


448.8

B77

BRITISH MEDICAL JOURNAL



SATURDAY 20 SEPTEMBER 1969

LEADING ARTICLES

Postoperative Gas Gangrene page 665 Replacing Three Heart Valves page 666 Pregnancy Tests Over the Counter page 667 Battered Babies page 667 Human Placental Lactogen page 668 Massive Haemoptysis page 669 Hypertension in Patients on Regular Dialysis page 669 Prune-belly Syndrome page 670

U. S. DEPT. OF AGRICULTURE
NATIONAL AGRICULTURAL LIBRARY

PAPERS AND ORIGINALS

OCT 3 0 1969

Postoperative Clostridial Infections in Britain M. T. PARKER 671
Control of Sodium Reabsorption.—II H. E. DE WARDENER 676
Triple Starr Valve Replacement M. V. BRAIMBRIDGE, A. J. CLEMENT, A. HEDLEY BROWN, E. SABAR, AND D. MENDEL 683
Diabetes and Oesophageal Dysfunction W. SILBER 688
Selective Vagotomy without Drainage. An Interim Report
H. BURGE, C. MACLEAN, R. STEDEFORD, G. PINN, AND D. HOLLANDERS 690
Potentiation of Inhibitory Activity of Colistin on *Pseudomonas aeruginosa* by Sulphamethoxazole and Sulphamethizole N. A. SIMMONS 693

PRELIMINARY COMMUNICATIONS

Reduction of Lumbar Disc Prolapse by Manipulation J. A. MATHEWS AND D. A. H. YATES 696

MEDICAL MEMORANDA

Acute Pancreatitis Complicating a Choledochal Cyst A. CUSCHIERI AND R. S. DAVIES 698

MIDDLE ARTICLES

Automation on a General Medical Ward: Monitron System of Patient Monitoring J. M. RAWLES AND G. S. CROCKETT 707
Conferences and Meetings
European Association for the Study of the Liver 711
New Appliances
New Towel Clip 712
Personal View BERNARD TOWERS 713

NEWS AND NOTES

Epidemiology 724
Medical News 725

CURRENT PRACTICE

Management of Major Strokes
L. J. HURWITZ 699
Any Questions? 702

BOOK REVIEWS 704

CORRESPONDENCE 714

OBITUARY NOTICES 722

SUPPLEMENT

Central Committee for Hospital Medical Services... 111

Correspondence

Letters to the Editor should not exceed 500 words.

Dopa for Parkinsonism J. M. Potter, F.R.C.S.	714	Extra-articular Manifestations of Rheumatoid Arthritis F. Dudley Hart, F.R.C.P.; A. G. Mowat, M.R.C.P.ED.	717	Drugs for Cardiac Arrhythmias D. A. L. Watt, M.R.C.P.	719
Pattern of Social Reform H. Wapshaw, F.R.C.S.ED.	715	G.M.C.'s Annual Levy A. K. Maitra, F.R.C.S.	717	Peritoneal Dialysis and Lysol Poisoning B. B. Thomas, M.R.C.P.ED.	720
How Many Surgeons? J. Duguid, M.B.	715	Life-tables for Cystic Fibrosis L. George, M.D., D.C.H., and A. P. Norman, F.R.C.P.	718	Analgesic Neuropathy J. H. Shelley, M.B.	720
Medical Staffing in the N.H.S. H. T. John, F.R.C.S.	715	Depressive Changes Following Fluphenazine Treatment J. Johnson, M.D.	718	Malmström's Vacuum Extractor J. A. Chalmers, F.R.C.O.G.	720
Violence on T.V. P. D. Scott, M.R.C.P., D.P.M.; P. G. McC. Banister, M.B.	715	Hospital Letters V. S. Nehama, D.P.M.	718	Sickness Certification M. T. Wade, M.B.	720
Subnormal Hospitals L. Arenillas, D.P.M.; K. S. Jones, D.P.M.	716	Bowel Innervation in Hirschsprung's Disease J. R. Garrett, PH.D., M.C.PATH., and others	718	How Many Authors Can Collaborate? K. J. Plasterk	721
An Explanation for Addiction J. B. Stetson, M.D.	716	An Aid to Cholangiography R. T. Burkitt, F.R.C.S.	719	The Consultant's Job N. A. Simmons, M.B., M.C.PATH., and others	721
Awareness during Anaesthesia J. Wilson, F.F.A. R.C.S., and D. J. Turner, F.F.A. R.C.S.	716	Which Dialyser? W. K. Stewart, M.R.C.P., and others	719	Doctors and Overtime Pay D. L. McLellan, M.B.	721
Myoedema and Vitamins A. N. Patel, M.D.	716			Dispensing Doctors and Pharmacists B. D. M. Williams, B.M.; T. D. Richards, M.D.	721
Trimethoprim for Malaria L. J. Bruce-Chwatt, M.D.	717			Armed Forces Pay "Contented Retired Officer"	721

Dopa for Parkinsonism

SIR,—Despite its actual and potential disadvantages, many doctors and patients (and, according to some reports, black-marketeers) are already convinced that Dopa gives far more effective relief from some of the disabilities of Parkinsonism in certain patients than does any drug freely available in this country. It has been clear to some of us for some time that more than a *prima facie* case was established by the careful studies of the respected American scientist Dr. George Cotzias and his co-workers,¹ whose claims were modest, but firm, and expressed with proper scientific caution.

