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Correspondence

Letters to the Editor should not exceed 500 words.

Freedom to Prescribe

SIR,—It is not surprising that the referees in cases of the kind you describe under the heading "Was it a Drug?" are in some difficulty.

Their function was, I believe, to distinguish drugs from foods, beverages, and toilet preparations. However, the Macgregor Committee (Standing Joint Committee on the Classification of Proprietary Preparations) in its 1967 report says that "there is no definition in general terms of what constitutes a drug." They then express the view that "a drug is a substance that has a pharmacological effect on the body *and* is used to prevent or treat disease" (my italics). This definition would have the effect of excluding many dermatological treatments which are specifically intended to avoid pharmacological effects in the body.

A treatment of scabies, for example, should avoid any pharmacological effect in the body. In the case you have quoted (*Supplement*, 11 January, p. 13) Tetmosol soap was disallowed because it could not have been effective, although the patient was in fact cured of scabies for which it had been prescribed. It is not mentioned that any other treatment was given, and one wonders whether the referees attribute the cure to "supportive measures."

Supportive measures are given the credit for the patient whose ulcer healed while Glucodin was being used, but unless the referees saw this patient and followed her progress one may doubt whether this is the way to assess the effects of treatment. In fact, Glucodin seems to have been condemned chiefly because it is not in accordance with accepted medical practice.

Disfex Skin Cleanser was disallowed because the referees thought that 3% hexachlorophane was not enough to influence acne. Having regard to the difficulty of treating this stubborn disorder, one wonders how the referees were able to reach this clear, if arbitrary, decision.

The effect of this system is that National Health Service prescribing is being kept to the "O.K." treatments, and the freedom of the prescriber to adopt untried methods, or even methods which the referees do not know enough about, is to be bought out of his own pocket.—I am, etc.,

London W.1. F. RAY BETTLEY.

SIR,—Under "Was it a Drug?" (*Supplement*, 11 January, p. 13) you report the findings of referees who thought that Tetmosol soap "had no appreciable chemical value for the treatment of scabies."

During the war on the instructions of the War Office I carried out extensive investigations in three medical centres in the Western Command in which soldiers suffering from scabies were issued with Tetmosol soap to use in their own units. The results were satisfactory and accepted as such by a committee of the War Office and Medical Research Council to which I reported. However, it was pointed out that it would be far more expensive to issue Tetmosol soap on a wide scale as a prophylactic than to allow the soldiers to contract scabies and then cure them with benzyl benzoate. These results were never published, but Tetmosol soap has been successfully used in a mental hospital where scabies was more or less endemic.—I am, etc.,

Leeds 2. F. F. HELLIER.

Status Epilepticus and Diazepam

SIR,—The title of Dr. D. S. Bell's paper the "Dangers of Treatment of Status Epilepticus with Diazepam" (18 January, p. 159) is unfortunate. He shows hypotension has occurred in severely ill patients with status epilepticus who have received a variety of drugs, especially barbiturates. Surely the common factor was the severity of the illness in his patients. He records that "hypotension does not seem to have occurred in the course of the extensive use of diazepam in the treatment of tetanus, even though barbiturates were also given in many cases."

The most important factor in the management of status epilepticus is the early and energetic treatment of frequently recurring major fits, and here diazepam is the drug of choice. We have here some 320 children with epilepsy, and the prevalence of fits varies enormously from those who are well controlled, with infrequent fits, to those with frequent major fits and often with daily minor fits. A small proportion can, for no obvious reason, develop serial fits, and early treatment of these is essential. Oral chloral hydrate is our first choice, but if the fits are severe, the child unable to swallow, or known as a severe "fitter" then diazepam is given intramuscularly in 5–10 mg. doses. Since 1965 the drug has been given to 125 children. Grand mal fits have been controlled, but it was of little help in the treatment of "minor status epilepticus." Status epilepticus used to be a fairly frequent emergency here but has not been recorded for over three years.

My real plea is that diazepam should be given early for severe fits recurring in quick succession. It should become a most useful drug for the general practitioner with the