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Letters to the Editor should not exceed 500 words.

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 bodies[2] 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