that the milk prevents absorption of the tea antioxidants[6] has been disproven[4].

So why should Britain, with a *per caput* consumption of tea four and eight times greater than in the Netherlands and USA, respectively[5], not benefit from its antioxidants? A possibility that should be addressed is that the lactose in the milk has an atherogenic potential[9] which counteracts the protective effect of the tea antioxidants.

Jeffery J Segall
308 Cricklewood Lane, London NW2 2PX, UK

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Transport and temperature effects on blood potassium

Dr Seamark and his colleagues (July 1999 *JRSM*, pp. 339–41) do not refer to our 1998 paper[1] reporting results similar to theirs. We demonstrated that increasing ambient temperatures may produce artefactually lower potassium values if there is an appreciable delay between collection and analysis. We showed that this effect was significant for general practitioner samples and outlying hospitals but considerably reduced when there was a short transit time.

We speculated that the erythrocyte membrane Na/K pump may remain more active at higher temperatures and therefore accumulate potassium in the cell leading to lower measured extracellular values.

Thomas Ulahannan
Radcliffe Infirmary, Oxford OX2 6HE

John McVittie
John Radcliffe Hospital, Oxford OX3 9DU, UK

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Honey: is it worth rubbing it in?

Honey has been a medicine used worldwide over many centuries, previously without any supportive scientific evidence. Recent reports have shown antibacterial activity in manuka and pasture honey against coagulase-positive *Staphylococcus aureus*[1] but Dr McGovern and colleagues (August 1999 *JRSM*, p. 439) found manuka honey ineffective in eradicating *Helicobacter pylori* in patients with positive CLO tests. Studies have indicated the effectiveness of honey in the prevention of experimentally induced gastric lesions in rats[2], and the concentrations achieved may be relevant. Ali *et al.*[3] showed *H. pylori* to be inhibited *in vitro* by 20% natural honey in all 30 cases tested. *Acinetobacter*, *Enterobacter* and *Brucella* species, *Staphylococcus aureus* and β-haemolytic streptococcus were inhibited in the presence of 20% honey but *Proteus* species required 30%. The use of honey should not be dismissed and further investigations of optimal concentrations and dosage frequencies and possible combination therapies need to be undertaken. Effective monotherapy or less expensive combination treatments would lead to vast savings for both general and hospital practitioners, since anti-ulcer treatments account for a large proportion of prescription budgets.

In dermatology, a proposed but unconfirmed link of *H. pylori* with acne rosacea has been reported[4] and a 'patient-friendly' topical application of honey might be a useful adjunct to other antibacterial therapies.

Mahbub M U Chowdhury
Department of Dermatology, University Hospital of Wales, Cardiff CF4 4XW, UK

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The season of Christmas is upon us. Irrespective of race or creed we look forward to one of the happiest times of the