an asbestosis, basal or classical, is likely to be present, and that industrial, not urban, exposure was the mechanism.¹ We gave as our opinion that at the moment the amount of urban exposure to asbestos was not sufficient to produce pulmonary lesions or disability. In the summary at the end of the paper referred to, our conclusions on the cases positive for asbestos bodies and their origins were as follows:

"In most cases this would appear to be the result of contamination of the urban atmosphere, and the bodies were scanty and not associated with pulmonary changes. In 6% of the males the bodies were numerous and were presumably of occupational origin."

What we did suggest was that in the future, in 20 or 30 years' time, basal asbestosis *might* be acquired by the ordinary urban dweller. We still think that this is a possibility worthy of consideration, on the grounds that asbestos fibres too long to be dealt with by histiocytes tend to move by gravity to the lung bases, before they are converted into asbestos bodies. The young urban dweller of to-day has in front of him a life-time's exposure to asbestos available for concentration at the lung bases, unlike the older man, who in his earlier years had little opportunity of inhaling asbestos fibres.

Dr. Gross's remarks on animal experiments using fine asbestos dust, "substantially shorter than 3 μ ,"² are hardly relevant to a discussion of basal asbestosis, as dust of this diameter can be phagocytosed by histiocytes and transported by lymphatics, and is unlikely to gravitate to the lung bases. Basal asbestosis would appear to be concerned with much longer asbestos fibres.

It is significant that Dr. Gross talks of asbestos dust and 1 of asbestos fibres. Perhaps to make the difference more clear I should have used the term employed in the German literature—"asbestos needles." We are all familiar with the distances sharp-pointed structures such as needles can travel in the human body; in the lung long asbestos fibres can behave in a similar fashion and work their way down to the lung bases. If the lung is otherwise healthy and free from fibrosis, as in the subjects we have in mind, this downward movement is likely to be more rapid and more complete.—I am, etc.,

J. G. THOMSON.

Department of Pathology,
University of Capetown Medical School,
Observatory, C.P.,
South Africa.

REFERENCES

- Thomson, J. G., Kaschula, R. O. C., and MacDonald, R. R., *S. Afr. med. J.*, 1963, **37**, 77.
- Gross, P., Westrick, M. L., and McNeerney, J. M., *Amer. J. Path.*, 1955, **31**, 579.

Amiphenazole and Lichen Planus

SIR.—I would like to add another case of severe lichen planus eruption in a patient taking "daptazole" (amiphenazole), to the four mentioned by Drs.

Harvey Baker and J. S. Pegum (December 7, p. 1473).

An emphysematous patient, a miner aged 58 years, was put on amiphenazole one tablet t.i.d., in December, 1962. The dose was reduced to one tablet b.d. in January, 1963, because the patient said that they made him excessively sleepy. So far the patient maintained that amiphenazole had given him relief with breathing.

In February he developed a severe attack of lichen planus. At first it was not realized that amiphenazole could be the cause of the eruption, and it was not until after the drug had been stopped that improvement was noted.

By September the lichen planus had cleared up. After a further interval of one month the patient was tried out again on one half tablet of amiphenazole and within a few hours he experienced severe skin irritation and the rash tended to return. No further amiphenazole was administered and the patient has had no further skin trouble.

—I am, etc.,

Atherstone, Warwicks.

J. D. SIMPSON.

Drug Advertisements

SIR.—In his letter on this subject (December 14, p. 1533) Dr. Cramp objects to the sum of £112 per annum per doctor being spent for the promotion of drugs. Assuming that the cost of each doctor's N.H.S. prescription amounts to approximately £1,600 annually (based on a total cost of approximately £80m.), then £112 represents 7%. Is this too high a figure to pay for communicating the specific findings of the constant research and development carried out in the pharmaceutical industry?

In Communist-controlled countries no such system of free enterprise is carried out, nor has any drug of any importance yet been developed by them. In this country, where doctors can choose whatever drugs they consider most suitable for their patients, it is essential that they should be kept fully informed of the drugs available.

If Dr. Cramp objects to receiving promotional literature through the post most manufacturers would be willing, at his request, to withdraw his name from their mailing lists, and he can, of course, refuse to see medical representatives.—I am, etc.,

MAURICE KEATING.

Harley Publishing Company Ltd.,
London W.C.2.

Drainage-tube Milking Forceps

SIR.—Suction and water-seal chest drains used after thoracotomy have to be "milked" at frequent intervals to clear the clot that forms inside them. This has been done by occluding the proximal part with one hand, while squeezing it away from the patient with the other. This method is tedious, and painful to the fingers.

An instrument for doing this was designed and made, consisting of a pair of flanged rollers fixed at right angles to the jaws of a pair of pincers by screws, and it proved most successful and labour-saving in use. The drain is gripped

between the rollers and the instrument is drawn down it, away from the patient. On discussing this instrument with the instrument curator at University College Hospital, he produced the forceps that I illustrate. He said that he had had them lying around for years, and had never been able to find out what they were for,

despite his inquiries of several instrument makers' representatives. The only mark they have is "Made in Germany."

This instrument is of nickel-plated steel with chromium-plated brass rollers. The handles resemble those of sequestrum forceps, and the instrument is seven inches long. It has proved itself during several months' use at University College Hospital, and Messrs. Down Bros. have said that they can readily reproduce this instrument in stainless steel.—I am, etc.,

London W.C.1.

M. V. L. FOSS.

Cinchona

SIR.—The older generation of doctors visiting the Goya exhibition at Burlington House will have nostalgic memories aroused by the prominent portrait of the Countess of Chinchon, after one of whose predecessors—wife of a Spanish viceroy of Peru—the most important drug known to medicine was named. It is probably untrue that she was ever cured of malaria by its means or that she brought cinchona bark to Europe, but her name liveth for evermore although cinchona products seemed on their way out.

Reliable reports have now appeared to the effect that in parts of the world as far apart as Colombia and Malaya the parasite of malignant malaria (*P. falciparum*) has developed resistance against chloroquine, mepacrine, pyrimethamine, and proguanil—the whole gamut of synthetic antimalarials—but that quinine continues to be completely efficacious against all strains and species of malaria parasite everywhere, as it has been for over 300 years. We are told that newer and better antimalarials are being synthesized. They will be welcome, but what is really needed is some fundamental research on why the natural alkaloid does not induce parasite resistance whereas all known synthetics do. This, of course, involves basic investigation into intracellular chemistry and molecular biology and is further proof, if any is required, of the urgent need to spend a higher proportion of research funds on the basic biological sciences.—I am, etc.,

Ewell, Surrey. GEORGE R. MCROBERT.