

whether it causes less distress (which is not severe enough to be regarded as psychiatric caseness) and without remembering that the women's body image is preserved.

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SIR,—We acknowledge that by virtue of their participation in a randomised study the patients assessed in the psychological arm of the Cancer Research Campaign's breast conservation trial might well be unrepresentative of patients with breast cancer in general.

The hypothesis suggested by Drs P C Milner and J P Nicholl (13 December, p 1568), however, is only one of many possibilities that might argue against the generalisability of our study. For these reasons we are currently conducting a "real world" psychological study, in which patients are in effect randomised to treatment by their referring GP. The psychiatric morbidity will be assessed in the patients of surgeons pursuing one of essentially three different treatment policies—that is, those offering primarily mastectomy, those offering primarily local excision, and those with no clear policy who feel that they should offer patients the choice of treatment. We hope that the findings of this multicentre study will be relevant to all the women in Great Britain currently undergoing treatment for breast cancer.

Finally, it is indeed ironic that one of us (MB) has contributed to the controversy concerning informed consent in randomised clinical trials,¹ but we nevertheless feel that breast conservation represents a special case in which patients should be permitted to opt out if they express a clear preference for one or other treatment strategy for the primary complex.²

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- 1 Baum M. Do we need informed consent? *Lancet* 1986;iii:911-2.
- 2 Cancer Research Campaign Working Party in Breast Conservation. Informed consent: ethical, legal and medical implications for doctors and patients who participate in randomised clinical trials. *Br Med J* 1983;286:1117-21.

Vegetarian diet in mild hypertension

SIR,—Dr Barrie M Margetts and colleagues (6 December, p 1468) show elegantly that a vegetarian diet, taken for six weeks, will reduce the systolic blood pressure by 5 mm Hg on average. They state that the dietary component responsible for this change is a matter for speculation. The mechanism of the drop in pressure is even less clear and is not touched on. Our results on the blood rheology of vegetarians might stimulate discussion on this point.

We studied 48 voluntary vegetarians, measuring their blood and plasma viscosity, packed cell volume, red cell filterability, and aggregation.¹ The results were compared with data from age and sex matched controls and showed a significant increase in blood fluidity in vegetarians. Baseline blood viscosity was lower in this group because of the decreased packed cell volume, but even when this was taken into account it was still significantly below the control values. This can be explained by the fact that the plasma viscosity was also significantly lower than normal. By contrast, the rheological properties of red cells (filterability and aggregation) were no different from those in controls. We also showed that the haemorrhological changes were more pronounced when the vegetarian diet was adhered to more strictly.

Finally, mean (SD) systolic blood pressure was lower in vegetarians: 109 (7.7) mm Hg in 28 ovolactovegetarians and 115 (9.8) mm Hg in 15 "semivegetarians," who consumed meat less than once a week.

The flow properties of blood represent the viscous component of the peripheral resistance.¹ Hence the pressure needed to produce a given flow will be less when the viscosity is lower, with all other factors constant. Of course, this is a simplistic assumption, but our observation of "better than normal" blood rheology in vegetarians might, nevertheless, be linked to the authors' finding of the antihypertensive effect of a vegetarian diet in hypertensive patients.

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¹ Chien S, Dormandy J, Ernst E, Matrai A, eds. *Clinical hemorheology*. The Hague: Martinus Nijhoff, 1987.

Prescribing in pregnancy

SIR,—Messrs Martin J Whittle and Kevin P Hanretty (6 December, p 1485) provide a figure for the incidence of central nervous system teratogenicity with valproate of 2-3%, and later of about 2.5%, quoting the report by Lindhout and Schmidt.¹ Because these figures are stated as if fact, and may be misquoted as such, it is important to consider the basis on which they are made.

