practice which emphasizes modern methods of laboratory investigation and diagnosis as well as the principles of treatment and basic operative technique. The whole of surgery is covered in just over 300 pages, and this includes sections on fractures, cold orthopaedics, chest surgery and urology. Naturally this can only be achieved by keeping the text in a pithy and abbreviated form (for which Sir Charles is rightly famous) but this must also involve sacrifice. Thus, there is no discussion on anti-oestrogen drugs in the treatment of

advanced breast cancer nor is there mention of the place of thyroid antibodies and the question of autoimmune disease in the section of Hashimoto's disease. However, there are numerous references for further reading so that additional information can be obtained where necessary.

Certainly this will prove to be a useful revision book for clinical students and its clear English will also recommend it to overseas doctors who plan to do postgraduate work in this country.

Letter to the Editor

March 23rd, 1981

Treatment of pain in the elderly

Dear Sir,

Our attention has been drawn to the letter from Dr S. Aron of Winthrop Laboratories, in the October 1980 issue of your Journal, commenting upon our article on the use of meptazinol, pentazocine and placebo in the treatment of pain in the elderly (Pearce and Robson, 1980).

Dr Aron's criticism of the dose of pentazocine chosen for this trial evidently results from insufficient attention to the introduction to the paper.

It is clearly stated therein that the equivalence in analgesic potency of meptazinol 100 mg to pentazocine 60 mg refers to administration by the intramuscular route. Meptazinol, in common with many other analgesics, is subject to an important hepatic first pass phenomenon (Rosseel *et al.*, 1976) following oral administration, and higher relative doses are, therefore, required by this route. Thus meptazinol 100 mg is the minimum recommended dose by the oral route and, according to MIMS, the same applies to pentazocine 25 mg. The selection of these doses is borne out by the fact that meptazinol 200 mg orally has been shown to be equi-analgesic to pentazocine 50 mg orally in patients suffering from chronic rheumatoid or osteoarthritis (Flavell-Matts and Ward, 1980).

The reasons for deliberately choosing small doses in the elderly population are also clearly stated in the introduction: age is highly correlated with the pain relief obtained from a given dose of analgesic (Bellville *et al.*, 1971) and the elderly are more susceptible to drugs in general (Editorial, 1977). It, therefore, seemed logical to compare the smallest recommended doses of the two analgesics with placebo in this population whose mean age was 81.4 ± 6.4 years.

Dr Aron's comments on side effects seem somewhat specious when such a small incidence was noted in all three treatment groups.

We would not disagree with Dr Aron's claim that pentazocine may be a useful medicine in the elderly, and in this trial it was clearly distinguishable from placebo. However, meptazinol has significant advantages over pentazocine for this group of patients.

Yours faithfully,

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