CORRESPONDENCE

LARGACTIL

To the Editorial Committee of the BRITISH JOURNAL OF OPHTHALMOLOGY,

SIRS—We should like to express our appreciation of the contribution by Mr. Gibson Moore on "Largactil" as a pre-medication in ophthalmic surgery (*Brit. J. Ophthal.* (1955), **39**, 109).

"Largactil" has been used in this Unit for a considerable period as a routine pre-medication in doses of 25 mg. one hour before operation, together with 2 gr. phenobarbitone. This combination is given in all cases due for operation under local anaesthesia.

In an experience of over 200 cases it has been found that the pre-operative condition of the patient is more uniform and peaceful than with 3 gr. phenobarbitone alone, and no marked side-effects other than some dryness of the mouth, slight pallor, and coldness have been noted. When there is nausea or vomiting after local or general anaesthesia it is our practice to use "Largactil" as a routine sedative with marked relief of these symptoms.

We therefore wish to support the recommendation of Mr. Gibson Moore that "Largactil" has a valuable place in the sedation of ophthalmic cases.

Yours faithfully,

B. W. RYCROFT

G. J. ROMANES

CORNEO-PLASTIC UNIT AND REGIONAL EYE BANK,
THE QUEEN VICTORIA HOSPITAL,
EAST GRINSTEAD, SUSSEX.
March 16, 1955.

To the Editorial Committee of the BRITISH JOURNAL OF OPHTHALMOLOGY,

SIRS—We were very interested to read Mr. Gibson Moore's article on "Chlorpromazine in Ophthalmic Surgery" (*Brit. J. Ophthal.* (1955), **39**, 109) and we would agree with him that it is a satisfactory pre-medication before ocular surgery.

For the past year we have been using chlorpromazine ("Largactil") in routine pre-medication in adult patients in a large series of cases operated upon under both general anaesthetic and local anaesthetic, with or without intravenous "Flaxedil" akinesia.

We note, however, that Mr. Gibson Moore has encountered no complications in his series, and we feel bound to report that we had four cases of post-operative vomiting, which, on investigation, were found to be attributable to the fact that chlorpromazine, given orally in small doses, may have a local emetic action not controlled by its central anti-emetic action. Since these cases we have used the drug by intra-muscular injection and have had no recurrence of this complication. Further, in one case, in which only

25 mg. chlorpromazine had been injected, operation had to be postponed because of the patient's apparent collapse; he had marked pallor, muscular twitching, and a drop of systolic pressure to 80 mm. Hg.

We feel that with such a drug, the effects of which are not yet entirely evaluated and for which no antidote has yet been produced, it is wise that the administration should be entirely under the control of an anaesthetist. In our series of cases the administration was the responsibility of one of us (J. I.).

Yours faithfully,

DERMOT PIERSE

JOHN IVES

THE EYE UNIT,
CROYDON GROUP HOSPITAL MANAGEMENT COMMITTEE,
OUT PATIENTS DEPARTMENT,
33, MAYDAY ROAD, THORNTON HEATH, SURREY:
March 2, 1955.

NOTES

BIRMINGHAM AND MIDLAND EYE HOSPITAL

Post-Graduate Course in Industrial Ophthalmology

A POST-GRADUATE course in ophthalmology will be held in conjunction with the Department of Post-graduate Medical Studies, University of Birmingham, on July 18 to 22, 1955. The course is for ophthalmologists and industrial medical officers, and will include clinical demonstrations, lectures on industrial diseases and injuries, and visits to local factories and a coal mine.

The fee is 5 guineas for the full course, and 2½ guineas for morning sessions only. Communications should be addressed to the Director of Research, Birmingham and Midland Eye Hospital, Church Street, Birmingham, 3.