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Effects of Acute Exacerbations of Chronic Bronchitis

SIR,—In your leading article "Treatment of Acute Exacerbations of Chronic Bronchitis" (24 November, p. 437) you state that "every such infection, if not rapidly controlled, increases the extent of pulmonary damage and the severity of the patient's respiratory disability" (my italics). Could you give your readers references to the observations on which this statement is based? There is much contrary evidence. Thus, though ventilatory capacity is lowered during exacerbations, it tends to return to its previous level afterwards.¹ Howard² found that acute chest illnesses had no more than a minor effect on the level of forced expiratory volume in most patients. Burrows and Earle,³ in a prospective study of 200 patients, found that neither the rate of change of tests of pulmonary function nor mortality was related to answers to quarterly or annual questionnaires about chest illness, nor did I and my colleagues⁴ find any relation between frequency of chest illnesses and rate of decline of forced expiratory volume in a prospective study of working men. A few patients certainly say that their breathlessness started with a severe respiratory illness, but I know of only two such patients who had been observed before the illness, and both had previously had severe disease.⁶

I agree that prompt treatment of exacerbations is important to relieve distress and shorten the period of temporarily increased disablement with loss of time from work, but I do not think that it affects the natural progression of the disease at all.—I am, etc.,

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- 1 Felix-Davis, D., and Westlake, E. K., *British Medical Journal*, 1956, 1, 780.
- 2 Howard, P., *British Medical Journal*, 1967, 3, 392.
- 3 Burrows, B., and Earle, R. H., *New England Journal of Medicine*, 1969, 280, 397.
- 4 Fletcher, C. M., *Journal of the Royal College of Physicians*, 1968, 2, 183.
- 5 Fletcher, C. M., Peto, R., Speizer, F. S., and Tinker, C. M., in *Bronchitis III*, ed. N. G. M. Orie and R. van der Lende, p. 103. Assen, Royal Vangorum, 1970.
- 6 Ibid, p. 117.

Post-pill Amenorrhoea

SIR,—In contrast to Mr. S. J. Steele and his colleagues (10 November, p. 343) we did not find any relationship between our patients' previous menstrual patterns or time on oral contraceptives and the incidence of post-pill menstrual dysfunction, infertility, or response to gonadotrophin therapy.¹

Out of close on 600 patients referred to our clinic in the past four years because of their amenorrhoea, irregular menses, or infertility, 55 had been on oral contraceptives for periods varying between six months and seven years—44 for more than a year and 30 for more than two. The large number of patients and the high proportion of them on the pill reflect the fact that our clinic serves a wide area, and these patients cannot be regarded as a representative population sample. Of the 55 women, 33 had had regular menses before going on the pill—that is, more than half the total number—and of the remaining 22, only 10 had had irregularities of sufficient note to cause them to seek medical advice. Resumption of regular menses occurred spontaneously or after some treatment in about three-quarters of the 55 patients. It seems, therefore, that this post-

pill problem, while undoubtedly troublesome for the patient, is often amenable to treatment and, what is more important, constitutes no hazard to health.

Five years ago we reported reduced fertility and reduction division in animals treated with contraceptive steroids, and impaired return to normal fertility and super-ovulation response to gonadotrophin for at least seven cycles after discontinuation of treatment.²⁻⁴ These results clearly parallel those reported in women^{5,6} and lend further support to the contention of one of us (P.B.)² that experimental work in animals, if carefully and intelligently interpreted, can be highly indicative of effects likely to be observed in man and consequently of predictive value.—We are, etc.,

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- 1 Beaconsfield, P., Dick, R., and Ginsburg, J., *Surgery, Gynaecology and Obstetrics*. In press.
- 2 Beaconsfield, P., *Annali Istituto Superiore di Sanità*, 1969, 5, 536.
- 3 Beaconsfield, P., and Ginsburg, J., *Lancet*, 1968, 1, 592.
- 4 Beaconsfield, P., Abrams, M. E., Ginsburg, J., and Rainsbury, R., *Lancet*, 1968, 2, 832.
- 5 Shearman, R., *Lancet*, 1966, 2, 1110.
- 6 Greenhalf, J., and Nota, S., *Practitioner*, 1972, 209, 196.

SIR,—Mr. S. J. Steele and his colleagues in their recent paper (10 November, p. 343) on post-pill amenorrhoea state once more that combined oestrogen-progestogen oral contraceptives should be used with caution for women with irregular menstruation. This, however, is a conclusion not based on any