

was available, treatment with two-hourly applications of the solution was prescribed. In two cases that were seen within 48 hours of development of the eruption (a male aet. 67 and the child) the response to treatment was little short of dramatic; the erythema settled within 48 hours and the vesicles and bullae dried within 72 hours. Dark crusts formed and these separated within the week, leaving minimal scarring. In the four other cases there was a similar but less spectacular response of the eruption to treatment; this could be anticipated as large bullae were present before treatment was initiated. Two of the female patients complained of intense pain, which was not relieved to any extent by the topical therapy.

It would be unwise to draw any conclusions from this small series; we may, however, have at our disposal in I.D.U. a topical application which, if used early in herpes zoster, may control the skin manifestations. If so, it represents a distinct advance, as no effective therapy has previously been available.—I am, etc.,

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D. I. McCALLUM.

Achlorhydria and Gastric Antibodies

SIR,—According to recent published data auto-antibodies to gastric mucosa appear in 41–86% of the sera of patients with pernicious anaemia.¹⁻³ One of the criteria of pernicious anaemia is achlorhydria, which precedes the anaemia by some years. Therefore we have investigated whether or not an immunological relationship exists between the achlorhydria and pernicious anaemia, on the basis of the frequency of auto-antibodies to gastric mucosa.

Auto-antibody against gastric mucosa could be demonstrated by the complement fixation test of Dr. K. B. Taylor and his co-workers² in 68% of our cases of pernicious anaemia, and in 40% of achlorhydrics, but only in 9% of the controls. Differences are significant according to the χ^2 test (see Table).

Positive Complement Fixation Test in Pernicious Anaemia, Achlorhydria, and in Controls

Patients	Number Tested	Positive	Per Cent. Positive	p
Pernicious anaemia ..	22	15	68.8	p<0.001
Controls	53	5	9.4	—
Achlorhydria	20	8	40.0	p<0.01

The protein concentration of the gastric juice in achlorhydria does not depend only on the degree of gastric atrophy but also on the intensity of gastritis, so it was further investigated whether any difference in this respect could be detected between patients with and without auto-antibodies to gastric mucosa. The mean value of the protein content in the gastric juices of 13 patients with auto-antibodies was found to be 250 mg./100 ml., while in 13 patients without auto-antibodies it was 53 mg./100 ml.

On the basis of these results a definite immunological relationship can be proposed between the simple, isolated achlorhydria and the achlorhydria with pernicious anaemia. From the point of view of aetiology and pathomechanism the isolated achlorhydria with gastric antibodies is like a form of pernicious anaemia without anaemia. Achlorhydria with auto-antibodies and pernicious anaemia are two different stages of auto-immune atrophic gastritis.

Our preliminary data concerning the protein content of gastric juice support indirectly the view that auto-antibodies also play a part in the development of gastritis and atrophy.—We are, etc.,

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“Mickey Finn”

SIR,—I should like to comment on Dr. P. W. Espenschade's letter (March 2, p. 615). His remarks about the “Mickey Finn” are only correct in part.

It is quite true that over the years there has been a change in the meaning of the expression “Mickey Finn.” It is now often applied by bartenders to a combination of alcohol and some rapidly acting and violent gastrointestinal irritant administered so as to inflict discomfort on some unwitting customer who has for some reason or other incurred the bartender's wrath.

It seems equally clear, however, that the original meaning of the “Mickey Finn” was quite different. Approximately a decade ago one of the reporters for the *Baltimore Sun* published in that newspaper the results of his research on the origin of the term. After much difficulty he discovered a book by Herbert Asbury entitled *Gem of the Prairie*, a history of Chicago. According to Asbury, Mickey Finn was a real person who was both an accomplished pickpocket and a bartender. In 1896 Mr. Finn acquired a place of his own entitled “the Lone Star Saloon and Palm Garden,” a low dive where customers would have some “white stuff” slipped into their drinks in order to produce a state of unconsciousness so that the customer's body could be dragged into a small room, separated from any money, and then pitched out into the alley in the rear, where the confused victim would come to many hours later. This usage was passed on to Mr. Finn's colleagues and presumably constituted the so-called “knock-out drops” used on occasion since that time.

Thus the description of the “Mickey Finn” in many textbooks is historically correct, even though it requires some modification because of the ingenuity and changing tastes of bartenders of more modern times.—I am, etc.,

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LOUIS LASAGNA.

Approved Names of Drugs

SIR,—I was pleased to see Dr. C. D. Needham (February 2, p. 330) appeal for more euphony in the selection of approved names for drugs. I was not so pleased to read of his insistence on prescribing drugs by official name only. We hear a great deal about the money that would be saved if this were standard practice, but other factors must come into consideration. The most important is that *B.P.* standards are no guarantee of clinical efficiency. I am quite convinced that “Bayer's aspirin,” “aspro,” and “disprin” (to name three) are more effective than many cheaper brands of acetyl salicylic acid *B.P.* Chemically they may conform, clinically they do not. On two occasions unknown to me a certain brand of prednisolone *B.P.* was given as a

substitute for "meticcorten," a practice permitted in our hospital dispensary. Neither patient responded until the fault was discovered and meticcorten used. I have had the impression that "luminal" brand of phenobarbitone is more effective than certain other brands, and have proved this to my satisfaction in one particular patient whose seizures were controlled on luminal but twice broke out when another brand was substituted. I do not know the reason for these anomalies. I do know that the large manufacturers go to a lot of trouble to protect their reputations, and are prepared to spend more time and money to ensure that their products are better,—I am, etc.,

Klerksdorp, S. Africa

PINCUS CATZEL.

