

but the effect on glucose metabolism of severe intoxication has not been reported. In rodents glucose appears to enhance the toxic effects of fenfluramine, which suggests that it is unlikely to have a therapeutic role in severe intoxication in humans.

Although appetite suppressants cost the NHS over £2m in 1973, their efficacy in the long term remains somewhat dubious. Their dangers, however, even when individually wrapped, continue to be demonstrated.

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<sup>1</sup> Gold, R G, *et al*, *Lancet*, 1969, 2, 1306.

<sup>2</sup> Fleisher, M R, and Campbell, D B, *Lancet*, 1969, 2, 1306.

<sup>3</sup> Stapley, M L, quoted by Campbell, D B, and Moore, B W R, *Lancet*, 1969, 2, 1307.

<sup>4</sup> Veltri, J C, and Temple, A R, *Journal of Pediatrics*, 1975, 87, 119.

<sup>5</sup> Kündig, H, *South African Medical Journal*, 1971, 45, suppl, p 11.

<sup>6</sup> Darmady, J M, *Archives of Disease in Childhood*, 1974, 49, 328.

<sup>7</sup> Turtle, J T, Burgess, J A, and Bauckhan, S, *South African Medical Journal*, 1971, 45, suppl, p 22.

### Family planning prospects

SIR,—In your recent leading article (18 October, p 124) on family planning prospects you write that it would be a tragic irony if the well-intentioned State takeover of family planning clinics led to their decline rather than their expansion. Surely the reverse is true, and one can only hope that as more doctors become trained and proficient in family planning it would become once again an integral part of a general practitioner's duties, with consequent decline of the clinics. The tragic irony is that the FPA flourished only because the training of a generation of general practitioners left them unable to deal with this problem.

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SIR,—In your leading article Family Planning Prospects (18 October, p 124), you state correctly that the "FPA seems content to let the newly formed Institute of Psychosexual Medicine provide the training and specialised knowledge." There are, however, many doctors within and outside the FPA who feel that the aims of the institute are too limited in this very wide field of medical practice. Because of this the Society for the Study of Human Sexual Behaviour has been formed with particular attention to training and promotion of epidemiological studies.

As secretary of the society I would be very glad to help with further information for any who might be interested. Meetings are to be in Scotland and the north of England but members from all areas will be welcome.

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### Experience gained in vocational training in obstetrics

SIR,—Recent discussions on the future of obstetrics in general practice<sup>1-6</sup> have debated the role of the Diploma of Obstetrics,<sup>1,2</sup> the use of obstetric beds in a consultant unit,<sup>3</sup>

and claims for complete services,<sup>1</sup> but the actual experience gained in a six-month obstetric post has not been discussed. This is important, since it is this practical experience which determines a doctor's suitability to carry out the various tasks demanded in obstetric care.

To fill this gap we report the method of delivery in the 319 cases that occurred while one of us (AM) as a vocational trainee was on call during a six-month obstetric post. The nature and number of cases were as follows: normal, all stages 34; artificial rupture of membranes and spontaneous vertex delivery 185; brow presentation 1; face presentation 1; shoulder presentation 1; presenting occipitoposterior 4; stillbirths 12; breech presentation 15; mid-cavity forceps 36; Keilland's forceps 9; ventouse extraction 4; twins 2; manual rotation 1; caesarean section 14.

AM was not in attendance at all the deliveries, as normal deliveries were carried out by the midwives on duty at the time. We estimate that he took an active part in 70 of the recorded deliveries. Thus it may be seen that though he applied mid-cavity forceps and carried out breech deliveries his experience of other forms of abnormal presentation was very limited. It may be postulated that the number of normal vertex presentations that he assessed before the application of mid-cavity forceps would balance this. It does not. The number is too small on which to build a lifetime of future obstetrics, with diminishing memory and experience, unless there is close and frequent involvement with a consultant unit. It should perhaps be added, however, that we believe that the experience gained was sufficient for the future practice of ante- and post-natal care.

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<sup>1</sup> Lloyd, G, *British Medical Journal*, 1975, 1, 79.

<sup>2</sup> Bull, M J V, *British Medical Journal*, 1975, 3, 39.

<sup>3</sup> Oldershaw, K L, and Brudenell, J M, *British Medical Journal*, 1975, 1, 139.

<sup>4</sup> Elstein, M, *et al*, *British Medical Journal*, 1975, 3, 765.

<sup>5</sup> Elstein, M, *et al*, *Journal of the Royal College of General Practitioners*, 1975, 25, 373.

<sup>6</sup> Update, 1975, 10, 799.

### Gentamicin nephrotoxicity in patients with renal allografts

SIR,—In reply to the letter from Dr J L Anderton and Dr J A Raeburn (18 October, p 165) we did not claim in our article (2 August, p 278) to have proved that gentamicin administration may cause permanent functional deterioration in renal allografts. Indeed, we stated that rejection must always be borne in mind. We did, however, provide evidence that gentamicin administration consistently causes the release of large amounts of lysosomal and other enzymes of renal tubular origin. The size of increase is greater than, and the rate of rise different from, those seen during rejection episodes. The release of enzymes is associated with changes in renal tubular cells similar to those noted in rats given gentamicin. These changes may be seen by the light microscope, as we mentioned in our article.

In rats similar changes precede those of frank tubular necrosis, although at higher gentamicin dosage. Although, as we stated, the functional changes we observed during gentamicin therapy may have been due to rejection, in the light of the other evidence of nephrotoxicity (enzymes and histology) we feel that their frequency justifies our conclusion—namely, that gentamicin should be used with caution. We did not imply that gentamicin, which we too have found useful, should not be used.

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### Cot deaths in Sweden

SIR,—Contrast in conditions of work, play, and habitation between England and Sweden are enormous, and it is extremely difficult to draw any conclusions from comparisons between the two countries. Drs P O Petersson and G von Sydow drew attention (23 August, p 490) to the rarity of cot deaths in Sweden. As a surgeon in Sweden who has previously worked two years as a general practitioner in England I would comment that it is not unusual to see housing conditions in industrial estates in the Midlands and North of England which are almost unbelievable by Swedish standards. Cots made for one can accommodate two or even three children up to 5 years of age and beds made for two may be the abode of five and six individuals, of which the latest member of the family is usually included. Unemployment is relatively high. The bedrooms are often damp and cold, with the only heat from a gas fire. Contraception and abortion are not as readily accepted in many areas of England as in Sweden, but nevertheless a further mouth to feed is often a catastrophe.

Sweden has no equivalent of the English GP. The GP called to see a newborn baby found dead one morning may himself not only have delivered that baby but even its parents and grandparents. His prime concern therefore is to help the family rather than assist the Registrar General, which can lead to a dubious diagnosis on the death certificate to avoid endless and tiring police inquiries.

Thus the differences certainly depend on the different social and economic patterns of the two countries, of which child health care and follow-up is only a part.

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### Cryotherapy for piles

SIR,—I was somewhat dismayed to see that Mr R E B Tagart (18 October, p 165) has condemned the treatment of piles by cryotherapy as a result of his limited experience with a liquid nitrogen probe. As far as one could gather from his letter, he had treated an undisclosed number of external piles by this method and only 10 patients with internal piles.

While I agree with him that the liquid nitrogen machine is cumbersome, a satisfactory alternative exists in the nitrous oxide cryoprobe, which is cheaper, very