cell carcinoma. Two other biopsies showed other lesions present to be seborrhoeic warts. A further single dose of *x*-ray therapy gave satisfactory regression. Meanwhile, in March 1965, a swelling appeared over the left cheek which proved at a drainage operation to be a squamous cell carcinoma, histologically the picture being that of malignant change in a pre-existing polyp. Cobalt therapy after operation gave a satisfactory regression, leaving a large oro-antral fistula. In April 1966 he began to deteriorate very rapidly, lost much weight, became short of breath, and developed a husky voice. His haemoglobin was only 59% and chest *x*-ray showed a large opacity in the left upper lobe bronchus, apparently a primary bronchial carcinoma. Further deterioration occurred and he died shortly afterwards. Post-mortem confirmed that the lesion was a large necrotic primary bronchial carcinoma.

The other carcinomata were apparently cured.—I am, etc.,

Ditchling, Sussex. P. M. J. TOMBLESON.

Smoking in Cinemas

SIR,—The Council of the British Medical Association, in a report on the above subject, states: "There is little evidence that smoking is injurious to the health of other persons in the cinema."[1]

Had the B.M.A. sought evidence from a natural source—the National Society of Non-smokers—it could have been shown 500 letters received in 10 days telling of the harm suffered by non-smokers by reason of other people's smoke. It could also have learnt of a whole section of the public which is debarred from enjoying a visit to the cinema at all because of the smoke they cannot endure.—I am, etc.,

HERBERT V. LITTLE,
Secretary,
Semley Manse, Shaftesbury. National Society of Non-smokers.

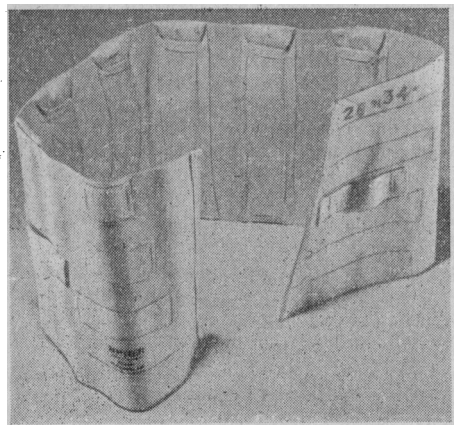
REFERENCE

[1] *Brit. med. J. Suppl.* 1966, 1, 166.

Immediate Lumbar Supports

SIR,—In congratulating Mr. R. H. Maudsley (9 July, p. 116) on the successful development of a lumbar belt available for immediate application in the consulting-room may I say that this is not the only belt which achieves these ends?

Quite independently, some years ago I converted a Zimmer rib splint for this purpose, and thereafter with the aid of Messrs. Zimmer developed a completely elasticated belt, fastened by Velcro in an adjustable manner, and stiffened by padded malleable splints which may be removed from their pockets for laundry purposes. Once moulded to the body these splints locate the belt very well, and with five or six belts each covering a 4 in. (10 cm.) range of waist measurement one can fit and supply any patient at the first visit.



In this regard the immediate aim has been fulfilled, but what I have found most gratifying is the almost universal satisfaction with, and indeed preference for, the Zimmer-Lunt lumbo-sacral belt over the more rigid supports of the Jordan or Goldthwait type. Over 1,000 of these belts have now been supplied, and they seem to achieve their basic purpose of teaching the patient to keep the lumbo-sacral area still in the neutral position very adequately.—I am, etc.,

Derby. RANDLE LUNT.

Fungi in Nails

SIR,—I was glad to read the comments of Drs. P. D. Samman and D. I. Williams (20 August, p. 466), with most of which I agree. But Dr. Samman seems to me to underestimate the damage candida can cause in the words "slight discoloration of the edge of the nail," which does not give a true picture of the changes.

In a study of more than 300 cases of paronychia (details of 100 cases were published[1]) we noted changes of much greater severity fairly frequently, such as pitting, deep cross furrows, gross distortion with roughening and discoloration, splitting, and, less frequently, separation and complete shedding.

