has already been used successfully in assessing the warfarin-phenylbutazone interaction.

Preliminary results do in fact show that the binding of warfarin to human serum albumin is decreased in the presence of azapropazone. These preliminary observations suggest that the protein binding interaction mechanism will occur in the case of azapropazone. This may or may not be the main interaction mechanism. Elucidation of the overall mechanism will be complete only when the effect of azapropazone on warfarin clearance is known. However, as we have shown warfarin displacement by azapropazone, we strongly support Dr Powell-Jackson's view that a different analgesic anti-inflammatory agent should be used in patients taking anti-coagulants.

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¹ Jones, C J, *Current Medical Research*, 1976, 4, 3.

² Blatt, W F, Robinson, S M, and Bixler, H J, *Analytical Biochemistry*, 1968, 26, 151.

Femoral vein thrombosis after total hip replacement

SIR,—In a study by myself and Hoffman in 1975¹ of the incidence of postoperative ilio-femoral thrombosis in 138 patients using the Doppler ultrasound probe no case of ilio-femoral thrombosis was detected during the first six postoperative days. The patients had undergone a variety of general surgical procedures but none had had surgery to the lower limbs. Calf vein thrombosis, detected by the ¹²⁵I-fibrinogen uptake test, developed in 28.

This finding supports the view of Mr J D Stamatakis and his colleagues (23 July, p 223) that femoral vein thrombosis occurring after total hip replacement is due to a local factor which is not present in other surgical situations.

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¹ Bolton, J P, and Hoffman, V J, *British Medical Journal*, 1975, 1, 247.

Place of chlormethiazole in treatment of alcoholics

SIR,—The warning inherent in Dr Joan M Horder's observations on fatal chlormethiazole poisoning in chronic alcoholics is timely (3 September, p 614). I have been surprised to hear from some alcoholic patients that they regard chlormethiazole as a treatment for alcoholism and it is even prescribed for them without explanation that its only use in this condition is to suppress the symptoms of withdrawal. In my opinion chlormethiazole has no place in the outpatient or general practice management of alcoholism. Its anticonvulsant and sedative effects make it the most effective treatment for planned alcohol withdrawal (including acute delirium tremens) in a hospital setting (exceptionally it may be used in the patient's own home if a reliable spouse is able to act as a nurse). Given in gradually decreasing dosage it should not be necessary to give it for more than two weeks. There is no indication for a discharge prescription, as it can itself be addictive.

Dr Horder's reports suggest that chlor-

methiazole had been used as an antidepressant. I have no knowledge of it having anti-depressant activity and it is not recommended for treatment of depression by the manufacturers. Depressive symptoms are common both as a secondary effect of alcoholism and as an underlying condition. However, the pharmacological treatment of depression is impossible unless the patient has been thoroughly "dried out" (for which chlormethiazole is invaluable). That operation alone may well achieve an increased sense of well-being. It is pointless to prescribe any psychotropic drug to the alcoholic who is continuing to drink in or out of hospital, as it becomes an invitation to fatal interaction or suicidal over-dosage.

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Acute gastric dilatation in anorexia nervosa

SIR,—Dr G K Brook (20 August, p 499) fails to discuss the possibility of malrotation or mesenteric artery compression, or both, as the cause of symptoms in his patient. These conditions are closely related and can be effectively treated by Ladd's operation—that is, freeing the entire duodenum and placing it in the right paravertebral gutter.¹ Chronic duodenal ileus from either cause is characterised by prolonged illness and emaciation and may start in adolescence.¹⁻³ It is often misdiagnosed because dilatation develops slowly^{2,3} and because x-ray examinations are discontinued before the filling of the third part of the duodenum. This again may be due to the fact that the patient vomits the barium ingested.

Duodenal obstruction by the superior mesenteric artery in emaciated combat casualties⁴ has been ascribed to loss of the periaarterial fat pad.^{2,4} This suggests a vicious circle which may have been operating in the case reported by Dr Brook. It is unknown, however, how often chronic duodenal ileus is misdiagnosed as anorexia nervosa.^{2,3} Anorexia, nausea, vomiting, and wasting are conjoint characteristics, and young persons experiencing these disheartening symptoms over prolonged periods will, as might be expected, also develop psychiatric symptoms.^{2,3}

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¹ Wang, C A, and Welch, C E, *Surgery*, 1963, 54, 839.

² Burrington, J D, and Wayne, E R, *Journal of Pediatric Surgery*, 1974, 9, 733.

³ Akin, J T, *Surgery*, 1976, 79, 515.

⁴ Wayne, E R, *Annals of Surgery*, 1971, 174, 339.

Names of drugs

SIR,—The biggest single factor in helping me to keep abreast of medical advances since I qualified some 40 years ago has been the more or less regular perusal of the *British Medical Journal*; and with the advent of the double-blind trial there came a powerful instrument to sharpen the necessary scepticism in one's attitude to new drugs and the claims made for them by their vendors.

In the last year or two, however, at a time when, for me, the evanescence of memory obtrudes with ever-increasing insistence, you, sir, have condoned the trend of most of your contributors in referring to drugs by their

official names only. This may be acceptable to academics; I am well aware of the arguments in its favour; but I suggest that general practitioners, surely the majority of your readers, would prefer the inclusion in brackets of the trade name. Most of us can identify promazine and chlorpromazine, but how many of us would write prochlorperazine for that old friend Stemetil, and, a fortiori, metoclopramide for Maxolon?

It is obviously correct that students should learn their drugs by the official names, but there is a sanctimonious smell about the rigid exclusion of trade names in postgraduate writing. I for one am glad to mark the successful outcome of a drug firm's research by not entirely forgetting their name for their product.

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* * * The use of non-proprietary names for drugs in the *BMJ* is determined not by our contributors but by long-standing editorial policy. The main objection to Dr Hay's suggestion that trade names should also be included is their multiplicity. For example, prochlorperazine is marketed under at least two different trade names at home and three abroad, while for metoclopramide the figures are two and six respectively. As patents run out these will no doubt multiply. The *BMJ* circulates widely abroad, and among their other virtues approved non-proprietary names have the advantage, with very few exceptions, of international acceptance. Identification with the corresponding trade names is made easy for British general practitioners by the inclusion of cross-checking lists in the *British National Formulary*.—Ed, *BMJ*.

Seniority payments and service in HM Forces

SIR,—I would like to draw your attention to one aspect of the terms that our negotiators have agreed with the Department of Health and Social Security regarding seniority payments. It relates to the amount of time that the applicant has been a principal providing unrestricted general medical services under the NHS or medical service in HM Forces since 5 July 1948 recognised for this purpose by the Secretary of State. On application I am informed that two years' National Service as a medical officer in the RAMC does not count towards seniority, only the service of senior medical officers.

The general duty medical officer in the RAMC looked after the health not only of regiments but also of their wives and children as well, in some cases abroad and in trouble zones. I cannot recall senior medical officers doing sick parades, family medical officer duties, or house calls. In fact, the family doctoring was done by the national servicemen and short service commission men.

The postponement of the awards for two years affects only a small proportion of doctors, but it affects them quite severely financially now, later in further awards, and ultimately in superannuation. I think that this injustice should be corrected not only for the sake of the doctors concerned but because, in my view, the non-recognition of this service is an insult to the regiments and families of Her Majesty's Forces that we were privileged to look after.