follows: "The experimental evidence given in the present paper does not . . . support the view that the use of asthma inhalers containing isoproterenol will result in death due to the cardiotoxicity of the isoproterenol, or the fluorocarbon propellants, or to the interaction of isoproterenol and hypoxia." This is the direct opposite of the position taken by Dr. Archer, who offers no work of his own to support his views.

In referring to the work of Brooks, *et al.*,[10] Dr. Archer neglected to state that the occasional electrocardiographic changes seen after inhalation of propellants and isoprenaline were assessed by the authors as being inconsequential. In another experiment conducted in man,[11] two subjects were exposed to 1% fluorocarbon 12 for 2·5 hours and the E.C.G. continuously monitored. No abnormalities were observed.

A study which provides conclusive evidence of the safety of fluorocarbons 11 and 12 in clinical use was conducted in Germany.[12] Ten patients severely ill from a bronchopulmonary disease with a mean Pa_{O_2} of 54·9 mm Hg and Pa_{CO_2} of 47·2 mm Hg were given 10 inhalations of a propellant gas mixture during 10 consecutive breaths. No significant E.C.G. changes were observed. It would appear from this and other published data that Dr. Archer's apprehension about the safety of the pressurized bronchodilator inhalers in asthmatic patients is entirely unwarranted. I am, etc.,

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Diagnosis of Childhood Spinal Muscular Atrophy

SIR,—Following your leading article (6 October, p. 2), I would like to draw readers' attention to the electromyographic findings in spinal muscular atrophy, and in particular to a phenomenon described by Buchthal and Olsen[1] from Copenhagen which appears to be pathognomonic of this condition. In addition to the usual findings in anterior horn cell disease, three-quarters of their patients showed regular spontaneous motor unit activity in relaxed muscle and in sleep. The frequency of these spontaneous discharges varied between 5 and 15/sec.

Since this report appeared I have looked for this phenomenon in many children with neuromuscular diseases. Up to the present I have found such activity in most children who prove to have spinal muscular atrophy and not in any other condition. It can be found with needle or even surface electrodes providing one waits for relaxation to occur and may then continue for many minutes. It is doubtful if, in a child with the typical clinical picture and these electromyographic findings, a muscle biopsy is required for diagnostic purposes.—I am, etc.,

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Drug-induced Respiratory Disorders

SIR,—We read wth interest your leading article on this subject (12 May, p. 320). In the paragraph dealing with pulmonary hypertension induced by appetite-suppressing agents, however, it is stated that this side effect cannot be reproduced in animal experiments. This statement, however, is valid only up to three years ago. In the meantime several reports have been published about this problem.[1-7] A more detailed study on the mode of action of anorectic drugs inducing pulmonary hypertension is to be published shortly.[8]

All these papers clearly demonstrate the hypertensive effect of certain anorectic drugs on the pulmonary circulation in animals. —We are, etc.,

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Pyridoxine and Parkinsonism

SIR,—In the treatment of Parkinsonism with levodopa it is often necessary to prescribe drugs to combat the nausea which occasionally occurs. It has been my practice to prescribe metoclopramide.

Recently some of my patients have relapsed with no alteration in the dose of levodopa and I discovered that these patients had had prescribed for them anti-nausea preparations containing pyridoxine.

I should like to draw attention to the fact that pyridoxine is contraindicated in patients with Parkinsonism and preparations which contain this drug should therefore not be used.—I am, etc.,

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Giardiasis in England

SIR,—Two young men have recently been admitted to this department for investigation of persistent diarrhoea associated with the passing of pale, bulky stools and significant loss of weight. Both had just returned from a visit to India and stool cultures taken by their general practitioners were negative for pathogens. Microscopy of the stools, however, revealed numerous cysts of *Giardia lamblia*. Both patients were treated with metronidazole (Flagyl) with relief of diarrhoea and regain in weight.

This summer we have also seen an outbreak of giardiasis in a group of children who had just returned from a school cruise in the Mediterranean. Some of these children complained of abdominal pain and at least one was referred to a surgical unit.

G. lamblia is found throughout the world but is most common in tropical countries. Giardiasis normally presents as a mild enteritis, but severe infection of the small bowel may lead to malabsorption, which can lead to diagnostic difficulty unless microscopical examination of the stools is carried out. With increasing foreign travel giardiasis is likely to become more common in Britain. —I am, etc.,

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Late Advertising of Hospital Posts

SIR,— Dr. T. D. Culbert's letter (13 October, p. 111) *does* require some comment. There are at least two good reasons for his four applicants neither attending for interview nor informing the hospital. They may never have received invitations to attend or these may have arrived too late. In any case, a well-run administration asks the candidate to confirm that he will attend. If no reply is received no one should be surprised if the candidate does not appear at the interview, though someone might trouble to check the clerical procedures.

Unlikely? Not at all. Last year I got 48 *hours'* notice to attend an interview for a consultant post at a London teaching hospital, and this only because I happened to ring the hospital on that day. The other candidates (who lived in London) had just 24 hours' notice.—I am, etc.,

ROGER HOLE

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Medically Oriented Language Courses

SIR,—I have some reservations about the value of medically oriented language courses as suggested by the Chairman of the Medical Education Panel (8 September, p. 546). Let us, by all means, learn European languages to help us to become good Europeans and to participate in the riches of European culture. But the difficulties in communicating in a foreign language have little relation to technical words, which are usually easily recognized though they may have a French, German, or Italian form. Some years ago[1] I drew attention to the fatuity of publishing Russian dictionaries of medical terms, when in fact the only problem in many cases was

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