CORRESPONDENCE

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Correspondents are urged to write briefly so that readers may be offered as wide a selection of letters as possible. So many are now being received that the omission of some is inevitable. Letters should be signed personally by all their authors.

World Psychiatric Association and Soviet Psychiatry

SIR,—I welcome the opportunity to reply to some of the matters raised in your leading article "Cruel Treatment" (9 August, p. 337). The World Psychiatric Association has been very much concerned with the ethical problems of psychiatry and with abuses of our subject of any nature. In November 1969 we held a regional symposium in London entitled "The Uses and Abuses of Psychiatry," the proceedings being published in newspaper form and distributed to a very large medical public throughout the world. In 1971 allegations of abuses of psychiatry in the Soviet Union began to be received by the executive committee. They were transmitted to the All-Union Society of Neurology and Psychiatry, one of our 76 national member societies. None of the complaints came from any of our national member societies, nor was any complaint made by one society against another at the Fifth World Congress of Psychiatry held in Mexico City in December 1971. The executive committee, the 26-man committee, and the general assembly were all made fully cognizant of such complaints. I proposed as secretary general, that an ethical committee of the association be set up, but this proposal was unanimously rejected.

The newly elected executive committee continued to keep the problem under review, and consultations took place with the United Nations Commission of Human Rights; with the World Health Organization; with the Council of Europe and its Commission of Human Rights; with the Council for International Organizations of Medical Sciences and, through it, with Unesco; and recently with the World Medical Association. All our member societies were circularized asking for information regarding ethical codes

and practices in their countries. In October 1973 a working party was set up consisting of three distinguished Scandinavians, Professor Leo Eitinger of Oslo University, Dr. Clarence Blomquist of Stockholm (the only full-time professor of medical ethics in the world), and Dr. Gerdt Wretmark of Linköping. In August 1973 the executive committee sent the following position statement to all member societies: "The American Psychiatric Association firmly opposes the misuse of psychiatric facilities for the detention of persons solely on the basis of their political dissent, no matter where it occurs," as well as a statement made by the Deutsche Gesellschaft für Psychiatrie und Nervenheilkunde. No comments on these statements were received from our member societies. A seminar on human rights was held at the European Commission of Human Rights on 17 and 18 October 1974 and was attended by representatives of 15 member societies—including the All-Union Society of Psychiatrists and Neurologists—as well as by committee and executive committee members. Attempts have been made and are being made to organize a meeting in Africa on human rights, and in Venezuela. Our aim over the past five years has been a serious study of a complex set of problems. A plenary session at the Sixth World Congress will be devoted to the topic and we hope that a series of seminars leading up to this session may be held. Can it be seriously maintained, in view of what has been done, that the W.P.A. has dragged its feet or been ambiguous in its attitude toward the ethical problems of psychiatry?

As to setting up "a body capable of carrying out impartial inquiries," I would

recommend your readers to study the organization and workings of the Commission of Human Rights of the Council of Europe, the only working and effective human rights organization in the world. It has a large budget, a building of its own, a legally qualified secretariat, and a panel of judges drawn from the signatories of the Convention. One case alone, the Irish Government *v.* the U.K., has been in progress for at least three years and is not yet complete. And the commission works only on a regional basis. If justice is to be done, then judicial methods must be used, as at the Commission of Human Rights. The creation of such a commission is quite beyond the financial, professional, and organizational scope of international associations such as the W.P.A. It is either naivety, ignorance, or hypocrisy to suggest otherwise.

Now for Dr. Semyon Gluzman. The All-Union Society deny that he is a psychiatrist—he has never been a member of any psychiatric society in the U.S.S.R. and spent three months in all in a psychoneurological clinic. I had made inquiries about Dr. Gluzman in Moscow in 1973 and later, in 1974, had, I hope, forcibly brought his plight to the attention of colleagues in the U.S.S.R. We in the executive committee of W.P.A. are just as concerned as other doctors with the misfortunes of our medical colleagues throughout the world and associate ourselves with the sentiments expressed in the cable sent recently by the Royal College of Psychiatrists. Luckily, our officers are also able to discuss quite freely and directly the situation of some doctors in that country with colleagues in the Soviet Union. Surely this is an approach not to be denigrated but to be welcomed.

