

edges the rightful place of deputizing as an approved method of providing out-of-hours cover.

As a full-time deputy I fully accept the need to introduce measures to improve the present position. Certainly I would agree that all deputies should be fully trained general practitioners. I would also accept local control by an FPC sub-committee although I would dispute the proposed content of such a committee. Might I further suggest that compulsory independent audit and a proper salary and career structure for deputies should also be recommended.

Let us not deny that the present provision of out-of-hours cover needs much fuller debate. In the circumstances would it not be more reasonable to advise the Minister to await further discussion and in particular the report of the College's proposed working party on out-of-hours cover?

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Doctors and the Pharmaceutical Industry

Sir,
I respect the argument advanced by Dr Taylor (December *Journal*, p.825) against any acknowledged association between the College and a pharmaceutical company. It has all the intellectual strength of an uncompromising ethical stance—and the weakness. In practical terms it would result in a substantial increase in membership subscription to maintain the same level of services and activity, centrally and in the faculties, the successful Annual Symposia costs would double and there would be no possibility of the College mounting the WONCA Conference in London in 1986.

In Edinburgh, home of John Knox, town and gown have managed to accept benefactions with grace and without favour. Edinburgh graduates receive their degrees in the impressive McEwan Hall, while Edinburgh citizens receive cultural nourishment in the Usher Hall, the centrepiece of the Edinburgh International Festival. These benefactions arose from the profits of brewers and no doubt have promoted their products. The educational and cultural assets which they provide, however, far outweigh any tendency to exacerbate what is an admitted national weakness.

The Royal Colleges and University which together administer this post-graduate centre have not been inhibited

from acknowledging the company that provided it and no doubt the post-graduate students from all over the world who come here are made more aware of that company name, but the lecturers who teach therapeutics are more likely to promote the cause of generic prescribing than proprietary medicines.

Ivory towers are intellectually satisfying, but who provides the books?

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What Sort of Fellow?

Sir,
The March issue of the *College Journal* contained an editorial on the subject of appointment to Fellowship of the College. To this reader the only result has been that the author of the leader has lost the distinction of being the only general practitioner associated with the editorial board *not* to have been awarded the Fellowship.

We cannot all write leaders but could your readership be informed if the Awards Committee is beavering away producing an equitable system of awarding the Fellowship—or does secrecy and the hint of nepotism help the College maintain an upper crust image *vis-à-vis* consultants and their merit awards?

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Tablets and Capsules that Stick in the Oesophagus

Sir,
I would like to draw attention to a hazard of taking tablets which, in spite of an article on the subject in the *Drug and Therapeutics Bulletin*,¹ does not appear to be generally appreciated by the medical profession.

A 48 year old woman was taking tetracycline (Achromycin) 250 mg tablets twice daily as a prophylaxis against recurrent boils. One night she took a tablet immediately before lying down to sleep and neglected to take a drink of water with it. She was awakened later with pain and a sensation as if the tablet were sticking in the mid-chest region. She rose and took a drink and ate some bread, but the pain persisted. For the following week she was unable to eat solid food, or even to drink,

without severe discomfort. On the seventh day a barium swallow was carried out which showed a kink in the oesophagus at the level of the aortic arch, at the site of the pain, and oesophagoscopy showed several ulcers at about 25 cm from the mouth. The patient was treated with antacids and the symptoms disappeared about the 12th day.

Interestingly, some years earlier, this woman had had an oesophagoscopy for an attack of pain on swallowing occurring at a lower site in the chest. No abnormality had been found. At that time she had been taking aspirin and codeine for pleurisy due to tuberculosis. In retrospect, it seems likely that a tablet, aspirin, was again responsible for the oesophagitis.

Some drugs, such as emepronium bromide and potassium chloride are known to cause oesophageal ulceration, but antibiotics much less so. However, there is now a large number of reports of antibiotics causing oesophagitis, particularly those which cause symptoms in the lower gastrointestinal tract; tetracycline, doxycycline, clindamycin and erythromycin.¹

The effect of aspirin and other non-steroidal anti-inflammatory drugs on the oesophagus is also important in view of the increasing incidence of dysphagia in elderly patients, especially those with long-standing rheumatoid arthritis, many of whom are being found to have benign oesophageal strictures requiring dilation.²

Oesophageal smooth muscle dysfunction, shown on barium swallow, is common in elderly patients. Such people are also frequent recipients of large quantities of antibiotic and anti-inflammatory drugs. These may be taken in recumbent positions or in situations such as the street where a drink is not available. It is surprising that pain due to oesophageal ulceration is not more common. Doctors should pay more attention to telling patients how to take their drugs, and labels on medicine bottles should include instructions to take tablets in an upright position with a drink.

M. R. BLISS
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References

1. Tablets and capsules that stick in the oesophagus. *Drug and Therapeutics Bulletin* 1981; **19**: 9.
2. Hellier SR, Fellows IW, Ogilvie AL, Atkinson M. Non-steroidal anti-inflammatory drugs and benign oesophageal stricture. *Br Med J* 1982; **285**: 167-168.