criticised usage (though quite impartially, being unaware, I think, of my advocacy of it); and he himself supports my second, Fowler- and Bye-approved, usage. As regards the first and criticised usage Sir Ernest sits uneasily on the fence but gives as his final word that it had been defended also, because of the frequent inelegance of the alternative, by no less a person than Onions. The point concerning inelegance is one that is mentioned and illustrated by Dr Bye, though it does not deter him from insistence on the inflexibility of his gerund rule. The flexible Onions in question is, of course, the great Onions, the magisterial Onions of the *Oxford English Dictionary*; a figure, like Jespersen, greater even than Fowler; and he wrote: "If this rule [the one Dr Bye insists upon] were pressed, we should have to say: 'His premature death prevented *anything's coming* of the scheme,' which can hardly be called English." I like to write what can be called English; and usually succeed, especially when I am trying to write French.

With scholars of the calibre of Onions and Jespersen defending my disputed usage, Fowler in disarray, Gowers unsure, and the usage practised by two even greater men in Swift and Shaw (two of my blood-compatriots, from whom I got much, including perhaps my gerunds)—with all this going for me I am happy not to dilate further upon Dr Bye's stricture. He says he awaits with interest the exposure of his own solecisms. I noticed three in his letter. However, this is the season of good will and I will not descend to minute particulars. Anyway, I have made many errors myself, though what he identified in this instance as errors were, in fact, examples of good common English usage.

JOHN S BRADSHAW

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¹ Fowler, H W, *A Dictionary of Modern English Usage*, 2nd edn, revised E Gowers, p 215. London, Oxford University Press, 1965.

*.*This correspondence is now closed.—ED, BMJ.

Prescribe British

SIR,—Dr J R T Gabriel's plea (11 December, p 1448) to doctors to prescribe British-made products of British companies is ill-judged. The large majority of drugs prescribed in Britain are manufactured here, whether by British-owned or foreign-owned companies. Furthermore, not all products sold by British companies were discovered, or are made, in Britain, while many products sold here by foreign-owned companies have been discovered here by their respective UK research organisations.

These observations merely underline the international nature of the pharmaceutical industry, which is a major advantage for doctors and patients alike in view of the enormous and ever-increasing investment necessary to discover and develop new drugs. The very favourable balance of trade created by the pharmaceutical industry (£273m in 1975 and 7% of the positive balance of trade of the entire UK manufacturing industry) arises from foreign-owned as well as UK-owned companies.

Any support for Dr Gabriel's rather chauvinistic proposal would have the effect

of seriously reducing the range of products available for use and discouraging investment in UK subsidiaries of foreign-owned companies. This in turn would have an adverse effect on employment, on future discoveries, and on our positive balance of trade.

R B ARNOLD

Association of the British
Pharmaceutical Industry,
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Chiropody services

SIR,—I was surprised to read the statement in Dr Mabel Haigh's letter (11 December, p 1449) that chiropodists should accept "necessary guidance from a patient's general practitioner."

I entirely agree that there should be a closer working relationship between the members of the different medical professions, including chiropodists as well as doctors, and that the patient's whole bodily health needs to be taken into account. Members of the chiropody profession have always had the right to diagnose and treat patients directly without medical reference, whether in private practice or in the NHS. Members of this society are trained to recognise those underlying medical or surgical conditions which may require reference to a consultant for treatment. I would hope that general practitioners would also recognise those conditions of the feet and nails which are best treated by a chiropodist.

My society is, however, concerned that as the law stands unregistered chiropodists, who may not be adequately trained and are not under the jurisdiction of a professional organisation or of a registering body, may treat patients privately; in the Health Service only State registered chiropodists may be employed. Therefore it is urging an amendment to the Professions Supplementary to Medicine Act to close the profession of chiropody, which will give the public the protection which I think that Dr Haigh is seeking. I hope that the society will have the support of the wider medical profession in seeking this amendment to the existing law.

G C JENKINS

Secretary,
Society of Chiropodists

London W1

Effect of oral contraceptives on plasma testosterone concentration

SIR,—We have recently had the opportunity to study the effect of the oral contraceptive Minilyn (ethinyloestradiol 50 µg + lynoestrenol 2.5 mg) on the plasma testosterone concentration in nine hirsute patients. Multiple samples were obtained from each patient both before and during this oral contraceptive therapy and the mean value before and during treatment calculated for each patient (patient mean values). The results are shown in the table; there was a significant fall ($P < 0.001$) in the plasma testosterone concentration during oral contraceptive therapy with Minilyn.

In addition one patient was studied who was treated initially with Minovlar (ethinyloestradiol 50 µg + norethisterone acetate 1 mg) and following this with Minilyn. The mean plasma testosterone value during treatment with Minovlar was 0.97 nmol/l (281 pg/ml) and

Effect of treatment with Minilyn on plasma testosterone concentration

	Plasma testosterone (nmol/l)		
	Mean of patient mean values	SD	Range
Before treatment	2.09	0.49	1.27-2.95
During treatment	1.27	0.34	0.64-1.80

Conversion: SI to traditional units—Testosterone: 1 nmol/l $\approx$ 290 pg/ml.

during treatment with Minilyn 0.45 nmol/l (142 pg/ml). The patient received no other medication during the period of study.

The discrepancy between our findings and those of Dr J M Kjeld and others (4 December, p 1354) may be explained by the fact either that (1) hirsute patients behave differently when treated with oral contraceptives or that (2) the progestogen component of the oral contraceptive influences the changes in serum testosterone concentration. Our findings in the one patient treated with two different oral contraceptives would lend support to this latter theory.

We therefore suggest that future studies of the effect of oral contraceptives on plasma steroid concentrations should pay specific attention to the contraceptive combination being used because of the probable variation in response to different preparations.

MARGARET C K BROWNING

JOHN ANDERSON

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Contraceptive dynamism

SIR,—Your leading article on this subject (11 December, p 1405) leads me to ask why it is only in Britain that medical orthodoxy requires that no mention be made of natural variation in female fertility and its role in avoiding pregnancy. The last 10 days of every ovulatory cycle are naturally infertile. Women can learn to identify ovulation by temperature graphing and by observation of ovulation signs and symptoms, particularly mucus production from the uterine cervix.

It is accepted that natural methods of identifying the fertile and infertile phases of the female cycle require personal maturity and responsible use of sexuality, and this is likely only within marriage. It is a reasonable presumption that the great majority of acts of intercourse do take place within marriage, and the positive human values involved in using natural methods of avoiding pregnancy are admirable.

Natural methods impose constraints and can be criticised if the pregnancy rate is the only criterion used in considering contraception, but this surely does not justify a leading article which makes no mention of the natural variation in female fertility.

JAMES MCGARRY

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Spontaneous pneumothorax

SIR,—Thoracoscopy is now rarely performed. Twenty-five years ago the pleural cavity and