Correspondence

Because of heavy pressure on our space, correspondents are asked to keep their letters short.

Detection of Glaucoma

SIR,—Dr. R. A. D. Crawford in his letter on this subject (December 1, p. 1474) says, "It is not our failure to diagnose early cases which should appal us but failure to have treated at all 40% of those registered blind from glaucoma." Surely if we had a really satisfactory arrangement for early detection there would not be the 40% of cases untreated on the blind register.

Now, whether we like it or not, 80% of all the people over 40 in this country go to the ophthalmic optician without consulting their doctor, less than 20% have the O.S.C.I and they are mostly the younger group. All these people over 40 are glaucoma suspect. Their family history should be inquired into and they should have a tonometric examination which alone, as surveys have shown, brings to light the underlying glaucoma in 2% of the population. All even mildly suspicious disks should invite a central visual field examination.

Now the only people, apart from those in the hospital service and those ophthalmic medical practitioners who work in the S.O.S., trained to understand the principles and practice of tonometry are the ophthalmic opticians, and the same applies in general to the use of the Bjerrum screen. The general practitioner has a knowledge of clinical ophthalmology but little opportunity of keeping the more specialized techniques up to date, and he refers nearly all his cases to the S.O.S., where most of them are seen by opticians. Simple glaucoma has practically no symptoms and the disease can only be discovered during routine sight tests. Most opticians with recent training and all those who have anything to do with contact lenses, in which great manual dexterity, absolute cleanliness, and asepsis are vital, would have no difficulty in tonometry and the others could be brought up to date with modern practice in a postgraduate hospital course. In many places nurses have been trained to do this very adequately.

We are dealing here with a disease, and I am quite certain the opticians would welcome a lead from the ophthalmologists with details of exactly what they require should be done in this national survey of all people over 40 who come to have their eyes tested. The S.O.S. provides an opportunity which does not exist in any other country. If this extra investigation were requested from all those working in it, there would have to be some adjustment in the range of service required in the S.O.S. and it would be reasonable to expect an increase in the test fee to counterbalance the saving which would accrue by the lowering of the number on the blind or partially blind register.—I am, etc.,

London W.1.

O. GAYER MORGAN.

SIR,—I think the recent Ministry of Health pamphlet entitled *The Prevention and Alleviation of Blindness*¹ is an excellent publication which gives most valuable information in a sensible and concise form. I do feel, however, like two previous correspondents (Dr. P. R. Day, November 10, p. 1257, and Dr. R. A. D. Crawford, December 1, p. 1474) that the section on glaucoma should be questioned.

In my opinion the statement that the family doctor is the key figure in the detection of chronic glaucoma

in its early stages is incorrect. As early chronic glaucoma is usually symptomless, such patients do not normally consult their family doctors except possibly to ask for an O.S.C.I certificate to enable them to have a sight-test through the Supplementary Ophthalmic Service with a view to getting glasses. It is the ophthalmic medical practitioners and ophthalmic opticians working in that service who have the opportunity to suspect or diagnose glaucoma, and in my opinion they are the key figures in its detection. This is especially so because an O.S.C.I is needed only for the first sight-test, and the general practitioner may thereafter never be consulted about the eyes.

The corollary to this is that the great majority of cases of glaucoma should be diagnosed or suspected at examinations through the Supplementary Ophthalmic Service. Because of this it is wrong and unfair in my opinion for Dr. Day to assert that the National Health Service does not provide the necessary hospital facilities when all that is needed is a thorough ophthalmoscopic examination, which is an obligatory part of the sight-test, and correct interpretation of the appearance of the optic disks.

It seems to me that the solution of the problem of the diagnosis of chronic glaucoma depends largely on the vigilance and skill of those working in the Supplementary Ophthalmic Service, because sooner or later almost every adult needs a sight-test. That the increasing numbers of patients being referred from the Supplementary Ophthalmic Service through the family doctors to the hospital eye clinics contain, in my experience, few if any cases of glaucoma is, however, alarming and makes one wonder whether cases of this silent disease are still being missed.—I am, etc.,

Chester.

A. C. SHUTTLEWORTH.

REFERENCE

¹ Standing Medical Advisory Committee for the Central Health Services Council and the Ministry of Health, *The Prevention and Alleviation of Blindness*, 1962. H.M.S.O., London.

Treatment of Ménière's Disease

SIR,—I read with great interest the article on ultrasonic destruction of the labyrinth in Ménière's disease by Mr. J. Angell James and his collaborators (November 24, p. 1343). The report is clear and thorough, which is always the case with work by Mr. Angell James, and the technical details are enough to warn everyone of the danger of this form of treatment if it is applied without expert assistance from the physicists.

I should like, however, to remind readers that the place of the surgery in the treatment of Ménière's disease has not been changed by the use of ultrasonics. The first place must be given to such dull advice as rest, reassurance, and sedatives, and it is my experience that this is still not realized, and new forms of surgery may lead to unnecessary operations. I have a number of patients with Ménière's disease attending my clinic at Maida Vale Hospital and the first thing I tell them is that they will have the disease for life, although it will trouble them little. At least half lose their vertigo completely with medical treatment, and of the remainder the majority improve with rest in hospital, intravenous histaminics as a vasodilator, and novocain block of the stellate ganglion for the same purpose. In the last seven years I have not destroyed the labyrinth by surgery in more than 30 patients, and in consequence ultrasonic destruction does not appeal to me. When Mr. Angell James's figures are examined the relief of tinnitus is striking, for no other form of treatment will relieve the

tinnitus. Whether operation should be undertaken for tinnitus alone is, however, more debatable. The relief of vertigo in his cases cannot be said to be outstanding. Most otologists will recognize that Ménière's disease must be watched for 10 years before judging the value of treatment, and cure of vertigo for three years only can then be considered a slight recommendation for ultrasonic destruction. Furthermore, this relief was only given to 50% of the patients treated. The improvement in hearing which Mr. Angell James reports is not large. An improvement of 15 decibels is usually considered enough to ignore errors of measurement, but 10 decibels, which this article reports, is certainly not enough to claim that the hearing in the affected ear may be improved by ultrasonic destruction. It is true that one case is mentioned in this article where the improvement in hearing was considerable, but no details were given beyond this, and I imagine the authors were anxious not to put weight on this single result.

