

SIR,—The outlook for the pregnant Mum is getting rather bleak. It looks as if she will have to vomit for three months and put up with it—or?

Perhaps someone will put me in the picture. Have foetal abnormalities greatly increased during the last, say, eight years? Surely they have always been with us? Almost anything can be a scapegoat at present.

I can remember three foetal abnormalities, all in the same road within six months, congenital dislocation of the hip (no anti-emetics); phocomelia ("avomine" (promethazine)); exomphalos (no anti-emetics).

Since 1956 I have used "ancoloxin" (meclozine and pyridoxine) almost to the exclusion of any other anti-emetic, without any untoward effects. One of your correspondents (Dr. O. S. Kohnstamm, December 1, p. 1476) mentions the possibility of some poison or other being vomited as a physiological affair; I suppose he is being serious! Well, a great many nuclear devices have been let off within the last few years. There might be something in that, particularly with regard to the "epidemic" of lung neoplasms. We do breathe these radioactive breezes!

Well, back to raspberry tea.—I am, etc.,

Mitcham, Surrey.

HUGH WATSON.

SIR,—In Dr. G. I. Watson's series of 10 malformed children whose mothers took "ancoloxin" (meclozine and pyridoxine) in pregnancy (December 1, p. 1446) only two types of defects occurred more than once: spina bifida or meningocele (four cases) and talipes (two cases, including one with spina bifida).

This drug was introduced in 1955 and is thought to have been taken by a million pregnant women since then (December 1, p. 1456). If spina bifida and meningocele had occurred in a substantial proportion of these cases, the incidence of these malformations would probably have been higher in births during and after 1956 than in children born in preceding years (most if not all of whom passed through early intrauterine life before the introduction of the drug). In Birmingham, where "ancoloxin" was widely used, our records of all malformations diagnosed soon after birth^{1 2} show that the incidence (per 1,000 total births) of meningocele and spina bifida during the last 12 years was as follows: 1950-1, 2.37; 1952-3, 2.76; 1954-5, 3.53; 1956-7, 2.93; 1958-9, 2.68; 1960-1, 2.59.

These figures suggest that incidence has declined since 1955, and similar trends are shown both by the infant mortality rate from spina bifida in England and Wales and by figures for stillbirths and deaths from spina bifida in Scotland (all of which are given in the annual reports of Registrars-General).

I am indebted to Dr. E. L. M. Millar (medical officer of health, Birmingham) and Mr. A. B. Neale (statistical officer) for access to the above data.—I am, etc.,

Department of Social Medicine,
The Medical School,
Birmingham 15.

IAN M. LECK.

REFERENCES

- Charles, E., *Brit. J. soc. Med.*, 1951, 5, 41.
- McKeown, T., and Record, R. G., in *Ciba Foundation Symposium on Congenital Malformations*, 1961, p. 2, edited by G. E. W. Wolstenholme and C. M. O'Connor. Churchill, London.

Phenmetrazine and Foetal Abnormalities

SIR,—In view of the recent interest in phenmetrazine ("preludin") as a possible cause of foetal abnormality this case should be on record.

The mother of the child in question had become obese after her first pregnancy and decided to slim, taking first dexamphetamine and later phenmetrazine. Whilst taking the latter she became pregnant again and continued to take the tablets for approximately six weeks of the pregnancy (? 8 weeks foetal age). This infant was born with deformities of both lower limbs and one hand was also affected. The legs were normal to about mid-calf level but below that there was a tiny foot consisting of a fairly well formed great toe and little else. X-ray showed most of the tarsals and metatarsals and also phalanges to be missing. One hand was normal. The other had a web deformity of the third and fourth finger and the little finger was missing.

I am glad to say that this child, who is now 3 years 9 months of age, has been fitted with artificial limbs and gets about extremely well. He will attend ordinary school.—I am, etc.,

Royal Infirmary,
Blackburn.

P. D. MOSS.

Side-effects of Ethchlorvynol

SIR,—Ethchlorvynol ("arvynol"), which is at present being brought to the notice of general practitioners as a 250 mg. red capsule, appears to be capable of producing most alarming side-effects. The side-effects mentioned in the literature are "giddiness" and "hypotension" and there is a warning against taking alcohol.

Having recently had two cases where alcohol had probably been consumed unbeknown to the physician, it may be only proper to draw attention to the most alarming consequences in these two cases.

(1) A woman of 54 years of age was found to be utterly collapsed over the edge of her bed. Her husband was unable to rouse her, and he presumed her to have died. She had taken 500 mg. of ethchlorvynol about 20 minutes previously. Not suspecting this "cause and effect" between the drug and the attack, the patient took a further 500 mg. the next night with identical result. In this case unconsciousness lasted for 40 minutes or so.

(2) This concerns a depressive man of similar age who was found unconscious by his son. Here the duration of unconsciousness lasted sufficiently long to require hospitalization. The exact dosage of ethchlorvynol taken by this man could not be established, but was probably not more than 750 mg.

It is interesting to note that both patients have probably a fair amount of "liver damage" owing to the fact that both of them have been alcoholics, though presumed to be reasonably dry at present. In both cases the taking of alcohol prior to the taking of ethchlorvynol was denied by the patients.—I am, etc.,

Edinburgh.

E. V. KUENSSBERG.

Side-effects of Disulfiram

SIR,—Your "To-day's Drugs" article (November 17, p. 1318) on the use of "abstem" and disulfiram in alcoholism refers to skin rashes among the side-effects of disulfiram therapy.

In this context it is advisable to ensure that this drug is not given to patients whose skins are sensitive to rubber. Disulfiram is closely related chemically to dipentamethylthiuramdisulphide, an accelerator responsible for a high proportion of cases of rubber dermatitis. A patient of mine who gave a past history of sensitivity to a contraceptive sheath subsequently became an