Now, more than two years after Cotzias's first publication, the discouraging, lukewarm statement issued by official bodies² will have come as a great disappointment to those doctors and patients who had been waiting to hear that there would at last be facilities for all patients who might benefit from this drug—and who were prepared in their extremity to risk possible ill effects—to receive it under supervision. I should like to suggest that protracted official caution about the safety of Dopa, although entirely understandable, is inappropriate to the present situation. Is Cotzias's work not acceptable and, if not, what further clinical trials are to be carried out that are expected to add significantly to his evidence and to the experience of others who have been using it for some time that the drug is reasonably safe in relation to the circumstances which may call for its trial? For how much longer are the trials expected to be needed, and are they to be concerned only with safety or does someone still seriously doubt that Dopa's effects can be strikingly beneficial?

Certainly there may be potential hazards from sudden withdrawal, but I am not aware that any prohibitive effects have yet been reported. On the contrary, the evidence so far indicates that, unlike some forms of replacement therapy, Dopa carries the advantage that the symptoms which it has

mitigated do not immediately reassert themselves when the drug is discontinued, but remain in abeyance, usually for a few days and sometimes for much longer, until perhaps a store of dopamine has again become depleted. By omitting a dose before, say, they go out in the evening, those who have troublesome involuntary movements for a little while after each dose can avoid the embarrassment that these movements may cause in public. Those who show temporary granulocytopenia or some other symptom, such as haematuria, which might be an effect of the Dopa, may discontinue the drug for a longer period without losing its benefit for all of the time. Other side-effects, which are certainly undesirable, are nevertheless often tolerated in order that the desirable effects may continue. Good may even come with the bad; not only has one patient I know endured nausea patiently, but it has helped to reduce his obesity, which was aggravating the defect in his gait.

The observation in the last sentence of the official statement, that only a proportion of patients may be expected to benefit, is irrelevant to those who may do so—they just want the chance. Doing the best one can with the knowledge and facilities available is surely what medicine is all about. Do the profession and the public really want expert committees and the Department of Health to deny patients the opportunity to decide whether or not they will accept these kinds of risk? One knows that, apart perhaps from the financial aspect, the intention of the authorities is altruistic, but whether the inseparable flavour of paternalism is good for medicine in the long run is debatable. Could not all the sufferers from advanced Parkinsonism be allowed to decide for themselves whether they would prefer to accept all risks now, rather than wait for an indefinite period for official blessing? If this were permitted, the large-scale experiment would indicate the safety of Dopa quickly, and might it not

be more appropriate at this stage for the M.R.C. to encourage research into why, as has already been established, this drug helps some patients and not others, and towards the development of potentiating agents?

Turning to the financial aspect, there is no mention of cost in the joint statement, but the sums mentioned in the lay press do not seem to be very great in relation to other Health Service costs, to the general expenditure on drugs, or—for that matter—to the cost of British justice, which is now said to be running at some £30 per minute. Indeed, £1 per day spent on Dopa would be an economy if it kept a patient out of hospital or saved the expense of a series of less effective thalamic operations.

There are important principles in this situation which are a proper subject for debate, and I am sure that my bewilderment must be shared by others. The official caution that has been shown over the past two years, and our resulting slow progress in the wake of American research into what is perhaps the most promising of all recent advances in the treatment of nervous disease, is regrettable. It is the duty of the Department of Health and its medical advisers to protect the public and the reputation of the N.H.S. against grave errors resulting from hasty new therapy and the spared judgement of the few. But it is essential that the cautious, detached, long-term approach should at least be questioned. Although given to us in rather a different context, Medawar's aphorism, "Present skills are sufficient for present ills," expresses neatly the general truth that I am trying to labour.

May I suggest that L-Dopa (or, if expense is an insuperable obstacle, even commercial DL-Dopa) be made available to every general hospital from which there could be reasonable supervision of all those who are sufficiently incapacitated by Parkinsonism to justify its trial and who are prepared to accept its as yet unknown risks? There will be fear that this drug would be abused. Certainly, it would be if it were more freely