subsequent trial and it would have been remarkable if it had. Investigation of other combinations of agents in this disease is currently under way. We will shortly publish our experience with breast cancer, in which the initial favourable response rates reported have been sustained in a larger series.—We are, etc.,

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¹ Price, L. A., and Goldie, T. H., *British Medical Journal*, 1971, 4, 336.

Drugs Causing Weight Gain

SIR,—In your leading article (2 February, p. 168) you suggest that fenfluramine might be appropriate in special circumstances for patients receiving long-term treatment with psychotropic drugs. I should like to remind your readers of the warning contained in our product literature that fenfluramine (Ponderax) should be given with care to persons receiving antidepressant therapy as its pharmacological activities may interfere with those of tricyclic antidepressants and lithium, or vice versa.—I am, etc.,

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Remission of Diabetes during Pregnancy

SIR,—We were interested to read the paper by Drs. Joanne Sheldon and Timothy Coleman (12 January, p. 55) not only for their convincing account of improvement of diabetes during pregnancy but also for the addendum about the early neonatal death of a baby born to a mother who had had treatment with chlorpropamide (250 mg/day) up to four weeks previously. The improvement of diabetes in case 2 treated with diet and phenformin could be attributed to the successful dietary treatment, as judged by the loss of 14 kg in weight, for we have found that chemical diabetes in obese pregnant women can usually be reversed by treatment with diet alone.¹ The reason for the neonatal death remains a mystery, for the baby would not have had a chance to develop hypoglycaemia dying as it did "at birth" and there is no mention of respiratory distress.

We have had a fairly long and wide experience of the use of chlorpropamide in pregnancy. In a recent paper² we said that chlorpropamide in a dose of 100 mg/day appears to be safe for the baby, and in each of seven chemical diabetic mothers suitably studied there was a reversal of the diabetes when they were retested, off treatment with chlorpropamide for three weeks, in the last few weeks of pregnancy. Our experience in the use of a larger dose of chlorpropamide has been less satisfactory and an account of it is to be published soon.³ The increased perinatal mortality which we have seen in association with the use of 200 mg or more of chlorpropamide daily in pregnancy seems likely to be due to the inability of such doses sometimes to control the maternal blood sugar rather than to any direct toxic effect of the drug. In this context it is

worth noting that the mother of the baby whose death at birth is reported by Drs. Sheldon and Coleman still had a rising blood sugar level at two hours in the 50-g oral glucose tolerance test quoted to show remission in the diabetes at 37 weeks, one week before delivery, so that hyperglycaemia may have been at least as important as the chlorpropamide in the unsatisfactory outcome of this pregnancy too.

When more than 100 mg of chlorpropamide is required to control maternal diabetes in pregnancy we believe that such control can be better achieved with insulin, which we now prefer to use in such circumstances. We are at present running a double-blind trial of chlorpropamide 100 mg versus a placebo for chemical diabetes in pregnancy.—We are, etc.,

JOHN M. STOWERS

HAMISH SUTHERLAND

GEORGE RUSSELL

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Aberdeen

¹ *Carbohydrate Metabolism in Pregnancy and the Newborn*, ed. H. W. Sutherland and J. M. Stowers. Edinburgh and London, Churchill Livingstone, Inc. press.

² Sutherland, H. W., Stowers, J. M., Cormack, J. D., and Bewsher, P. D., *British Medical Journal*, 1973, 3, 9.

³ Sutherland, H. W., et al., *Archives of Disease in Childhood*. In press.

Nervous System Involvement in Ankylosing Spondylitis

SIR,—I note with interest that Dr. D. J. Thomas and his colleagues in their recent article (26 January, p. 148) record finding neurological signs in 10 out of 45 patients with ankylosing spondylitis.

I was involved in a small review of 290 cases of ankylosing spondylitis from the Robert Jones and Agnes Hunt Orthopaedic Hospital at Oswestry in which objective neurological signs in the lower limbs were found to be present in only six patients.¹ In two of these a postradiation sarcoma was found at operation to be involving the cauda equina. We were able to obtain the records of three similar cases from other centres through the help of Sir Richard Doll. All these patients presented with weakness of acute onset in their lower limbs 9-17 years after receiving radiotherapy and all died within six months from pulmonary metastases.

I am sure the difference in incidence of neurological signs between the two series reflects the tendency for orthopaedic and neurological presentations of a particular condition to be referred to the appropriate specialist. Despite this the present article tends to confound the conclusion reached in our paper that neurological signs in the lower limb of spontaneous onset in such cases following a long latent period after radiotherapy may well indicate a postradiation sarcoma.

Have other readers had experience of neurological problems or postradiation sarcoma or both together in cases of ankylosing spondylitis?—I am, etc.,

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London W.1

¹ Edgar, M. A., and Robinson, M. P., *Journal of Bone and Joint Surgery*, 1973, 55B, 183.

A Seat Belt Syndrome?

SIR,—Is there really a syndrome of "injuries due to the wearing of seat belts" (leading article, 19 January, p. 85)?

With the notable exception of head injuries the distribution, though surely not the frequency or severity, of the injuries described bears a remarkable resemblance to that found in non-belt-wearers. About one-third of serious and fatal injuries to car occupants in Britain are now caused by such gross deformation or penetration of the passenger compartment as to render the wearing of seat belts irrelevant. A high proportion of the remaining two-thirds can be prevented or mitigated by properly used lap and diagonal belts. Studies both in Britain and in Sweden show the overall protection to be about 50% (the figure of 35% quoted in your article refers to the earlier U.S. belts with lap components only). When belts are incorrectly adjusted and the lap component allowed to ride up on to the abdomen, intra-abdominal injuries can be caused, and these are similar to those found in unbelted occupants who strike the steering assembly.

This is evidence of the need for improved design of road vehicles and better instruction on how lap and diagonal belts should be worn rather than evidence on which to found yet another "syndrome."—We are, etc.,

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JOHN P. BULL

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A Professional Responsibility?

SIR,—Dr. M. T. Sweetnam (16 February, p. 289) feels the profession should be indicted for failing to provide help for ill, ailing, or aged doctors. If he were right I would agree. But the profession has been doing just this since 1836 through the Royal Medical Benevolent Fund. We should perhaps be indicted for keeping our light under a bushel, so may I make two observations?

Firstly, the fund offers help in various circumstances and particularly in keeping young families afloat which are liable to sink through the death, crippling, or desertion of one parent. Secondly, that the help offered cannot be greater than what the profession itself gives. May I therefore ask contributors to ensure that the value of their gifts is not reduced by inflation and appeal to all those who do not contribute to think over their responsibilities.—I am, etc.,

J. B. HARMAN,

Hon. Secretary,
Royal Medical Benevolent Fund

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Consultant Discontent

SIR,—Many consultants will have received a newsletter, which was also published in the *B.M.J.* (Supplement, 8 December, p. 70), in which the Chairman of the Central Committee for Hospital Medical Services seeks to dispel the impression that his committee is inactive or indifferent in its task of representing their interests. The catalogue of failure produced seems to be an admission that his committee is ineffective and out of touch with regional consultants.