To the Editor:

Professor Deshmankar and I were aware of the reports indicating the time of onset and cessation of the effects of methylphenidate. To establish proof that the complications resulted from the combination of methylphenidate and guanethidine would have required creating the identical therapeutic situation by retreatment with guanethidine and, at the time of full effect, starting methylphenidate therapy. We believed that this was unjustified because of the serious nature of this arrhythmia. It is one thing to observe a subjective therapeutic response such as mood elevation; it is quite another to determine the duration of some pharmacological effect.

I am glad that our report aroused some interest. I can only repeat that from this experience I could not recommend the use of methylphenidate in a person receiving effective doses of guanethidine.

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HEMANGIOMAS OF THE NEWBORN

To the Editor:

Apparently Dr. Wilkinson (Canad. Med. Ass. J., 98: 205, 1968) is not aware of the equally excellent cosmetic results obtained when strawberry and cavernous hemangiomas are treated or left untreated. Confirmation of this fact has been published by pediatricians,¹ dermatologists,² surgeons³ and radiotherapists.4

The original classic article on this subject was published 30 years ago by W. A. Lister.⁵ Lister kept under surveillance 93 lesions in 77 children over a seven-year period and found that there was almost complete resolution with no serious sequelae. He also correctly observed that these hemangiomas which grew rapidly during the early months of life invariably regressed and almost completely disappeared of their own accord, usually about the fifth year of life.

> ROBERT JACKSON, M.D., F.R.C.P.[C]

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References

- MUSELES, M. AND MARGILETH, A. M.: Dermatology Digest, 5: 61, November, 1966.
 SIMPSON, J. R.: Lancet, 2: 1057, 1959.
 PHELAN, J. T. AND GRACE, J. T., JR.: J. A. M. A., 185: 246, 1963.
 SCHULTZ, M. D.: Radiology, 66: 890, 1956.
 LISTER, W. A.: Lancet, 1: 1429, 1938.

Dr. Jackson's letter was referred to Dr. Wilkinson, who replies as follows:

To the Editor:

I was, of course, well aware of the good results which may be obtained when strawberry and cavernous hemangiomas are left untreated, and this has been the orthodox method of management for

many years. The point I was trying to make, and this letter gives me a welcome opportunity to emphasize it, was that small hemangiomas on the face of newly born children may grow very rapidly indeed and extend over a wide area. While it is true that these rapidly growing and extensive masses ultimately regress and disappear spontaneously, leaving little trace of their presence, it is also true that during the time of their great activity they are the cause of very great anxiety and distress to their parents and other members of their families. Since many of these lesions can be arrested while still of very small size by the application of carbon dioxide

snow for a period of 40 seconds, repeated if necessary, it seems undesirable at the least not to prevent their subsequent enlargement and the distress which this causes.

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REQUEST FOR HORMONE-PRODUCING TUMOUR MATERIAL

To the Editor:

I am presently working on a project related to the chemistry of hormone-like material in nonendocrine hormone-producing tumours. I would like to make my interest known to every pathologist, endocrinologist, chest physician and thoracic surgeon in Canada and the United States and to solicit their help in collecting tumour material. Since these tumours are very rare, only the assistance of a large number of physicians who are in a position to diagnose the condition can make the project possible.

I would be most grateful for any support that can be offered. More details about handling the tissue will be supplied to physicians who call me collect at (514) 842-1481.

> MICHEL CHRÉTIEN, M.D., M.Sc., Director, Pituitary Hormones Laboratory.

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CORRESPONDENCE 699

CORRECTION: CLINICAL CORRELATIONS WITH PANCREATIC FUNCTION TESTS

In the article entitled "Clinical Correlations with Pancreatic Function Tests", by N. B. Hershfield, J. F. Lind and J. A. Hildes, published in the issue of January 27 (*Canad. Med. Ass. J.*, 98: 185, 1968), there is an error in the first sentence of the summary (page 188). The sentence should begin: "Pancreatic function tests with measurement of pancreatic indice volume. with measurement of pancreatic juice volume . . (not gastric juice volume).