able to give a detailed account of the acoustic and visual illusions or hallucinations he had experienced. Some of his observations depended on the posture of the head. It took 24 hours to get the patient back into a normal mental state.

Another patient with a carcinoid syndrome treated with 1 g. of aldomet a day showed a markedly increased sleeping tendency and some motor retardation during the use of the medication. In both cases the removal of the drug caused a reversal of the symptoms observed, which prompted us, however, to warn against the use of α -methyldopa in the carcinoid syndrome in patients who are not hospitalized or under close medical supervision.²—I am, etc.,

Medizinische Universitätsklinik,
Basle, Switzerland.

U. C. DUBACH.

REFERENCES

- ¹ Blumberg, A., Dubach, U. C., Kreis, W., and Müller, H. R., *Disch. med. Wschr.*, 1962, **87**, 921.
- ² Dubach, U. C., and Blumberg, A., *Klin. Wschr.*, 1961, **39**, 973.

Ethchlorvynol

SIR,—We should like to comment briefly on your article in the *Journal* of December 22 (p. 1679) concerning ethchlorvynol under the heading of "To-day's Drugs." The adult hypnotic dose is given as 250 mg., and we feel that in the majority of patients this would prove inadequate for this purpose. Clinical usage¹ has indicated that a dosage of 500 mg. is required for hypnotic effect and, in a few cases, up to 1 g.

Whilst it was thought that neither liver nor kidneys were involved in the elimination of ethchlorvynol,² further work carried out in our Pharmacological Department showed that, in all probability, the liver is involved in the metabolism. Briefly, liver damage in rats produced by carbon tetrachloride does result in moderate increases in sleeping times after ethchlorvynol. Surgical excision of 75% of the liver produces increases of about six times in the sleeping time after ethchlorvynol. It appears, therefore, that this organ is quite efficient in handling this drug, so that relatively extensive damage must be present in order to manifest itself in a prolongation of hypnotic effect.

With regard to over-dosage, whilst 49.5 g., as stated, has proved fatal, smaller amounts of the drug have had the same effect and larger amounts than 25 g. have been survived.

A warning is given in our literature pointing out that ethchlorvynol may exhibit an exaggerated effect if taken with, or shortly after, alcohol. In view of the warning issued on this point in the *Journal* of December 15, both under "To-day's Drugs" (p. 1608) and in the correspondence columns, "Side-effects of Ethchlorvynol" (p. 1610), we feel that this point should once again be emphasized.—We are, etc.,

Medical Department,
Abbott Laboratories Ltd.,
Queenborough, Kent.

D. J. CARR.

R. F. CRAMPTON.

REFERENCES

- ¹ *New Engl. J. Med.*, 1957, **256**, 314.
- ² Rosenlof, R. C., and Grissom, R. L., *Amer. Practit.*, 1957, **8**, 246.
- ³ Pan, S. Y., Kodet, M. J., Gardocki, J. F., McLamore, W. M., and Bavey, A., *J. Pharmacol.*, 1955, **114**, 326.

Rheumatoid Pericarditis

SIR,—The interesting paper by Dr. Matthew Wilkinson (December 29, p. 1723) reviewing the incidence and significance of pericarditis in patients suffering from

rheumatoid arthritis prompts us to report the case history of a patient who was recently under our care. This illustrates another aspect of this complication which, so far as we know, has not been reported elsewhere.

The patient was a 51-year-old man whose previous health had been unremarkable and who did a hard manual job on the railways. He originally came under observation in February, 1961, suffering from right spontaneous hydro-pneumothorax for which he was admitted to St. Ann's General Hospital, Tottenham.

The results of investigations were as follows: W.B.C. 17,100/c.mm. (polymorphs 67%, eosinophils 11%, lymphocytes 20%); E.S.R. 86 mm./1 hr. There was transient proteinuria, Mantoux test was 1/1,000 positive, the serum proteins showed reversed A/G ratio 2.7/4.2; blood and pleural fluid contained no L.E. cells. The pleural fluid was straw-coloured and the cells in it were 84% polymorphs. Cultures of sputum and pleural fluid were repeatedly negative for tubercle bacilli.

The patient was treated by chest aspirations, streptomycin 1 g. daily, P.A.S. 12 g. daily, isoniazid 300 mg. daily, and prednisolone 7.5 mg. t.d.s. for five weeks. He responded well and his E.S.R. fell to normal. Streptomycin, P.A.S., and isoniazid were continued after discharge.

On May 25, 1961, he was readmitted with a pericardial effusion and recurrence of right pleural effusion. Despite continued treatment with antituberculous drugs and more steroids (7.5 mg. prednisolone t.d.s. for ten weeks) he gradually developed constrictive pericarditis which by the end of January, 1962, had progressed to gross congestive failure. This could not be reversed by medical treatment. On February 20, 1962, pericardectomy was performed by Mr. Bates at the North Middlesex Hospital. At operation, as well as the constriction, two pints (1.1 litres) of fluid were found in the pericardial sac.

The congestive cardiac failure rapidly subsided following operation, but within two weeks he developed acute peripheral polyarthritis. Already by this time his latex fixation test was strongly positive and his E.S.R. was now 58 mm./1 hr. From this time his clinical course was that of simple rheumatoid arthritis which was rapidly progressive.

After several weeks it was thought advisable to administer steroids since he had failed to respond to phenylbutazone. He responded extremely well to "acthar gel" (corticotrophin) 40 units daily, and after a few weeks a spontaneous remission occurred and it was possible to wean him from the A.C.T.H. without any recurrence of his symptoms. The antituberculous treatment had been continued throughout and was only discontinued in May, 1962, when he was discharged from hospital. He has remained quite well since then and has resumed his normal work. His E.S.R., W.B.C., and haemoglobin are now normal and the latex test is only weakly positive. At no time have L.E. cells been found.

In order to check our consistently positive latex test results we sent some serum to the Rheumatism Research Centre in Manchester, who confirmed that the sheep cell agglutination titre was also strongly positive. The histology of the pericardium was also examined by several experienced pathologists, who regarded it as non-specific. They were unwilling to diagnose either rheumatoid disease or tuberculosis from its appearance. In point of fact, no bacteriological or histological support for a tuberculous aetiology was obtained at any stage of his illness.

We would be interested to learn if any of your readers have had experience of rheumatoid arthritis presenting either as spontaneous pneumothorax or as congestive cardiac failure resulting from constrictive pericarditis.—We are, etc.,

Department of Physical Medicine, JOHN H. GLYN.
Prince of Wales's Hospital,
London N.15.

Chest Unit,
St. Ann's General Hospital,
London N.15.

J. H. PRATT-JOHNSON.