

Since its introduction in 1943 over 6×10^9 Clinitest tablets have been distributed throughout the world. This demonstrates how universally acceptable this test has proved to be for diabetics—when used as directed.

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¹ Thompson, D G, *et al*, *British Medical Journal*, 1979, **1**, 859.

² Taylor, W O G, *Transactions of the Ophthalmological Society of the United Kingdom*, 1972, **92**, 95.

³ Thompson, D G, Howarth, F, and Levy, I S, *Lancet*, 1978, **1**, 44.

Choline chloride in the treatment of ataxia

SIR,—We note with interest that the initial encouraging report of the treatment of cerebellar ataxia¹ with choline chloride has been followed by reports which place the response to such therapy in better perspective (14 July, p 133; 8 September, p 613).

We have recently completed a double blind crossover trial (to be reported in full later) of oral choline chloride in the treatment of ataxia in three groups of patients: eight patients with typical Friedreich's ataxia, six with sporadic cerebellar degeneration, and six with atypical spinocerebellar degeneration with cerebellar ataxia and lower limb spasticity. The choline was administered for a period of six weeks before and after crossover and the response was assessed by numerical ataxia score. Patients were randomly allocated to three treatment groups—those receiving placebo, choline 12 g/day, and choline 6 g/day.

Preliminary results indicate a noticeable improvement in upper limb co-ordination in approximately 50% of patients in each diagnostic group receiving either 6 or 12 g/day of choline. Improvement in gait was noted in only two cases (one with cerebellar degeneration, one with "spastic" ataxia). Most of the patients who demonstrated an improved numerical ataxia score were noted to have some degree of useful functional improvement in upper limb co-ordination, but in the majority this was of a minor degree. Only one patient, who experienced recurrent vomiting, stopped the choline. Other side effects included depression (three patients) and nausea (three patients).

These preliminary results indicate that careful assessment will often reveal some improvement in limb co-ordination in ataxic patients on choline therapy but that this functional improvement is not of an order likely to improve disability significantly.

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

Pindolol and pulmonary fibrosis

SIR,—Through the report from Western Australia (8 September, p 581) we became aware of a case of pulmonary fibrosis occurring in a patient who was under long-term treatment with pindolol. This is the only such reaction hitherto brought to our notice although pindolol has now been available for over 10 years. It is one of the most often prescribed β -adrenoceptor-blocking agents, with an esti-

mated total exposure of more than 2.5 million patient years worldwide.

On the basis of one observation it is, of course, not possible to be certain about the causation of the pathology in this case. From the published report, however, it appears that after seven years of treatment with pindolol the lung was the only organ involved in the fibrotic process. Such an observation, if correct, would distinguish this patient from previously reported cases of pulmonary fibrosis associated with β -adrenoceptor-blocking agents. In these, antinuclear antibodies were common and the pulmonary changes would have occurred only as a late feature, following symptoms attributable to fibrosis in other organs or to the oculomucocutaneous syndrome. The observation that the patient had no finger clubbing cannot on its own exclude "classical" cryptogenic fibrosing alveolitis. It might, however, suggest some rapidly evolving underlying pulmonary condition which led to a relatively short period of tissue hypoxia.

Although the available data do not allow one to exclude pindolol as the cause of the reported condition they certainly give no conclusive proof of such a relationship. Moreover, we cannot accept the authors' hypothesis that a nitrogen atom attached to an aromatic ring may be implicated in the fibrosing reactions induced by practolol, pindolol, or methysergide. Fibrosing changes in various tissues have been associated with β -adrenoceptor blocking agents not possessing a nitrogen in the aromatic ring. There are on the other hand a number of drugs commonly used in long-term therapy with a nitrogen atom on the ring which have never been suspected of eliciting fibrotic processes—for example, acetaminophen and indomethacin.

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Wanted: a new wound dressing

SIR,—I was rather surprised at one or two statements in your leading article "Wanted: a new wound dressing" (22 September, p 689). For the last 15 years or so of my working life—which finished in 1971—I treated all clean closed wounds by exposure to air without dressing of any kind, and certainly without any "ritualistic practice" of a plastic spray. I did not realise that I was in any way exceptional in this method; indeed I thought it was almost universal.

I did have some qualms in the early days about the effect on the patient of exposing my "affront to his body's integrity" directly to view, but never once found any mental reaction. Indeed, the sight of a sinuous lazy-daisy stitch meandering for 15 inches across the chest wall after a radical mastectomy more often than not produced interesting discussion between patient and surgeon on various methods of embroidery.

These wounds are sealed by nature within an hour or two of operation, and a loose theatre gown will take up any slight loss of blood arising in those few hours. Subsequently the patient can carry out her own toilet with soap and water and so save nursing time.

May I suggest, sir, that we already have a copious supply of a dressing whose use will

save our hard pressed Health Service a great deal of money. It is called fresh air.

ROBERT BEWICK

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Royal Medical Benevolent Fund Christmas Appeal 1979

SIR,—Annually, thanks to the generosity of the medical profession, the Royal Medical Benevolent Fund is able to give every one of its beneficiaries something extra for Christmas. Many of these are children to whom the fund's gift is essential to a happy day.

In 1978 the response to my appeal was most generous and the record total of £23 351 was subscribed. Each year, however, the need is greater as costs rise and our efforts must match it. The Royal Medical Benevolent Fund relies solely on doctors and their families for support and I am confident that they will respond as always. Contributions may be passed direct to the treasurer or medical representative of the local guilds of the Royal Medical Benevolent Fund or sent marked "Christmas appeal" to the director of the fund at 24 King's Road, Wimbledon, London SW19 8QN.

T HOLMES SELLORS
President,
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Review of composition of the General Optical Council

SIR,—Your readers may be interested to know that the Privy Council is proposing to conduct a general review of the composition of the General Optical Council, using for the purpose the machinery provided by paragraph 13 of the Schedule to the Opticians Act 1958.

This provision enables the Privy Council, after the required consultations, to make by Order such alterations in the membership of the General Optical Council and the numbers and qualifications of its members as may be expedient in view of changes in circumstances since the council's establishment, or the last such Order, as the case may be.

I have already notified both the General Optical Council and a number of interested bodies of this proposal but think it appropriate to give it wider publicity through your columns and those of other relevant professional journals.

I would be grateful if any national organisations (including organisations representing the interests of Scotland, Wales, and Northern Ireland) wishing to make representations to the Privy Council on this subject could send them to me at this office (10 copies, please) not later than 30 November. If this deadline presents special difficulties, requests for a reasonable extension of time will, of course, be considered.

N E LEIGH
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Unblocking beds

SIR,—It is so clearly undesirable for elderly patients to be misplaced in acute hospital wards that if a mere change in clinical policy could solve this perennial problem no efficient department of geriatric medicine would have