A word about some of the problems of international work. Money is scarce and all our officers act in an honorary capacity. Our membership includes almost every country in the world where there are psychiatrists, apart from the People's Republic of China, who have never applied to join but whom

we would welcome. All our societies must be consulted and their many different opinions taken into account. Communication is often difficult (and we carry on our work in four languages) in a world of deteriorating postal services—certainly it is time-consuming. We believe in talking things over, as surely good psychiatrists would be expected to do, and in carrying on our work in accordance with our statutes (we are legally registered in Switzerland). We try our best in a world of differing views and differing social systems to understand each other's points of view.

Much more could be said. Perhaps the W.P.A. has been remiss in not more widely publicizing what it has done, but releases have been made periodically over the years to the national press, the medical press, and all our member societies. Our statutes are freely available and the minutes of our executive committee meetings are widely circulated—to all member societies among others. I am sorry to say that no one has been interested enough to publish the W.P.A. side of the story—it is perhaps too dull and painstaking and does not make as good a headline as does news of a protesting Red Army General.

Finally, I would welcome this opportunity to publish a denial of some of the statements made in a letter you published from Dr. Georgi Morozov (6 July 1974, p. 40). I apologize for the time that has elapsed between Dr. Morozov's letter and this denial, but that is due to a number of factors. The executive committee, with one member dissenting, did not comment on the mental state of the five individuals presented at the meeting held at the Serbsky Institute of Forensic Psychiatry on 15 October 1973, nor did it at that time give permission for a report of its deliberations to be made to the press or to any other organization or persons. "The executive committee agreed that the All-Union Society would be responsible for any detailed press release as to those present at the meeting and the conduct of the meeting." It had been agreed by the executive committee that those members of the executive committee attending the meeting at the Serbsky Institute were attending in a personal, non-official capacity, and that no official W.P.A. pronouncement would be made. A copy of this letter is being sent to the editor of the *Korsakow Journal of Neurology and Psychiatry*.—I am, etc.,

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Cerebral Oedema in Diabetic Ketoacidosis

SIR,—The short report by Drs. B. M. Frier and J. B. McConnell (26 July, p. 208) cited the case of an adult who developed cerebral oedema during treatment of diabetic ketoacidosis. I note that the treatment included the use of 250 mmol (mEq) of sodium bicarbonate, given as a hyperosmolar solution (4.2%). The development of cerebral oedema is a phenomenon I have seen in four patients in the past year, each one of whom had had his ketoacidosis treated with hyperosmolar sodium bicarbonate solution. Three of these four patients died, but post-mortem examination was carried out on only two. In one there was evidence of recent

myocardial infarction and cerebral oedema, but in the other there was gross cerebral oedema only. In each of these four cases the patient had been given between 200 and 300 mmol of sodium bicarbonate as an 8.4% solution over a period of less than one hour. In two cases death was preceded by cardiac arrest shortly after the sodium bicarbonate was given, and though one patient was resuscitated for 12 hours and had normal serum biochemical values, at post-mortem examination she was found to have severe cerebral oedema only.

The physiology of paradoxical lowering of brain pH with intravenous bicarbonate has been well described,^{1,2} and its potassium-lowering effect promoting myocardial instability³ and myocardial depression⁴ has been clearly shown in dogs and man. However, though many texts stress the danger of the use of intravenous bicarbonate,^{3,5} the use of hyperosmolar solutions continues. Bicarbonate correction of pH in adults with diabetic ketoacidosis is rarely needed, but if the pH is 7.1 or less, then 50-mmol boluses of iso-osmolar sodium bicarbonate solution (1.42%) are recommended. The total bicarbonate requirement for correction of pH is usually only 50% of that calculated from the standard formula,⁶ as proposed by Møllergaard and Astrup ($0.3 \times \text{base deficit (mmol)} \times \text{weight (kg)}$)⁷ and circumstantially it would appear that larger doses of hyperosmolar bicarbonate solutions could be dangerous.