The damage occurs in the zone where the nail is hardening, and the badly formed nail may continue to be badly formed so long as the nail-fold inflammation persists, so that the whole plate may eventually become distorted. In this diseased plate it is, as he says, possible to find candida. We found it present in the blastospore phase, sometimes in abundance but apparently mostly non-viable, as cultures yielded sparse growth. This was in sharp contrast with what we found in the nail-fold, where it was frequently abundant, but in the mycelial form, which we came to regard as the form adopted when invading this site,[2–4] and cultures yielded heavy growth. Our findings accord with Dr. Samman's views on failure of candida to invade the nail-plate, but in our series the clinical picture of nail damage was usually more severe. I agree, therefore, with your leader writer that the dystrophy produced by *Candida albicans* as a complication of chronic paronychia may be very similar to that caused by trichophyton infection, and that a correct mycological diagnosis is important if treatment is to succeed.—I am, etc.,

Cambridge. HOWARD WHITTLE.

REFERENCES

[1] Whittle, C. H., Moffatt, J. L., and Davis, R. A., *Brit. J. Derm.*, 1959, **71**, 1.
[2] —— and Gresham, G. A., in *Progress in the Biological Sciences in Relation to Dermatology*, edited by A. Rook, 1960, Camb. Univ. Press, London.
[3] —— —— *Mycopathologia (Den Haag)*, 1960, **12**, 207.
[4] Gresham, G. A., and Whittle, C. H., *Sabouraudia*, 1961, **1**, 30.

Metronidazole—Misinformation

SIR,—We were disturbed to find misleading information about metronidazole ("Flagyl"—May & Baker Ltd.) in the new *British National Formulary 1966*.

A letter on the subject has been sent to the Formulary Committee by the manufacturers, but as the next edition of the *Formulary* is not due until 1968 we think that the following points should be noted by the medical profession, as metronidazole is now the drug of choice for trichomoniasis.

1. On page 350—in the index—the drug is described as a vaginal fungicide. No useful antifungal action has ever been demonstrated clinically or in the laboratory.

2. On page 74 there appears under the heading "Preparations acting on the vagina and vulva"—"Metronidazole (*Flagyl*) Tablets, given orally, are used in the treatment of trichomonas infection. They are particularly effective when used during menstruation, two courses of seven days with an interval of two weeks being usual."

In fact one course of 200 mg. t.d.s. for seven days is standard treatment and is effective in over 80% of cases. A further course is indicated only if *T. vaginalis* reappears. In our opinion most patients requiring a second course of the drug have been reinfected by their untreated male sex contacts.—We are, etc.,

St. Thomas's Hospital, London S.E.1. C. S. NICOL.
May & Baker Ltd., Dagenham, Essex. R. FORGAN.

Oral Treatment of Pernicious Anaemia

SIR,—The report on long-term treatment of pernicious anaemia with B_{12}-peptide complex, presented by Dr. F. S. Mooney and Dr. J. G. Heathcote in this journal (7 May, p. 1149), has been studied with interest. The authors state that the treatment was satisfactory in 78% of the cases. It is now known that daily oral administration of 1,000 μg. vitamin B_{12} alone will keep 100% of the patients in remission, also those who have developed refractoriness to intrinsic factor concentrates. This depends on the fact that about 1.5% of orally given vitamin B_{12} is absorbed without mediation of intrinsic factor, regardless of the size of the dose and regardless of the patient's condition.

Our first report on quantitative studies of oral absorption of vitamin B_{12} given alone was given at the 2nd Symposium on Vitamin B_{12} and Intrinsic Factor, Hamburg, 1961.[1] A completion of the studies, including clinical long-term trials of 64 patients, was published in Swedish in Läkartidningen.[2] A more comprehensive publication in English is in preparation.

In summary, if oral treatment of pernicious anaemia is wanted, 1,000 μg. vitamin B_{12} offers an entirely safe alternative to parenteral treatment. 1,000 μg. tablets of vitamin B_{12} are extensively used in Sweden for this purpose since the end of 1964. It is not felt that the B_{12}-peptide complex provides any advantages over this simple and safe therapy.—We are, etc.,

Region Hospital, Linköping, Sweden. RAGNAR BERLIN.
AB Kabi, Stockholm 30, Sweden. HANS BERLIN.

REFERENCES

[1] Symposium Report, 1962, ed. Ferd Enke, Stuttgart.
[2] Berlin, H., Berlin, R., and Brante, G., *J. Swed. med. Ass.*, 1965, **62**, 773.