Dr Taylor comments:
I am most grateful to Drs Grange and Stanford for drawing my attention to the apparent association between reduced natural infection with *M. bovis* in milk and the increased incidence of childhood leukaemia. The UK Childhood Cancer Study (UKCCS) is currently collecting information about episodes of infection and histories of immunisation in children with leukaemia and in matched controls. It should be possible to obtain preliminary indications from these data about any protective effect of BCG vaccination. The idea that therapeutic immunostimulation using BCG could be used to treat childhood leukaemia is not new. However, the results of the MRC's Concord trial in childhood acute lymphoblastic leukaemia1 and more recent studies failed to indicate any significant benefit of BCG immunotherapy. In adult myeloid leukaemia combined BCG/allogeneic cell immunotherapy stimulated strong cell-mediated immunity to donor, but not to autologous leukaemia cells,2 and produced little long term benefit. The use and expense of prophylactic BCG vaccination as an immunological protective measure in childhood leukaemia would only be justified if it markedly reduced the incidence of the disease. Positive preliminary evidence from the UKCCS might justify a detailed controlled trial study of this question in the UK. However, bearing in mind Greaves' hypothesis that childhood leukaemia could arise from inappropriate immunostimulation,3 there is much to commend and considerable scope to the use of prophylactic BCG vaccination as a preventative measure in childhood leukaemia.


Cough – is it asthma?

Editor,—Dr Sheila McKenzie has suggested that cough without wheeze should not be classified as asthma unless there is evidence of airway lability1 or objective chronic persistent cough is most troublesome in preschool children who cannot reliably perform standard tests of lung function.

A study of 60 children under 6 years with chronic cough showed that 63% produced at least one positive reaction to skin testing with inhaled allergens (57% for house dust mite) compared with 75% of children with classical asthma and 10% of children with chronic persistent cough. In contrast, children with chronic cough, with wheeze, was usually worse at night (75%), precipitated by exercise (85%), and associated with nasal discharge (70%) or sore throat (32%).

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