

are needed. A standard protocol for insertion, with studies evaluating efficacy, must be established. Until the outstanding questions have been answered, the use of quinacrine pellets for female sterilisation should continue to be considered an experimental procedure".² This is neither an unsubstantiated nor an unidentified opinion. As far as I am aware, no published report has satisfactorily provided the information they call for—not even the optimum dosage. Surely what are needed are reliable data on safety and efficacy, based on currently accepted international standards?

Marge Berer, editor

Reproductive Health *Matters*. 1 London Bridge Street, London SE19SG, UK

- 1 Hieu DT, Tan TT, Tan DN, Nguyet PT, Than P, Vinh DQ. 3 1781 cases of non-surgical female sterilisation with quinacrine pellets in Vietnam. *Lancet* 1993; 342: 213-17.
- 2 Pollack AE, Carignan CS. The use of quinacrine pellets for non-surgical female sterilisation. *Reprod Health Matters* 1993; 2: 119-22.

SIR—With respect to your editorial and Hieu's report (April 23, p 987 and 1040) on the use of quinacrine for female sterilisation, I would point out that in *Reproductive Health Matters* Pollack and Carignan's report included a technical critique of Hieu's article.¹ Thus, it is incorrect to say that a critique of Hieu's study has never been published or "aired properly".

Pollack and Carignan examined the data, including those of Hieu, and stated that "It is not possible to conclude that quinacrine pellets are a safe and effective non-surgical method of female sterilisation. If the questions regarding safety and efficacy can be satisfactorily answered, the low cost and ease of insertion would make quinacrine a promising method. However, further carefully designed studies that specifically address short and long-term safety