emphasised. It is hoped that guidance along these lines will soon be issued as a booklet on "Water Supply Hygiene" for water authorities.

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- ¹ Brodie, J, *Journal of Hygiene*, 1977, **79**, 161 and 181.
² Ministry of Housing and Local Government, *Safe-
guards to be Adopted in the Operation and Management
of Waterworks*. London, HMSO, 1967.
³ Public Health Laboratory Service, *Journal of Hygiene*.
In press.
⁴ Department of Health and Social Security. *Health
Service Catering. II: Hygiene in Catering and Food
Service Areas*. London, HMSO, 1974.
⁵ Rahman, A F M S, and Cowan, M E, *British Medical
Journal*, 1974, **11**, 121.

IgE, T cells and transfer factor in mycosis fungoides

SIR,—We have studied with great interest the article of Dr P L Amlot and Mr L A Green (11 February, p 327) on atopy and IgE concentrations in Hodgkin's disease (HD) and other lymphomas. The authors state that with one exception no valid study so far has shown any differences in serum IgE concentrations between people with malignant diseases and those without, the one exception being HD. We should like to point out that Tan *et al*¹ in 1974 found an elevated serum IgE in patients with mycosis fungoides (MF), another malignant lymphoma. We would also like to add that we in 1975,² although we were not able to confirm an increased mean IgE value for our patients with MF, found highly elevated values in 4 out of 22 cases. None of these 4 patients were atopic. This clearly indicates that high serum IgE values may also be found in other types of lymphoma.

The distribution of B cells in the peripheral blood of our patients was normal, while the mean percentage of T cells was significantly lower than in controls. We have recently completed a preliminary investigation on transfer factor (TF) as an additional therapeutic agent in MF. Twelve patients in a state of progressive disease were investigated. All but one had previously been in remission induced by topical whole-body treatment with nitrogen mustard. All continued their previous treatment in unchanged dosages but also received monthly injections of TF. Following this combined treatment seven patients improved significantly and two of these went into complete remission. Treatment was followed by an increase in T lymphocytes and a decrease in serum IgE. This decrease in IgE had no relationship to atopy. The differences between the original and latest values were significant ($P < 0.05$).

We believe that the reverse relation between T cells and serum IgE following therapy adds support to the idea of a deficiency of suppressor T cells accounting for the increased IgE levels in some lymphomas, a suggestion dismissed by Dr Amlot and Mr Green. This, however, cannot be proved until an evaluation of the distribution of the various subpopulations of T lymphocytes has been performed. We believe that our own as well as Dr Amlot and

Mr Green's findings may have a bearing on treatment.

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- ¹ Tan, R S H, *et al*, *British Journal of Dermatology*,
1974, **91**, suppl 10, p 35.
² Zachariae, H, *et al*, *Acta Dermatovenereologica*, 1975,
55, 466.

Needle tracheostomy for acute upper airway obstruction

SIR,—Dr T H Lee (4 February, p 281) described a case in which needle tracheostomy for acute upper airway obstruction led to a successful outcome. A number of points in his case report, however, give rise to disquiet.

From his description the patient concerned was probably suffering from partial rather than total airway obstruction so that the Medicut intravenous cannula contributed to the airway rather than replaced it. While I agree that a needle through the trachea (the cricothyroid membrane is preferable) is a "simple, quick, and relatively atraumatic procedure," the extrapolation of its use from the case described to patients with "pharyngeal foreign bodies, trauma from road traffic accidents, or angio-neurotic oedema" must be viewed with some caution.

The experiments quoted¹ as having shown that the 12G Medicut can sustain ventilation were laboratory experiments and were related to flow rates at quoted pressures. In some preliminary studies we asked volunteers to breathe through a 12G Medicut cannula attached to a pneumotachograph and with a pressure transducer measuring airway pressures. Two minutes was the most any volunteer could manage, although this was extended to three minutes when the Medicut was halved in length. Tidal volumes recorded were from 100 to 150 ml but rapidly became less as the respiratory rate increased.

These were only preliminary findings and should not be regarded as conclusive, but I believe that the place of needle tracheostomy must be viewed with some caution. A 12G Medicut cannula does not provide an airway. It may buy a few extra minutes in patients with total obstruction and was clearly a great help in Dr Lee's patient with partial obstruction. It can also be used for insufflating oxygen when appropriate apparatus is available. Nevertheless, severe upper airway obstruction needs more than such temporary management and, in the present state of knowledge of needle tracheostomy, this can be provided only by endotracheal intubation, emergency laryngostomy, or emergency tracheostomy. To delay the institution of one of these remedies in favour of needle tracheostomy is to court disaster.

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- ¹ Clarke, S W, and Cochrane, G M, *Practitioner*, 1975,
215, 340.

SIR,—May I give my support to Mrs Rosemary H M Adams and Dr R H Hardy (4 March, p 576) in their advocacy of laryng-

ostomy or cricothyrotomy in preference to emergency tracheostomy or the insertion of a needle-borne cannula through the cricothyroid membrane as described by Dr T H Lee (4 February, p 281)? Mrs Adams mentions the Abelson cricothyrotomy cannula as "the instrument available," but I would suggest that a better choice might be the British-made Penlon Tracheotome Mark II, which, despite its misleading name, is a thoughtfully designed, autoclavable instrument for penetration and cannulation of the cricothyroid membrane, combining piercing blade, trocar, and dilator all in one. In addition, it incorporates an adjustable "swing-stop" rest and a fixed penetration guard. It is thus more positive during initial placement and is unlikely to wander from the piercing location during complete introduction. The metal-boxed set includes a 7.5-mm cuffed tracheostomy tube and connector, a Mitchell cuff inflator, and even a small tube of lubricant jelly.

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All doctors great and small

SIR,—It is heartening to those workers in the animal health and public health fields to see zoonoses again featured in your leading article (25 February, p 464). Heartening but not surprising, for the effect of zoonotic diseases on human health merits a good deal of your time and space. Your call for greater collaboration between the medical and veterinary professions is justified, for there is so much to do and we can all do better.

However, in praising the work the Scottish doctors and veterinarians who have operated liaison meetings for a number of years and who have excellent collaborative work to show for it you do less than justice to the English scene when you say that no such local group exists in England.

It can safely be said that the initiating group was that involving the Public Health Laboratory Service and the State Veterinary Service in England, which has been in operation for some 16 years. More recently it has included representatives from the Department of Health and Social Security and is known as the Zoonoses Group. This group has always been a valuable forum for developments in meat hygiene and salmonella control and it conceived the Zoonoses Order. Since that order was promulgated in 1975 attempts have been made to replicate the group at local level throughout Great Britain so that the beneficial collaboration in the central group could be developed by officers faced with the practical problems. They are not decision-making bodies concerned with case work but regular gatherings of medical officers of environmental health, representatives of the Public Health Laboratory Service, environmental health officers, and state veterinarians discussing matters of common interest. Because 80% of food poisoning cases are caused by salmonellae and the vast majority of these have an animal source it would seem obvious that consultation with the veterinarian with public health responsibilities would be beneficial, indeed essential, to the investigation and control of food poisoning occurrences. So it is that most of the local groups are operating successfully with enthusiastic support from all disciplines