The pattern of construction is also important in determining the support provided. Indeed, this information gives so little true guidance regarding the compression provided by a garment when it is worn by an individual patient that it further emphasises the need for methods such as we described.

The particular need for this letter is to point out that since, in the light of new information, the average denier of garments (c) and (d) was different as well as their pattern of construction, readers should not infer that our paper demonstrated a difference in the support provided by tights and stockings. Indeed other work on tights and stockings made to specification (a) demonstrated no difference in the support provided.

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Cost of phentermine preparations

SIR,—It has been drawn to my attention that I made an error in estimating the monthly cost of the currently available anorectic agents in the table that was published with my article on the management of obesity (14 February, p 388).

The cost of Ionamin was overstated by a factor of 3. According to the February 1976 issue of *MIMS* the cost for 30 days' treatment of Ionamin is now £1.05 and of Duromine £1.10. It follows that of the two proprietary preparations of phentermine available Ionamin is marginally the cheaper.

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Curability of breast cancer

SIR,—In my view Mr M Baum (21 February, p 439) is right in considering that, if the current generation of clinicians is to reduce mortality from breast cancer, it must reject the obsolete concept of the nature of the disease that has led to more and more aggressive local treatment.

If the statistics (which Mr Baum is not alone in struggling to make sense of) show anything, it is that in the majority of cases breast cancer is a systemic disease when first diagnosed. It follows that the treatment required is systemic treatment aided by the removal of the visible tumour mass. At the stage of first presentation of the disease, the most suitable systemic therapy to accompany surgery would seem to be with the drug ICRF 159, which has little or no cytotoxicity but is effective in preventing metastases from establishing a blood supply.¹ However, it would be desirable to use any surgical sample obtained for in-vitro studies to identify the hormones on which the individual tumour depended,² so that specific anti-hormone drugs could be held in reserve in case further treatment should prove necessary.

An alternative primary systemic treatment could be with small doses of a combination of cytotoxic drugs, but it would seem preferable to hold these in reserve also until the efficacy or inefficacy of ICRF 159 has been established, since all cytotoxic drugs have inhibitory effects on the body's natural immune defences.

Future research lies in determining the necessary duration of systemic therapy re-

quired. In my own case two months' treatment with ICRF 159 proved insufficient after mastectomy and was followed by development of an isolated cerebral metastasis. Treatment for this was local destruction of the lesion by radiotherapy, accompanied by a radiation menopause, and two years of systemic drug treatment aimed specifically to reduce oestrogen and prolactin stimulation. Its success has belied my therapist's gloomy prediction (between three and six months to live) and has led to three years' survival with no trace of disease, no ablative operations, and no cytotoxic drug therapy.

A single successful case has no statistical value, but it is the only case I am able to present (being non-medical). I can only hope that it will encourage the current generation of clinicians in the new approach to breast cancer as a systemic disease.

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¹ Le Serve, A W, and Hellman, K, *British Medical Journal*, 1972, **1**, 597.
² Hobbs, J R, et al, *British Journal of Surgery*, 1974, **61**, 785.

Fluoridation and the Government

SIR,—We are disappointed to learn from the interview with Dr David Owen (28 February, p 513) that "this is not the right time for a compulsory national decision to fluoridate." We are exhorted to stand up and campaign in our localities for fluoridation. Dr Owen can hardly be unaware that this has been going on for years and has resulted in painfully slow progress towards national water fluoridation. Ten years after Birmingham fluoridated its drinking water very few other major cities have followed the example, and only 6% of the population drink fluoridated water. Are Birmingham's children to remain among the few privileged in our community to enjoy the benefits of improved dental health? The Minister must realise the difficulty that is constantly encountered in arguing the case for fluoridation. Dogma (accompanied by cries of mass medication) is not easily met by logical scientific argument, however persuasively advanced.

Accepting that yet another government is avoiding its responsibility for introducing the necessary legislation for national fluoridation, one other major problem remains. Even if the protagonists are able to persuade the relevant health and water authorities to fluoridate where is the necessary finance to be obtained? One way in which the present Government could demonstrate its good intentions as far as preventive dentistry is concerned is to underwrite the capital costs of water fluoridation from central funds.

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Normotensive pheochromocytoma with hypercalcaemia

SIR,—I should like to draw attention to the striking preoperative hypercalcaemia of 19.4 mmol (776 mg/24 h) which was ignored by Drs R S Gray and J Gillon in the discussion

of their very interesting case (14 February, p 378). The reported level was unexpectedly high for the serum calcium of 3.03 mmol/l (12.1 mg/100 ml).

The puzzle of hypercalcaemia disappearing after the removal of a pheochromocytoma was discussed elsewhere¹ but remained unresolved. Of particular relevance in this context is the work of Morey and Kenny.² They observed a woman who had a pheochromocytoma and an abnormally high level of calcium excretion which returned to normal after the removal of the tumour. In experiments in rats they showed that both adrenaline and noradrenaline caused hypercalcaemia. This effect was blocked by phenoxybenzamine and could be observed even in parathyroidectomised rats, suggesting a direct effect of catecholamines presumably on tubular reabsorption of calcium according to the concept of Talmage and Krantz.³ The hypercalcaemic effect of adrenaline in man has been known for a long time.⁴ The mechanism is not clear. A direct effect of catecholamines on the bones in pheochromocytoma has also been postulated.⁵

Although hypercalcaemia in pheochromocytoma is rare, except in Sipple's syndrome, where hypercalcaemia is a frequent finding,⁶ hypercalcaemia is probably common and its correlation with the circulating catecholamine levels deserves more attention.

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¹ Case Records of the Massachusetts General Hospital, *New England Journal of Medicine*, 1975, **293**, 1085.
² Morey, E R, and Kenny, A D, *Endocrinology*, 1964, **75**, 78.

³ Talmage, R V, and Krantz, F W, *Proceedings of the Society for Experimental Biology and Medicine*, 1954, **87**, 263.

⁴ Inoue, T, *Japanese Journal of Medical Science and Biology*, 1924, **2**, 14.

⁵ Finlayson, J F, and Casey, J H, *Annals of Internal Medicine*, 1975, **82**, 810.

⁶ Case Records of the Massachusetts General Hospital, *New England Journal of Medicine*, 1973, **289**, 472.

Vaginal candidosis

SIR,—Your recent leading article (14 February, p 357) effectively summarises the current problems arising from the steady increase in the incidence of vaginal candidosis. However, we would like to draw your attention to an important factor which was omitted from your review—namely, the behaviour of patients on continuous unsupervised treatment.

As doctors, we too readily assume that all our patients will carry out their treatment instructions implicitly. That they do no such thing, in Scotland at least, clearly emerges from a study of the behaviour of patients on unsupervised treatment. Over the past 10 years we have noted that 4% of the patients do not even start their treatment, while almost half have ceased to follow their advised treatment course within the first 14 days. Thus disappointing therapeutic results may be a measure of human rather than drug fallibility. There seems little to choose between the antifungal preparations currently available, but in our experience the shorter the course of treatment, the better the short-term results. It seems that even feckless patients will complete or nearly complete an abbreviated course of treatment.

We believe that this is the underlying reason why clotrimazole, one pessary (100 mg) inserted nightly for six nights has given better