Obviously, in the relatively smaller number of cases in which there is associated disease or bullous emphysema an entirely different problem arises. Each case has to be assessed and treated according to the findings, and chemical or physical means of achieving pleurodesis may form an important part of the treatment.—I am, etc.,

JOHN HUTCHISON

Department of Cardiothoracic Surgery,
Royal Infirmary,
Glasgow

Sexual Life after Gynaecological Operations

SIR,—In an otherwise excellent article on sexual life after gynaecological operations (14 and 21 June, pp. 608 and 680 respectively) Mr. A. G. Amias, discussing anterior colporrhaphy, states that "some degree of shortening (of the vagina) is almost invariable especially after amputation of the cervix."

Few of us who received our gynaecological training in the north of England would readily subscribe to that view. If a diamond or kite-shaped incision is used and the edges of the deep and superficial tissues apposed the result is a lengthening of the anterior vaginal wall, and this is particularly so when the cervix is amputated. If its cut surface is sutured to the posterior apex of the diamond, the external os reconstituted, and the stump of Mackenrodt's ligaments brought in front the new cervix should be hoisted high up into the vaginal vault and the anterior wall considerably lengthened with the completion of the colporrhaphy. Of course, variations in the technique of this operation could well lead to a different result.—I am, etc.,

C. R. MACDONALD

Healing,
Nr. Grimsby, South Humberside

Carbon Monoxide Yield of Cigarettes

SIR,—Dr. M. A. H. Russell and others referred to Planet in their article (12 July, p. 71) as having a carbon monoxide yield well above the other brands used in their study.

Great care was taken by Courtaulds to ensure that the level of carbon monoxide produced compared favourably with certain popular "middle-of-the-range" cigarettes. Tests have been repeated this week using an infrared gas analyser. They show that Planet gives less carbon monoxide than commercially available natural tobacco cigarettes used as controls.

Tar, nicotine, carbon monoxide—these three bear the odium of being the main cause of ill health attributable to smoking. All agree that their levels should be kept as low as feasible. Nevertheless, their importance should not obscure the general appraisal of the cause of ill health. Other noxious substances are present in tobacco smoke and much effort and money have been spent in reducing the levels in tobacco substitute—cadmium, hydrocyanic acid, phenols, and aldehydes are but a few worthy of mention.—I am, etc.,

O. P. LLEWELLYN

Deputy Chief Medical Officer,
Courtaulds Group

Derby

SIR,—The recent paper by Dr. M. A. H. Russell and others (12 July, p. 71) points out

that the carbon monoxide yield from cigarettes or cigars could be a further measure of the physiological effect of smoking, in addition to the commonly used tar and nicotine yields. However, the authors also state that "hopes that tobacco substitutes may be safer to smoke have not as yet been supported, at least so far as CO production is concerned." This is certainly true from the data they presented on Planet and brand X cigarettes. In view of the basic variability of CO delivery from different all-tobacco blends, as shown in their own results for example, one should not generalize about tobacco substitutes from such isolated data.

Cytrel, a tobacco supplement made in the United States by the Celanese Corporation, is now being extensively tested by several cigarette manufacturers in the United Kingdom. Chemical analyses of smoke as well as a variety of bioassays are being carried out to meet the guidelines of the Independent Scientific Committee on Smoking and Health chaired by Dr. R. B. Hunter. The committee specifically requires data on the CO yield of British cigarettes containing various levels of tobacco supplements such as Cytrel. The data in the accompanying table were obtained with U.K. cigarettes having tar and nicotine yields characteristic of the most widely used brands and show that when Cytrel is admixed with tobacco there is a significant reduction in CO, as well as in tar and nicotine. Further reduction in CO delivery by means of ventilation, as described by Dr. Russell and his colleagues, is also demonstrated. These results, obtained using accepted methods,^{1,2} show that even in the case of medium- or high-nicotine brands the delivery of CO can be reduced by the use of a man-made tobacco supplement such as Cytrel. We cannot speak for all tobacco substitutes, and others' products may have different properties, but we would like to emphasize that Cytrel tobacco supplement can be used to produce cigarettes having lower CO delivery than the corresponding straight tobacco product.—I am, etc.,

R. STEELE

Senior Vice-president,
Technical and Administration,
Celanese Fibers Company

Charlotte,
North Carolina, U.S.A.

Cigarette* Composition (%)		Yield (mg/cigarette)		
Flue-cured Tobacco	Cytrel 361	Tar	Nicotine	Carbon Monoxide
100	0	16.7	1.2	17.3
90	10	14.3	0.9	16.4
80	20	12.5	0.9	15.2
75	25	11.9	0.7	14.5
50	50	9.4	0.5	11.5
0	100	3.2	nil	5.5
75†	25†	6.5	0.4	6.1

*72 mm long, 25 mm circumference, 16-mm acetate/paper tip.
†Ventilated.

¹ Watanabe, M., and Kobashi, Y., *Scientific Papers*, no. 107, p. 177. Central Research Institute, Japan Monopoly Corporation, 1965.

² Ogg, C. L., and Schultz, E. F. jun., *Journal of the Association of Official Analytical Chemists*, 1970, 53, 659.

Farmer's Lung

SIR,—Your interesting leading article on farmer's lung (26 July, p. 189) prompts me to record that during the past year I have

encountered three cases of "fibrosing alveolitis," or "extrinsic allergic alveolitis," in 35 consecutive necropsies on miners in this area who died from lung disease. In none was there any history of exposure to dusts other than coal dust. None were bird fanciers, part-time farm workers, or mushroom growers, etc. In each, however, there was a long history of exposure to coal dust—in one case this period was 42 years. Coal, of course, is an organic dust and thus would be capable of producing the immunological reaction of allergic alveolitis. It would be interesting to know whether other observers have seen this condition in coal-miners. One final point—in each case the diagnosis of fibrosing alveolitis was agreed by the local pneumoconiosis medical panel and was confirmed by histological examination.—I am, etc.,

F. S. MOONEY

St. Helens Hospital,
St. Helens

Are Our Barbiturates Really Necessary?

SIR,—During the recent Leeds meeting the Representative Body showed that it had many moods and functions. Matters of national interest discussed included free contraceptives, amendments to the Abortion Act, and functions of the social services department. Alas, during the debate on a proposed voluntary ban on the use of barbiturates the profession showed itself in its worst light by denying that any problem existed. It seemed to pay much more attention to any possible threat to prescribing freedom than to acknowledging the unnecessary distress and needless loss of life that stem from the continued prescription of these drugs by doctors. Such distress stems from a chronic barbiturate dependency state which comes after many years' use and unnecessary death from overdoses that were intended as communication exercises by the patient rather than part of that individual's determined death wish.

Clearly we cannot stop patients consuming small or large quantities of aspirin, but we do have a responsibility for the drugs we prescribe. It is perhaps not surprising that denial should have been practised by a profession that has more than its share of drug dependency problems and rates high on the incidence of suicide list.

We can only hope that we shall not have to wait four years before the Representative Body agrees to a voluntary ban on barbiturates, for, alas, this was the period of time necessary for it to deal effectively with amphetamines.—I am, etc.,

RONALD MAGGS

Hailsham, East Sussex

SIR,—I am writing to let you know the real effect of the "restriction" of amphetamines in Suffolk. I have recently retired here and am giving a little help to the neighbouring practice.

When I received my first sample of Bensedrine tablets in 1935 I realized that here was a drug with enormous potentialities for good or evil. Amphetamines are the only drugs that can produce a euphoria comparable to that of alcohol, which most of our elderly patients cannot afford. It has been my habit always to keep a few tablets for the use of certain old patients.