Though Clements *et al.*⁸ proposed that cerebral oedema is due to polyol accumulation when the blood glucose level falls rapidly, in none of these cases was the fall in blood glucose rapid. The common factor in the management preceding cerebral oedema was the use of hyperosmolar bicarbonate in fairly large amounts given rapidly.—I am, etc.,

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- 1 Gesell, R., and Hertzman, A. B., *American Journal of Physiology*, 1926, 78, 610.
- 2 Posner, J. B., Swanson, A. G., and Plum, F., *Archives of Neurology*, 1965, 12, 479.
- 3 Hockaday, T. D. R., *Postgraduate Medical Journal*, 1971, 47, 376.
- 4 Chamberlain, J. H., Seed, R. G. F. L., and Barrett, A. M., *British Journal of Anaesthesia*, 1973, 45, 1231.
- 5 Albertin, K. G. M. M., Hockaday, T. D. R., and Turner, R. C., *Lancet*, 1973, 2, 515.
- 6 Zimmet, P. Z., *et al.*, *British Medical Journal*, 1970, 3, 610.
- 7 Møllergaard, K., and Astrup, P., *Scandinavian Journal of Clinical and Laboratory Investigation*, 1960, 12, 187.
- 8 Clements, R. S., *et al.*, *Lancet*, 1971, 2, 671.

Tar, Nicotine, and CO Yields of Cigarettes

SIR,—It was something of a revelation to read in the letter from so reliable a source as Dr. H. R. Bentley, director of research and development of Imperial Tobacco Ltd. (2 August, p. 308), that as long ago as 1967 his company "urged" the Minister of Health of that time to publish a table of the tar and nicotine yields of cigarettes sold in Britain. That Minister would seem to have a lot to answer for in failing to comply with such enlightened pressure from the tobacco industry.

Dr. Bentley objects to the statement in a recent paper by myself and colleagues (12 July, p. 71) that "it is only since the public have been given the information, and can

consequently act on it, that the tar and nicotine yields have been dramatically lowered by the manufacturers." He points out, quite correctly, that there has been a gradual reduction in the tar and nicotine yields of cigarettes and that this started before the official tables were first published in April 1973. Unfortunately, those of us outside the tobacco industry have not had access to this information until the publication of a paper by Todd¹ only a month or two ago. Todd's paper shows that between 1965 and 1973 the average tar yields of cigarettes sold in Britain decreased from 31.4 to 18.7 mg per cigarette and the nicotine yields from 2.1 to 1.4 mg per cigarette. Much of this reduction was no doubt incidental to the switch to filters and the reduction in the size of cigarettes, which were mediated by economic forces rather than any prime concern for the health of smokers.

The first table of tar and nicotine yields of cigarettes sold in Britain was published in September 1971, not by the tobacco industry nor by the Department of Health but by the Consumers Association.² At that time the brand with the lowest yields was "Silk Cut." By the time the first Government table was published in April 1973 there were no fewer than 10 brands with nicotine and tar yields lower than the brand which had headed the Consumers Association table. Ten new brands of low-tar cigarettes within 18 months seems a fairly dramatic response and it is doubtful whether it would have happened in the absence of any published tables.

But our paper was concerned with carbon monoxide (CO) yields, for which no official figures are yet available. The tobacco industry knows the CO yields of the cigarettes it sells. It also knows the mounting evidence implicating CO in some of the harmful effects of smoking. Not only does the tobacco industry fail to publish CO yields but it has also refused to divulge them even for research purposes when requested by research workers like myself, and this specifically includes Dr. Bentley's company. This lack of published information prompted us to measure the CO yields of a few brands of British cigarettes (12 July, p. 71). Our finding of a four-fold variation, with a CO yield range from 5.0 to 20.2 mg per cigarette makes it all the more imperative that CO yields be published officially along with tar and nicotine yields.

If Dr. Bentley is as concerned about the health of smokers as he implies in his letter perhaps his company would "urge" the present Secretary of State for Health and Social Services to publish the CO yields. He could start the ball rolling himself by publishing the CO yields of the numerous brands of cigarettes sold by his company.—I am, etc.,

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- 1 Todd, G. F., *Changes in Smoking Patterns in the U.K. Occasional Paper 1*. London, Tobacco Research Council, 1975.
- 2 *Which?*, September 1971, p. 280.

Antibiotic Cover for Dental Extractions

SIR,—Those of us who have hitherto relied on a single dose of fortified procaine