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Correspondence

Letters to the Editor should not exceed 500 words.

Psychiatric Aspects of Intensive Therapy

SIR,—The interesting article by Dr. D. S. Kornfeld (11 January, p. 108) correctly emphasizes the psychiatric problems associated with intensive patient care in highly specialized units. These problems have been foremost in the thoughts of clinicians involved with intensive therapy for many years. It is unfortunate that Dr. Kornfeld finds that the phenothiazines are the drugs of choice in these situations, and that he is prepared to accept the risks of hypotension associated with their use.

There are available true anxiolytic and tranquillizer drugs which do not possess this unfortunate vasomotor depressive effect. Such drugs are chlordiazepoxide (Librium) and diazepam (Valium). I have found chlordiazepoxide to be most useful in both treatment and prophylaxis of psychiatric problems in the intensive therapy unit, used in doses of 5–20 mg. t.d.s., if necessary from the time of admission to the intensive therapy unit. Acute anxiety and panic reactions can quickly be controlled by immediate intramuscular injection of 5–50 mg. chlordiazepoxide. In a very feeble or debilitated patient 5 mg. is used as an initial dose. Chlordiazepoxide is a specific anxiolytic drug with wide safety margin. More recently diazepam (Valium) has also been used for this purpose in doses of 5–15 mg. three times daily, and has proved equally satisfactory. Both these drugs have a secondary beneficial effect in patients admitted with myocardial infarction, who are receiving lignocaine infusion therapy for arrhythmia, in allowing higher doses of lignocaine per hour to be infused, without producing twitching or convulsive side-effects. Meprobamate (Equanil), another of the tranquillizer drugs, has not proved satisfactory in this situation, as its effect is too unpredictable to be of benefit.

I would agree with Dr. Kornfeld, however, that, regardless of the drug chosen, maintenance regimen with additional booster doses as necessary is preferable to relying on doses as required only.

An attempt to solve the problem of night and day disorientation is made by using chloral hydrate or one of the associated drugs at night time to simulate a sleep rhythm, superimposed on the anxiolytic regimen previously described.—I am, etc.,

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Reporting on Congenital Abnormalities

SIR,—The question is often raised as to whether existing arrangements for reporting the occurrence of congenital abnormalities would have led to earlier detection of the teratogenic effects of thalidomide, had these arrangements existed at that time.

The machinery which exists in several countries today for reporting of malformations appears at first sight to be adequate for early detection of teratogenic side-effects of new drugs. An absolute prerequisite for full efficacy is, however, that registration must be complete and must cover all cases in the geographical area concerned. This is in itself difficult to carry out in practice. In addition, the problem of which types of malformation should be reported and where one would set the boundary between normal anatomical variation, growth retardation, and true abnormality must also be considered. Furthermore, the question arises as to who should do the reporting—doctor, midwife, or both, and to what extent it would be possible to maintain long-term collaboration between these two groups. Finally there is the problem of at which stages after birth the registrations should be made. In order to obtain statistically valid results, registration of malformations ought to be supplemented by competent necropsy examination of all abortuses in the geographical region concerned.

The organizational difficulties concomitant with teratological registration may thus be seen to be considerable. If it is desired to record these cases in such a manner that the results may be relied upon for the detection of small variations in incidence, then consistent planning is required down to the smallest details.

The way in which the presently existing systems of recording are used would not allow of detection of variations of the order of size that existed in the case of the thalidomide disaster. It was only because thalidomide produced so bizarre a complex of malformations that the efforts of a single man, Professor Lenz, and the co-operation of obstetricians (and not registration) led to the relatively rapid focusing of attention on the drug's teratogenic properties. Had thalidomide been the cause of more usual types of malformation, such as, for example, cleft lip and palate, then the slight increase in incidence so produced would in all likelihood not yet have been discovered.—I am, etc.,

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