melanomas is high enough in this country for an answer to be obtained quickly. It would need objective evaluation of the factors that have already been enumerated and the National Heart Foundation will move at once to obtain this information and report the results. In the meantime, the evidence presented by Dr. Mackie certainly does not warrant a change in the conclusions reported recently by my committee (Journal, April 13, p. 575, et sequitur).

Committee on Diet and Heart 
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INTRAUTERINE CONTRACEPTIVE DEVICES

Sm: I would like to present a brief review of the results of the insertion of 330 Intrauterine contraceptive devices (IUCD) in my general practice over a two-year period. The patients' age range was from 18 to 48 years. Twenty-eight patients in the series had never been pregnant. Using a standard technique for insertion with the patient placed in the lithotomy position, it was possible to insert all but seven of these devices without using local or general anaesthesia. Five of the seven requiring local or general anaesthesia had never been pregnant.

The devices used were 4 Lippes Loops size A, 146 Lippes Loops size C, 30 Inhibands, 24 15 mm Dalkon Shields, 126 30 mm Dalkon Shields.

**TABLE 1**

| Results with Intrauterine Devices in 330 Urban Women | (Results expressed as percentages) |
|------------------------------------------------------|-----------------------------------|
| Lippes A and C Inhibands (150) | Dalkon Shields (150) |
| Expulsions ... ... ... | 6-6 | 0-06 |
| Perforations ... ... ... | 0-06 | 0 |
| Pregnancies ... ... ... | 3-3 | 1-3 |
| Exclusions ... ... ... | 3 | 6 |
| Removals at or before two months ... ... ... | 12-0 | 0-0 |
| Pregnancy desired ... ... ... | 9-0 | 0-0 |
| Other ... ... ... | 7-0 | 3-0 |
| Continuation rate ... ... ... | 62-2 | 83-4 |

The results are shown in Table 1. The author's patients has been to leave the device in situ when pregnancy occurs irrespective of whether the device has a tail or not. Six of the eleven pregnancies aborted spontaneously at or before the third month and all but one of the devices (an Inhiband) was passed with the products of conception. The Inhiband was readily removed at curettage.

Four of the five remaining pregnancies proceeded, without incident, to a vaginal delivery at term, the fifth went into spontaneous labour at thirty-seven weeks' gestation and was delivered of a "premature infant weighing 2,480 gm. One Dalkon Shield and both Inhibands failed to pass with the placenta. One of the Inhibands had to be removed from the uterine cavity under general anaesthetic immediately after delivery of the placenta on account of continued bleeding uncontrolled by oxytocics and intravenous transfusion. The Inhiband was found embedded in the uterine wall. The other Inhiband and Dalkon Shield were readily retrieved from the uterine cavity six weeks after delivery using a Graftenberg hook. No abnormality other than the prematurity was noted in any of the infants and they have continued to thrive.

The 15 mm Dalkon Shield proved satisfactory for 22 of the 24 in the "never pregnant" group. There were no pregnancies and the incidence of troublesome side effects was no greater than the parous group once they had overcome the initial two-month acclimatization period. Cancer smear were taken from all the patients in the series at the time of insertion and again at the annual review. No significant change was reported in the cytological appearances of any of the smears.

Table 2, however, illustrates a marked change in the bacterial flora of the upper vagina. Willson and his colleagues, in their exhaustive study of cervical and endometrial cultures before and after insertion of IUCDs, concluded that there was no evidence of change in the bacterial flora of the vagina after insertion. The results here tabulated accord more closely with those of Ringrose, who, like the author, has recorded the findings of the histologist on the stained smear obtained from routine cervical smears.

**TABLE 2**

Vaginal Flora Noted in 330 Subjects Using Intrauterine Devices

| Flora Noted on Cervical Cytology | Pre-insertion | Post-insertion |
|----------------------------------|--------------|---------------|
| Bacteroides vaginaiis with and without | 70 | 40 |
| Cytolysis | 15 | 15 |
| Mixed bacteria | 5 | 6 |
| Anaerobes | 7 | 9 |
| Fungi | 9 | 5 |
| Yeasts | 9 | 5 |

The Dalkon Shield has proved a safe and effective contraceptive device with fewer side effects than its predecessors. The tailless IUCD if left in situ during pregnancy may complicate the third stage of labour by its non-expulsion. In the multiparous patient, particular care is required at insertion and anaesthesia is more frequently required to achieve this. Nineteen of the women in this series were noted to have retroversion, and of these, forty-five requested removal of their device during the first year on account of side effects.

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PSYCHOTROPIC DRUGS—ARE THEY JUSTIFIED?

Sm: Dr B. M. Learoyd's powerful article on psychotropic drugs published in the Journal (March 30) requires some comment, perhaps more for its implications than explicit statements, with many of which one can only explicitly or implicitly, many of which one can only anticipate a regressive swing so that treatments of value are denied to those to whom they could bring benefit. The history of medicine is studded with examples in which often eminent persons uncritically propagate a treatment which does not fulfil its promises and is relegated to the waste bin by the therapeutic nihilists. With a little luck, the passage of time and more thorough research, the innovative treatment finds its rightful place.

Dr Learoyd describes from his own experience and cites numerous papers on the unskilled use of psychotropic drugs, and perhaps in focusing on this particular aspect loses sight of the value of psychotropic drugs in alleviating distress. Although it is unlikely to provide the whole explanation, it is significant that the world-wide reduction of the mental hospital population over the last decade coincided with the introduction of the major tranquillizers. Dr Learoyd's article points out the need for skilled use of psychotropic drugs which is rarely a treatment modality in itself. The problem of the psychogeriatric atrojenic disease induced by psychotropic drugs is a measure not only of unskilled use of these agents but of the social setting in which medicine is practised, including the frequent lack of continuity of care.

The lack of encouragement in continuing medical education is well exemplified by the general dearth of knowledge as to the appropriate uses of psychotropic drugs, which I can assure Dr Learoyd is widespread in all areas of medicine. Attempts have been made to inform practitioners as to the correct use of psychotropic drugs and...