compatible with a larger overdose than was originally suspected (probably about 100 tablets).

We would like to thank Dr. Philip Harvey for giving his permission to report this case and Dr. D. B. Campbell at the Guy's Hospital Poisons Centre for performing the fenfluramine level estimations.

—We are, etc.,

A. P. HAINES
P. J. SHOENBERG

St. Stephen's Hospital,
London S.W.10

1 G. G. Harrison, *British Medical Journal*, 1971, **3**, 454.
2 Fleisher, M. R., and Campbell, D. B., *Lancet*, 1969, **2**, 1306.
3 Furniss, P., *Proceedings of the Royal Society of Medicine*, 1971, **64**, 216.
4 Beldavs Small, V., Cooper, D. A., and Britt, B. A., *Canadian Anaesthetists' Society Journal*, 1971, **18**, 202.
5 Robertson, J. C., *Postgraduate Medical Journal*, 1972, **48**, 64.
6 Robertson, J. C., personal communication.

Erythropoietin

SIR,—The useful leading article on "Erythropoietin" (29 January, p. 263) contains two points worthy of comment.

Firstly, ". . . there is not the expected increase in erythropoietin in the anaemias associated with uraemia and with protein starvation. . . ." If one assumes that in the case of uraemia the destructive kidney disease which causes uraemia also damages the renal source of erythropoietin, then a low erythropoietin level would be expected and might, at least in part, explain the anaemia.

Secondly, "A surprising discovery has been that erythropoietin levels are not increased in polycythaemia vera and may be actually lower than normal." There is evidence that polycythaemia vera is primarily a disease of the bone marrow in that (1) there is an increased rate of formation of granulocytes and thrombocytes as well as erythrocytes; (2) in some cases the disease progresses to leukaemia or myelofibrosis, and (3) cultured polycythaemia vera marrow is unresponsive to erythropoietin. The situation seems in some ways analogous to autonomous overactivity of an end-organ such as the thyroid or the adrenal cortex. In such cases, owing to negative feedback control, the level of the trophic hormone tends to be low. Similarly if in polycythaemia vera the end-organ (bone marrow) is spontaneously hyperactive, one would not expect an increase in the level of the hormone (erythropoietin) which stimulates it.—I am, etc.,

W. F. M. WALLACE

Physiology Department,
Medical Biology Centre,
Queen's University of Belfast

Pharmacologically Active I.U.D.s

SIR,—I am afraid that I must take issue with two letters on the subject of pharmacologically active I.U.D.s. Dr. R. M. Pearson (19 February, p. 508) states "The Dalkon shield . . . contains over 40% of its weight as barium sulphate." This statement is wrong, and the actual percentage of barium sulphate by weight in the Dalkon shield is between 10-11%. We have no evidence that any of the barium sulphate is actually leached out of the plastic matrix. The reason for such a small amount of barium being used during the manufacture of the Dalkon shield is that it is possible by so reducing the amount of barium sulphate to come up with a plastic mould which is much more flexible and much more foldable than earlier plastic I.U.D.s.

My second comment is on the statement by Dr. M. Elstein and Miss Karen Ferrer (19 February, p. 507), who seem to be trying to suggest that the I.U.D. of increased surface area necessarily means a concomitant heavy prolonged bleeding problem. The basic design of the Dalkon shield with its lateral fins prevents this increase in bleeding though still presenting a large surface area of device to the endometrium, and it was specifically engineered with this aim in view. I have not yet received any reports of severe bleeding following on insertion of a Dalkon shield though, as is to be expected, a few women experience an increase in menstrual blood loss for the first one or two periods after insertion.—I am, etc.,

J. S. TEMPLETON
Medical Adviser,
A. H. Robins Co. Ltd.

Horsham, Sussex

Diazepam and Fentanyl Dosage

SIR,—We shall be grateful if you will draw the attention of your readers to a typographical error in a dosage chart in our *SAAD Digest* No. 9 (p. 194).

