Letters

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Laetrile Toxicity: A Report of Two Cases

To the Editor.—Laetrile (amygdalin), unproved as a remedy for cancer,[1] has been advocated by proponents as, at worst, a nontoxic placebo. We report two cases of laetrile-associated toxic reactions and challenge the present claims of safety.

Report of Cases.—CASE 1.—A 48-year-old woman with lymphoma diagnosed in 1965 began taking laetrile in Mexico in February 1977. On her return to the United States she continued taking laetrile, 6 mg intravenously each week and 500-mg tablets orally three times a day. On April 25 she was admitted to Georgetown University Hospital with fever, malaise, headache, and severe abdominal cramps. She had a temperature of 38.8 °C, a diffuse macular erythematous rash, marked lymphadenopathy and hepatosplenomegaly, and abdominal tenderness without peritoneal signs. Cultures were obtained, and laetrile therapy was discontinued. Her symptoms cleared in two days; cultures were negative for pathogens.

Against our advice she resumed the above regimen of laetrile on June 5 and was readmitted on June 20 with the same syndrome that led to the earlier admission. Lymphadenopathy and hepatosplenomegaly were unchanged from previous admission. Blood cyanide level was 1 mg/dl; skin biopsy was consistent with a drug eruption. Symptoms resolved within 48 hours of discontinuing laetrile therapy.

CASE 2.—In June 1976 a 46-year-old man was found to have large cell anaplastic carcinoma of the lung metastatic to the left tempora-parietal area of the brain. He was treated with 3,000 rads to the brain, and therapy with chlorozotocin, a phase I agent, was begun. In September 1976 he began taking laetrile, 500 mg orally each day. In March 1977 he was admitted with progressive neuromuscular weakness of both lower and upper extremities as well as bilateral ptosis. Laetrile therapy was discontinued, and within 48 hours these symptoms improved dramatically and resolved completely in six days. Therapy with chlorozotocin has continued, and laetrile therapy has been discontinued; he has not had recurrence of the above symptoms.

Comment.—It cannot be assumed that laetrile is nontoxic or that it has not already contributed to the death of patients with malignant disease. There are no known measures to ensure quality control of laetrile. It behooves the advocates making claims of effectiveness of laetrile not only to provide data that demonstrate objective benefits from this material but also to furnish detailed toxicologic information.

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1. Jukes TH: Laetrile for cancer. *JAMA* 236:1284-1286, 1976.

Rising Cost of Medical Care

To the Editor.—In his commentary "A Prescription for the Rising Cost of Medical Care" (237:2383, 1977), Vernon Mark, MD, suggests the abandonment of Medicaid in favor of a municipal, county, and state hospital system, which he feels could provide the services needed by the medically indigent more cheaply, without sacrifice in quality of services, and with less fraud. He implied that the problem of the old government hospital system related to physical facilities, not to inadequate medical care. I do not agree.

Seattle-King County has had a better county hospital than most in the country. Hospital care provided there in the past and currently has technically been good, often excellent. Today it still sees many Medicaid patients as part of the medical care mainstream (as it should be). The patient has freedom of choice to the extent that the private sector is willing to participate in Medicaid.

During the late 1960s and early 1970s, those of us who worked with low-income residents to help develop new health services for them spent many hours listening to their concerns and laments. Among their most vociferous complaints was the medical care received at government hospitals, including our own. Many of these complaints were fully justified. They especially wanted to be treated as people, and they felt that this could only happen if they were given some options as to where they might get medical care. No one complained about the physical facilities.

An outgrowth of these discussions was Seattle's prepaid health insurance program for low income "ghetto area" residents using King County Blue Cross-Blue Shield as well as Group Health Cooperative of Puget Sound. Recipients of services under this program have had freedom of choice. Program evaluation by a University of Washington study team indicates that they are happy with the services received. Some even elect to go to the county hospital under program sponsorship. Although costs of services overall are very difficult to compare fairly, there is no real evidence from this prepaid insurance program or the state's Medicare cost per patient that a government hospital system could save money, except at the expense of services and impersonal care for the patients. The cost of that type of program is delayed or unobtained care and other types of expenses not usually calculated in cost-benefit formulas.

The rising cost of health care for the medically indigent is mostly a result of the same factors as apply to health care cost increases for the general population; it is not a separate issue. Fraud ought not to be a factor. If Blue Cross-Blue Shield can control fraud, Medicaid can learn to do so. However, to put this into perspective, if the state of Washington entirely eliminated Medicaid, excluding nursing home and dental care expenses, the saving would be less than recent annual increments in health services costs for state residents because of inflation.

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In Reply.—Dr Bader has raised some interesting points regarding the future of Medicaid. However, it is difficult to generalize from his experiences. For example, he and his colleagues have been fortunate enough to work in a hospital (Seattle-King County) that is able to provide care that "has technically been good, often excellent." I interpret this to mean that this hospital has good physical facilities. Unfortunately, this is not true of many city, county, and state hospitals, particularly in large urban areas with a history of neglect. Many of these hospitals are staffed or supervised by medical school faculties. The quality of

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