

## 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,

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*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