa.14 Co-factors contributing to lymphoma causation in Burkitt's lymphoma in another area must be considered, particularly the recent tuberculosis and the high incidence in Africa may well be due to the impact of malaria in the immunological system. The International Agency for Research on Cancer's recent finding of a seasonal variation in the onset of Burkitt's lymphoma in the West Nile14 also suggests hyperendemic malaria as a causative factor. The incidence of cell-mediated immunity and the reticuloendothelial system may lead to clonal transformation and further development of a tumour.

Until the oncogenic potential of E.B. virus has been more thoroughly explored it would be wise to inoculate patients with it. In fact, such inoculation occurs when seronegative patients are transfused with E.B. virus-infected blood, and we believe that soon blood donors will have to be screened for serological evidence of infection.—We are, etc.,

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E. H. WILLIAMS

Distribution and Supervision of Oral Contraceptives

Sir,—We would agree with Dr. M. V. Smith and others (19 October, p. 161) that it would be a responsible and constructive step forward in medical practice to widen the range of those empowered to dispense oral contraceptives. But we would take issue with those practitioners empowered to "dispense" oral contraceptives should include nurses, midwives, and health visitors who have had some additional training in contraceptive practice. It seems to be the consensus of opinion that in most cases the decision to embark on oral contraceptive therapy is one which can be made by any responsible woman on her own medical, and the fact that the Royal College of General Practitioners suggested that "the estimated risk at the present time of using the pill is under 1 in 1000 empowers informed woman would be happy to take this view.

We would suggest that the person best qualified to undertake the supply of oral contraceptives for nearly all women wanting them should be the pharmacist, who has the necessary academic qualification and understanding of the medical consequences together with the degree of availability which is so well put in your correspondents' letter. We recognize that by preventing unplanned pregnancies and reducing the need for abortions a considerable contribution would be made toward further reducing maternal mortality, but unless the service is to be easily accessible to those at risk little will be gained by increasing the number of those able to prescribe the pill. It would seem highly desirable that any patient should consult her regular practitioner before taking oral contraceptives as only he has access to the full medical history. But, with this safeguard, there seems to be no contraindication to registered pharmacists prescribing oral contraceptives, following guidelines drawn up in the light of clinical experience.—We are, etc.,

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Erythema Infectionem

Sir,—In 1952 I came across my first epidemic of erythema infectionem. We had some seven cases in the practice, and Dr. George Gibson, who was the county medical officer of health, came over and saw four of the patients. He confirmed the diagnosis of