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	p<0.01
Achlorhydria	20	8	40.0	

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