evidence available, however, the exclusion of GPs' cases would seem to be a rational reallocation of resources.

I would also like to stress the importance of the findings of Drs Hill and Hampton in terms of which type of MCCU should be provided—that is, "doctor-manned" or "paramedical-staffed." As previously shown¹ in Brighton the latter type has achieved similar levels of life-saving to the former type in Belfast, partly by accepting more calls from the public, thus increasing the scope of the service, and partly by reaching more patients earlier, thereby increasing the chances of success. If, as Drs Hill and Hampton's findings would suggest, it is the publicly summoned cases in which the greatest potential for life-saving lies, then the type of service best equipped to deal with this group should be the one which is advocated. This, for the reasons given previously,^{2,3} would be the emergency ambulance service already under obligation to answer these calls.

By performing a randomised controlled trial of MCCUs on the population shown to be at greater risk Drs Hill and Hampton are clearly performing a valuable service. I would also contend that Dr Geddes's advice is misplaced and that, as the Belfast service does not generally accept calls direct from the public, it is he, to use his own words (my emphasis), who should direct his energies "toward bringing treatments of proved value to the maximum number of patients at . . . greatest risk, whether medical advice is sought through a general practitioner or the emergency ambulance service." This is precisely what Drs Hill and Hampton are seeking to do within the confines of a limited budget.

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¹ Orchard, T J, *Lancet*, 1974, 1, 263.

² Orchard, T J, *Lancet*, 1974, 1, 1169.

³ Orchard, T J, *Lancet*, 1974, 2, 780.

Chemoimmunotherapy of advanced breast cancer

SIR,—The article by Dr Jordan U Gutterman and his colleagues may overemphasise any virtues of BCG treatment for breast cancer (20 November, p 1222). In examining their results, as well as giving graphical equivalents of life tables they give overall figures for deaths in those receiving and not receiving BCG. However, since controls were historical rather than contemporaneous there has been a longer follow-up in the non-BCG group. Some of the deaths in this latter group have occurred late, but there is no way of knowing if those receiving BCG will suffer a similar fate. It therefore seems unfair to quote the overall death rates in the two groups, since like is not compared with like, and then to give a probability value beside them (which bears a strong resemblance to a figure derived from a simple χ^2 derived from them).

Secondly, they say in the text that one-tailed tests were used. This implies that BCG can only do good, but from our experience in treating melanoma we have reason for believing that BCG can do harm. The use of a one-tailed test gives a greater apparent degree of statistical confidence than is really justified. Thus, their figure 1 is accompanied by a P value of 0.07. This looks impressive but if

converted for a two-tail value suggests a chance finding of approximately one in seven times (2×0.07), a value much more in accord with the small difference between the graphs.

No data have been presented on the total dosages of chemotherapeutic agents given to either treatment group. It is possible that any difference in remission or survival rates may result from the stimulus of BCG allowing more cytotoxic drugs to be given to the patients rather than from enhanced immune reactivity directed towards breast cancer.

Finally, we doubt the propriety of using historical controls. They have the virtue of allowing quicker data collection on a new treatment but suffer from the problem that complete comparability with a novel treatment group can never be assumed since the availability of new treatment which is enthusiastically pursued must be likely to introduce biases in patient collection.

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SIR,—From the data provided in the paper by Dr J U Gutterman and others (20 November, p 1222) it is not clear whether the two treatment groups had the same dosage of FAC-CMF. Although the dosage in the first cycle was the same, provision was made for its increase or decrease by 20% according to individual bone marrow tolerance.

It was not shown by the authors that this tolerance was not augmented by the addition of BCG, thus enabling this group to benefit from an increased dosage or frequency of chemotherapy, postponing the tumour's "escape."

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Low-oestrogen oral contraceptives

SIR,—I was surprised to read in your leading article on this subject (20 November, p 1216) the statement that "pharmaceutical companies seem to be preferring 17 α -hydroxyprogesterone derivatives in oral contraceptives."

The last surviving product on the British market containing one of this variety of progestogen (megestrol acetate) disappeared when Volidan was withdrawn in 1975. The 22 combined pills (containing 50 μ g of oestrogen or less) and the four progestogen-only preparations currently available in this country all rely on 19-nortestosterone derivatives. Of these, norgestrel has no inherent oestrogenicity and yet when as little as 0.15 mg is combined with only 30 μ g of ethinylestradiol it provides the degree of reliability quoted in your article.

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*.*Our leading article was, perhaps, misleading on this point. Certainly all the combined oral contraceptives currently available in Britain use 19-nortestosterone derivatives for

their progestogen component—and there are good commercial and clinical reasons for that choice. However, a switch to 17 α -hydroxyprogesterone derivatives would make it easier to calculate the oestrogen content of contraceptives without having to make allowance for a variable amount of metabolic conversion from nortestosterone. There is, we believe, a resurgence of interest in that alternative, though no new formulations are yet on trial. —ED, *BMJ*.

Student health

SIR,—I have read with interest your articles on "Aspects of student health." The student body as a whole has few health problems indigenous to that population alone. However, many would agree that sexual, especially contraceptive, and psychological problems do play an important role. These latter I feel might be more ably dealt with by a larger student counselling service than exists at present in many higher education establishments. Certainly where examination problems exist, especially common around finals, although chemotherapy is fast to act, tranquillisers commonly prescribed have the disadvantage of counteracting that all-important "adrenaline response" which brings out the best in all of us at exam time. Counselling may take time but in the end I am certain it is more effective in bringing the student to terms with his or her problem.

Finally, I feel that in any university the size of Manchester's a student health centre, with all its advantages pointed out by Dr K G Dickinson (13 November, p 1177), presents one major headache to a student in a large population dealt with by so few—the inevitable appointment system. Add to this the students' lecture curriculum and many illnesses go self-treated or, worse, untreated. Thus we have a constant dilemma to the student: "Which is more important, health or education?"

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Quis whatsit?

SIR,—The criticism of those who criticise continues. Dr J S Bradshaw (4 December, p 1387) has committed three offences against English grammar of the type known as fused participle, which is well described by Fowler.¹ Since I wish to keep a whole skin, I shall take Fowler's advice and not venture on the frank description of this error that Fowler believed to be formerly but, alas, no longer reasonable.

Dr Bradshaw writes: "The alternative to Dr O'Donnell imagining himself to be volumes and so years ahead of the rest of us is that you have erroneously imputed such notions to him; though as between the possibility of the editor of *World Medicine* having delusions of grandeur and that of the editor of the *British Medical Journal* ignoring conventions I should prefer not to speculate." "Dr O'Donnell," "the editor of *World Medicine*," and "the editor of the *British Medical Journal*" should all be in the possessive case, since "imagining," "having," and "ignoring" are not used as participles but as gerunds—that is, nouns.

Without being aware that such words,