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LEADING ARTICLES

CLINICAL RESEARCH • PAPERS AND SHORT REPORTS • PRACTICE OBSERVED

MEDICAL PRACTICE

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CORRESPONDENCE

We may return unduly long letters to the author for shortening so that we can offer readers as wide a selection as possible. We receive so many letters each week that we have to omit some of them. Letters must be signed personally by all their authors. We cannot acknowledge their receipt unless a stamped addressed envelope or an international reply coupon is enclosed.

Correspondents should present their references in the Vancouver style (see examples in these columns). In particular, the names and initials of all authors must be given unless there are more than six, when only the first three should be given, followed by et al; and the first and last page numbers of articles and chapters should be included. Titles of papers are not, however, included in the correspondence section.

Crying wolf on drug safety

SIR,—Your leading article (23 January, p 219) is an excellent guide for those who referee papers and short reports on drug reactions, but not all type B reactions can be judged by the criteria in your final paragraph. A difficult group in my field are reports of acute renal failure due to drugs.

There are rare occasions when the unique properties of the drug justify readministration under close observation or when the drug is given inadvertently for a second time. If rechallenge is followed by a second episode of acute renal failure the physician has a moral obligation to publish the details. However, in most instances rechallenge is quite unacceptable ethically.

Acute interstitial nephritis is the commonest mechanism of drug-induced acute renal failure but a rare mechanism when acute renal failure is caused by trauma, sepsis, etc. Consequently a renal biopsy is very helpful in incriminating a suspect drug; it should be performed in a hospital where the tissue can be examined by light, electron, and fluorescence microscopy and the surplus tissue stored for a long period for later examination by techniques yet to be described. Renal biopsy is a substantial procedure to inflict on one patient for the benefit of others and will not always be justified. However, those who withhold it have to accept that the case report may become unpublishable as a result. If I were submitting a case to the *BMJ* Short Reports section I would use my one figure to illustrate the histology and describe the biochemistry in the text.

Finally, there are patients who develop acute renal failure "out of the blue" when receiving a single drug for a condition that does not itself damage the kidney acutely. These instances, in my view, justify a short report or a letter to the editor.

The common event is the development of acute renal failure in a patient receiving multiple drugs for an acute illness. In my view that is best dealt with through the yellow card system without troubling the Editor of the *BMJ* or any of his colleagues.

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SIR,—The point of the story about the boy who kept crying "Wolf" (23 January, p 219) is that in the end the wolf really came and destroyed him. His first cry was no doubt one of genuine alarm, but thereafter it became an attention-seeking device. Doctors who suspect adverse reactions to drugs should certainly report them to the Committee on Safety of Medicines and to the relevant pharmaceutical company. They should also be able to report them to scientific journals. If McBride[1] and Lenz[2] had not written to the *Lancet*, there would be far more thalidomide-damaged youngsters with us now.

In the immediate aftermath of thalidomide, numerous letters were published in both the *BMJ* and the *Lancet* reporting single cases of association between the drug and deformity. They did no harm to the reputations of the drugs and they caused no anxiety to expectant mothers, but they expressed clinicians' anxieties. It is only since the investigative journalists, referred to in the opening paragraph of your editorial, recognised the drug-deformity story as an effective attention-seeking (and attention-getting) device that problems have arisen.

For example, you suggest that a report associating skeletal malformations with Debendox[3] was a false alarm "which cast an unwarranted blight on a useful drug." In fact, the authors were properly cautious in the interpretation of their observations. The blight was cast on a useful drug by the media. It is