

liver, withdraws the stilette, and applies suction, all in one movement. The syringe is immediately withdrawn, the needle unscrewed, and the undamaged core flushed out of the needle.

The apparatus is cheap to construct and may be used for hundreds of biopsies without any attention beyond keeping the needle sharp. With the usual precautions and using the transabdominal approach, the risks of complications are minimal (two fatalities in over 3,000 biopsies<sup>3</sup>). Professor T. Gillman, of the Faculty of Medicine, University of Natal, Durban, supplies working drawings of the instrument upon request.—We are, etc.,

Durban.

M. HATHORN.  
N. M. LAMONT.

#### REFERENCES

- <sup>1</sup> Menghini, G., *Gastroenterology*, 1958, 35, 190.
- <sup>2</sup> Gillman, T., and Gillman, J., *S. Afr. J. med. Sci.*, 1945, 10, 53.
- <sup>3</sup> — Personal communication.

### Serum Gonadotrophin in Acne

SIR,—I was interested to read Dr. John H. S. Pettit's paper (*Journal*, February 28, p. 557) in which he reports his experiences with serum gonadotrophin in the treatment of acne vulgaris. His conclusion that no benefit results from this form of treatment is supported by a similar controlled trial recently completed in the skin department here.

A random group of 50 acne sufferers (30 female, 20 male) was included in the trial, a note being made of the severity of the condition as judged by the number of comedones, papules, pustules, and cysts present. Half the patients received the serum gonadotrophin and half a placebo preparation from the hospital pharmacist, on the basis of a code known only to him. It was not until the completion of the trial and after assessment that we knew who had received the active preparation. A course of treatment consisted of 50 units twice daily for four weeks, 50 units daily for the next four weeks, and 50 units on alternate days for a final four weeks. Tablets were issued in bottles of 25 and it was explained that full potency could be assured for only two months once the bottles were opened. Patients were instructed to allow the tablets to dissolve slowly in the mouth, were given a calamine and sulphur lotion to apply at night, and were advised to cleanse the affected parts with a detergent application. They were told not to eat chocolate, bacon, pork, and cheese. At the end of three months the skin condition was assessed as "much improved," "slightly improved," "unchanged," or "worse." One patient failed to complete the course of tablets (subsequently known to contain the active preparation), as she considered they were making her neurotic. None of the others reported any side-effects on the treatment.

Result	Serum Gonadotrophin				Inert Tablets			
	Males	Fe-males	Total	%	Males	Fe-males	Total	%
Much improved	4	4	8	33.3	4	5	9	36.0
Slightly improved	3	2	5	20.8	4	4	8	32.0
Unchanged	3	7	10	41.7	2	5	7	28.0
Worse	—	1	1	4.2	—	1	1	4.0

The results in these 49 patients indicate that the serum gonadotrophin in this dosage offers no advantage over the inert preparation. These findings are similar to those of Dr. Pettit and do not confirm the results of R. Aron-Brunetiere.<sup>1</sup> He, in an uncontrolled trial with 206 patients, reported cure in 54.9% and improvement in 36.4%. Both R. M. B. MacKenna<sup>2</sup> and E. Lipman Cohen,<sup>3</sup> giving two tablets daily for three months, reported great improvement in over 60% of the cases, and it may be that controlled trials using this higher dosage will give better results than ours.

Of the importance of hormonal influences in acne there can be no doubt, but much more knowledge of the endocrine components is required before we can with confidence hope to prescribe such measures to good purpose without disturbance of the patient as a whole. There is not yet any convincing evidence that serum gonadotrophin is very significant in this syndrome.

It is always exciting to have a new therapeutic weapon against such a stubborn complaint as acne, but more evidence will have to be forthcoming before this relatively expensive form of treatment can be recommended as an addition to time-honoured methods.

I wish to thank Professor J. T. Ingram for his encouragement and Roussel Laboratories Ltd., who kindly supplied the serum gonadotrophin ("gonadyl") and dummy tablets.

—I am, etc.,

Skin Department,  
General Infirmary, Leeds.

G. K. HARGREAVES.

#### REFERENCES

- <sup>1</sup> Aron-Brunetiere, R., *Sem. Hôp. Paris*, 1956, 32, 2094.
- <sup>2</sup> MacKenna, R. M. B., *Lancet*, 1957, 2, 600.
- <sup>3</sup> Lipman Cohen, E., *ibid.*, 1957, 2, 647.

### Hazards of Meprobamate

SIR,—I was interested in the letter of Dr. B. W. Cromie (*Journal*, January 17, p. 172) on the subject of your annotation entitled "Hazards of Meprobamate." Dr. Cromie quoted from a report published by Haizlip and myself<sup>1</sup> pointing out that we only observed meprobamate withdrawal reactions in patients receiving more than the recommended therapeutic dose. In that report we stated that it seemed necessary to repeat this work with lower doses of meprobamate in a controlled study. This has now been completed and is presently in preparation for publication. At this moment it is sufficient for me to say that only minor withdrawal reactions, such as mild insomnia, appeared in patients previously receiving three or six tablets daily of meprobamate. These reactions occurred with such infrequency as not to be statistically significant. We must conclude that when meprobamate is given in the normal therapeutic range (not more than six 400-mg. tablets daily) the hazard of habituation and the unpleasantness of withdrawal reactions are quite remote.

However, I must repeat that habituation to meprobamate has been described by Fullilove and myself,<sup>2</sup> and by others,<sup>3,4</sup> particularly in people with a history of alcoholism or addiction to other drugs. Meprobamate is a useful drug but should be prescribed with circumspection by the physician, who should provide adequate follow-up of patients receiving it.—I am, etc.,

School of Medicine,  
University, North Carolina.

JOHN A. EWING.

#### REFERENCES

- <sup>1</sup> Haizlip, T. M., and Ewing, J. A., *New Engl. J. Med.*, 1958, 258, 1181.
- <sup>2</sup> Ewing, J. A., and Fullilove, R. E., *ibid.*, 1957, 257, 76.
- <sup>3</sup> Lemere, F., *J. Amer. med. Ass.*, 1956, 160, 1431.
- <sup>4</sup> Mohr, R. C., and Mead, B. T., *New Engl. J. Med.*, 1958, 259, 865.

### Pleuropneumonia-like Organisms in Genital Infections

SIR,—In her letter (*Journal*, February 21, p. 510) Dr. E. Joan Stokes expresses her disappointment about my not mentioning the search for P.P.L.O. antibodies in my article (*Journal*, January 3, p. 19). A study of P.P.L.O. antibodies in man, made simultaneously with the culture studies I described, is reported in a paper by Dr.