Forced Diuresis

In this section there is room for considerable confusion where it is written "these drugs" referring grammatically to short acting barbiturates, and it is stated that "it [forced diuresis] is very useful in severe poisoning with these drugs." "These drugs" is, however, meant to refer to salicylates and phenobarbitone mentioned earlier in the section. It is stated "the dangers arise from failing to keep up sufficient fluid input, too rapid fluid shifts within the body, and overestimation of renal and circulatory function." Surely a much more serious danger is failure to keep up sufficient output; as is started on p. 28, "a full urine output should in any case be maintained." It is difficult to envisage "fluid shifts" other than within the body, and the meaning of "overestimation" is far from clear.

Transport to Hospital

Transport to hospital has been dealt with earlier but the statement under this heading (p. 27) that hospitalization is usually advisable "especially in children where the clinical condition changes rapidly" is misleading, for in general rapid deterioration is more likely to occur in adults. It is stated that transport to hospital should not be done until "immediate requirements . . . or stomach emptying have been dealt with." This conflicts with the statement earlier regarding emptying the stomach and in any event in the absence of a suction apparatus gastric aspiration and lavage should not be attempted outside hospital.

Common Poisons

On pages 28 and 29 there are "Notes on some Common Poisons." After a misleading statement regarding a delay in onset of symptoms of aspirin poisoning, the gratuitous information is given that "Attempts to adjust acidemia [incidentally the less common acid/base upset in salicylate poisoning] are only feasible with laboratory control," the paragraph concludes "Patients are best treated in hospital."

Under "Barbiturates and Other Sedatives" the opening sentence is "These are rapidly absorbed." In practice very slow or no further absorption may occur soon after a large overdose owing to the narcotizing gut syndrome. Even if this syndrome does not occur, phenobarbitone commonly taken in overdosage is slowly absorbed, only reaching maximum blood concentrations in about 12 hours.

"The long acting barbiturates are the most dangerous." This is not so and the reverse obtains. While the duration of coma from a long-acting barbiturate is usually longer, the really dangerous effects such as severe respiratory depression, shock, hypothermia, and deep coma are encountered much more frequently with short- and medium-acting barbiturates.

Under "The Phenothiazines" the list of features does not include the important and dangerous hypothermic effects. "Iron Salts," p. 28, "Mortality is considerable." While not wishing to minimize the toxicity of iron preparations, mortality is not "considerable" even in children. Under "Morphine and other Narcotic Analgesics" there is no mention of the pin-point pupils, which, in combination with the slow breathing, is the

usual clue to the clinical diagnosis as to the cause of coma.

Under "Tricyclic Antidepressives" it is stated "these . . . cause mild disturbance of consciousness"; in fact the degree of coma can be serious. It is advocated that the cardiac effects may be controlled by pyridostigmine. No mention is made that pyridostigmine is ineffective in the dangerous ventricular dysrhythmias which may prove fatal and no treatment is offered for this complication.

"Gas Poisoning." In the section on carbon monoxide poisoning it is stated that "the diagnosis is usually obvious from the circumstances and clinical appearance." While the circumstances are so often helpful there is no characteristic "clinical appearance" in CO poisoning. The advice given is "to send any serious case to hospital in due course." The danger, provided the patient survives the immediate effects, lies in the complications which may ensue several hours, or in older patients, even days after exposure. It is obvious and important that not only those assessed as serious at the scene of the poisoning should be sent to hospital.

The section on "Agricultural Chemicals" (p. 30) includes sulphur dioxide, chlorine, phosgene, and ammonia. Of these only ammonia could conceivably be regarded as "agricultural." In organophosphorus poisoning it is stated that atropine should be given by intramuscular or subcutaneous injection. In severe poisoning intravenous atropine can be life saving. Under "Paraquat and Diquat" (p. 31) it is stated "There is no specific treatment after washing out the stomach." It should be added that washing out the stomach is ineffective unless undertaken within one hour of ingestion. To wash out the stomach later is not only ineffective but is hazardous when paraquat concentrate, which is a strong corrosive, has been taken.

The above are but some of the recommendations which are misleading, confusing, inaccurate, and even dangerous. The damage is done and will continue until one hopes it is corrected by the next edition. I can only suggest that doctors use the Poisons In-

formation Service when confronted with a problem involving poisoning. The telephone numbers are shown on page 25 of the *B.N.F.*—I am, etc.,

HENRY MATTHEW

Regional Poisoning Centre,
Royal Infirmary,
Edinburgh

¹ *British National Formulary* 1971. London, The British Medical Association, The Pharmaceutical Society of Great Britain, 1971.

² Central and Scottish Health Services Council, *Hospital Treatment of Acute Poisoning*. London, H.M.S.O., 1968.

Information on Poisonous Substances

SIR,—In managing acutely poisoned patients we are sometimes unable to obtain the information we need to plan treatment. With so many new drugs, herbicides, and other chemicals on the market it is impossible to know them all well. Poisoning is a form of pollution and manufacturers have become very much aware of their responsibilities to the public in this respect. We suggest that those making these chemicals be asked to help in the following way.

When a new chemical is marketed in large quantities for sale to the public or for wide use and immediately a new advance in treatment of poisoning by a chemical is made the company should circulate to every accident and emergency department in the country a card about it and closely related chemicals. The card should be a standard size, filed in a loose-leaf folder, and contain information on the trade names, physical properties, toxicology, and details of management of poisoning with references to publications. Rather than work individually, companies might delegate this duty to the bureau of some society to which they belong.

The scheme would not be expensive and should be most useful, as in our experience the data needed are not readily available from the official poison centres.—We are, etc.,

C. J. BURNS-COX
C. J. MORLEY

Frenchay Hospital,
Bristol

Doctors and Overpopulation

SIR,—In wholeheartedly supporting Dr. J. A. D. Anderson and others on "overpopulation" (8 January, p. 108) may I suggest four practical measures those of us who are general practitioner's can take now, while awaiting the inevitably delayed effects of the proposed campaign:

(1) We should welcome requests for contraceptive advice, and where suitable—post-natal examinations, etc.—initiate the suggestion.

(2) We should cease to charge, as I believe many do, for prescription for contraceptive pills, not because our patients cannot afford the fee but on principle, as evidence of our approval for their social sense.

(3) Those of us with completed families whose wives are of childbearing age should ourselves have bilateral vasectomy done, so that we can encourage our patients to adopt this method from personal experience of the effects.

(4) Ensure, as far as we can, that any patient who has an unwanted pregnancy is referred to an understanding gynaecologist with as strong a recommendation for

therapeutic abortion as the case will bear within the law.—I am, etc.,

L. J. BLAY

Puckeridge,
Nr. Ware,
Herts

SIR,—There must be many, like me, who were not particularly impressed with the enormously long list of signatories to the letter on overpopulation (8 January, p. 108). Is it really true that their thesis is correct and that we are in this country in such grave danger of overpopulation? Only this last fortnight I have received, as a consultant gynaecologist, a form requesting me to give my opinion on artificial insemination, presumably because there is such a shortage of babies for adoption and such a large problem of infertility. The birth rate in this country is much less than it was and I understand the trend is continuing to drop. I read this week that 380 abortions are being done in England and Wales every day. Do these eminent doctors, as the press call them, expect us to be more liberal than this?