While I agree that "fibrositis" as an inflammatory state of muscle fibres has been "debunked," yet it is muscle fibres that are at fault in 95% of cases of backache, and it hardly seems correct to state that the treatment of backache "degenerates" when it is directed at the cause.

I have, in a light-hearted but sincere contribution,[1] indicated a possible explanation of the difficulties which have arisen since every pain not in the abdomen has come to be laid at the door of the intervertebral disk.

To treat every backache as an articular lesion wastes far more patient and physiotherapist man-hours than correctly applied massage, for the latter can be curative in one treatment. And infinitely more patient-hours are wasted by labelling a patient with lumbago as a disk, and particularly by issuing him with a corset, for he is then an invalid for life.

All that we require is for physiotherapists to re-learn how to treat "fibrositis" and for doctors (including orthopaedic surgeons and specialists in physical medicine) to re-learn how to diagnose it. Manipulation is a blunderbuss method of treatment which is sometimes successful, but Dr. Cyriax does not seem to have read on to Mr. Dillwyn Evans's remarks on treatment.—I am, etc.,

F. G. ST. CLAIR STRANGE.

Canterbury.

REFERENCE

Strange, F. G. St. Clair, *Med. Press*, 1958, **240**, 1053.

Psychological Factors in Pain

SIR,—Dr. G. W. Thoebald (7 August, p. 330) suggests that pain may be altered by psychological factors varying from time to time in the same individual.

This was well shown to me by a man in his 60s, a sufferer from manic-depressive psychosis. He also had hyperpiesis and arteriosclerosis, suffered from angina pectoris, and eventually died from coronary thrombosis. During his swings into mania he became physically more active, never resting but never complaining of anginal pain. In the depressive phases his activity was reduced, but complaints of anginal pain were prominent.—I am, etc.,

Ilford, Essex. R. N. COMPTON SMITH.

Dangers of Radio-translucent Dental Plates

SIR,—Why don't those confounded dentists use radio-opaque materials as they are the same price as the others? The answer is that they are not, and the statements to that effect are highly misleading, as they refer to a particular very expensive brand.

The National Health Service paid 30% more for a set of dentures in 1948 than it does now, and since that time dentists' expenses have soared. Now the N.H.S. dentist subsidizes the State and the patient with every denture he makes. Further subsidy in the form of expensive radio-opaque material will clearly be unacceptable, at least in N.H.S. practice outside hospitals.

The real answer in this case rests with the Minister of Health, who specifies the requirements for the denture materials and approves each and every dental material for this use. His requirement in this repect would produce the necessary cheap radio-opaque denture material literally overnight, as the manufacturing by addition of appropriate substance is, one gathers, not all that complicated. Whether the Minister thinks in terms of reduced strength for these materials I do not know. That is something for the materials experts to consider.—I am, etc.,

Rochester, Kent. J. K. TIMANS.

SIR,—Dr. T. M. Banham's account of the dangers of radio-translucent dentures (31 July, p. 302) seems to have aroused considerable interest, a fact that is not surprising, since there must be few otolaryngologists who haven't been given much anxiety by the problem of a swallowed denture.

Stimulated by such a problem, I reviewed 15 consecutive cases of swallowed dentures admitted to hospital in Belfast[1] and the following salient facts emerged: (1) all were cases of partial dentures; (2) in 40% the partial dentures were defective; (3) 33% were swallowed during sleep.

In two cases where radio-opaque partial dentures had passed from the oesophagus into the stomach repeated radiographs were of considerable value. One travelled uneventfully through the bowel and was passed per rectum, and the other was seen to impact at the terminal ileum and was removed at laparotomy.

In a plea for radio-opaque dentures a point was made that hasn't yet been mentioned by your correspondents. If a plain radiograph is to be of value in excluding the presence of a denture in the alimentary or respiratory tracts, as in the case referred to by Dr. J. W. S. Harvey (14 August, p. 420), the patient must be informed at the time of supplying that his denture is radio-opaque.—I am, etc.,

E.N.T. Department, Royal Victoria Hospital, Belfast 12. A. G. KERR.

REFERENCE

[1] Kerr, A. G., *Brit. dent. J.*, to be published.

Safety of Oral Contraceptives

SIR,—I have been waiting for a long time now for the advocates of the birth control pill to publish in the *B.M.J.* cases which would clinch their argument that the pill is safe.

Following the article "Three Cases of Intravascular Thrombosis Occurring in Patients Receiving Oral Contraceptives" by doctors associated with the Queen's University, Belfast, in the *B.M.J.* of 19 June (p. 586) I would have expected a scientific counterblast; but no, only interviews with the Family Planning Association by the B.B.C. reiterating: "It's Safe." A scandalous state of affairs when one considers that if only these three cases have been reported in half a million women on the pill, then taking the Registrar-General's figures for England and Wales of over six million women in the age group 20–39 years old inclusive we have a five-and-a-half-million control group of women not on the pill—and pro rata one would expect at least thirty-three cases of this kind being reported if the pill is not responsible.—I am, etc.,

Chorlton-cum-Hardy, Manchester. J. G. ODDY.

Lupus Diathesis

SIR,—Your leading article (10 July, p. 60) presents some arguments against our concept that a lupus diathesis may be present in a considerable proportion of patients with hypertension and perhaps of the general population. We believe that most of those arguments were answered in our paper which you quote, but welcome the opportunity to discuss this further.

The aforementioned concept is suggested by our finding of clinical and laboratory data of an antecedent lupus diathesis in 74% of 50 patients with the hydrallazine syndrome. The finding in several series that 8 to 13% of hypertensive patients receiving high doses of hydrallazine develop this syndrome would then indicate a higher prevalence of the lupus diathesis than previously suspected.

It is true that a group of patients with drug reactions could be expected to include a number of patients with lupus erythematosus. Most drug reactions occurring in systemic lupus are allergic in nature. However, clinical and laboratory studies of the hydrallazine syndrome suggest that it is not mediated by an allergic reaction to the drug.

Although renal disease is a relatively common feature of systemic lupus erythematosus, it is notorious that this disease seldom causes hypertension. This, and the difference in findings between patients with the hydrallazine syndrome and the control group of hypertensives, make us think that the high prevalence of a lupus diathesis could be extrapolated from the hypertensive patients to the general population.

It is possible that in our clinic more unusual cases are collected. However, the figures pertaining to the percentage of patients treated with hydrallazine who developed the syndrome were taken from several other series in which a known number of hypertensives were treated with this drug.

We called attention to the fact that a lupus-like syndrome occurring in dogs given hydrallazine would be difficult to reconcile with the concept of an underlying lupus diathesis in patients who develop the hydrallazine syndrome. However, Comens's study,[1] which you quote, has not been confirmed, and the conclusions from the Gardner study,[2] which you also mention, are that the syndrome caused by the administration of hydrallazine to dogs "bears no clear relationship to naturally occurring disseminated lupus erythematosus." We have maintained dogs on extremely high doses of hydrallazine for more than a year without detectable clinical, immunological, or histological findings suggestive of a lupus-like disease.—I am, etc.,

DÒNATO ALARCÓN-SEGOVIA.

Mayo Graduate School of Medicine, Rochester, Minnesota, U.S.A.

REFERENCES

[1] Comens, P., *J. Lab. clin. Med.*, 1956, **47**, 444.
[2] Gardner, D. L., *Brit. J. exp. Path.*, 1957, **38**, 227.