The Table referred to gave a milligram heading for both diazepam and fentanyl; the latter should, of course, have been microgram, not milligram. The text of the article made the correct dosage quite clear.

This error was traced to the typed cipher "ug" being mistaken for "mg" on a carbon copy, and with the increasing use of micrograms—and the ease with which typing errors can occur—a better official differentiation may avoid similar errors.—We are, etc.,

D. BLATCHLEY
Medical Editor
S. L. DRUMMOND-JACKSON
Dental Editor
SAAD Digest

London W.1

Abortion Figures

SIR,—If the author of your leading article (22 January, p. 193) had waited a few days, until he had seen the announcement of the Department of Health that 126,774 abortions had been carried out in 1971, he would, I am sure, have omitted his first paragraph. It read "A notable change in obstetric thinking in recent years has been a greater concern for the welfare of the fetus in utero."—I am, etc.,

J. P. G. ROGERSON

Whitchurch,
Shropshire

Apology

We much regret that because of a mistake in the *B.M.J.* office a letter from Dr. C. E. Astley, Chairman of the Central Committee for Hospital Medical Services (29 January, p. 315), was wrongly related to Mr. S. C. Simmons and to the debate which the C.C.H.M.S. held on 16 December (*Supplement*, 1 January, p. 4). Dr. Astley was replying to a letter by someone else, which was eventually withdrawn from publication. We regret our part in this misunderstanding and apologize to all concerned for the embarrassment we have caused them.—ED., *B.M.J.*

Points from Letters

Use of Amphetamines by Drivers

Mr. A. G. BUTTERS (Barnsley, Yorks) writes: Dr. S. J. Carne's concluding remarks, "Those who cannot drive a car without a sedative or pep pill ought not to be driving at all" (12 February, p. 439) could well be amplified—for example, students who turn to a tranquillizing drug when faced with the ordeal of a forthcoming examination. One wonders as they are unable to face up to ordeals without an artificial aid how they will make out in the future. Are we reaching the stage when too many tranquillizers are being prescribed too freely, and has the time come to take a second look? Is it that our patients expect relief from their ailments by taking the latest tablet and not by making that extra effort themselves. . . .

Benzhexol and Long-acting Fluphenazine

Dr. G. R. DANIEL (Medical Director, E. R. Squibb and Sons Ltd., Twickenham, Middx) writes: It was interesting to read Drs. Lynn Grove and J. L. Crammer's article (29 January, p. 276) on the withdrawal of benzhexol from patients receiving fluphenazine enanthate. I believe the series of eight from whom medication was withdrawn was too small to make any judgement on the expected incidence of extrapyramidal reactions and need for anti-Parkinsonian drugs following prolonged therapy with the injections. Indeed, the high dose of fluphenazine enanthate used (up to 75 mg) as well as the high dose of benzhexol (up to 40 mg) indicates that the patient population was anything but typical. Of the four patients who developed symptoms after withdrawal of benzhexol, one had diarrhoea, sweating, and malaise—a condition more reminiscent of enteritis than extrapyramidal symptoms. . . . A further point of consideration in a patient population of this kind is that before starting such a study it should be necessary to exclude those suffering from other forms of Parkinsonism and those with tardive dyskinesias, possibly associated with the chronic administration of phenothiazines over many years. . . . Most psychiatrists have now virtually abandoned fluphenazine enanthate for fluphenazine decanoate, which in practice clearly produces far less extrapyramidal reactions. . . .

Quality Control for Serum Phenytoin

Dr. A. RICHENS (Department of Clinical Pharmacology, St. Bartholomew's Hospital, London E.C.1) writes: May I use your columns to invite laboratories which are at present measuring serum phenytoin concentrations for routine or research purposes to join a scheme designed to produce a quality control for these estimations? A recent co-operative study between seven laboratories has shown considerable discrepancies in the results produced on identical samples and indicates a need for such a control. This will serve to make future published data strictly comparable. . . . The Committee of the Epilepsy Research Fund has an interest in this problem and we are supporting the work financially. Would anyone who is interested in this scheme please write to me?