An earlier report by Bjerkedal *et al* suggested that valproate probably caused spina bifida among about 1% of fetuses exposed to it in early pregnancy.² The possibility of bias inherent in the study design was raised by Macrae.³

Lindhout and Schmidt reported the circulation of a questionnaire to 18 groups throughout the world carrying out prospective studies on the outcome of pregnancy in women with epilepsy: data from 13 groups were evaluated.² A total of 2111 infants were exposed to any anticonvulsant drug and 12 had neural tube defects. The inference drawn was that the frequency of neural tube defect among infants exposed to valproate with or without other anticonvulsants was 1.5% (6/393), to valproate alone 2.5% (3/120), and to other anticonvulsant drugs 0.35% (6/1718). However, examination of their data shows great discrepancies between the contributions of reported valproate exposures between the 13 centres—for example, Holland contributed 40% of the pregnancies in which exposure to valproate occurred, Plymouth and Fukushima 1% each. This suggests different methods of collection of cases and pooling of potentially incompatible data.

The true incidence of neural tube defect with valproic acid or valproate is probably very low but has not been definitively determined. A spurious accuracy is given to estimates of incidence by quoting them to within half a per cent.

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- 1 Lindhout D, Schmidt D. In-utero exposure to valproate and neural tube defects. *Lancet* 1986;ii:1392-3.
- 2 Bjerkedal T, Czeizel A, Goujard J, *et al*. Valproic acid and spina bifida. *Lancet* 1982;ii:1096.
- 3 MacRae KD. Sodium valproate and neural tube defects. *Lancet* 1982;ii:1283.

AUTHORS' REPLY.—We are, of course, aware of the controversy which surrounds the teratogenic effect of drugs in general, and indeed Dr Brown himself

states that the incidence of neural tube defect with valproate has not been definitively determined.

We would like to make two points. Firstly, we believe that it is reasonable to counsel the mother on the greatest risk of teratogenesis, for a particular drug, available in published reports. Secondly, although the exact incidence of neural tube defect with valproate may be uncertain, the unnaturally high ratio of spina bifida to anencephaly might be highly significant.

We feel, therefore, that there is evidence to suggest that valproate is a teratogen and that it should be used in pregnancy with caution. If it is the only suitable anticonvulsant for a particular mother the steps suggested in our article should help to relieve anxiety and minimise the chances of the birth of an abnormal baby.

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The debasing of medicine in the Soviet Union

SIR,—It would seem from Ms Caroline White's leading article (13 December, p 1524) that the whole medical profession, 1 200 000 strong, of that vast country was tarred with the brush of one of the most pernicious of malpractices, abuse of patients for their political views. We in the UK-USSR Medical Exchange Programme are opposed to such abuse wherever it may occur (being, like the Royal College of Psychiatrists, whose meeting was reported in your leader, against sin), but those who have in mind the welfare of detainees might do well to think twice before following some of the suggestions emerging from the college or indeed the actions of the World Psychiatric Association.

The Russians are a proud people and they do not readily respond to coercion, as has been evident repeatedly throughout this decade. To treat a powerful nation as though chastising a small boy is just poor psychology. Also, when leaders in the West fete released dissidents on their arrival here it can serve only as a disincentive for the granting of exit visas to other dissidents. This point was made to the government by members of the Inter-Parliamentary Union delegation which visited the USSR last winter.

One suggestion from the royal college's meeting we can, however, gladly endorse—namely, that "individual doctors should spread information and correspond with doctors in the Soviet Union." (But why are individuals exhorted to do just what psychiatric bodies abjure for themselves?) This programme is in constant touch with colleagues in the USSR, through medical visits and by correspondence and telephone. With the resigning on 28 November of the Agreement on Cooperation between Britain and the Soviet Union in the Field of Medicine and Public Health after a lapse of seven years (6 December, p 1513) the DHSS too has attested its interest in exchanges of specialists and delegations as well as undertaking to sponsor joint research in four subjects.

It is a sign of better times for Soviet medicine that infant mortality figures have recently been published (in *Economicheskaya Gazeta*) after some years during which they were not available in the open press.

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SIR,—Ms Caroline White reported the mood of frustration expressed at the recent meeting on the abuse of medicine in the Soviet Union at the apparent lack of effective measures that Western