Diagnostic Value of Fluorescent Antibodies

SIR,—In your leading article on the diagnostic value of fluorescent antibodies (18 November, p. 375) you lay a very necessary emphasis on the need for “a commercially available supply of reliable, standardized preparations of fluorescent antibodies.” Fletcher drew attention in your columns to this need in 1964.¹ A provisional specification for fluorescein-labelled antibody against human globulin has already been published² in the hope that it will assist manufacturers to produce a satisfactory reagent.

Whatever your intention may have been, and despite your cautious wording, the last sentence in your article is likely to be understood as commending a certain new product now widely advertised for “rapidly identifying viral diseases.” We feel a need to point out that, although the staining properties of this product may be reasonably satisfactory, it sells as a “ready-for-use” preparation at about half the price of other products which can, however, be diluted 20- to 30-fold to produce comparable fluorescent staining. Is this “one such preparation” so much better than its competitors that it should command a 10-fold greater price and that it alone deserves your commendation? We believe not.—We are, etc.,

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- ¹ Fletcher, S., *Brit. med. J.*, 1964, 2, 1660.
- ² Brighton, W. D., Taylor, C. E. D., Tomlinson, A. H., and Wilkinson, A. E., *Mth. Bull. Minist. Hlth Lab. Serv.*, 1967, 26, 179.

Gastritis, Aspirin, and Alcohol

SIR,—In their letter (16 December, p. 683) Drs. G. K. H. Hodgkin and J. Whewell may have drawn the wrong conclusions from their own results. All that their control series shows is that not all beer drinkers develop duodenal ulcers. I did not suggest (25 November, p. 484) that they did, just as not all cigarette smokers contract lung cancer. (In my previous letter the printed list of aspirin-containing preparations to which I referred should have read 132, not 321.) Even so, it is clearly possible that some of their controls may develop ulcers in due course. I understand that in their inquiry the previous year's history of drinking was not specifically investigated, and such an omission will certainly cause misleading figures, especially when one bears in mind the natural tendency of ulcer patients to minimize this history. Faced with the increasing difficulty in consuming beer as ulcer symptoms become more troublesome, a number turn to stout, “milk” stout as it is ingeniously described in the trade, and they can then truthfully reply that they do not drink beer.

However, despite this criticism, their figures still show that 60% of men with proved ulcer were still drinking more than eight pints (4.5 l.) of beer per week at the time of the inquiry, and I would have thought that these figures were significant. In all these cases it is safe to assume that the beer would be bitter

as I am reliably informed that 95% of the beer drunk on Tees-side happens to be bitter beer. We had also found in our inquiry that of 132 male hospital patients 60 gave a history of painful dyspepsia suggesting ulcer, and, of these, 43 (72%) had for many years drunk not less than eight pints (4.5 l.) of beer per week. By comparison, of the remaining 72 men with no dyspepsia only 18 (25%) had drunk this amount.

Duodenal ulcer is regarded by many as a condition with multiple causes, but any discussion on aetiology of the disease as seen in Britain must take into account the striking fact that here the condition is three or four times more common in men than women, and surely neither smoking nor psychological theories will explain this. Drinking might do so, however, and on Tees-side, as elsewhere, women drink far less than men. I acknowledge the fact that the figures provided by me also prove nothing conclusive; this was a chance observation arising from a study into the association between aspirin and gastroduodenal bleeding. However, the amount of man-hours lost to the nation through gastritis and ulcer symptoms plus gastroduodenal bleeding must be enormous, and in my view a great deal of this is self-inflicted and avoidable. Further research to include comparisons between the ulcer incidence in different areas related to drinking habits and aspirin ingestion should be undertaken.—I am, etc.,

North Ormesby Hospital,
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C. E. ASTLEY.

Unpleasant Side-effects of Drugs

SIR,—On two occasions recently I have used dextromoramide 10 mg. with chlorpromazine 25 mg. This produced hallucinations of a most unpleasant nature and terrified both patients.

