England and Wales				Christie Hospital			
Stage	Number of cases	Survival rate % at year		Stage	Number of cases	Survival rate % at year	
		5	10			5	10
Early M	642	45	34	I and II M	606	43	35
F	399	28	27	F	211	58	49
Late M	858	9	8	III and IV M	551	6	3
F	285	12	7	F	74	14	11

One of the most interesting and important aspects of cancer of the tongue is its extraordinarily high mortality rate. It is to say the least unfortunate that a leading journal should publish such misleading and over-optimistic figures.

For those who are puzzled why, quite apart from sample sizes, the survival rates achieved by Feind and Cole¹ are so widely different from the British figures it should be pointed out that part of the explanation is that this study upon which your expert depended does not in fact refer to carcinoma of the tongue.—I am, etc.,

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- 1 Feind, C. R., and Cole, R. M., *The American Journal of Surgery*, 1968, 116, 482.
- 2 Easson, E. C., and Russell, M. H., eds. *The Curability of Cancer at Various Sites*, London, Pitman Medical Press, 1968.
- 3 Office of Population Censuses and Surveys. Binnie, W. H., Cawson, R. A., Hill, G. B., and Audrey E. Soaper. *Studies on Medical and Population Subjects No. 23*. London, H.M.S.O., 1972.

Fenfluramine and Pigmented Naevi

SIR,—May I bring to your attention a beneficial side effect arising from the treatment of obesity with fenfluramine? This is the effect of the drug upon pigmented naevi and other chronic skin conditions. I first noticed this in an obese female patient who had a severe erythema intertrigo, of many years' duration, under her pendulous breasts. After a few weeks' administration of fenfluramine, the erythema disappeared completely, although the obesity remained unaltered.

I have a patient at the present time whose chest, arms, and upper abdomen were covered with bright red Campbell de Morgan spots, while his back had dozens of black pigmented plaques, some of which were more than an inch (2.5 cm) in diameter. Again, the administration of fenfluramine caused the spots to change colour from bright red to purple then to light brown and finally to disappear. The sequence of events with the plaques was that the smaller ones seemed to shrink and vanish, while the larger ones either assumed a dumb-bell shape and faded out or gradually became light brown maculae and finally disappeared.

This effect has been noticed in a number of patients within three weeks of their starting medication with fenfluramine and in some the naevi have disappeared completely in four weeks.—I am, etc.,

D. W. BARTLETT

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Quantitation of Transplacental Haemorrhage

SIR,—In my paper (1 July, p. 31) the assumption was made that the difference in mean corpuscular haemoglobin (M.C.H.) between fetal and adult red cells accurately indicates the difference in mean cell volume

(M.C.V.) between the two kinds of cell. In fact, whereas the M.C.H. of cord red cells is about 30% greater than that of adult red cells, the M.C.V. of cord red cells is only about 22% greater.¹

In the tests of the accuracy of estimating transplacental haemorrhage reported in the paper, results on mixtures of fetal and adult blood, prepared according to haemoglobin concentration, had to be reconciled with results obtained by counting the ratio of fetal: adult red cells, so that the figure of 30% used for the discrepancy between fetal and adult red cells was appropriate. On the other hand, the statement that fetal red cells are 30% larger than adult red cells is incorrect, and in deducing the volume of fetal red cells present from an estimate of the number present the correction factor for the difference in M.C.V. should be 1.22 rather than 1.30. Nevertheless, it is not necessary to revise the formula already given for deducing the extent of transplacental haemorrhage in ml red cells. This is because a correction must also be made for the percentage of fetal red cells which stain darkly by the acid-elution method and because, for the sake of round numbers, a value of about 98% was taken, which is certainly too high. If a value of 92% is taken instead, the formula remains as published.—I am, etc.,

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London W.2

- 1 Wintrobe, M. M., *Clinical Haematology*, 6th edn., London, 1967.

Pharmaceutical Literature

SIR,—I read with great interest the article by Dr. Clifford Hawkins (24 June, p. 764). In accordance with his request in the concluding paragraph of the article, I am advising member companies to delete his name from their mailing lists.

It is a condition of the A.B.P.I. Code of Practice that manufacturers honour requests that a doctor's name be removed from mailing lists. A postcard to the A.B.P.I. is all that is required.—I am, etc.,

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Age and Anorectal Dilatation

SIR,—It would be unfortunate if Mr. T. Bates's report of two cases of complete rectal prolapse after anorectal dilatation (27 May, p. 505) discouraged the use of this procedure as one method of treatment of haemorrhoids. At the Royal Society of Medicine in April (to be published) I reported the results of 46 cases in which Lord's technique was used, and in none of these had complete prolapse occurred. Patients in their eighth

decade were included. I have used the procedure now for four years, in over 200 cases, and I have never had a patient with complete rectal prolapse.

At the discussion at the Royal Society of Medicine, in which surgeons in favour and against the techniques took part, this was not mentioned as a complication. Stretching is also used by many surgeons in the process of performing other operations, without complications.—I am, etc.,

KATHARINE FUSSELL

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Slimming and Efficiency

SIR,—Dr. J. E. Duffield's statement on slimming and efficiency in industry (24 June, p. 771) is without foundation; high unemployment rates are inefficient. It is unfair that the hordes of administrators are so commonly blamed for all the inefficiency in the Health Service. My acquaintance with an admittedly small number of them has convinced me that they work very hard—often thwarted by hospital medical staff—to manage the Service economically.

I cherish a scheme for improving the effectiveness and efficiency of the psychiatric services which must surely commend itself to Dr. Duffield. The argument briefly is that most patients who find their way to psychiatrists have become anxious because they cannot handle the pressure of society. What they want is continued support in the community in which they live, not packets of anxiolytic pills of unproved efficacy. If more social workers were employed in the community, their salaries could be paid from the money saved by "slimming" the number of psychiatrists to one half of the present figure, and still enable the reduced force to have time for psychotherapy of the more complicated cases referred to them. If I make no mention of the re-employment of the redundant half, it is because my ingenuity is not limitless.—I am, etc.,

P. T. MONARD

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Unwanted Pregnancies

SIR,—At the present time there is much discussion as to whether or not the continuous low-dose progestogen-only pill can be sold without a prescription. With two reservations I would welcome this, and think that this move will eventually help to reduce the number of unwanted pregnancies that is still occurring. I think there should be a warning with each packet of pills that they are not 100% effective in preventing pregnancy. Also I would like to see instructions telling the patient to report to her doctor should she have any irregular bleeding.

In a survey of 3,000 unwanted pregnancies Mrs. Joan Lambert (16 October 1971, p. 156) stated that a notable group, second only in number to those not using a contraceptive at all, were those relying on the sheath as the sole method of contraception. This group included 538 patients and only 16 of these couples were using a chemical with the sheath. These figures did not surprise me because I have found the same story in my contraceptive practice, and because of this