days after the onset of symptoms showed a large, superficial ulcer in the mid-oesophagus. She responded well to withdrawal of emepronium bromide and to oral analgesics and nine days later repeat oesophagoscopy showed that the ulcer had healed.

There have been a number of reports of oesophageal ulceration with emepronium bromide,¹⁻⁴ as well as a report of mouth ulcers,⁵ thought to be caused by prolonged contact of the tablet with the mucosa. The data sheet on this drug now suggests that the tablets should be swallowed with a glass of water, but it is apparent that this instruction is not always stressed by the doctor or followed by the patient. The tablet is formulated to disintegrate rapidly on contact with water but its hygroscopic nature can cause it to stick to the oesophageal mucosa if it is swallowed with too little water. Perhaps the time has come for the manufacturers to redevelop the presentation of this drug. Surely it will not be long before oesophageal perforation due to emepronium bromide is recorded.

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¹ Habeshaw, T, and Bennett, J R, *Lancet*, 1972, 2, 1422.

² Hale, J E, and Barnardo, D E, *Lancet*, 1973, 1, 493.

³ Kavin, H, *Lancet*, 1977, 1, 425.

⁴ Kenwright, S, and Norris, A D C, *Lancet*, 1977, 1, 548.

⁵ Strouthidis, T M, Mankikar, G D, and Irvine, R E, *Lancet*, 1972, 1, 72.

Sulphinpyrazone and warfarin after myocardial infarction

SIR,—We decided that all patients discharged from Stracathro Hospital after a myocardial infarct should receive sulphinpyrazone (Anturan), 200 mg thrice daily, from 1 January 1979. Early that month one patient had a recurrence of infarction while in hospital, and then we agreed to start the sulphinpyrazone as soon as the patient was admitted to the coronary care unit and to use it concurrently with anticoagulants. Between 1 January and mid-June 47 patients received warfarin and 31 subcutaneous heparin. As was to be expected, the dose of warfarin required was approximately halved. The anticoagulants were discontinued on the patient's discharge, usually after two to three weeks, the warfarin dose being tailed off over a few days. All patients were then continued on the sulphinpyrazone in a dose of 200 mg thrice daily. One patient on warfarin and sulphinpyrazone had a recurrence of infarction while in hospital and six in whom warfarin was discontinued have been readmitted with a fresh ischaemic episode, usually within two to three weeks of discharge and at the most after two months. One patient who received subcutaneous heparin plus sulphinpyrazone died suddenly, 16 days after discharge.

The sulphinpyrazone is given in the expectation that it will lessen recurrence of myocardial infarction. Six recurrences of infarction within a short period among 41 patients is remarkably high. We therefore wonder if the combined use of warfarin and sulphinpyrazone for two to three weeks, followed by the withdrawal of the warfarin, results in an unstable state—making the patients more vulnerable to reinfarction rather

than, as hoped, partially protected. The fact that only one of 31 patients treated with subcutaneous heparin plus sulphinpyrazone has had a recurrence supports this possibility.

We have discontinued the warfarin-sulphinpyrazone combination from 1 July. Comments on this finding would be helpful.

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Oral choline in cerebellar ataxia

SIR,—I reported last year¹ the case of a patient whose cerebellar ataxia responded to oral treatment with choline chloride. Since then I have given the same treatment to a further 13 patients with cerebellar ataxia, in doses of up to 20 g a day. The causes of the ataxia included hereditary familial cerebellar ataxia, with or without upper motor neurone signs; sporadic cerebellar degenerations; multiple sclerosis; ischaemia; and trauma. No patient has shown any significant improvement.

Because of the known role of γ -aminobutyric acid (GABA) as a synaptic transmitter within the cerebellum I have tried in these patients the effects of drugs calculated to enhance gabanergic activity. They have received baclofen, a GABA analogue; or sodium valproate, which at least in large doses is thought to increase brain GABA levels; or the two drugs in combination. Not only has there not been any improvement, but most patients have reported a significant deterioration, and in several this was confirmed objectively. Deterioration has not been apparent in patients with accompanying upper motor neurone signs, presumably because the associated spasticity has been benefited whether or not the ataxia has been made worse; and the overall functional state has thus remained static.

This observation is interesting, as it suggests the possibility that lowering gabanergic activity might benefit cerebellar ataxia. Unfortunately, the drugs which are known to have such an effect experimentally tend to be convulsants; so it may not prove possible to obtain the desired effect on the ataxia without provoking fits. These results will be reported in more detail shortly.

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¹ Legg, N J, *British Medical Journal*, 1978, 2, 1403.

Prurigo and pets

SIR,—As someone who has suffered for some two years from the unwelcome attentions of the canine mite *Cheyletiella yasguri* may I, from personal experience, comment on this interesting report?

Firstly, although Dr Marianne Kieffer and others (9 June, p 1539) state that all the animals with mite infestation had symptoms, my dog, a whippet, appeared clinically normal, was not scratching, and had no skin lesions. Secondly, they mention that the mites were identified in skin scrapings. I took skin scrapings on two occasions and saw precisely nothing; only when Mr L R Thomsett of the Royal Veterinary College vigorously combed

the animal for several minutes was the mite demonstrated in the material obtained. Without this technique it is not easily found. Lastly, although Kieffer *et al* mention that the mites were removed by washing the animals three to six times in the appropriate solution, the need for repeated bathing is not appreciated by vets, including the one I originally consulted. One or two baths are no good at all, and now, thanks to the correct advice at last (Mr Thomsett again) I am no longer under attack from *Cheyletiella*.

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Withdrawal of alclofenac (Prinalgin)

SIR,—Studies in recent years in the UK have shown a 20–30% incidence of rash with alclofenac. The high incidence of rash with this drug has received previous comment.^{1,2}

We have undertaken a series of studies designed to explore the mechanisms of this rash. These studies have failed to show any likely way of preventing the problem and indicate the advisability of adding to the available animal safety evaluation data. These additional studies would still not be expected to solve the presenting problem of the skin eruption and we have therefore decided to withdraw the drug.

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¹ Mansel-Jones, D, *Lancet*, 1974, 1, 97.

² Mansel-Jones, D, *British Medical Journal*, 1974, 1, 160.

Bedside library for medical students

SIR,—I wish to defend staunchly Sir William Osler from the incorrect claims made by Dr Peter Beattie (9 June, p 1551) in Reading for Pleasure.

Osler did indeed recommend a "Bedside Library for Medical Students" and this comprised 10 titles, not 30 as suggested. The list can be found on the last page of *Aequanimitas*, published by Blakiston's in 1904. For those who have not seen the book, the list reads as follows: (1) Old and New Testaments; (2) Shakespeare; (3) Montaigne; (4) Plutarch's *Lives*; (5) Marcus Aurelius; (6) Epictetus; (7) *Religio Medici*; (8) *Don Quixote*; (9) Emerson; (10) Oliver Wendell Holmes—*Breakfast Table Series*.

The list is not so very different, in profundity from Dr Beattie's after all—especially No 8.

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Coronary care

SIR,—Dr Clifford Lutton (23 June, p 1709) may be interested to hear that my general practitioner agreed that I took the correct decision in seeking direct admission to a coronary care unit, and having read my article in the Personal View series (14 April, p 1012), thoroughly approved of it, as did a large number of colleagues who wrote to me about it. Some of them, indeed, thanked me for giving publicity to an experience which they had suffered themselves.