I have discussed this with the makers, who have no reports of this type of reaction, and, while I realize two such reactions could be coincidence, the terror was so marked I felt it should be made known.—I am, etc.,

Camberley,
Surrey.

D. P. MASON.

Hypernatraemic Dehydration

SIR,—The timely warning of Drs. H. Simpson and J. O'Duffy (26 August, p. 536) for the need to clarify infant feeding instructions focused our attention on a similar case we saw recently.

A 6-weeks-old male infant was admitted on 28 October with a one-day history of refusal to feed. There was no history of diarrhoea or vomiting. He was the product of the mother's second uneventful pregnancy, born prematurely at 37 weeks, weighing 2.182 kg. (4 lb. 13 oz.). He was breast fed for one day and then given half-cream Cow and Gate milk for the next 12 days, after which the feeds were changed to Ostermilk No. 1. Two weeks prior to admission, however, the feeds had been changed to Ostermilk No. 2 offered 3-hourly and reconstituted as follows: milk powder 3 measures, cane sugar 1 measure, and water up to 2 oz. (57 ml.). There was, apparently, no ill effect from a similar feeding regimen to an older sister who is now 18 months old and healthy.

On admission he was dehydrated with dry, hard, “sclerematous” skin, the abdominal wall being more pronouncedly affected. On

the next day he developed a generalized convulsion and was found to have a pyrexia of 101° F. (38.3° C.) with bilaterally congested and bulging ear drums, but there was no leucocytosis. The cerebrospinal fluid was clear but contained 1,050 mg. of chloride and 140 mg. of sugar per 100 ml. At this juncture he was given ampicillin 62.5 mg. and prednisolone 1 mg. six-hourly. Serum electrolytes determined two days after the convulsion (following a total intake of 7 mg. of prednisolone) showed: Na 185, K 4.6, Cl 152, and CO₂ 21 mEq/l.; blood urea was 116 mg./100 ml. Since admission the patient had been offered half-cream Cow and Gate milk. Daily determination of serum electrolytes showed a steady decline in their level, reaching normal values on 9 November.

	mg./100 ml. Reconstituted Milk	
	Na	K
Full Cream National Dried	39	84
Ostermilk No. 2	51	100
Cow and Gate Half Cream	47.5	94
Cows' milk	47.5	103
Human milk	53	72

The similarity of the serum electrolytes in this case (where the reconstituted milk was double the recommended strength) to those of the two previously reported cases (where the strength was four times and double respectively) is obvious, except for the consistently normal serum potassium in our case. We do not think that the small dose of prednisolone given had contributed to this hyper-electrolytaemia. Likewise there was no evidence of nephrogenic diabetes insipidus.

It is an odd coincidence that this case should also follow feeding on Ostermilk No. 2. When reconstituted according to the manufacturer's recommendation, this milk showed no higher sodium content than the other popular brands.—We are, etc.,

N. HASNAIN.

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Traumatic Resuscitation

SIR,—You remark in a leading article (23 December, p. 693) that patients who have recently suffered cardiac arrest frequently suffer from unpleasant nightmares subsequently—“nightmares of violence, as do those who have been wounded in battle.” Having witnessed and assisted at the treatment of cardiac arrest, I suspect that the aetiology could be similar rather than a cathartic or repressive phenomenon.—I am, etc.,

Epping.

JAMES R. HOUSTON.

Carcinogenic Properties of Ortho-dianisidine

SIR,—Recent communications from Dr. G. Discombe (2 September, p. 615) and Professor H. Lehmann (19 August, p. 494) re-emphasize your leading article of 22 July 1967 (p. 189) concerning the hazards in the use of benzidine, ortho-dianisidine, and ortho-tolidine. It may be of interest to your readers that guaiacol was a satisfactory substitute for these carcinogenic reagents in the deter-