Lastly, restriction of salt and fluids has been mentioned, and once more a warning should be given against this form of treatment in general practice. I have found it an intolerable burden to the patient. A salt-free diet is too expensive for a working-class patient, and indeed it is too expensive for a professional man if it is to be continued for months. Restriction of fluid is not required by most people in England unless they drink beer, and restriction is impracticable if the weather is hot. I would like to end by hoping that the next change in the treatment of Ménière's disease will lie in an attempt to restore the labyrinth to its proper function and not in destruction of the end-organ, whether by ultrasound or by instruments.—I am, etc.,

London W.1.

WILLIAM MCKENZIE.

Drugs and Foetal Abnormalities

SIR,—The recent publication by Drs. P. D. Powell and J. M. Johnstone (November 17, p. 1327) possibly attributing congenital malformations to the intake of "preludin" (phenmetrazine) during pregnancy and the publication of Dr. G. I. Watson (December 1, p. 1446) reporting the possible association of the intake of "ancoloxin" (meclozine and pyridoxine) during pregnancy and congenital abnormalities, have caused a good deal of alarm.

For some time I have been interested in the possible teratogenic effects on the foetus of drugs taken during pregnancy. In this study I have reviewed a large series of women who have taken various drugs and combinations of drugs during pregnancy. I have also studied the obstetric records of all women who have given birth to babies with congenital abnormalities during the past five years at the Women's Hospital, Sydney.

It is very easy to attribute congenital malformations of the infant to drugs taken by the mother during pregnancy, but we must keep this in perspective. Over half of the 400 women who were delivered of babies with congenital abnormalities at the Women's Hospital during the past five years had taken ferrous compounds during the early months of pregnancy. Are we then to accuse the ferrous element of being the cause of these congenital abnormalities? However, when we consider that some 10,000 women in the same hospital in the same years had taken ferrous compounds and delivered normal healthy children, our evidence of the ferrous element being a powerful teratogenic compound must surely be shaken, but still it stands that 2.5% of women

who took ferrous compounds during early pregnancy produced abnormal infants.

This is the type of evidence that Drs. Powell and Johnstone and Dr. Watson use against preludin and ancoloxin. Drs. Powell and Johnstone quote one patient who gave birth to two children with similar abnormalities after taking preludin during the respective pregnancies, when by a previous marriage she had three normal children and two miscarriages.

Dr. Watson reports 29 mothers producing abnormal infants after having taken anti-emetic drugs during pregnancy. He also reports 124 mothers who had been given drugs for treatment of nausea or vomiting during the first 12 weeks of pregnancy. Of these, three had malformed babies, and each of these mothers had taken ancoloxin—an incidence of 2.5%.

However, the incidence of congenital abnormalities in women who have taken no drugs during pregnancy is the order of 2-3%, and our figure for those who took ferrous compounds is 2.5%.

I am sure that if we follow this type of reasoning to absurdity we could find a large number of women who have given birth to infants with congenital abnormalities after eating a certain brand of breakfast cereal, or smoking a certain brand of cigarette, or driving a certain make of motor-car during pregnancy.

Let us be on the alert by all means and report our observations, but we must be critical, as many pregnant women and their husbands are unnecessarily upset by uncritical accusations of drugs as being the cause of all congenital abnormalities.—I am, etc.,

Sydney, N.S.W.,
Australia.

W. G. MCBRIDE.

"Ancoloxin" and Foetal Abnormalities

SIR,—I feel I should report a case of amelia, affecting the arms of a baby born in September this year. There was no history of the mother having thalidomide. She was adamant that the only treatment she had in early pregnancy was in the form of morning-sickness tablets, and these have now been found to be "ancoloxin" (meclozine and pyridoxine).

The absence of abnormalities being reported in the United States may mean that they have not been looked for; on the other hand, is it not possible that multiple factors may combine in the production of congenital abnormalities? In my area the epidemic occurred some time before thalidomide was incriminated, and suggested that thalidomide, coupled perhaps with a virus infection, had produced the picture. If the Ministry of Health was able to collect information about all the cases that had died their numbers would be swollen, I am sure, and an analysis of cases taking into account time and geographical distribution might show some interesting features.—I am, etc.,

Children's Annexe,
Luton and Dunstable Hospital,
Luton, Beds.

C. G. FAGG.

SIR,—The report by Dr. G. I. Watson (December 1, p. 1446) about the safety of "ancoloxin" and meclozine raises important issues. After the tragedies which have occurred through the use of thalidomide in pregnancy it is natural that cases where there may seem to be a connexion between other drugs and foetal abnormality should be reported as soon as possible. Unfortunately this involves the risk of damning useful and safe drugs unless great care is taken.