absence of sodium depletion—her sodium values were within the normal range during the whole period.

There are two findings in this patient that speak in favour of an ischaemic cause of the reversible kidney failure observed. Firstly, the renal insufficiency occurred during both minoxidil and captopril treatment and always in parallel to the hypotensive effect produced by these drugs. Secondly, the kidney biopsy specimen obtained in the first period of renal insufficiency, during treatment with minoxidil, showed no sign of any toxic effect or tubular necrosis.

We are therefore apt to disagree with the conclusion of Drs Farrow and Wilkinson about the nephrotoxicity of captopril. It seems plausible to explain the reversible kidney failure from the dramatic blood pressure fall in this patient, accompanied by a significant stenosis of the renal artery. We suggest that this combination of circumstance might have been present in the patient of Drs Farrow and Wilkinson. A similar observation was recently reported¹ in two patients who developed a reversible elevation of the serum creatinine in response to profound captopril-induced hypotension.

Extreme caution seems necessary therefore in the treatment of hypertensive patients with captopril, as well as with other antihypertensive drugs, if renal artery stenosis is suspected. This is especially so in the case of documented high plasma renin activity or hyponatraemic state (or both)²⁻⁶ in patients with transplanted kidneys.

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- ¹ Bravo, E L, and Tarazi, R C, *Hypertension*, 1979, 1, 39.
² Duhme, D W, et al, *Lancet*, 1974, 1, 408.
³ Atkinson, A B, et al, *Lancet*, 1979, 1, 557.
⁴ Brunner, H R, et al, *Lancet*, 1979, 1, 832.
⁵ Atkinson, A B, et al, *Lancet*, 1979, 1, 1140.
⁶ Hoorntje, S J, et al, *Lancet*, 1979, 1, 1140.

Choline in hereditary ataxia

SIR,—The report on the efficacy of oral choline in cerebellar ataxia (18 November 1978, p 1403) must have encouraged many physicians to try this form of therapy in patients with a variety of forms of sporadic or familial ataxia. The opportunity exists in the Cape Peninsula to try it in a dominantly inherited ataxia of late onset in which many drugs have been used without benefit. We therefore invited six patients with the disorder described by one of us¹ to take part in a trial of choline chloride and they readily consented.

This condition typically commences in adult life with the insidious onset of gait ataxia. This steadily becomes more severe and is accompanied by dysarthria and a universal increase in tone that is prominent in the late stages of the disease. Characteristic signs of cerebellar involvement are not a feature, but the initial ataxia and abnormal ocular responses to visual and labyrinthine stimuli probably implicate the vestibulocerebellar system. Intellectual deterioration is suspected in at least some of the patients.

Choline chloride was administered in a dose of 1 g orally four times a day for one week, followed

after a two-week interval by a further course for one month. Five of the six patients completed both courses, one withdrawing because of nausea. Our assessment of response was based on full clinical examination and a numerical rating for the ataxia, which we felt was sufficiently detailed to record even slight changes. Psychometric assessment of four of the patients was also performed before and after the longer course of treatment. The results were very disappointing. One patient with slight gait ataxia considered she had improved, but no patient on independent examination by both of us showed any improvement in the clinical assessment or rating of ataxia. One of the four patients assessed psychometrically showed impaired memory prior to treatment. However, on retesting on the last day of the month's course there were no significant changes in any patient.

We must conclude that there is no immediate benefit from choline in this particular variety of hereditary ataxia, and wonder if the experience of others in other varieties has been more encouraging.

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¹ Philcox, D V, et al, *Brain*, 1975, 98, 309.

Association between raw milk and human *Salmonella dublin* infection

SIR,—We read with interest the paper by Dr S Benson Werner and his colleagues (28 July, p 238) and noted their conclusion that *Salmonella dublin* appears to be an unusually invasive and life-threatening serotype. We also noted, however, that three-quarters of the 113 human cases studied were over 20 years of age and over half were compromised by underlying serious disease, and we suggest that the invasiveness described may have resulted more from the impairment of the host than the essential character of the agent.

In 1976 we had an opportunity to study the effect of *S dublin* in a normal population.¹ In a large milk-borne outbreak affecting at least 700 persons, *S dublin* was isolated in 190 cases. The age range was 3 days to 87 years and half were under 15 years of age. Only three of the total were sufficiently ill for hospital admission to be considered and there were no deaths. None of the three cases treated in hospital gave positive blood cultures and in the remaining 187 cases a request for blood culture was not considered by their general practitioners to have been indicated on clinical grounds. In a normal population therefore we found no evidence of unusual invasiveness or life-threatening potential on the part of *S dublin*.

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¹ Small, R G, and Sharp, J C M, *Journal of Hygiene (Cambridge)*, 1979, 82, 95.

Psychosocial stress in pregnancy

SIR,—Dr Richard W Newton and others postulate a link between the level of maternal psychosocial stress and the onset of preterm labour (18 August, p 411).

This is fascinating. However, there is a simpler but more prosaic explanation. The questionnaire about antepartum events was administered *after* the delivery—itsself a highly emotional event. In addition, mothers of the preterm babies must have been aware of the possible problems facing themselves and their babies. The way in which these mothers responded to the Life Events Inventory may not have reflected the stresses of the previous week but, indirectly, the stress associated with a preterm labour and delivery. Or, put another way, the response to the Life Events Inventory may have been coloured by the stress associated with an unexpected delivery and its sequelae.

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Support for AETCEIITIP?

SIR,—It appears to be the in thing (IT) to abbreviate everything (AET). Why I am not at all sure. When I was much younger (MY) textbooks and learned scientific papers had not developed this modern hysteria (MH) for AET. In my MY state I was not troubled (WNT) by the AET, but I would like to start a campaign (AETC) to end it (AETCEI) if that is possible (AETCEIITIP).

I wonder if I am alone in getting confused by and tired of this modern tendency (CATOTMT). Unfortunately one lone voice protesting (OLVP) has a doubtful chance of success. Could we not do away with this MH, and revert to the position when I was MY and WNT by the AET? It is perhaps not too late, and on the offchance of success I have been moved to write to all of our profession to see whether they would support AETCEIITIP and so prevent the growth of the CATOTMT disease. Many rather than OLVP may succeed and we would all once again enjoy and understand the written word which is being debased. Join with me.

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Costs of unnecessary tests

SIR,—I was very interested in Professor C I Phillips's letter (18 August, p 446) arising out of my paper (7 July, p 21).

He raised a good point about the possible redundancy of the registrar or the SHO in the medical outpatient department if the work of assessing the patients is going to be duplicated by the consultant. I have not the slightest doubt that the ideal situation is for the consultant to see every new patient ab initio so that he can take the history and do the examination himself and then decide on whether any *selective* investigations are required. However, I am sure you will appreciate that in all district general hospitals there is a very heavy outpatient load at every medical clinic and it would be virtually impossible for the consultant in charge to see all these new patients himself and also to see the many other follow-up patients who attend the clinic regularly and need expert supervision for deciding whether continued attendance is necessary or discharge is ap-