The Meixner Test

TO THE EDITOR: I would like to comment on the "Mushroom-Related Call Data Form,"[1(p288)] in the October article, "*Amanita phalloides*-Type Mushroom Poisoning," which gives directions for performing a Meixner test. As one of the authors of the reference cited (number 9),[1(p289)] I strongly suggest that you change the instruction "add two to three drops of concentrated hydrochloric acid" to "add a single drop of concentrated hydrochloric acid" since it is imperative to use the smallest amount of acid possible. Even two drops will cut down on the detection limit of low amounts of amatoxins such as those found in certain *Lepiota* and possibly *Galerina* spp. Personally, I prefer to use a microhematocrit capillary tube which seems to deliver just about the right amount of acid. Also, I always spot a "control" drop of acid adjacent to the mushroom extract being tested. This is important because some papers may produce color reactions for some unknown reason. Minute quantities of acid are also essential when testing remnants of the food, stool or vomitus. The latter two may contain visible amounts of the toxins when tested within approximately 15 hours after ingestion. Stool and vomitus should be diluted with methanol, centrifuged and filtered. The filtrate can be spotted on newsprint. Methanol will help to extract the toxins.

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REFERENCES

1. Olson KR, Pond SM, Seward J, et al: *Amanita-phalloides*-type mushroom poisoning. West J Med 1982 Oct; 137:282-289

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Dr Olson Replies

TO THE EDITOR: We appreciate Mr Vergeer's comments regarding the Meixner test, and regret the error in the amount of hydrochloric acid to be used which appeared on the data form.

We would like to remind readers that even if the *test* is truly negative, it does not necessarily rule out *ingestion* of amatoxins. Mixtures of mushrooms may be consumed and the one that is presented for testing may not be the toxic one.

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Anaphylaxis Following Zomepirac Ingestion

TO THE EDITOR: This is a report concerning anaphylaxis following the ingestion of zomepirac sodium (Zomax).

In a middle-aged man who was taking antihypertension medications, low back pain developed while he was exercising. Ingestion of a 100 mg tablet of zomepirac was followed in ten minutes by substernal oppression, diaphoresis, fecal and urinary incontinence, collapse, wheezing, cyanosis, pruritus and urticarial rash. The patient said that he had had an uneventful two-week course of zomepirac therapy ten months before. Tests were negative for asthma or aspirin allergy. There was prompt response to administration of saline and steroids, with an uneventful recovery.

There are two cases reported in the literature.[1,2] There have been no reported cases to the Arizona Poison Control Center (personal communication, Dr T. G. Tong, January 4, 1983). A medical director from the manufacturer said he was aware of only a few cases of anaphylaxis (personal communication, Dr J. D. Siegfried, January 5, 1983). A staff person from the Food and Drug Administration stated that there was quite a large number of similar cases but he could not cite a figure (personal communication, Mr R. A. Eaton, Division of Drug Experience, January 5, 1983).

The recent announcement by the manufacturer that there have been more than 1,000 cases of anaphylaxis and five deaths seems to belie the paucity of cases reported in the literature. Perhaps physicians should be more conscientious in reporting such observations more promptly.

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REFERENCES

1. Samuel SA: Apparent anaphylactic reaction to zomepirac (Zomax) [letter]. N Engl J Med 1981 Apr 16; 304(16):978
2. Corre KA, Rothstein RJ: Anaphylactic reaction to zomepirac. Ann Allergy 1982 May; 48:299-301

Lasègue, Not Laséque

TO THE EDITOR: Lasègue, not Laséque.

In the Epitome section of the November 1982 issue, the famous French physician's name was misspelled in two ways, namely with an accent *aigu* instead of an accent *grave* and with a "q" instead of a "g."[1]

Should one trust the contents of a bottle if the label is wrong?

ERNST W. BAUR, MD
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REFERENCE

1. Purcell GA: Spinal stenosis, *In* Important advances in clinical medicine—Orthopedics (Epitomes of Progress). West J Med 1982 Nov; 137:412

The Use of Acronyms

TO THE EDITOR: Like Dr Alfred Robinson,[1] I, too, am irritated by the use of acronyms. I have made my complaints to the various publications I receive indicating the confusion it causes and the increased difficulty in trying to digest the articles I read that are "salted" with these acronyms. Please tell me why they are used.

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REFERENCE

1. Robinson AG: Acronyms in medical papers (Correspondence). West J Med 1982 Sep; 137:251

EDITOR'S NOTE: We entirely agree with complaints against the use of acronyms in medical journals. In copyediting, *WJM* staff eliminate most of the acronyms originally appearing in accepted manuscripts. How-