Milk and Diverticulosis

SIR,—I read the paper of Mr. D. C. Corry concerning the effect of milk in diverticulosis with great interest (April 6, p. 929).

Since he informed me of the harmful effect of milk in this condition nearly a year ago I have had two patients suffering from recurrent diverticulitis whose symptoms disappeared when they stopped drinking milk.

A third patient found that a cup of warm milk taken at bedtime caused her to pass several loose stools in the next two hours. Six months ago her sigmoid colon was resected for recurrent pain in the left iliac fossa and she is now able to enjoy a glass of raw milk without any discomfort or diarrhoea.

It may be more than a coincidence that the diagnosis of diverticulosis is becoming commoner in Western society as the consumption of milk products increases.—I am, etc.,

General Hospital,
Northampton.

NEIL S. PAINTER.

"Slipped Disk"

SIR,—Dr. R. Barbor (April 20, p. 1090) poses the question, "Can a disk heal?" He then goes on to say, "The anatomist says it is the most avascular structure in the body, so how can it heal?" I think this is a misconception. Consider the cornea, another avascular structure, and the manner in which a corneal ulcer is vascularized by blood-vessels from the conjunctiva and repaired by scar tissue, a nebula resulting. Similarly the disk is in close relationship with the vertebral bodies, and there is ample evidence that following trauma the disk may be invaded by vessels from the spongiosa, the granulation tissue so formed duly organizing into fibrous tissue and repairing the annular tear.

This concept forms the basis of conservative treatment by complete rest. Recumbency takes the weight of the trunk off the damaged disk and gives the intact annular lamellae a chance to reduce the size of the nuclear prolapse, and provided the recumbent position is maintained for a sufficient length of time and movement avoided the lesion will become soundly repaired in the majority of cases.

I will agree that many cases of acute and chronic backache can be rapidly relieved by manipulation, but, as the late Professor Joad would have said, "It all depends on what you mean by a disk lesion." Even though it may be possible to reduce a genuine nuclear prolapse by manipulation or traction the turgidity of the nucleus must tend to cause a rapid recurrence of the derangement.—I am, etc.,

London W.1.

E. J. CRISP.

Menopausal Flushes

SIR,—During the past year my attention has been drawn to these symptoms and I have gained the impression that the profession tends not to be aware of either the extent or the degree of suffering that they cause. This may be because many women seem to be restrained by feelings of embarrassment from giving full vent to their distress from menopausal symptoms, while the members of the profession are predominantly male.

The sweats or flushes may be uncomfortable and embarrassing enough, but that is seldom the whole story. With those symptoms there is often a troublesome disturbance of sleep, and a persistent feeling of fatigue in excess of that which might be expected from the disturbed sleeping. In addition, mental acuity is impaired. As one patient expressed it, "To think clearly or to concentrate one has to battle through a fog." And these symptoms may continue, constantly or intermittently, for years.

According to the best advice I have been able to obtain, from gynaecologists, endocrinologists, and pharmacologists, it is now widely held that the basic pathology lies in the hypothalamus rather than in ovarian deficiency, but therapy has not advanced beyond ovarian hormone-replacement. Admittedly this frequently brings symptomatic relief, but not by any means invariably so, and it has certain drawbacks. It can be associated with quite frightening haemorrhage. If not expertly supervised I suspect it can lead to polypoid of the endometrium and possibly to so-called metropathia haemorrhagica. Further, for women who are suffering from malignant disease of any part of the reproductive system I understand this form of therapy is positively contraindicated, and yet they are among those who suffer most acutely from these disturbances. Finally, it is surely questionable whether it is wise to pander to the desire of the body to persist with a form of function of which an active ovary is at least a feature, rather than aiming at stimulating it to produce the new mechanism—whatever that may be.

I should be pleased to learn that somewhere research into this subject is in progress, or being planned; otherwise I commend it as a very worthwhile project.—I am, etc.,

London W.1.

DENYS KELSEY.

Journals for Pakistan

SIR,—The British Supporting Group of the World Medical Association is now organizing a scheme for sending used medical journals to doctors in Pakistan. It will be similar to the scheme already in operation for sending journals to Indian doctors. Some 50 more donors will be needed, and among the 50 we would like some who would be prepared to donate the *Lancet* or *Practitioner* as well as, or instead of, the *B.M.J.*

Would those who would like to take part please write to Mrs. Bawden (4 Westfield Way, Ruislip, Middlesex), who is responsible for the practical details on behalf of the Group's honorary secretary, Mr. H. W. Paines, Ph.C., F.C.S. (3 Sandy Lodge Way, Northwood, Middlesex)? Donors will then receive (probably some time in May) a quarter's supply of wrappers or envelopes already addressed to a recipient in Pakistan. Postage is refunded quarterly if wished.—We are, etc.,

Weymouth.

MARY ESSLEMONT.

J. A. PRIDHAM.