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completely in those with recurrent moderate or severe jet flight leg. The stockings need only be lightweight, below knee and above toe, but must be put on before the flight. Of course leg movement makes for comfort on a long flight, but frequent activation of the calf pump is tedious and not especially effective. Jet flight leg is common and its prevention simple, if elasticated stocking were available at airport shops, demand would swell as fast as the condition subsides.

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Ecstasy and serotonin depletion

SIR—Your editorial on Ecstasy (Jan 27, p 207)[1] came down against decriminalisation of the drug in view of its acute toxic effects. Although this conclusion is logical, I believe that your assessment should have paid more attention to the potential of Ecstasy to cause long-term effects. It is already apparent that its use is associated with mental illnesses.[2]

Ecstasy is toxic to central serotoninergic neurons. In monkeys, the neurotoxic dose of 3,4-methylene-dioxymethamphetamine (MDMA) closely approaches the recreational doses used by human beings. A recent study,[3] which investigated regenerative sprouting in rats and squirrel monkeys given the drug 12–18 months beforehand, showed major abnormalities in the reinnervation pattern of serotoninergic axons. The possibility has thus been raised that heavy or long-term use of Ecstasy could lead to altered neuronal structure in man.

MDMA also reduces serotonin turnover in man. McCann and colleagues[4] found that MDMA users, after at least 2 weeks' abstinence, had lower levels of cerebrospinal fluid 5-hyroxyindoleacetic acid (the major metabolite of serotonin) than non-users. Although the duration of Ecstasy depletion in man is not yet known, a worrying long-term prospect of the widespread use of Ecstasy is the possibility that it produces subclinical serotonin depletion. Cerebral serotonin turnover is reduced in depression, and brain levels of serotonin are low in suicide victims. Depression has a 5–10% lifetime prevalence.[5] It is possible that the frequency of depression may be increased in former users of Ecstasy. If Ecstasy and similar drugs have delayed sequelae, the eventual effect on the population may be considerable.

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Media wars

SIR—Pini's report (Dec 23/30, p 1681)[1] about scientists, journals, and lay media correspondents raises many contentious issues. Publicising only peer-reviewed research is a safeguard—not perfect, but some protection nevertheless—for media and general public alike. The Ingelfinger system is an asset in this respect. Embargoes do not have to mean that everyone writes the same story. The time provided by an embargo allows more enterprising journalists to explore various angles, building on the information in the research paper, investigating the implications of the science, assessing the human factors, and getting the facts right. A single piece of research rarely changes the world overnight. Therefore why not wait for peer review and respect embargoes? A short delay in publicising a piece of research seldom makes any effective difference to mankind, whereas acting precipitately ran the risk recently, for instance, of causing an unsought bump in the birthrate.[2] To claim that scientists assume that the press should serve only to portray positive images of their work is to live in the past. Most scientists, in this country at least, have a far better understanding of the role of the media than they did 10 years ago, thanks to the work of the committee on the public understanding of science, and others.

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Ethics committees

SIR—Kellett (Feb 3, p 331)[1] asks that the Wandsworth district research ethics committee explain why it did not approve his request to extend the use of an experimental drug for a further 6 months in an open-label uncontrolled study in patients with Alzheimer's disease. The committee sets out its position on continuation studies in a booklet giving guidelines to applicants.[2] In this particular instance it has given its reasoning to Kellett in several letters, at informal meetings, and at a full meeting with the committee itself.

Each year Wandsworth district research ethics committee reviews over 250 research applications. Among the criteria used when considering them are whether the trial is likely to be scientifically valid—for instance, whether it would further understanding or be applicable clinically. Ultimately the data should pass peer review scrutiny for publication in a scientific journal or be used by experts, such as those at the Cochrane centre. The committee argues that trials that are scientifically invalid waste resources and expose volunteers to unnecessary risk. For all these reasons a trial that is deemed scientifically invalid is seen as unethical.

Over the past few years the committee has reviewed many double-blind, placebo controlled trials for Alzheimer's disease together with open-label studies with clearly defined objectives (ie, pilot studies, dose-ranging studies), and all have been approved. The committee finds difficulty in approving studies such as that proposed by Kellett, in which patients are given a product of unproven efficacy and safety, in an open-label trial without clear endpoints or controls.